

**“Things were better then”
An ethnographic study of the violence of everyday life and
remembrance of older people in the community of Belhar**

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A minithesis submitted in partial fulfilment of the requirements for the degree
Master of Arts in Anthropology at the Department of Anthropology and
Sociology, University of the Western Cape

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April 2005

Acknowledgements

My gratitude goes to the following:

1. The administrative staff at *Die Belhar Organisasie vir Bejaardes*, for allowing me to conduct this study at the centre. My greatest thanks go to the elderly residents of the community who participated in this study for allowing me into their past and present lives.
2. I would also like to thank my key informants in particular the basic services nurse and the ex-councillor of the community who without them the research would not have taken the route that it did.
3. My mother and my twin sister for giving me the necessary motivation to complete this mini-thesis.
4. The South Africa Netherlands Research Programme on Alternatives in Development for giving me the opportunity to be involved in the “Giving voice to the lives of older people in Cape Town” research project. In addition to this I would also like to thank the aforementioned research initiative for allowing me to attend a course in medical anthropology at the University of Amsterdam in the Netherlands.
5. Dr Monica Ferreira for instilling in me the sense of the importance of older people in contemporary society.
6. Dr Els van Dongen for being an insightful, understanding and motivating mentor to a very young anthropological researcher and more importantly for her advice in the writing up of this thesis.
7. Dr. Krishnavelli Nadasen for being an excellent supervisor.
8. Finally to the staff at the Department of Anthropology and Sociology for giving me the necessary support and guidance throughout my post-graduate years of study.

“Things were better then”

An ethnographic study of the violence of everyday life and remembrance of older people in the community of Belhar

Allanise Cloete

Key words:

Belhar

community

elderly

violence

everyday

memory

narrative

ethnography



Abstract

“Things were better then”- An ethnographic study of the violence of everyday life and remembrance of older people in the community of Belhar

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This minithesis provides an ethnographic account of the life world of older people in the community of Belhar in the Cape Peninsula, which was historically categorised as a ‘coloured’ community during the implementation of the Group Areas Act. By content analysing newspaper articles published in the early 1980s and specifically during the implementation of the Group Areas Act I found that many of the residents reported that they lived in fear of their lives, in what was once known as a ‘prestige suburb’. At the present time the community of Belhar is an intensely gang-infested area. From preliminary research done by myself at a senior citizen centre in Belhar, the high incidence of violence was a recurring theme throughout discussions with older people. In fact when I posed the question *Why do you come to the centre five days a week?* to a group of older people they answered without hesitation *It is unsafe for an older person to be alone during the day*. Answers like these to many of the questions that I posed would almost always be followed with *Things were better then*. It also was apparent that the older people in this community remember (or perhaps reconstruct) the past in the context of their present living situation. This became the leading theme in my study and is also the background against which I had formulated my research questions. However this study not only focused on the impact of the high incidence of violence on the community of older people but also essentially looked at elderly residents’ everyday lived experiences in Belhar. The research sample consisted of twenty elderly residents and four key informants. The latter provided mainly infrastructural data on the community. Primary data was collected by using ethnographic techniques of inquiry which included participant observation and unstructured interviews. Results revealed that older people occupy a liminal space both in the community and in their households. I also found that the elderly stroke victim is twice silenced and marginalized due to the constraints brought on by their chronic illness and their status as an older person in the community.

DECLARATION

I declare that “Things were better then”An ethnographic study of the violence of everyday life and remembrance of older people in the community of Belhar is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Allanise Cloete

2005

Signed:



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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Anthropological research contributes in many respects to shedding light on the challenges faced by the older population within the context of the greying of the world population. Within anthropological research, ethnography with its 'emic' approach looks at the everyday subjective experiences of people in context. Considering the predictions of greater increases in the population of older people globally, a shift towards looking at the subjective experiences of older people becomes essential for adequate resource allocation amongst other things. Predictions of greater increases in the older population globally will bring complex and new challenges to many developing countries, which are not infrastructurally prepared for such a rapid increase thus investigating the everyday life world of older people becomes crucial. In a publication released by HelpAge International, Du Tlessis suggests that on a global scale, the older population will reach 1.2 billion by the year 2025, and 2 billion by 2050 (Du Tlessis 2000: 3). In the African context the demographic picture of the older population will have increased by six times over five decades, by the year 2050 (Du Tlessis 2000: 3). In the South African context the group age 60 years and older constitutes 7 percent of the total population (National Report on the Status of Older Persons 2002: 15). This report also notes that the population of older people in South Africa is relatively higher compared to other countries in Africa (2002: 16). This can be ascribed to greater advances in biomedicine and greater access to medical resources in comparison to other African countries. According to Gorman (2000: 33), due to this rapid change in the ageing population the likelihood for family and community breakdown is greater than before. Expression of community and family breakdown may be directed towards the abuse of defenceless members of the community, for instance older people (Gorman 2000: 33). Moreover, where community violence is endemic, older people are more at risk of victimization (Gorman 2000: 35). Such endemic violence is prevalent in the community where I conducted my research.

At the old age centre, *Die Belhar Organisasie vir Bejaardes* where most of the research was conducted, I posed the following question: *Why do you come to the centre five days a week?* to a group of older people. The older people responded without hesitation saying: *It is unsafe for an older person to be alone at home during the day.* This became the rationale and motivation behind initiating this research. According to Das and Kleinman (2001: 2) in a context like this, for example, where violence is ongoing, convicted criminals and vulnerable members of the community often live in close proximity to one another. Although violence is endemic in most South African communities one cannot look at the impact of violence in isolation from other social problems facing the older population. In addition to this, in describing the life world of a particular social group it is also essential to look at the socio-historical context in which they live. Studying old age contextually and socio-culturally in South Africa is essential, for example in the instance of adequate resource allocation and service provision. Although it is not this study's explicit objective to influence resource allocation and adequate service provision, it is important to note that the past government's structural policies¹ promoted discrimination, segregation and inequality amongst different social groups. Such discriminatory practices structured the life world of the older person living today in South Africa. These discriminating policies were directed at individuals who were socially categorized under apartheid as 'black', 'coloured' and 'Asian/Indian'². Today for many of these communities structural inequalities have impacted negatively on their experience of growing old in the new South Africa. This study will describe the life world of 'coloured' older people within the community of Belhar in the Cape Peninsula area with the intention of illuminating some of the social problems that the elderly residents in this community are faced with on a daily basis. The following questions, in essence, will guide this entire study.

¹Under the apartheid government, discriminating policies could also be found which influenced older people at that time. For instance the *Aged Persons Act of 1967* excluded the welfare and well being of certain older people and promoted care of others. This Act was amended though before 1994 (National Report on the status of older people.2002.p.17).

²These terms were ascribed racial categories legitimised under apartheid rule and were used as official language for example when the Group Areas Acts were instated. In cases where other racial categories are used in this thesis it is with the understanding that race is a social construction.

1.2 Research Questions

- What constitutes everyday life for the older person living in Belhar?
- How do elderly residents remember the past in the context of the everyday violence in this community?

1.3 Objectives of the study

I aimed to provide an ethnographic description of the life world of older people living in the community of Belhar, with the intention of shedding light on some of the social problems that affect the older people's everyday living situation in this community. My study also aimed at gaining insight into some of the historical social discourses that shaped these elderly residents' present living situation. This study also provides therefore a narrative of the social memory of 'coloured' older people living in the community of Belhar in the Cape Peninsula area.

1.4 My approach to research in this study

According to Hardon et al (1994: 116) the selection of the appropriate research design should be dependent upon the objectives of one's study. I related the aforementioned objectives for this study to the selection of the suitable design type. The suitable design type for this study was thus informed by the objectives of this study. In this study I essentially aimed at providing an ethnographic description of the elderly residents' life world in Belhar. Thus I used an ethnographic approach to conducting the research. Ethnographic work according to Spradley (1979: 3) is an activity that essentially aims to understand another way of life from the native point of view. The signatory characteristic of an ethnographic study is that the findings cannot be generalised to other social contexts. In providing a description of the life world of older people remembrances of the elderly residents will also be explored. The design of the study thus comprised of a narrative inclination but even more so an ethnographic approach. Ethnographic techniques used in describing the life world of older people in context included participant observation and unstructured interviewing, which were the main methods of inquiry (Mouton 2001: 280).

When conducting fieldwork, appropriate and ethical entrance into the field becomes important in order to secure a trusting relationship with one's research participants. This becomes even more essential in doing ethnographic work due to the close proximity to one's research participants and because of the prolonged fieldwork. For this research initial selection of the research site was based on convenience selection due to the close proximity of the community to the University of the Western Cape. I was advised to enquire whether the community had a formal structure in place for elderly residents. Through formative research I found that the university has built numerous ties with some of the community organisations including that of *Die Belhar Organisasie vir Bejaardes*. Securing access to the old age centre became essential in order to obtain entry to the wider community of older people in Belhar. I set up an appointment telephonically with the administrator of the centre. During this telephone conversation I briefly described the objectives of my proposed study. At the centre I presented the aims and objectives of my research to the older people and the administrative staff. This was essential in order to obtain informed consent. My supervisor drafted an official letter addressed to the centre informing the administrative staff that I was registered at the university as a Master of Arts in Anthropology student (See Appendix 1).



After obtaining permission from the administrative staff and the older people at the centre I started conducting preliminary research in order to facilitate guidance in structuring relevant questions when entering the field. For this study preliminary research included obtaining key informants from the old age centre who work with older people, in order to gain access to the wider community of older people in Belhar. In addition to this, preliminary research became important in order to structure an interview guide when entering the field (See Appendix 2).

The following areas were explored in this study:

- In the first instance the everyday lived experience of the older person living in the face of the violence of everyday life was explored. Thus in exploring the everyday, the research illuminated the underlying social discourses that shaped the lives of elderly residents in the community.
- Secondly the study looked at how older people remember the past in the context of the violence of everyday life.

- This research also examined the impact of the violence of everyday life on the life world of the older people living in the community of Belhar.

1.5 Clarification of key concepts

- Life world

According to Schutz and Luckman (1973) the world of everyday life is known as the life world. An important aspect of this conceptualisation of life world, according to these authors is that previous generations and social forces formed the life world of those living today.

- Violence

Kleinman's (2000: 226) conceptualisation of violence recognizes the complexities and the multiple layers to which violence adheres. His conceptualisation of violence incorporates the anthropological undertaking of the idea of social suffering is understood as the impact of the social violence that social orders - local, national and global brings to the everyday life of individuals. Kleinman's (2000) depiction of the violence of everyday life encapsulates this idea of social suffering as interplay between the structural social forces that can be seen to impact on individual lives in the everyday. Thus the understanding of the violence of everyday life is embedded in the ordinary and often 'taken-for-grantedness' in which the everyday finds itself. Everyday violence thus, according to Kleinman (2000) can be cited in, for example, state services, unequal resource allocation, ageism, poverty stricken communities, inadequate crime and violence prevention strategies: and finally the violence of everyday life can also be imprinted on the body. He continues that it is with ethnography that one can illuminate how social discourses impact on the everyday life of individuals, by describing the everyday, subjective experiences of the individual in society (2000: 228). This study analysed the life world of elderly people to gain an understanding of the impact of violence on their everyday living.

- Memory

Memory in this study is conceptualised as the past experiences and events that older people choose to narrate. In this instance the elderly residents in the community spoke of their experiences of past events. The selection of the method of remembering by the elderly residents presents itself as an area of exploration and analysis in this study. The significance of this is that remembering particular past experiences and events is suggestive of the importance of the past events and experiences in having had an

impact on their current living situation. Thus this study is based on the hypothesis that remembering selected past experiences illustrates that this past experience has impacted on their present living situation.

1.6 The problems with defining old age in the African context

In South Africa an older person is defined according to the eligible age at which they can receive a social grant. Women are eligible to receive a social grant from the age of 60, whilst men are eligible from the age of 65 (National Report on the Status of Older Persons 2002: 59). According to the United Nations (UN) an older person can be defined as aged 60 years and above (Du Tlessis 2000: 3). In relation to the African context, where in some instances the formal retirement age ranges between 55 and 65 years, this definition is therefore less useful. In some instance, in pastoral settings, registrations of birth are poorly facilitated or even unknown (Du Tlessis 2000: 3). Thus conducting research within an African context makes sample selection all the more difficult for the researcher. However in these settings bodily characteristics are commonly used to determine a person's age (Du Tlessis 2000: 3). In addition to this, defining old age in an African context becomes even more difficult when one considers other social and cultural issues, for example the status of an older person as a senior member of the community and their lineage (Du Tlessis 2000: 3), which may not be related to their chronological age. Hence the definition of old age should also be considered in both its cultural and socio-economic context. Or even more so the meaning of old age as perceived by the older people should be taken as a point of departure, instead of ascribing an objective meaning or definition of old age which is devoid of socio-cultural nuances.

A problem also arises when one attempts to distinguish between the 'meaning' and 'definition' of old age. The 'definition' of old age is usually ascribed to a more formal, public sector's inscription of old age, whereas 'meaning' connotes an idea of inscription from the older person's perspective. This distinction was clearly encapsulated by both the organisation of the centre and the people it served. For instance the centre later became a multi-purpose centre serving community members of all ages. It became increasingly difficult to distinguish people according to age. For example, I started a conversation with one of the older men from the centre, his face was wrinkled and he had grey hair, he also spoke of a life of many experiences. After

a while he started speaking about the older people, as if he was detached from the rest of the members of the old age centre. After recording almost half of his life story I found out that he is only 42 years old. This person's bodily characteristic clearly defines him as 'old' but his description was not related to his chronological age and yet in this context he was regarded as an 'old person'.

Kaufman (1986), agrees that the meaning of old age in both its cultural and socio-structural context can only be understood by investigating it from the older people's perspective. An understanding of older people's subjective experiences of old age as viewed by themselves is essential in order to improve the quality of life for those in their later years (Kaufman 1986: 5). This however can only be achieved by listening to the everyday experiences of the individual older person (Kaufman 1986: 6). In doing so the meaning of old age is contextually understood and socially constructed by the older people. I adopted Kaufman's approach in this study. Hence I was able to obtain an understanding and meaning of old age that was specific to this social group and to the context of this community. Defining old age then in this study belonged to the older people. This will become clear in the following section.

1.7 An insight into the meaning of old age for older people living in Belhar

The official definition of old age in South Africa is according to a particular age and sex/gender as mentioned in the previous section. In the context of this community though, the meaning of old age took on another understanding. The meaning of old age in this community was closely tied to the older people's religious affiliation. Most of the elderly residents interviewed, practise the Christian faith. In many of our conversations older people would relate that they often speak to God. For example, a 90 year old woman continuously related to me that she asks God, to please make her be satisfied with the life that she has now. She went further in relating that *The Lord said to me in a dream once that I had a satisfied life, that I shouldn't be unsatisfied, 'cause I had a good life.* Others relate that *Dit is nou net ek en my God*³ or *Ek is nie gepla oor nou nie, ek wil net naby aan God wees*⁴. For these older people, the meaning of old age can be seen as a time for being detached from society and being nearer to God. I found that this isolation was even more evident in the oldest of old. In addition to this many of

³ It is only me and my God now

⁴ I am not worried about now, I just want to be near God

the older people that I spoke to indicated that once the chronological age of 70 has been reached, then they relate that *ons lewe nou op genade tyd*⁵. Such a meaning attached to old age invariably influences older people's social interaction with other members of the community. Thus assigning detachment from the outside world to old age limit elderly residents' movements, relationships and interactions in the community, thus contributing in more isolation from the wider community. The meaning that older people ascribe to old age in Belhar could be seen in their living situation, everyday life and the perceptions and attitudes that the community has towards older people. This will become evident in the chapters that follow.

1.8 Structure of thesis

The thesis is structured in five chapters. Since the content of CHAPTER ONE has already been provided, I will start with providing an outline of CHAPTER TWO.

- CHAPTER TWO looks at the research methodology used for the study. In this chapter I also provide a sketch of the research area and the main research site. In addition to this I also look at the difficulties in doing anthropology in a setting that is familiar to the researcher.
- CHAPTER THREE provides a description of the theoretical framework used in the study. This chapter also situates my study within the research done in the area of social gerontology and anthropological studies done with older people in the African context.
- In CHAPTER FOUR, the research findings are presented and interpreted.
- CHAPTER FIVE gives the conclusions and recommendations that resulted from this research.

⁵ We are living on borrowed time

CHAPTER TWO ENTERING THE FIELD

2.1 Introduction

The essential purpose of this chapter is to provide a description of the study area in terms of its sociological and socio-historical structure. In order to sketch a socio-historical picture of the community I relied on archival documents such as the original structure plan of Belhar and newspaper articles published during the forced relocations of residents to Belhar. In providing such a description of the community I will also look at my relationship as a young researcher to this social environment by discussing it within the framework of the methodology used. It is important to mention though that in collecting secondary data for this study, I had difficulty in obtaining written information and relied on key informants in the community for such data. Furthermore this chapter will also include some of the observations that I made in the community. In doing this I will provide a past to present look into Belhar to give an idea of the life world in which elderly residents live. In addition to this I also looked at the older people's responses of everyday life in the community but mostly in relation to their sense of community and social cohesion in Belhar.



2.2 Belhar - the study area

Belhar is a residential suburb located 27 kms from Cape Town. According to a structural plan of the study area “[Belhar] is bounded by the Bellville/Langa railway line to the north, Stellenbosch Arterial Road to the south, Modderdam Road to the west and Kuilsriver Freeway [R300] to the east” (Pentz 1991: 1, See also Appendix 3). The socio-historical context of Belhar resembles that of most of the ‘coloured’ communities living in the Cape Peninsula area. Under apartheid legislation, development of a new section of Belhar was initiated as one of the suburbs for the relocation of the “displaced” ‘coloured’ communities living in the Cape Peninsula. This part of Belhar is locally known by the residents as the *extensions* and is also where I conducted most of the research for this study. The older sections of Belhar were established in the early 1970s and are regarded as the more prestigious suburbs of the community. During the forced relocation of residents in the early 1980s, Belhar

was characterized as a prestige suburb⁶. However residents say an increase in crime and violence turned this model area into one of the worst crime areas in the Cape Peninsula (Howa 1982: 21). The then president of Belhar Jaycees ascribed the increase in crime to the lack of infrastructure for example few or no entertainment facilities and a poor public transport system that lead to boredom amongst young people. In the absence of constructive recreational activities young people turn to crime and violence (Divisional Council Reporter 1981: 5). In present day Belhar, with its three sports fields, two local libraries, 41 churches, 3 mosques, 2 clinics, 4 high schools, 9 primary schools, 1 college⁷ and adequate transport facilities, crime, violence and gangsterism have, however, not subsided.

Mrs Mouton⁸, a nurse who provides basic nursing care to mostly stroke sufferers and a resident in the community also referred to this high incidence of crime and violence in Belhar. She noted that at times she could not go on her rounds because of gang related violence in particular sections of Belhar. Upon speaking to her whilst walking to each of her clients' homes, she says:

When I go on my rounds I cover myself with the blood of Jesus, I've been doing this (providing basic nursing care to older people) for years, I cannot leave my 'oumensies'⁹. I have too much love for them still.

For this health care worker, going out into the community she has to metaphorically anoint herself with the blood of Jesus for protection. This suggests that she feels that her sense of safety is threatened when she goes out on her rounds in the community. It also suggests that she has no control over her own safety. I also accompanied another basic services nurse Avril, on her rounds in the community. She pointed out a house where an older man lives. Avril related a story of how this older man does not have control over his sense of safety and security.

Avril: In daai huis bly 'n ou man, hy word amper elke aand besteel, want daar is amper soos antieke goed in sy huis. Sy dogter het gesê hy moet die huis verkoop en by haar kom bly, hy wou nie¹⁰.

⁶ The government built the 'ministerial' residences of the executive of the defunct 'coloured' Representative Council" (Divisional Council Reporter 1981: 21).

⁷ Infrastructural information provided by the housing manager of Belhar.

⁸ I used pseudonyms to protect the identity of my research participants

⁹ Older people

It is clear that this older man lives in fear of his life on a daily basis. His daughter fears for his life. This high incidence of crime and violence is worsened due to other social problems like that of the high rate of unemployment in the community. From early in the morning to mid afternoon, the streets of Belhar are teeming with adult men and women. Census data showed that the rate of unemployment during 2001 was 22% of the economically active population who comprises 20 621 of the total population in the community of 46563¹¹, 4602 were unemployed, according to the official definition of unemployment¹² (Statistics South Africa 2003, See Appendix 5). Surprisingly it would be the sons-in-law who care for their elderly mothers-in-law during the day. Some of the older people that I interviewed indicated that their sons-in-law were currently unemployed. Of the five households that I visited two of the elderly women's sons-in-law are unemployed and currently the older person's caregiver during the day.

Avril and I visited the home of Ouma Katriena who is cared for by her son-in-law. A man greeted us in his late forties Ouma Katriena was still sleeping. Her son-in-law went to the kitchen, whilst Avril was bathing Ouma Katriena, he was busy in the kitchen preparing breakfast and washing the dishes. As we leave the house Avril comments that Ouma Katriena's son-in-law *kyk regtig goed na haar*¹³. Ouma Katriena's daughter is employed full time. Another older person at the centre also indicated that her son-in-law is currently unemployed:

Mrs Buren: *My son-in-law is not working at this moment, the factory closed down; he is walking around in the house grumpy.*

At another home on Avril's rounds, a son-in-law also cares for his mother-in-law, Mrs Slamdien. Mrs Slamdien relates that:

My eldest daughter lives here. She's working, her husband is unemployed now for three years. My son-in-law does the

¹⁰ An older man lives in that house; he gets robbed on a daily basis, because there is almost like antiques in his house. His daughter said that he should come and stay with her, and sell the house, but he does not want to.

¹¹ See Appendix 4

¹² A person is deemed unemployed if he or she desires employment but cannot find a job. Statistics South Africa uses both definitions, available at: <http://www2.resbank.co.za/internet/Glossary.nsf/0/9028ea9be02366d342256b43002f51f5?OpenDocument&Click=>

¹³ Takes really good care of her

cooking and cleaning, on weekends my daughter sees to everything.

As soon as we entered Mrs Slamdien's house, the son-in-law wanted to know if it was possible for him to quickly go out on an errand, as he did not want to leave her and another elderly relative alone at home. Mrs Slamdien's son-in-law was concerned at the idea of leaving the two elderly women alone; since he was aware of how the violence prevalent in the community would enter one's home at any given time. In particular the high incidence of gang activity in the community where many school aged children drop out of school to become part of a gang. Upon accompanying Mrs Mouton on her rounds in the community I observed school-aged children playing in the streets unsupervised during a school day. This lack of supervision for youth in the community promotes involvement with gang activity. The Provincial Government of the Western Cape initiated a crime prevention programme, which includes a gang violence programme. Belhar is mentioned as one of the target communities in this document (Provincial Government of the Western Cape 2001: 1).

The discourse used by the relocated residents during the early 1980s to describe the community is similar to that of the present day elderly residents' description of Belhar. The present day elderly residents and the relocated residents of the early 1980s express a lack of safety and security and of living in fear on a daily basis. Twenty years earlier, a resident relocating to Belhar in the early 1980s related that *there is just the sand, the yellow houses and the people*¹⁴. For this resident resettlement to Belhar provided no promise of any social cohesion between themselves and the physical space in which they were forced to live in. Many of these relocated communities were forced to leave behind a sense of belonging and community. Most of the elderly residents interviewed were middle-aged adults when they were relocated to Belhar in the early eighties. They now represent the majority of the older population living in the community.

Years after the implementation and dismantling of the Group Areas Act, the discourse of social disparity and a lack of a sense of social cohesion and shared identity still

14. Fensham, J. 1981. Under Siege in Kerrie –huis, Belhar. The Argus, 16 November. See also other articles for example: Divisional Council Reporter. 1981. Lawlessness reigns in select Belhar. The Argus, 28 August. Holliday, D. 1991. Belhar residents hide from gang on rampage. The Argus, 30 October. Staff Reporter. 1982. Belhar people complain of harassment. Cape Times, 22 February

characterize present day Belhar. From conversations with older people this lack of social cohesion, shared identity and social distance in the community became apparent. Most of the older people indicated that they keep to themselves, *Ek henner niemand nie*¹⁵. Another elderly man related to me that *Elkeen doen sy eie ding hier in Belhar*¹⁶. Others asserted that *Elkeen is vir homself, maar wanneer die bure verbyloop dan groet ons mekaar*¹⁷. Another older person said, *I am very much on my own; maybe I am a bad neighbour, lots of time I thought that it is them that is strange.*

The legacy of the Group Areas Act and its premise of segregation not only divided different racial categories geographically in South Africa but also, as is evident in the case of Belhar, divided a racial category that was forced to relocate to Belhar. Segregation in this community commenced not along racial divides but because different communities in the Cape Peninsula were relocated and divided into specific extensions in Belhar. An ex-councillor and also a resident in the community since the 1970s also reported the lack of social cohesion in the community to me. According to him, the lack of co-operation is embedded in the historical structural plan of Belhar. Many of the historically relocated communities from Elsie's River, Ravensmead and District Six have been respectively placed into individual residential cells or extensions into which the area is structurally developed (Mr Paul, personal communication, 2003). Comments by a town planner in the early 1990s also confirmed this: these residential cells or "...broken structure together with the undeveloped commercial facilities contributes to an environment that lacks both the cohesion and identity necessary for the building of a community" (Pentz 1991: 32). According to an ex-councillor of Belhar the suburb's social problems have not subsided because co-operation between the many community organizations serving Belhar is virtually impossible¹⁸. He continued that due to the lack of co-operation, development of Belhar's infrastructure was at that time inert (Mr Paul 2003, personal communication). For example in the Structure Plan (1991: 12) for Belhar an old age home site is provided for: 12 years later, the plot is still standing vacant. Thus the present social context, described above, illustrates that the socio-historical past of

¹⁵ They do not bother anyone

¹⁶ Everyone does his own thing here in Belhar

¹⁷ Everyone is for themselves but when the neighbours pass, they greet

¹⁸ Amoateng, in a research project entitled *Research Report on Socio-Economic Survey of Aspects of Family and Community Life in Mfuleni and Belhar* (1997:3), estimated that there are about 65 community organisations

Belhar continues to have an impact on the social and also the economic development of this area.

2.3 At the research site - *Die Belhar Organisasie vir Bejaardes*

The older people usually meet at *die club*, as the local community calls the organization. *Die club*¹⁹ is situated in one of the civic centres in Belhar. This particular civic centre is located in Extension 13, one of the more violent prone cells in the community. The centre is located directly opposite a *shebeen*²⁰, which is not more than fifty metres away from the centre. The centre itself seems downtrodden; the wall surrounding the centre is soiled with graffiti. In the space between the centre and the shebeen there are, especially on a Friday, youth standing in a circle drinking alcohol in public. In the morning when I would come to the centre there would always be a few young adult men loitering around in the space between the centre and the shebeen.

The founder of the centre is a 64-year-old woman, who said that she started the centre *in die jaar van die bejaardes*²¹ (Mrs Visagie 2002, April 22). I assume she refers to the 1982 World Assembly on Ageing, which focused on the worldwide growing ageing population (Hashimoto & Kendig 1992: 3). She initiated the idea of an old age centre at her home in 1982. I only met Mrs Visagie upon my first visit to the centre. From Mrs Visagie's description as to how the centre originated, I developed the impression that she repeats the narrative of the centre quite often. Mrs Visagie confirmed this and said that many visitors intermittently or routinely visit the centre, for instance possible donors, physiotherapy students and social work students from the University of the Western Cape and even visitors from overseas. During this initial visit, the likelihood that the old age centre was perhaps an over researched site occurred to me, thus raising the possibility that data collection might be hindered due to this. As from June 2002 the entire structure of the centre underwent a huge transformation both in regarding staff composition, increase of activities offered for the older people and an increase in the number of older people.

¹⁹ The club

²⁰ An informal drinking place

²¹ The year of the elderly

An ex-teacher now administers the centre. The official report of the centre states that as numbers grew, bigger premises were sought and secured at the Minor Hall in Belhar. In 1992 the club was registered as a full service centre running on a daily basis and therefore entitled to public assistance. The number of clients it served rose from only five in 1982 to up to 50 in 1998. Some of the older people, who were founding members of the club in 1982, still attend the club. Currently it serves a clientele of 150 aged and disabled. Previously it also managed and ran a feeding scheme for street children. In 1994 the project received government assistance for the first time. This came in the form of subsidies paid on a monthly basis according to the number of clients it served. In the Minor Hall (name of the hall where the club is situated) it became necessary to hire six home-carers, two cooks, a general worker and a driver. Since that time the organization has extended its care program and envisages the establishment of a Multi-purpose Care Centre where it can serve the aged, the traumatized, HIV/AIDS - infected toddlers and adults, as well as the disabled. The organization is currently running a feeding scheme for the TB and HIV/AIDS infected on a daily basis and are working closely with the clinics in the area that play a vital role in assessing the needs of these clients (Report on *Die Belhar Organisasie vir Bejaardes*).



2.4 Life at the centre

The hall is huge and the older people fill less than half of the space in the centre. Inside the centre it is cold in the winter, when it rains the ceiling leaks and buckets have to be placed in these areas. Every morning four square fold up tables are placed in exactly the same position as the day before. For the five weekdays the same group of older people sit together around the same table seated in the exact same chair that they were sitting in the day before. Men and women sit separately from each other. Focused interaction at the centre is thus gendered. The older people and the disabled or chronically ill people are also separated from each other. There are virtually no focused interactions between these different categories of people at the centre. In fact focused interaction between the older people themselves seems at times non-existent. Giddens (2002: 92), conceptualized focused interaction as when individuals directly attend to what others say or do.

When there are no activities planned for the day the older people would watch the daily soap operas on television. Chairs and tables would be pulled closer to the television. The morning soap operas are watched attentively whilst the older people talk amongst themselves about the soap opera that they are watching. Later in the year, the television was replaced with a small radio that was switched on after breakfast was served. The radio plays gospel songs; and the silent hall is filled with hymns, with some of the older people sing along.

Breakfast is usually served at nine; but when there are activities planned for the day breakfast is served earlier. Planned activities for example would include visiting tourist sites around the Cape Peninsula, or being invited to an event organized by the local library and/or the local municipality. Breakfast almost always consists of *mieliepap*²². The trolley from the kitchen carries a big pot of *mieliepap* and white bowls are pushed from the kitchen to inside the hall, where the older people are sitting. At the front of the hall, where the small stage is located, two large square fold up tables, are placed. On these tables the big pot of *mieliepap* and the small white bowls are placed. One of the cooks dishes the porridge. I helped with carrying the porridge bowls to the older people. After breakfast has been served, the older men would stand outside, to smoke a tobacco roll, if the weather permits. Most of the older men and some of the older women would start playing dominoes. When it is sunny most of the older women would sit outside in the sun, some of the older men and myself carrying chairs outside for the older women and bringing their handbags. Monday mornings were usually the day when a preacher came to the centre. I found his sermons strange since he usually talked of converting oneself, and one should not sin. The tone of his voice suggested that the older people should convert themselves because they have reached old age. He delivered the sermon in a rushed but monotonous tone, almost rambling it off. I looked around and this does not seem to bother the older people they listened with their heads bowed down and at times would say *Amen* and *Hallelujah*. After the sermon, especially on Pension Day the preacher sold clothing items, like socks and woollen caps to the older people. At about eleven a few of the older men would go over to where the older women were sitting to get a sandwich from them. These older men would usually be the ones that the older

²² Maize meal porridge

women sent to the local shops to buy fruits and sweets. When the older people who live nearby the centre arrive some of the others had already finished their breakfast.

Lunch was served around one, twelve thirty sometimes; I helped with the handing out of the plates of food. Lunch would vary from day to day, but on Fridays fish was usually served. I learnt that some of the foods were donations from the local chain food store. In addition to this, the older people receive loaves of bread from the local bakery. During the day and especially on and after Pension Day, the older women would send some of the older men to the shop to buy fruits and sweets. A 92 year old woman said that she does not take medicine; she just eats sweets that is why she is so old. At times I would be sent to the shop up to four times in one day, with the promise that I would also be getting sweets. On Pension Day the older people were couriered to another hall that is located in Old Belhar, the less violent section of the community. At this hall some of the older people from the club were already there, their children or grandchildren accompany them, especially those with poor health status. In front of this hall there were stalls where people sell herbs, socks and other small garments. At *die club* on Pension Day the older women would show each other what they bought. Once one of the older women bought an undergarment, everyone at the table laughed and said she must not show it to everyone. After a while one of the administration staff would come by with a ledger, the older people would pay their club membership fees and would say, *dis niks*²³, and *kyk die geld is alweer op*²⁴. On Pension Day some of the children who play on the centre's grounds after school or some of the grandchildren of the older people would come and stand next to an older woman without saying a word. It seemed that the older women are familiar with this ritual and gave the child a coin. The children only went to the older women. Before running off with the coin in hand the child would first give the older woman a hug; some of the older people are aware of this and do not appreciate it, they talk amongst themselves about this and would ignore the child. When activities were presented at the centre it would almost always include a group of children, however according to my observations, there were no focused interactions between the older people and the children. During the school holiday, children would come to the centre and play

²³ This is nothing

²⁴ Look the money is already up

games inside and outside on the grounds. During winter most of the games were played inside the centre.

Twice a week the physiotherapy students from the University of the Western Cape would come to the centre to present some activities and exercises. The older people were encouraged by the staff of the centre to participate. For about 30 minutes the older people were active and participated with the activities that the students presented. Rubber and small balls were thrown to those participating in the exercise; when they fell at someone's feet everyone laughed. Some of the older people get tired after about ten minutes and went to sit at their tables. After the students left for the day, the older people sat outside or continued playing dominoes. I noticed that playing dominoes seemed to be the only activity which the older people did not lose interest in. Soon after lunch some of the older people, usually the ones from Old Belhar, went to the front foyer of the hall, where there was a bench where everyone sat and waited to be couriered home. Whilst the older people waited in the foyer, the cooks, myself and a few of the older men, would pack up the chairs and tables, fold up the white linen cloths, and pick up the mats. The cutlery and dishes were packed into plastic crates; all of these went to the administrator's house for safekeeping. The centre has been burgled numerous times according to the older people and the administrative staff.

The above description of life at the centre prompted me to pose the question why the older people come to the centre five days a week. These were some of their responses:

Dit is onveilig vir bejaardes om alleen deur die dag by die huis te wees²⁵.

Dis beter om hier te sit as by die huis, 'n mens dink dan nie aan al die kwale nie, by die huis sal die kwale net 'n mens siek maak, hier kan 'n mens praat met ander mense dan dink 'n mens nie aan die kwale²⁶.

'n Mens gesels oor dit en dat, dis hoekom ek na die klub toe kom, ek lyk dit hier, hier is mos groot mens geselskap, maar

²⁵ It is unsafe for elderly people to be alone at home during the day

²⁶ It is better to sit here than at home, at home ones ills make one sick, here you can talk to other people about your ills.

hulle kan ook so kekkel hier, maar ek steur my nie daar aan nie. Ek ken mos nie krieket nie my kleinkind wil krieket speel en ek kan nie, toe sê my seun dan moet mamma klub toe²⁷.

One of the elderly men, who had a stroke in March of 2003, responded that he and his wife decided that it would be good for him to get out of the house, for his health. They thought that coming to the centre would be a good idea. A month after the stroke he came to the centre. At the centre this particular older man would remain sitting in the place where he sat everyday, from when breakfast was served at nine or earlier to two o'clock in the afternoon. He did not join the other men playing dominoes, which was the primary activity of most of the older men at the centre. Upon analysing the observations that I conducted at the centre I made the following interpretations.

The reasons provided by the older people as to their decision to join the club were more dependent on their current living situation than personal choice. Older people responded that their decision to join the club is largely based upon safety and security reasons, since there is a lack of formal supervision at home. Although some of the older people are informally cared for by their relatives, as in the cases related in the previous sections of this chapter where elderly residents are cared for by their sons-in-laws. Others are alone at home because relatives or children who are working during the day. One of the other common reasons provided by the older people as to their decision to join the centre is health related. The centre provides a courier service. When an older person fell ill at the centre or at home there would be immediate transport to and from the local clinic or the nearest state hospital. In addition to this the centre also provided two full course meals per day, whereas the burden of preparing a meal would have rested upon themselves. Some of the older people at the centre, for example the stroke sufferers would have been physically incapable of preparing a meal for themselves due to disabilities brought on by the stroke. Thus access to medical support and the nutritional intake of older people were provided for at the centre. In many respects then the basic needs of the older people were met at the centre. The decision to join the club was in most instances based on the reasons provided above which were informed by the older people's current living situation whether it was predominantly shaped by an illness

²⁷ A person can speak about this and that, that is why I come to the club I like it here, here is adult conversation, but they can gossip so here at the club. I don't know how to play cricket my grandchild wanted to play cricket, but I could not, then my son say my mother should go to the club

condition or the lack of safety and security. This invariably affected the elderly residents' daily activities and interactions at the centre. From the above description of life at the centre, it became apparent that older people spent their days in docility and silence. With the new administrator taking over the running of the centre it seems that there was an urgency to routinize activities at the centre. In addition to this with the advent of the new administrator there was also a surge of new activities introduced at the centre for the older people. The routinization of older people at the club also contributes to the docility and the tediousness of life at the centre. However it seems that the docility and apparent lack of interest of the older people towards the activities that are presented can also be interpreted as a means of resisting the new administration. Indeed according to Cloete and Van Dongen (2004: 84) the elderly occupy to a certain extent a marginal position at the centre. Therefore within this marginality, a space is created for survival strategies. One of these strategies is silence. According to Scott (1985), "silence is a means to resist existing structures, although it may be the resistance of the weak" (Scott: 1985). Silence and inactivity help older persons to avoid conflict and annoyance (Cloete & Van Dongen 2004: 84). At the centre I also observed that there existed an unequal power relationship between the administrative staff and the older people. For some of the activities the older people were not consulted. I asked the older people why they do not want to participate in the activities presented; they responded that their hands couldn't do these things anymore. To a huge degree older people conformed to the rules established by the administration of the club. Older people at the club then experience institutionalisation to a considerable degree. The institutionalisation of older people was to an extent established due to the unequal power relations between administrative staff and the older people at the centre.

2.5 Research sample

The study sample consisted of older people aged 60 years and older who were residents in the community of Belhar. For the purpose of this study I limited my research to the 60 and older population. Diversification of the study sample however is evident in the range of chronological ages. The study sample's individual ages ranged from 60 to the oldest person interviewed who was 92 years old. The diversity of the older peoples' chronological ages was representative of different experiences both in the past and the present. In addition to this the physical health of the older

people was also indicative of the diversity of experiences in this sample. For example an older person suffering from severe asthma was limited with regards to doing some activities. The total number of participants was 26 residents from the community. Twenty elderly residents responded. Two staff members of the old age centre and four key informants also participated in this study. The unequal distribution of male to female research participants however biased the study sample. Eight male elderly residents participated in the study, whilst eighteen elderly women participated in the study. The unequal distribution of male to female elderly residents in this sample can be explained according to geriatric medicine, which states that women tend to live longer than men. Some authors like Giddens (2002: 165) refer to this as the feminization of old age.

2.5.1 Sampling procedure

The research sample for this study was selected using the convenience method of sampling. According to Hardon et al (1994: 207) convenience sampling is used when the units under study happen to be available during the time of data collection and this sample then becomes the research sample. I used this particular sampling method since I did not use a sampling frame of the population of older people in Belhar from which to randomly select the research sample. The advantage though of random sample selection by using a sampling frame is that it increases representativeness of the population under study. Most of the elderly residents who participated in this study were located at the old age centre, thus selection of the research participants were made easier due to the location of my research participants at one specific location. So too was the selection of the administrative staff made convenient due to their presence at the old age centre. The inclusion criteria in selection of the study sample were dependent on the willingness of the older people, administrative staff and key informants to participate in this study.

At the old age centre some of the older people suffered from severe speech impediments, which they developed due to a stroke. Thus older people who were physically incapable of conducting an interview were excluded from this study. However observations were made of the social interaction between older people and the administrative staff at the centre. The selection of elderly residents who were not members of the centre was decided by two of my key informants. Thus selection of

the key informants was also based on gaining entry into the community of older people who were not members of the club. They provide basic nursing services to a sample of older stroke sufferers. Elderly residents from this sample suffered from stroke, with a severe speech impediment, so that conducting interviews with older people from this sample was difficult, and thus observations of the elderly residents' living situation were mainly conducted. The selection of other key informants was based on data that I needed for this study. Thus I used non-probability sampling for selection of the research participants for this study.

2.5.2 Many voices, many lives - A description of the research sample

In complementing the ethnographic approach that I followed in this study I feel it is important to provide a sketch of each individual older person, administrative staff member and key informant who participated; more importantly though to also do justice to the many different voices and stories recorded in this study. I used pseudonyms to protect the identity of all my research participants. The research sample is divided into three study samples. I will first describe the older people whom I interviewed at the old age centre from the oldest to the youngest. I will also provide a description of each individual older person who was not a member of the club but who received basic nursing care because of the effects of a stroke that they suffered. This sample that received basic nursing care primarily comprised of elderly women. The last section will describe the key informants who participated in this study.

2.5.3 The older people at the centre

- Aunty Dorotia is 92 years old; she is the oldest member of the club. Although she looks frail, she refuses any help in walking outside or going to the bathroom. Many a time she purposefully detaches herself from the other members of the club and says that they are still children compared to her. Aunty Dorotia demands respect since she is the oldest of the old at the centre.
- Mrs Buren and her story will be with me for a long time still. Her traumatic experiences and her triumph over them contradict her physical stature. She is small in stature, Mrs Buren is 90 years old, and suffers from a visual impairment brought on by physical abuse. She frequently wears a vintage, checked coat, with a brooch on the right side of the jacket; she always wears

pants under her skirt. At times she asks me what she has on, she jokes about it, she says *this is what they* (her daughter's family) *give me to wear. I can't see very well, so I have no choice*, she laughs at this.

- Mrs De Klerk is 84 years old; she and Mrs Buren both lived in District Six and are very close to each other. She comes to the centre sporadically, and walks with a walking stick. She always wears the most colourful woollen caps. She has *a stomach and eye problem* she says but the doctors say that she is too old they cannot do two operations, so they opted to remove her cataracts only.
- Ma Kannemeyer is 84 years old and has the true persona of a leader. She represents the older people at the centre on the executive committee of the club.
- Mrs De Beer is 79 years old. She grew up in Aurora; and moved to Belhar in 1984; she has no children.
- Mr Pieterse is 76 years old and lives with his son, he suffers from asthma. He has a serious expression on his face when he plays dominoes. At the centre he plays dominoes for almost the whole day. He wears a distinct white hat everyday, and has a walking stick.
- Ouma Sanna is very quiet and aloof, at the centre she would stare into space. She suffers from asthma. At times she would look very sick and frail, she's very skinny and thinly dressed. I asked her how old she is, she said that she cannot remember but her son said that she is 75 years old.
- Mr Japie is 75 years old but physically looked much younger; he is still very active in the club, and he usually drove the older people to their homes and to the centre on pension day.
- Mr Barends is 72 years old. He was at the centre for a short period and did not return to the club because of health problems. At the centre he did not interact frequently with the other older people and sat quietly at his table.
- Aunty September is a round, big woman and did not interact much with the older people. She complained that there are no activities to do at the centre. She is 70 years old.
- Uncle Victor is 69 years old, he is wheelchair bound due to a stroke he had five years ago, and developed a huge speech impediment because of the stroke. Compared to all the men at the centre, he was the one who is the best dressed, always in corduroy pants and a thick woollen jersey.

- Uncle Arendse always wore a brown hat and never took it off whilst at the centre, he is 67 years old.
- Tannie Lettie is an employer at the club, but is also a member of the club. Compared to the other older people, Tannie Lettie is still very young, she is 65 years old. Tannie Lettie interacted mostly with the unemployed and disabled people at the centre.
- Donald Baron was born on the 7th of June 1942. When I asked how old he was, he gave me his date of birth, unlike the other older people. He is 62 years old. He is an outpatient at Valkenberg Hospital. He spoke English very well and seems to have a much higher education level as to the other older people at the centre. It is difficult however to understand at times what he is saying. He has developed a severe speech impediment. Donald did not visit the centre consistently; he disappeared for a period and then suddenly returns. Everyday he has the same suit on with a tie, the suit is worn out and dirty. He has a head full of hair with a thick grey beard and green eyes. When he walks it is with quick huge steps on the heels of his feet and his back hunched.
- Uncle Pannie is 58 years old; he wears tracksuit pants almost everyday. He is a tall man and has a walking stick since he has a limp in his right leg. Uncle Pannie is a frequent tobacco smoker.

2.5.4 The administrative staff at *Die Belhar Organisasie vir Bejaardes*

- Mrs Visagie is a 64-year-old older person who has been involved in doing advocacy work for older people in Belhar for years.
- Mrs Lotter was appointed in 2003 in the place of Mrs Visagie as the new administrator of the centre. She is extremely enthusiastic and determined about restructuring the centre as a recognised formal multi - purpose day care centre for the older people, disabled and unemployed in Belhar.

2.5.5 The elderly women at home

- Ouma Tina is a thin frail looking woman. She is bedridden but still very outspoken. During the visit to her house I found that she speaks incoherently and seems at times disorientated. She is 90 years old.
- Mrs Nair has a severe speech impediment due to a stroke she had suffered; nonetheless she seems strong willed. She still smokes at the age of 75; I noticed a box of matches and cigarettes under her pillow.

- Aunty Kleintjies is bedridden due to a stroke, she is 75 years old, and suffers from a speech impediment due to the effects of a stroke.
- Mrs Slamdien is 84 years old and has been diagnosed with cancer and vision impairment, she is very outspoken, she lived and grew up in District Six.
- Ouma Katriena is 83 years old. She is a skinny older woman. During my visit she did not speak much and only said that she was getting cold whilst the nurse was bathing her.

2.5.6 The key informants

- Mrs Louw works in one of the local municipality offices that serve the community of Belhar. She conducted research on the community for her own office to which she was appointed, since she found out on her appointment that there was no profile on the community available either at the local municipality or in the local libraries. Mrs Louw asserted that she was not going to make this information available easily since she was the one who took the initiative in the community to do this research. However she was prepared to share the information that she collected during an interview with me. She referred me to Mr Paul and provided me with his contact details.
- Mr Paul was a councillor in the community for thirteen years. He was extremely helpful in sharing the knowledge and information he had on the community with me. We met at the local medical centre. In his possession he had the original structural plan of the community. With Mr Paul's permission I could make copies of the structural plan but I could not keep it in my possession, since he was aware that he was the only person in Belhar who was in possession of such data.
- Mrs Mouton has been providing basic nursing services to a sample of stroke sufferers in the community; she has worked with elderly people of the community for years. According to Mrs Mouton this is her life work. In many respects she plays an advocacy role for the elderly residents in the community.
- Avril also provides nursing services to the community of bedridden elderly residents; she is much younger than Mrs Mouton. Unlike to Mrs Mouton it seems that she had no formal nursing training.

2.6 Anthropological research methods

- Participant observation

According to Welman and Kruger (2002: 184) in participant observation the researcher becomes an 'insider' to the social group that is being studied. Thus the researcher takes part in the daily activities and events of the social group under study (Welman & Kruger 2002: 184). I found though that once in the field, the textbook description of conducting research is transformed dynamically. Research methodology adapts to the research site; this is that much truer in conducting anthropological research. At the old age centre participant observation for me entailed serving lunch and breakfast to the older people, at times helping with the dishing of the food. I also sat at a table with the older people, whilst eating lunch or going to the shop to buy the older people sweets (on numerous occasions I walked to the shop for up to four times a day, but was always offered one or two sweets); took the older women to the toilet; took the older people outside to go sit in the sun; then run back in the centre to go and fetch the older women's bags and their chairs to sit on; peel oranges and naartjies; bring water; put mats under their feet during breakfast. In addition to this I also accompanied some of the elderly women to the bathroom. I also participated in activities presented at the centre, like for instance the physiotherapy sessions. At the centre, games like dominoes and bingo are often played. I participated in these games in order to conduct an interview with the older men at the centre. I accompanied the older people to the queue on pension day. I would for instance help with pushing one of the older people who were wheelchair bounded along in the queue. Whilst participating I would make observations on one specific theme, for a period of time during the day. I reflected upon some of the emotions that I experienced whilst participating in these events. Such reflection is helpful in terms of grasping and understanding the feelings of the respondents who participated. After participating in these events I would jot down field notes of the observations that I conducted.

Observations were mainly conducted at the old age centre and at the homes of bedridden older people. In relation to my research question I made observations on the physical living situation of the older people at their homes. At the old age centre, I looked at the social interactions amongst the older people, and also the interactions between the older people and the other members of the club like the physically

disabled. I also observed the social interactions between the older people and the administrative staff at the centre. In addition to this I made observations of the activities that are presented at the centre, and the older peoples' reactions to this. Observations were recorded by jotting down notes in a shorthand notebook. I would focus on one observation for a period of time. Observations would be re-written as an ethnographic fieldnote, and recorded in a file that I created on my computer.

- Interviews

I conducted twenty interviews with older people who were members of the community. Of these twenty interviews I conducted five interviews with bedridden elderly women from the community. I conducted four interviews with key informants from the community. Key informants that I interviewed included two basic nursing services health care workers, a ex-councillor who worked in the community for thirteen years and I also conducted an interview with a local municipality officer of the community. The main purpose of the latter two interviews was to obtain information on the sociological and historical infrastructure of Belhar.

Interview questions with a sample of older people in the community focused on their experiences and perceptions of violence in the community and their experiences of social support within the family context. In addition to this, five life reviews were also collected. Interview questions also focused on the older peoples' present living situation. Interviews were conducted in Afrikaans and translated verbatim into English. Although I initially planned to use a tape recorder for data gathering during interviews, most of the older people did not feel comfortable with this, and I jotted down the older people's responses in a shorthand notebook. One of the major disadvantages of not being able to use a tape recorder is that at times, I could not record responses verbatim. I also listened attentively in order to probe on some of the older people's responses and thus was at times not able to focus on recording the older people's responses verbatim in my notebook. However in a research setting like the centre, it was not very favourable to use a tape recorder due to other sounds and noises. The main advantage though of not using a tape recorder was that the older people were less suspicious and more open with their responses. I tried to use a tape recorder at another old age centre and the older people tend then to provide more formal type of responses.

2.7 Strengths and limits of research methods

2.7.1 Participant observation

The strength of using participant observation is that the investigator gets extremely 'close' to her research participants, allowing the researcher an 'emic' look into the lives of the research participants. Participant observation also allows the researcher to gain a deep insight and understanding of the subjective world of the research participants, which is particularly important in conducting anthropological studies, as mentioned in the above section. This invariably allows for a more ontologically sound examination of the social and cultural world of the research participants. The limit of participant observation however is situated in the primary advantage of this technique. With becoming 'close' to the research participants, there is a greater possibility of becoming too attached, hence objectivity of the research conducted is questioned. In the field I distanced myself in order to produce an objective account of my research findings.

2.7.2 Interviews

The advantage of conducting interviews during fieldwork is that the interviewee in the presence of the researcher can ask for more full explanations when the interview questions seem incomprehensible to the respondent. Moreover the interviewer can probe the responses given by the interviewee in contrast to self-administered questionnaires, when the researcher is at times not present. When conducting an interview at a particular research site the researcher has the advantage of also taking field notes of the exterior setting that the interview is taking place. The researcher also has the advantage of noting facial expressions of the interviewees in posing the interview questions. From the responses to the questions asked the interviewer could assess which responses needed probing. The disadvantage in conducting interviews in my research setting was that one must limit interview questions, since most of the older people are physically tired or physically unable to express themselves adequately due to a speech impediment.

2.8 Data Interpretation and analysis of data

In processing the data for analysis and interpretation I used content analysis as a method. From the first reading of the text, themes had become apparent. Thus I “let the data speak for themselves” (Henning 2004: 105). After assigning codes to the data, I moved the codes into categories and named the categories according to the grouped codes, like for instance many of the older people spoke of their different experiences of violence in the community. I grouped these codes together under the category of the violence of everyday life. Different codes in the data were grouped together under a certain category. According to Henning (2004: 106), the researcher is left with how these categories relate to or addresses the research question. Interpreting the data collected from observations and interviews conducted thus means that the researcher has to go beyond the content of the data and interpret the meaning of the data collected within the context of socio-cultural and historical forces.

2.9 On ‘being at home’ and ‘doing anthropology at home’

As a novice researcher conducting this research was problematic in the sense that the fieldwork was done in the community that is currently my home and has been since a young age. Most social science researchers in South Africa conduct research within familiar settings, like I had with this research. This section will largely problematize the researcher as she/he conducts research in a specific context, with specific emphasis on the importance of conducting reflexive research. For this reason I will shed light on the issues surrounding the challenge of ‘being at home’ and ‘doing anthropology at home’. I will do this by reflecting on my own experiences in the field as they relate to my research participants.

Conducting research in the field for an extended period of time, I believe, also allows the researcher to become critical of his/her own social/cultural context. Indeed the premise of any anthropological undertaking is to gain insight into one’s own cultural context in the endeavour to reflect upon the other’s social world. According to Atkinson and Hammersley (1994: 16) reflexivity in the field implies that social science research cannot be conducted independently from the examiner’s socio-historical context. Thus the data collected does not remain objective from the particular researcher’s personal orientations and value systems (Atkinson & Hammersley 1994: 16). This however does not suggest that the research findings

should be considered unreliable or their validity questioned. Moreover herein I believe lies the uniqueness, richness and intricacy of conducting qualitative fieldwork.

“Being at home” other than that which ethnographic enquiry often results in, also had another meaning for me. I conducted my research ‘at home’, in the community where I have lived almost all my life. I had been exposed to the everyday violence that is endemic in this community on a daily basis. Doing anthropological research ‘at home’ then posed particular problems and challenges for me. For the first time I reflected upon the community in which I reside. Indeed the familiar and taken-for-granted had to become strange and unfamiliar to me. When I confronted my own emotional problems of insiderness and familiarity of the social context that the older people live in, I realised that doing research within the subculture of older people is an unfamiliar research topic to me. Unfamiliarity with this subculture was apparent as both a member of the community and as a social science researcher. In fact the old age centre where the older people meet five days a week was completely unknown to me. I was unaware of the existence of the club even though it is located not more than ten minutes walk away from where I live. In addition to this, as an anthropology student, doing her Masters degree, I was thus considered as an ‘other’ in the community in which I reside. The considerable gap in our chronological ages and socio-historical experiences also contributed to keeping a social distance between the research participants and myself. Moreover, different socio-historical backgrounds provided a platform where comparisons could be made about life lived then and now. This contributed I believe in many instances to encouraging more informal discussions about how the life that I am living currently is different to that which the older people had experienced. In addition I also believe that talking about growing up in a very different socio-historical era to that in which the older people did, also encouraged the possibility of greater intergenerational talk in their everyday lives.

Nevertheless I encountered problems in the field because of the issue of “being at home”. As a member of the community I never noticed older people walking in the streets or sitting on their stoeps. Throughout conducting this research, it was as if this social group had suddenly become visible to me and a whole new world that was not part of mine whilst living in the community became apparent to me. At times I would come across one or two of the older people walking in the streets. Even though I was

unsure how to deal with the situation, elderly residents however would interact with me as “the researcher”. One of the other issues that I dealt with was that because of our residential commonality, some of the older people would want to know where I lived in Belhar. Even though I understand that divulging personal information about oneself as the researcher puts one in a vulnerable situation, not only in terms of keeping the distance needed to get the job done, I realised that these older people were divulging their personal problems and issues to me. I was then confronted with the issue of building rapport and trust with the research participants and accountability in terms of doing justice to the fact that most had trusted me with their deepest personal stories. I decided to divulge certain personal information without bringing the researcher and participant relationship into question.

2.10 Conclusion

As an aspiring researcher I quickly learnt that conducting an anthropological enquiry led to more reflection upon my own development as a young adult woman and that of a novice anthropological researcher. The issue of the importance of reflexivity in the field is also amongst others argued by Gergen and Gergen (1991). Reflexivity becomes imperative not only because in essence the researcher is always considered as a tool in interpretation but also because of the proximity of the research that I had conducted to that of my present life world as a young adult woman with a parent who is growing older. I was forced to reflect upon the care of my mother when she reached old age. However I also realised that other social science research methodologies are stringent in terms of stressing distanciation and objectivity between oneself as a researcher and ones participants’; but also how the research techniques and methodologies employed also contribute to the distanciation between the researcher and their participant. Other social science research methodologies, in particular those which leans more towards using quantitative tools of inquiry, do not allow the researcher to experience a closeness and “insiderness” as compared to using qualitative techniques of inquiry. Hence such a researcher needs not to control that much for bias and not being close to one’s participants does not require space for reflection. Thus, it is my assertion that conducting anthropological research calls for a different type of researcher, one who understands the dynamics of entering someone else’s life world and at times allows for the research setting to swallow her in and to an extent allowing self-development from that experience.

CHAPTER THREE

THE ANTHROPOLOGY OF VIOLENCE AND MEMORY

3.1 Introduction

In this chapter I will provide a discussion of selected literature that encompasses the two sub fields of memory and violence within anthropology, which is relevant to the context of my study. In the first instance a discussion will be provided on the current status quo of memory in South Africa. This discussion is important since it situates my study within the current public framework of memory locally. In addition to this I will look at Connerton's (1989) understanding of social memory. I will also look at the violence of everyday life, as conceptualised by Kleinman (2000) and in particular the application of this concept as used by a selection of scholars in the field of anthropology. Connerton's social memory and the violence of everyday life is important for this study since I have used these theoretical traditions as a framework in which I will be discussing the results of the data collected. A discussion on the findings of the data collected will be done in the following chapter. The latter section of this chapter provides an overview of the kinds of studies that have been done with older people in the South African context. This section situates my research within the current context of the field of social gerontology and anthropological studies done with older people in African and South African contexts.

Although there is a substantial amount of literature concerning older persons in the South African context, an anthropologist, Sagner (1999) argues for more ethnographic work. He appeals to the social sciences for a shift in focus towards an understanding of the older person in context, thus studying the older person's subjective experiences of growing old in Africa (1999: 3). It becomes clear that a modest amount of research has been done on the lived world of older Africans, especially in the South African context. Therefore considering the substantial gap in the literature of ethnographic studies done with older persons as mentioned by Sagner (1999) above, the South African older persons' life world still needs far more illumination through ethnography.

3.2 Voicing the past - the anthropology of memory

Incorporating oral history within a discussion of memory and vice versa is essential but also to a large extent inevitable. Not only because a discussion on memory borrows terms from the oral history framework, but a discussion on either will invariably follow upon the other. Upon narrating past experiences, memory whether (re)imagined or factual comes to the fore and thus sets a platform on which it can be scrutinized. A social group remembering the past and narrating their stories of past experiences (re)constructs an oral account of a moment in history. In the South African context the current status quo of memory has shaped and reconstructed an oral history inclusive of all racial categories. Nonetheless, as the following discussion will show, it also created a platform where traumatic and politicized memories receive formal recognition, and everyday lived experiences of violence are kept out of the public domain of remembrance.

In the South African context memory has entered public discourse primarily through the proceedings of the Truth and Reconciliation Committee (TRC) hearings. In remembering and narrating stories of atrocities committed against humanity during the apartheid era, orality was mainly employed as a means for healing the wounds inflicted upon South Africans across racial divides. The TRC served as a platform, where the once, "...silenced voices...were given legitimacy and authority..." (Ndebele 1998: 19). The TRC chairman, Archbishop Tutu, was quoted as having said: "the country has taken the right course in the process of healing to hear these stories" (Ndebele 1998: 19). Nevertheless some authors like Nuttall (1998), scrutinize this process to some extent in arguing that, within the construction of these memories recalled at the TRC, the ordinary individual in society is more at risk of being ignored or seen as unpolitical (1998: 77). By implication then this disregard for the individual or private self, creates the possibility of losing the popular voice and its concreteness that is situated in the true and harsh but often everyday experiences of the individual living in South Africa.

In the framework of memory during the past years in South Africa there has been an intense focus on more 'political stories' of atrocities committed against humanity during apartheid. The subjective, everyday experiences of the individual for instance

as in the case of older people have been seen as ‘unpolitical’. Thus remembering the past has not been shifted to providing a platform for older people to voice their lived experiences and current living situation. Colvin (1998: 8) argues in a paper presented at *The Narrative, Trauma and Memory* conference that this trauma discourse tends to overshadow those forms of structural and everyday violence experienced in the past and at the same time also serves as a hindrance to considering any other forms of violence suffered presently. Such proceedings as that of the TRC should be understood as only representing a narrow range of social, economic and political perspectives that tend to focus on what remained public and political at that time (Bornat 1998: 190)²⁸.

However the stories of atrocities privileged at the TRC hearings tend to culminate in a collective memory of trauma that publicly and formally discards the everyday. Presently the status quo of memory in South Africa is that of racial oppression of the ‘black’ population by the ‘white’ minority. This collective collaboration on constructing a historical narrative has an impact on the status quo of memory. Hence the status quo of memory in the South African context has been narrowed to the political ideology of apartheid South Africa. Therefore the public discourse on memory commemorated by the TRC, in its search for a collective truth and memory extensively narrowed the prospect for South African oral history to have pluralist interpretations (Adam & Adam 2000: 3; see also Robins 1998: 120-140). Such an official truth is intolerant and unsympathetic of allowing a multiplicity of voices to also be incorporated into the public discourse on memory within the South African context.

Oral history in South Africa has followed this trend, where the popular voice of everyday South Africans remained hidden from history. The stories I collected however were different from those of the TRC. Nonetheless, as in the case of the TRC hearings, remembrance and the oral transmission of memory also have a healing effect on the lives of the elderly. Many scholars studying in the oral history tradition support the healing effect of memory through oral history (See Gillies & James 1994; Kaufman 1986; Nassoon 1990; Thompson 1988). However this study was not

²⁸ Writing in the context of his country, Britain

premised upon the assumption or generalization that every older person necessarily needs healing.

Nonetheless what then is the significance and contribution of remembering the past within the present South African context? Bickford et al (2001) argues that the life stories, memories and experiences of liminal communities must be seen as a research priority and in particular within South Africa's history it is critical that voices across the spectrum should be heard (2001: 11). I discussed the status quo of public memory in South Africa by alluding to the TRC hearings. This was an important discussion to advocate the need for a shift in public memory that not only formally recognizes the political, but also the everyday. For this reason I believe Connerton (1989) with his theory on social memory, "localise" social memory to that of the everyday so that it inevitably also sheds light on constructions and inscriptions of culture.

3.2.1 Connerton on social memory

Social memory was first conceptualised by Halbwachs (1992 cited in Yeh 2004: 1), who felt that in order to understand a person's social memory one has to have insight into their present social context. Connerton (1989) amongst many others followed on Halbwachs' use of social memory. For the purpose of this study however I will use the concept of social memory as employed by Connerton (1989) to shed light on some of the historical discourses that are evident in the past experiences narrated by the older people in this study. According to Connerton (1989: 12) we remember the past in relation to our present situation and vice versa. Present memories often legitimate past events that have shaped our lives. In a study done by Field, he uses this past-present juxtaposition in relating that "the telling of a life story is crafted, from these memories of the past and is both present and presented in the present" (1998: 72). Field (1998: 77) found in his study that some of the interviewees tended to paint a "romantic gloss" over life lived in the community of Windermere as compared to the community of Gugulethu to which they were forced to relocate. Even though life in the community of Windermere was fraught with poverty and social despair "the slum ... is transfigured into a warm and homely place ... the narrative of hard times becomes a record of courage and endurance" (Tonkin 1990 cited in Field 1998: 79).

3.3 The violence of everyday life

In looking at everyday life the ordinary and mundane becomes the object under study. Das and Kleinman's (2001) notion of the violence of everyday life, the subtle and more hidden forms of violence that disappear within the mundane comes under scrutiny. Thus, the subjective everyday experience becomes the site for investigation. Within the conceptual framework of the violence of everyday life, focus is on the life world of the individual living in a particular social context. In the context of violence, this has the profound effect of illuminating the complexities and intricacies behind the social phenomenon of violence. Van Dongen (2001b), in a study on the life world of older people in a black township relates that violence is everywhere, it is not confined to particular countries, violence lives in "... the prisons of dictatorial regimes, in the cities, in rural areas, in people's houses" (Van Dongen 2001b: 2). She explains further that it is the ordinary and not so ordinary experiences of violence that people face on an everyday basis (Van Dongen 2001b: 2). Thus we find that it is the "everyday life that is fraught with the potential of danger" (Das & Kleinman 2001: 10). In the *Introduction of Violence and Subjectivity* (2001) Das and Kleinman asserts that it is ethnographies that have the capacity to shed light on the violence of everyday life (2001: 2). Scheper-Hughes (1992) illustrates the above assertion of the ability of ethnographies to illuminate the violence of everyday life in her ethnographic portrayal of the everyday lives of women and children living in the *favelas*²⁹ of Northeast Brazil.

3.4 The life world of older people living in South Africa

The aims of most ethnographic studies done with older people in a community setting in South Africa focus on service provision for the elderly and their basic needs provision or lack thereof (See O'Brien 1994; Ferreira & Charlton 1996; Adams 1999; Makondo et al 2002). In a paper presented by Nxusani (2002) at the 30th Bi-annual Congress of the International Association of Schools of Social Work she confirms the above in stating that very few studies in South Africa focus on the problems faced by older people in their homes and communities (Nxusani 2002:1). One of the major social challenges faced by the older population in South Africa is that of the high

²⁹ Ghetto townships

crime and violence rate, which became evident in the studies that I reviewed. In most of the participants' responses in these studies, violence in the community was mentioned as a major variable that shaped their life world.

The first study I will be reviewing was done in Khayelitsha, a black township in the Cape Peninsula (O'Brien: 1994). The study did not exclusively focus on the impact that the violence had on the population of older people but also considered other variables like the attitudes people in the community have towards older people (O'Brien: 1994). When asked what the main problems are in the community, violence was brought up numerous times during interviewing (O'Brien 1994: 12). In an article written by Skinner (1998) the author asserts that "[I]t is often more difficult ... to cope with violence that happens in their own community as there is no escape" (Skinner 1998: 124). For the older people residing in poverty stricken communities like Khayelitsha there are often no other alternatives, than to remain living in constant fear. This is evident in the voices of these older people as this participant in Khayelitsha relates:

The members [of the balaclava gang] break into your home and steal everything.

We cannot run away and save our lives because we are old

They knock on your door at nights.

People say, "get under cover", that means be under the bed.

People were shot at my neighbour's house and five people died.

(O'Brien 1994: 7)

Another study that was also conducted in a community in the Cape Peninsula area, was done by Ferreira and Charlton (1996). In this study, the participants responded that:

There is a need for measures to ensure their personal safety [against] itinerant youth and gangsters. (Ferreira & Charlton 1996: 10)

In a thesis by Adams (1999) investigating the needs of older people living in community settings in the Western Cape, older people alluded at numerous times during interviewing to the threat of violence in their community. This study was conducted at various senior citizen centres, clubs and retirement villages for older people in the Western Cape. Their prioritisation of safety and the threat of violence

differed according to the community in which these service centres for older people were located, thus “for example the participants at Cafda felt safer than those in Belgravia” (Adams 1999: 19). For the older people safety meant reinstatement of the death penalty, and other crime preventative strategies, like more overt policing, and recreational activities, like social programmes, for the younger population (Adams 1999: 1). In the community where I conducted this research some sections of the community were less violent than others. Older people who lived at home responded that crime preventative measures, for example high fences and burglar bars, led to more isolation and detachment from other members of the community (Adams 1999: 20).

Older persons in the same study, who lived in Mitchell’s Plain, also responded to the threat of violence:

Before, the young people used to offer to carry our shopping parcels now they offer, but they run away with it.

Sometimes we call the police if there is trouble, but they don’t respond.

We need police to be more visible in our communities.

You don’t feel safe in your own house. You have burglar bars, a safety gate and high fences and a dog, but you still feel afraid.

(Adams 1999: 33)

These are the harsh but real circumstances faced by many older people in the violence-ridden context of present day South Africa. Through accounts like these, one can easily assess the degrading, disempowering and marginalized social reality of many elderly South Africans.

In another study that was published in the *2002 Population and Development Strategies* series, (Makondo et al: 2002), older persons’ responses also alluded to the attitudes that the community had towards older people. This study, like the others mentioned, did not primarily focus on the impact of violence on older persons. However, the threat of violence was a significant variable in the lives of the older people who participated in the study:

Blame the police who do not exert sufficient control

Believe that during the apartheid regime violence was under control and that their safety was assured

He has not been directly affected by violence but knows of elderly people who have been robbed of their pensions in town (Makondo et al 2002: 62 & 68).

From the responses of the older people in all of these studies one could easily come to the conclusion that the threat of violence is a major factor in shaping the pattern of everyday life in these communities in the Western Cape. Such threats of violence, and the fact that it inevitably shapes the life world of these older people, also point to other issues in the community with regard to older people. In a study done on elder abuse, the issue of disrespect seemed to be a precipitating factor in abuse of an elderly person (Mosaval & Ferreira 2000: 10).

3.5 Conclusion

The use of memory and oral history contributes to the “narrative turn” in anthropological research evident in recent years within the discipline of anthropology. This study also contributes to that trend with its strong narrative element.

From the ethnographic studies that I have looked at it seemed that older people in the Western Cape live in fear of their lives. The high rates of crime and violence, which usually take the form of gang violence, impacts on this vulnerable group to a large extent. From the ethnographic studies reviewed it appears that the high rate of crime and violence in communities in the Western Cape and the effect of it on older people have been documented extensively. However the subtler and less overt forms of violence impacting on the lives of older people have been neglected. Hence the contribution of this study to that aspect of studying the life world of older people by using Kleinman’s (2000) conceptualisation of the violence of everyday life. In using Kleinman’s (2000) notion of the violence of everyday life the individual or private self is allowed to come to the fore. This conceptualisation of violence by implication also provides the opportunity to consider new paradigms of remembering the past. Hence the use of Connerton’s insights into remembering the past. In the following chapter, the aforementioned frameworks will be discussed in relation to the data collected.

CHAPTER FOUR

REMEMBERING IN TIMES OF VIOLENCE


4.1 Introduction

This chapter provides a description and interpretation of the life world of older people living in Belhar. The analysis is grounded in the theoretical frameworks of the violence of everyday life and Connerton's conceptualisation of social memory. In the first instance I will provide an exploration of the socially liminal status of the elderly residents in the community of Belhar. This discussion will be followed by a description of the older people's everyday living situation in the community and in their households. Ethnographic field notes will serve as the main source of data collection in exploring the subjective everyday experiences of the elderly residents living in the community. In looking at the older people's everyday life world I will provide a description of how older people live, redefine and (re)imagine the everyday in a context where the high incidence of unemployment and the prevalence of crime and violence threaten the 'normalcy' ascribed to everyday life. This description of the elderly residents' everyday life world will be followed by a discussion of the older people's memories of past experiences. Elderly residents' memories of past experiences have been provided in the form of vignettes. The older people's everyday life should also be interpreted within the context of the forced relocations of 'coloured' communities to Belhar in the early 1980s. However relocating to another community was for most of these elderly residents not their first resettlement. A continuous pattern of relocation for elderly residents living in Belhar was a facilitating element in the lack of a sense of social cohesion amongst the elderly residents. In addition to this it also contributed to identity formation of the elderly residents living in Belhar and to the lack of a sense of community felt by many elderly residents. This lack of a sense of social cohesion will be interpreted in the following discussion by using the concept of social liminality.

4.2 Social liminality

The concept of liminality has been adapted and applied to understand an array of social and cultural contexts and behaviours; however the central and defining element in all its applications has been used to look at ‘the space in between’. This space in between either refers to socio-cultural behaviours that focus on transition, but also to understanding the life world of marginalized communities. Van Gennep (1960) conceptualised the term liminality. For the analysis of the everyday life world of older people in the community of Belhar I will use Victor Turner’s (1964) application of liminality, which implies being ‘betwixt and between’. (Turner 1967, cited in Rapport & Overing 2000: 229). According to Rapport and Overing (2000: 229) in using liminality, anthropology has opened other areas of conceptually studying phenomena as marginality, alterity ... and deviance. Continuous relocation throughout elderly residents’ lives constructed a space where the uncertainty evident in relocation to another community allowed for being ‘betwixt and between’.

Elderly residents’ socially liminal status should be understood within the context of the implementation of forced relocations of ‘coloured’ communities to Belhar during the early 1980s. Many of the elderly residents in this sample responded to this:

- 
- Oom Pannie: *The whole family must go from Ravensmead that time Tiervlei, because people must build there.*
- Mrs Buren: *We lived in District Six, in town, my father had his own house there, and I got married in this house. But I have no papers that I lived there. The Group Areas Act came and we moved.*
- Mrs Slamdien: *26th of April 1981 we moved to Belhar from Upper Ashley Street (District Six).*
- Ma Kannemeyer: *We lived at Victory Hill, Kuilsriver district, big yard, and lots of houses that were rented out to people. We then lived in Elsie’s River; there by the Moslem people I can’t remember the name of the place. (Researcher mentions name of a place of residence). Yes the council had to work the ground, so we had to move they asked*

us where we want to live. We said not in the Flats, the houses opposite the Flats.

The socio-historical relocation of residents to a specific geographical space during the implementation of the Group Areas Act set a divide along racial lines for many communities, where they now are both part of society at large and being detached from it at the same time. In a study done by Sharman (2001) using Turner's (1967) application of liminality, which looked at a community living in Costa Rica, he illustrated how certain social groups in this society were both excluded and part of the community's social organisation.

As is evident in Sharman's (2001) study, social liminality can also be used in shedding light on the social organisation of individuals living in the community. Elderly residents' liminal status in Belhar first became apparent during observations done at the centre. As is evident from this fieldnote:

Uni-City's recreational sector of the Western Cape's local government had organised activities for the children of the community during the school holiday. The older people were cordoned off from the children with a red and white tape. I asked one of the volunteers why they do not include the older people in these activities, why they do not let the children and older people interact with each other. The volunteer's response was that the children are too *woelig*³⁰. After a while they decided to give the older people a few of the games and toys to play with, some of the volunteers came to show the older people how some of the games and toys work. During all this time whilst the children were running, shouting and playing games, the older people would look at the children running around in the centre. Some of the older people would complain about the noise the children make.

The red tape has a symbolic meaning of the line dividing the older people and the wider community, but was at the same time also allowing for some interaction. Whilst children were shouting and laughing behind the red tape elderly residents sat in inactivity staring. Sometimes a school presentation of dance and music would be presented at the hall for members of the community; and the older people and the other members of the community sat separately from each other. On Tuesdays at the

³⁰Active

centre, a social worker occupied one half of the space. Young mothers came with their babies to apply for social grants. The older people were cordoned off from the young mothers and other members of the community. At times in the centre a funeral lunch and a sermon would be arranged to take place at the centre, the older people sat on one end of the hall and the friends and family of the deceased at the other end of the hall.

Turner's (1967) concept of liminality is also used by Hamber and Wilson (1999: 2). According to these authors a social group like the elderly residents in Belhar occupy a liminal space being both part of the society but also detached from it. The physical space of the centre that the older people occupy represents this liminality that the older people are subjected to within the community in which they live. Thus to a large extent life at the centre can be seen as a microcosm of older people living in the community of Belhar. The older people inhabit the space at the centre for most of the day, for five days a week, whilst the outside world enters and leaves without any focused interaction with the older people. For example the funeral lunches and services that are held at the centre and children interacting with one another without any interaction with the older people are representative of this liminality. Another example would be the disabled and unemployed who are members of the club, who interact with each other but not with the older people. The administrative staff coordinate and organise activities for the older people without consulting them; everyone working for the older people's needs and desires but not working with them. When I conducted my research, participating in discussions or enjoying a lunch, I developed the sense of being within another social environment that is immobilising and detached from the other people at the centre. The liminal status of older people in the community also plays a part in identity formation and contributes to the meaning that older people attach to old age.

The older people's social liminal status can also be understood within the context of other relocations. From conversations with older people their first resettlement was from rural or farming communities to urban areas, as is evident from the following responses:

- Aunty Dorotia: *I lived in Vyeboom farther than Vyeboom.*
- Ma Kannemeyer: We lived at Victory Hill, Kuilsriver district, big yard, and lots of houses that were rented out to people. We then lived in Elsies River; there by the Moslem people I can't remember the name of the place. (Researcher mentions name of a place of residence) Yes the council had to work the ground, so we had to move they asked us where we want to live.
- Tannie Lettie: *I was born in Genadendal.*
- Mr Barends: *I was born in the Springbok district of Namaqualand. I came to the Western Cape in 1946/7 after World War Two. Just before that I was picking grapes in Worcester for two months. After the war I got married as well, in the Western Cape. I first stayed in Ravensmead.*
- Ouma Sanna: *You see I am not actually from Belhar, I grew up in Lambertsbaai. When my mother died, my sisters said that I should move to Cape Town. I worked for Jewish people.*

Older people related that they initially resettled from their place of birth because of more employment opportunities in urban areas like the Cape Peninsula. Memories of place of birth for some of the older people would at most times ascribe a sense of belonging and this becomes evident in the memories narrated by the elderly residents. For Tannie Lettie remembering where she grew up contains elements of identity formation and she compared living in an urban area to that of the farming community where she spent her childhood years. She relates that *I grew up in Genadendal, very big difference, I grew up there very wonderfully, my children should have lived there, then they might have been different. The city life has too many distractions.* Tannie Lettie's belief that the *city life* is not good for her children speaks to a cultural belief that farming communities as compared to *city life* provides for a more constructive

space in which children should be brought up. From this then Tannie Lettie's sense of home contributes to identity construction.

In a study done by Becker (2003) with older people, he asserts that identity construction and sense of place cannot be separated from each other. Tannie Lettie felt more of a sense of belonging and home in the community where she grew up, compared to that of Belhar. Tannie Lettie articulated experiencing a lack of social cohesion in her assertion that *the city life has too many distractions*. Thus not feeling part of the community also contributes to feelings of social liminality, as in Tannie Lettie's case. Occupying a liminal position in the community where she resides also contributes to identity construction as an older person living in Belhar. In a study done by Becker (2003) with older people, he asserts that identity construction and sense of place cannot be separated from each other.

4.3 Older people's living situation and household set-up in Belhar

The burden of care for the older person in South Africa now rests upon the family and also consequently the community in which the older person resides. According to the *White Paper on Social Welfare* (1997), residential care for the elderly should be limited to frail and needy older people, thus care is now shifted to the individual, the family and the community (cited in Ferreira 1998: 1). *Die Belhar Organisasie vir Bejaardes* is the only formal and established community based organisation that provides basic services to the community of older people in Belhar. Basic services include two meals per day and supervision for five days a week. In a casual conversation with Mrs Lotter, she related that the club struggles to involve the community in fundraising activities. In addition to this, attendance at functions that the club organises to promote community involvement with older people from the community is poor: *hulle vergeet, hulle moet ook nog eendag oud word*³¹. Even though *Die Belhar Organisasie vir Bejaardes* is the only formal organisation focusing on the care of older people, there are two other organisations, which meet once or twice a week. These other two organisations meet for recreational purposes, for example needlework. Thus *Die Belhar Organisasie vir Bejaardes* is responsible for five days a week for the care of a group of elderly residents living in the community.

³¹ They forget they too will get old one day

Weekends and at night the burden of care is shifted to the household members where the older person resides, as is evident from the following responses:

Mrs Buren: *I live with my baby daughter, son-in-law and grandson. My daughter comes home at six and my grandson might make me some tea when I go home this afternoon.*

Mrs Slamdien: *My eldest daughter lives here, she's working, her husband is unemployed now for three years. My son-in-law does the cooking and cleaning, weekends my daughter sees to everything.*

Ouma Sanna: *I live with my daughter-in-law. I have my own room in the house. They treat me well; they are interested in me like that they are not rude to me. I was very poor so when I get something to fill my stomach, it's enough. I get porridge in the morning. My daughter-in-law looks well after me. My daughters are still alive but I do not have much contact with them. I share a room with two of my grandchildren and sleep on my own bed. I live with my daughter and son-in-law and their children. They do a lot for me. Life is good, good children that take care of me.*

From the above responses it becomes evident that the older person residing in Belhar lives in a multigenerational household. Moller and Deveney (2003: 457) confirm in their study that the older population in South Africa lives in multigenerational households. The purpose of the multigenerational household set-up, amongst 'white', 'coloured', 'Asian/Indian' and 'black' older people, according to Ferreira & Moller (1992: 5), is that it provides mutual support systems that give economic and social security in old age. In this study older people related that they share a home with their middle-aged adult children, young adults and infants. From the above responses a strong support system for these older people in their homes is in place. This study found that the dynamics behind the multigenerational household is based on a culture

of reciprocity. This is best illustrated in the case of Ma Kannemeyer; who related that *Ek het alles afgeskryf aan my kinders*³²

I share a room with two of my grandchildren and sleep on my own bed. I live with my daughter and son-in-law and their children. They do a lot for me. Life is good, good children that take care of me.

In the community of Belhar children and grandchildren live together with their elderly parent in a three-bedroom government built house. Even though the multigenerational household set-up is beneficial in its capacity to provide a mutual support system for both the older person and the other generations in the household, such a set-up can also be a source of frustration, as is evident in the case of Tannie Lettie:

Tannie Lettie: *All that is a grandchild live in the house, married children who are back, man it is awful, awful, bad, overwhelming, we work on each others nerves, 3 of my children live with me. We live under the belt. One of my grandchildren has friends they sit and drink next to the wall of the house. I ask up to three times bread money for the neighbours, I have to look for money for food; I really don't want to ask the neighbours, selfish children they are too aware that I am the mother; I talk a lot to my children. How does it look that my grandchildren have money for beers, but we can't buy bread?*

In this household frustration is felt by Tannie Lettie since she is the only breadwinner in the family. Although this is an intergenerational household, there is no mutual support system in place. One elderly resident, Mrs De Beer however never married and is childless, and lives alone. She related to me how she fell and waited for a neighbour to pass by her backdoor to help. Mrs De Beer said that she did not know what happened, she lay there for hours. Although she never talked about being lonely, Mrs De Beer still needs a support system in times like these. At the centre she does

³² I wrote everything off to my children

not interact much with the other club members. In Belhar the endemic violence that is situated in the community leads to her having even more feelings of isolation. For this elderly resident living alone every day is haunted with feelings of fear and insecurity of falling ill, whilst there is no substantial support system on which she can rely. In returning to the 'normalcy' ascribed to the everyday, Mrs De Beer has to look at an alternative support system like an elderly care institution.

4.4 The everyday activities of elderly residents in Belhar

In many respects the socially liminal status of older people in the community can be explained within the context of their lack of social interaction and docility in the community. Older people responded to their restricted interactions in the community and their households as follows:

Mr Kolby: *My chest does not allow me to go anywhere and if I must visit my family, my cousins I won't recognize anybody and I can't remember if they stay in Kuilsriver or Eersterivier.*

Mrs Slamdien: *Bus fare is so expensive wherever you must go you must pay can't go anywhere, some of the relatives are too afraid to come to Belhar.*

Mr Barends: *I can't do much because of my health.*

Mrs Buren: *When I go home from the centre, I take a bath and go to my room in the evenings and listen to the radio. If there is someone at home, they will take me to church.*

Mr Japie: *I volunteer at the centre from Monday to Friday*

Ouma Sanna: *I get up early help my daughter in law to dress the children, I go lie, tell old stories that's all that I can do. Weekends I just lie give my back a chance.*

Tannie Lettie: *I get up make porridge am used too getting up early, I can't just lie in the mornings, I help dress the children and so forth. In the evenings, I sit and drink tea, the*

grandchildren help make the tea, and also with the making of the food, I keep busy.

Everyday life for older people in Belhar is confined to the community in which they live, and their immediate family with whom they live. Restrictions are brought on by deteriorating health. However from the above responses, it appears that older people are also helping in the household, as in the case of Tannie Lettie and Ouma Sanna.

4.5 Vignettes that speak of loneliness

At the centre, Ouma Sanna most of the time sat alone at her table. She likes playing dominoes so once she excused herself hastily from an interview, because someone called her for a game of dominoes. I sat in on a number of occasions whilst the club members were playing dominoes, Ouma Sanna would try relentlessly to start a conversation with the other players but to no avail. It seems that she ached for conversation or someone to speak to. In fact she mentioned that the reason for joining the club was that there is *grootmensgeselskap*³³, as opposed to what she would find at home. In addition to this on numerous occasions at the centre I would find her staring into space, with a sad facial expression:

No, my family you see, my grandmother was a Damara, a black woman and my grandmother was a Portuguese man, I don't have family (silence), my family they are all dead. I have no contact with my other children.

Other older people purposefully isolated themselves from the other members of the club. Thus Aunty Dorotia would try not to make conversation or would avoid interaction with the other older people at the club. On one occasion she related to me that she did not want to speak to me. Nonetheless Aunty Dorotia would sometimes incoherently burst out that someone should try to find her children, she last heard that they lived in Stellenbosch. She would ask me or the coordinator of the centre if we could locate her children. During these times the coordinator would try to calm her down. Aunty Dorotia had been living with members of her church for years. However she lived in detachment and isolation from them, which increased her feelings of loneliness:

I just go to my room in the evenings

³³ Adult conversation

Unlike Aunty Dorotia, Mrs Buren interacted with everyone at the centre. Mrs Buren lives with her youngest daughter, she laughs upon relating that she never wanted this baby, it was a *change of life baby, now she is the one caring for me*. Like most of the other older people in this study Mrs Buren has a stable support system at home regarding provision of basic needs like shelter, food, clothes and health care. Mrs Buren however added that:

Daytime it is so cold, people come and go come and go that's why I'm alone

She stated that her grandson did not want her in the lounge, when his friends were there, which she understands. Like the other older people, Mrs Buren tried to be satisfied with her living situation. In fact she related that *one mustn't complain, my father taught me when I was young that there are other people worse off, so I mustn't complain*.

Some of the older people in the community however live in silence on a daily basis, which contributed more to being isolated from the rest of the family. A significant number of the sample of stroke victims that I interviewed suffered from a severe speech impediment and remain voiceless. Being an older person living in this community this group of stroke victims is in many instances twice silenced both as an older person and carrying the burden of suffering from a speech impediment that was brought on by stroke. Mrs Mouton acts as the voice of advocacy for many of the elderly residents. For instance, upon my visit to a stroke victim's household who suffers from a speech impediment and who remained mute throughout our visit, Mrs Mouton told this elderly resident's narrative of social suffering. Aunty Kleintjies is a 75-year-old stroke victim, for this elderly resident 'remaking the everyday' and trying to establish a degree of 'normalcy' is left to *die genade van ander*³⁴. Living with a chronic illness and the physical disabilities brought on by the stroke presents itself as another form of violence that for Aunty Kleintjies is situated in the body. Below is the fieldnote that I took during this visit:

Aunty Kleintjies's room is located at the back of the house. We enter her room through a curtain. Before entering the room I could hear heavy deep breathing. On the table next to Aunty Kleintjies lie two asthma pumps. The room is very small and chilly. It has a wooden ceiling, and Aunty Kleintjies's bed is located under a window. Only one bed and a cupboard fit into the room, and a very

³⁴ the mercy of others

small, round table at her bedside. A nappy bag also hangs on the wall at the end of the bed. Mrs Mouton introduces me and says *Ek het iemand saamgebring wat vir Aunty Kleintjies grimering en lipstiffie kom aansit*³⁵. Aunty Kleintjies gives a bright smile at this. To this Mrs Mouton adds *Hoekom raas die bors nou so ouma*³⁶? I introduce myself and she gives a bright smile again. The breathing is getting louder by the minute. The nurse puts a plastic apron on. She wears no gloves and says that she has gloves at home, but she does not use them. Mrs Mouton talks throughout, although Aunty Kleintjies does not respond. She smiles at what Mrs Mouton is saying, her whole face brightens up for this brief moment. The nurse first washes Aunty Kleintjies's face and then undresses her. When she lifts up the blanket a penetrating smell of a mixture of faeces and urine fills the room. Since there was no place to sit I sat on the edge of the bed. Mrs Mouton is upset; she says that she can swear that this is still the same nappy that she put on the day before at 8h20 in the morning. She says that this woman is *waternat*³⁷. Once she came to bathe Aunty Kleintjies and the pillow was so wet that it was sunk in urine. Mrs Mouton says *O as 'n mens so moet lê tot ander se genade*³⁸.

Hart (1998: 1178) conducted a study with stroke victims whilst relying on insight from medical anthropology. The study found that stroke sufferers are concerned with a return to 'normality' and at the same time also struggling with identity issues. Remaking the everyday for the community of stroke sufferers becomes a struggle of their past and present identities whilst at the same time being isolated from the community and their family. This was the case for Uncle Victor, who had been living with the effects of a stroke that brought on a severe speech impediment and left him wheelchair-bound. In remembering his past experiences as an active adult man, he often wept when he told his narrative of the everyday suffering to which he was subjected.

I use to be active, I did everything, running, cycling, walking, I was very active that is why it so hard for me now. I did everything for my wife, I would wash the clothes in the morning and I would hang it outside, I washed the dishes and cooked the food, I made the best food.

Uncle Victor, as is similar to the experiences of other stroke sufferers in the community, has lost his independence and thus now has to primarily depend on informal caregiving in order to obtain some degree of 'normalcy'. Many stroke sufferers and other elderly residents in the community though are for this reason

³⁵ I brought someone with me to put on make up and lipstick on for Aunty Kleintjies

³⁶ Why is the chest making so much noise now, grandma?

³⁷ Soaking wet

³⁸ Oh if someone is left to the mercy of others

infantilized by members of their family and in the case related below by informal caregivers.



4.6 The infantilization of older people in Belhar

The infantilization of older people became apparent upon my first visit to the old age centre. One of the administrators introduced us to the older people. Afterwards the founder of the centre, Mrs Visagie narrated how the centre was founded. The older people call her *Mammie*³⁹, this for me was not only indicative of a culture of infantilizing the older people, but was also a marker of the power relationships evident at the centre between administration staff and the older people. In addition to this, Mrs Visagie is much younger compared to most of the other older people at the club. However older people giving the title of *Mammie* to the founder of the centre might also be a sign of respect and appreciation of what she had done for older people in the community.

On this occasion she was addressing the older people and almost reprimanding them for not doing needlework when she had sent someone to the centre to teach them. Mrs Visagie says this repetitively and speaks very loudly. Throughout none of the older people seemed to be offended by this and listened attentively. She asked repeatedly to the older people *is u-hulle met my*⁴⁰? to this the older people responded, in a chorus, *Ja Ma Visagie*⁴¹. One of the older people asked Mrs Visagie *kan ek asseblief iets vra?*⁴². This interaction reminded me of the power relations and the social rules set out within a school context. Throughout, Mrs Visagie never consulted the older people as to what some of the activities were that they would want to do at the centre or whether they would want to do any activities. I asked the older people why they did not do needlework at the centre; they said that they used to do beautiful things but not anymore, they are old now, *ons hande kan nie meer nie.*⁴³

Older people lose their independence due to illness brought on by old age. In many instances older people are more prone than others to be treated like children. This becomes more evident when family members take the responsibility of at times controlling of the older person's pension. This entails going to the pension point

³⁹ Mother

⁴⁰ Is everyone with me?

⁴¹ Yes, Mrs Visagie

⁴² Can I please ask something?

⁴³ Our hands can't anymore

instead of the older person and also giving an allowance to the older person from their own pensions, without their full consent. This is the case of Uncle Victor who lost his independence when he had a stroke. For Uncle Victor being able to manage his pension becomes very important in terms of regaining some of the independence that he lost with the onset of the stroke. He was frustrated since his wife did not allow him to get his own money. Uncle Victor said she is too bossy and he asked me at times to speak to his wife in relation to this. The older people themselves did not express the infantilization of older people. However as will become evident in the following section, elderly residents' sense of security is the topic which dominates many of their conversations.

4.7 Living in fear

Most of the research for this study was done in what is locally known to the members of the community as the *extensions*. The *extensions* or *New Belhar* also represents the most violent and gang-infested sections of the community. Compared to *Old Belhar*, this section is occupied by mostly lower income families. The *extensions* are also the sections where communities from the Cape Peninsula were relocated to during the implementation of the Groups Areas Act in the early 1980s. Reports of the high incidence of crime and violence in the community were documented during these times. According to statistics during 2001-2002, the incidence of murder doubled in the *extensions* as compared to the more affluent sections of the community (See Appendix 6). At the end of 2003 the figure increased four times compared to the more affluent sections of Belhar (Statistics South Africa 2004).

Older people in the community describe their place of residence in relation to the degree of violence. Violence in the community is so much part of the everyday that describing their place of residence becomes an illustration of the extent of violence in their residential area. Even though the question posed did not allude to the violence happening in the community, older people described their place of residence in relation to safety and security.

Violence is embedded in the social structure of Belhar and internalised within everyday conversation by the residents of the community. Even though some of the

elderly residents interviewed were not subjected to violent acts describing one's home in relation to safety and security is illustrative of the high degree of crime and violence prevalent in South African society:

Mr Pieterse: *It is a reserved area where traffic cops and teachers stay.*

Mr Japie: *I built my own house and I see the area as nice, and quiet we do not have problems with gangsters as in other areas in Belhar.*

Ma Kannemeyer: *I live opposite the Flats, when they asked me where I wanted to live, I said not in the Flats. I live in the houses opposite the Flats. In the Flats they shoot, I don't walk from house to house.*

For older people in Belhar the significance of describing ones home as less violent compared to the other sections of the community is also indicative of the need to be distinguished from the *extensions*. Older people living in *Old Belhar* prefer to be separated from the culture of violence occurring in the *extensions*. For these elderly residents, and perhaps other members of the community, one is stereotyped according to where one resides in the community. It also illustrates the lack of a sense of community between these two sections. A railway line separates *Old Belhar* and the *extensions*. This lack of a sense of community is indicative of the past social forces, like the Group Areas Act that still impacts on the degree of violence in the community and hampers any collaboration between the residents of *Old Belhar* and the *extensions*. Contributing to the lack of a sense of community is the elderly residents' belief that if you do not bother anyone you cannot be affected by the violence in the community, thereby entrenching even more the segregation between the *extensions* and *Old Belhar*.

Another reaction to the violence happening in the community is that of apathy as stated by, Ouma Sanna:

We hear the shootings, but we don't worry about what's happening outside.

Other older people feel trapped by the crime and violence prevalent in the community, as in the case of this respondent:

Mrs Slamdien: *We don't feel safe here even in our own house have to be alert. Don't know when they are going to break in. I*

pray and ask God to protect us; you don't know when you are going to get killed. (Sitting with a rosary in her hand).

Families of the elderly residents fear for the older people's lives. Mrs Slamdien's daughter did not want her to walk around alone during the day although Mrs Slamdien said that she knows the place around here. She has been living here for twenty years. This elderly resident fears that the violence prevalent in her community will enter her household. This is also indicative of the elderly residents' lack of a sense of safety and security within their own household. These elderly residents understood that the violence in the community is everywhere and thus feel unprotected even in the expected safety of their own homes. Thus elderly residents live in fear and suspension as to when the violence in the community will impact directly on their household. One such elderly resident is Mrs Nair. The health care worker, Mrs Mouton advises her to walk with the house keys in her pocket. On an occasion when I accompanied Mrs Mouton to Mrs Nair's home a strange man was on her grounds outside the window where her bed was located. Mrs Nair did not know whom the man was and shouted for him to go away. She was frightened but had no authority over her own household. The man was visiting the woman who cares for her during the day. The man took no notice of Mrs Nair's shouting.

The violence in the community affects the older people's health. As is the case of this older woman:

Aunty September: *'n Man, Norman Titus, wat langsaan ons bly, hy was geskiet. Hulle vermoed dat dit sy seun was. Hulle het met hampers gewerk, mooi hampers gemaak. Ons was verbaas 'n mens skrik, want jy verwag nie iets soos dit, nie daar wat ek bly nie. My dogter sê ek het al in die rondte gedraai, my bloed was so hoog dat die ambulans moes gekom het.⁴⁴*

This elderly resident was haunted by the fact that, even in the part of the community where less violence occurs, it has transgressed over the railway line. She now

⁴⁴ A man, Norman Titus, he is our neighbour, he was shot dead. We were surprised, because you don't expect something like this, not there where I live. My daughter says I spun all around, I had such high blood pressure that the ambulance had to come.

constantly lives in fear everyday since the crime, even though it did not directly happen to her, is at her doorstep. Another elderly woman who has been affected by the violence in the community is Ouma Tina. Upon a visit to her residence whilst the health care worker was bathing her she repeatedly mentioned the *skietery*⁴⁵. Suddenly Ouma Tina looks to the far end of the room and says that *there they are standing there*. She does this suddenly with a look of fear on her face. Even though the health care worker tries to reassure her that there is no one present, she still keeps looking at the corner of the room. One can see the fear in her eyes. In an attempt to comfort Ouma Tina, the health care worker says that there is no sun in the room; Ouma Tina's daughter should locate her to another room where there is more sun. To this Ouma Tina says *En as hulle skiet?*⁴⁶. Again the nurse tries to reassure her but she says that they are going to shoot. Living in such paranoid fear is disadvantageous for this elderly resident's health status. Even though Ouma Tina's fear is unfounded, since there was no one else in the room besides the health care worker and myself, I found that the violence in the community has entered elderly residents' households, I have found that in some cases the violence in the community has entered the households of these elderly residents, as in Uncle Arendse's case:

*Ek het 50 'shillings' 'n maand gekry, dis 50 sent 'n maand moes dit dan net so vir my ouers gee, maar die kinders van vandag moet 'n mens 'n 50 sent gee as hulle winkel toe gaan, anders gaan hulle nie. Soos my twee seuns, die een was geskiet nou, hy't 'n brief geskryf vir sy ma. Hy wil weer terugkom huis toe, maar hy weet nie hoe nie. Ander een het geld gesteel, 'n honderd rand by 'n 28, die man het na ons huis toe gekom, hy't my vrou en ons seun in Bellville gesien, my vrou sê toe hier is 'n dertig rand, en dis wat haar seun haar gegee het. Die een die jongste het onner die bed ingekruip toe die man by die huis kom, toe hy 5 meter weg van die huis is, toe kom hy onder die bed uit en hardloop Lavis toe, maar hulle kan nie meer huis toe kom nie. Die jongste seun het so alles gesteel in die huis.*⁴⁷

⁴⁵ Shootings

⁴⁶ And if they shoot?

⁴⁷ I earned 50 shillings per month, that's 50 cents per month, I must then give it to my parents but for the children of today we must give 50 cents for, if they go to the shop, or else they will not go. Like my two sons, the one was shot now, he wrote a letter to his mother. He wants to come back home, but he

Violence in the community had entered Uncle Arendse's household with his son's involvement in gang activities in the community. Thus in this case, Uncle Arendse and his wife did not feel safe within his own home. He related this vignette of violence by contextualising it within his personal history of having respect for his father. In trying to make sense of his son's behaviour, he remembered a time when children had respect for their elders. Such juxtaposition between past experiences and present lives will become even more evident in the following section, where many of the older people's stories of past events and experiences reflect their present lives.

4.8 Older people remembering the past

Within the context of this study it was important that older people had a choice as to how to narrate their past experiences, without much probing and guidance from me. Hence remembering a selective part of their life stories and not voicing other sections of their personal histories was the individual older person's choice. Therefore ownership of how elderly residents remembered and chose to narrate their past experiences belonged to them. According to Field (1998: 14), who has conducted numerous life history projects and now directs the Centre for Popular Memory in Cape Town, as an oral historian one should not appear imposing or assuming but investigate the subjective lived experiences of our participants in an open-ended way. Drawing on Field's research method I uncovered that the stereotype that older people are natural storytellers is not a category that can be assigned to the older people in this context. Narration of their past experience did not occur effortlessly. It is told with tremendous difficulty and sometimes resistance. I admit that not guiding the participants as to how to narrate their life stories or memories of the past might have also contributed to narration of their past experiences as a great effort. Nonetheless not being able to narrate their life stories effortlessly indicates that older people in Belhar do not have the luxury of reminiscing on past experiences.

does not know how. The other one stole money, R100.00 from a 28 (gangster of one of the numbers gangs). The man came to our house, he saw my wife and our son in Bellville, my wife then says to him, here is R30.00, 'cause that is what her son, gave to her. This one the youngest he hid under the bed, when the man came to the house then he came out from under the bed and ran to Lavis (short for Bishop Lavis, a township in the Cape Peninsula), but they can't come home anymore. The youngest son had stolen everything in the house.

Some of the general responses of ‘resistance’ to remembering were *Dis genoeg vir vandag*⁴⁸, after five minutes of starting her narrative. Or *Ag my kind*⁴⁹ upon initiating an interview as if remembering was a great effort. Another interviewee responded *Dit maak te seer ek sal huil*⁵⁰.

The difficulty of older people narrating stories of past experiences suggests that stereotypes of older people as natural storytellers have been generalised to all social contexts. I believe that such generalizations although good in its intentions suppresses and silences the subjective reality of the older people. Assigning specific characteristics like the aforementioned to older people, places older people within a specific category, which also leads to the marginalization of older people in this community even more.

The excerpts of the older peoples’ life stories that are presented below are reflections of the experiences of the past that the older people had chosen to narrate they are presented not as a biographical account of the older peoples’ lives, because this is not how they told their stories. Instead the stories that are presented below are what the older people related repeatedly to me during interviewing. Memories of their past experiences were mostly collected in Afrikaans and transcribed verbatim into English.

In relation to the older people’s memories of Belhar, silences became apparent when speaking about death and children with whom they have not had contact. In avoiding expression of these aspects of their life story, older people would manipulate their stories and these invariably took another route. Or when I would ask probing questions in relation to issues that the older people might regard as sensitive it would be answered with curt and firm answers, indicating that discussion on it should end immediately. Living memory is (re)imagined where the past and present relation does not remain isolated from each other. Compared to other older people in this study this was most evident in speaking to an elderly man, aged sixty-two. He lives in a group home in Belhar that was managed by a matron from Valkenberg Hospital. This is Donald Baron’s story and how he chose to narrate it.

⁴⁸ That’s enough for today (92 year old)

⁴⁹ Oh my child (84 year old)

⁵⁰ It hurts to much I will weep (75 year old)

4.8.1 “And that’s my life” - The story of Donald Baron; 62 years old

I met Donald Baron for the first time at the old age centre in Belhar during July 2002 and subsequently since then in April 2003. He came to the centre sporadically. When I met him for the first time he and other older men from the centre were sitting on the wooden bench in the corridor, rolling tobacco. I was also sitting on this bench. Whilst rolling his tobacco, Donald Baron started talking to me. At first I could not understand what he was saying, and as soon as I stopped apologising for not being able to understand him, I started to listen attentively and not only pay attention to his huge speech impediment. He speaks without any emotion in relation to the words that he utters, monotonously, with a deep-based voice so that the tone of his voice sounds like an incredible, incoherent mumble. Every time he finishes a sentence or two he wipes his mouth clean with a handkerchief, because he tends to also salivate when he speaks.

However, in comparison to the other older people at the centre, and also once one gets beyond this seemingly incoherent mumble, one realizes that he speaks English very well. Compared to the other older people, Donald seems to have a much higher educational level. He told me that he comes to the centre once a month when he gets a day off at the hospital. I asked him which hospital and if he works at the hospital. He said he is a patient at Valkenberg Hospital. As quickly as we started the conversation he ends it, by wishing me all the best in my studies further, and goes off to smoke his rolled tobacco outside. That was the last time that I saw Donald until April 2003.

On this day in 2002 that I met him, Donald was dressed in a grey suit and tie, this year he visits the centre wearing the same suit, but the suit is dirty; it gives the appearance of a once well-dressed and well-groomed man, who has disappeared years ago. When he comes to greet me, whilst I am sitting at a table with the older women at the centre, they would chase him away or when we’re playing dominoes he would just sit there and watch and they would shoo him away. Once after one of our interviews he came to give me 60 cents, I still do not know the meaning behind this gesture, but everyone at the table where I was sitting was quick to once again shoo him away. He has a head full of hair, with a thick grey beard all around his face. He has green eyes that are now

dulled. When he walks it is with quick, huge steps, on the heels of his feet and his back hunched:

I was born in Ottery on the 7th of June 1942. And lived, grew up in Wetton on the Cape Flats. I went to Observatory Primary and went to school until standard eight. I was seven when I first met my mother; my father did not want me to meet my mother (silence). We were a poor family and I use to walk without shoes.

Donald worked for *the railways for 25 years, on the goods trains*. On another occasion when I was conducting an interview with him outside on the grounds of the centre he abruptly stopped and went inside the centre. Three minutes later he came out of the centre and walked with huge, steps across the path, mumbling to the other older men who were also sitting in the sun. He sits on the ground and starts rolling tobacco. Suddenly he gets up from the ground and storms towards me, with huge steps and tobacco in hand, and mumbles:

I was a sergeant when I was a youngster for three years; my beat was in Camps Bay, eight years in Cape Town and then 25 years in Jo'burg. I lived in Hillbrow, Smith Street. I was a cashier at Valkenberg Hospital, where I was paid R20 a week.

And then just as abruptly as he approached me, he turned on his heel and left with a curt, *bye*.

He had to move to *Jo'burg* because the railways transferred him there:

In Jo'burg it is very busy with a lot of streets that cross with each other (silence). And someone (silence), I drove the car at full speed. My wife was with me in the car, it crashed into a drunken driver and my wife died. That was ten years ago.

He says this with no emotion as if he had told this story over and over again and has become apathetic from repeating it. After the death of his wife, his parents also died, I asked him how they died. *Everyone died*. He says this without conviction or any emotion. On another occasion after this interview, he stopped me at the centre and started to speak to me about his mother who died of lung cancer, saying he still missed her very much. Although the sadness is not reflected in the tone of his voice, one can see it in his eyes. On this occasion he is filled with emotion and this is reflected in the violent shaking of his body. From this account one understands the

emotional disturbance that he is in now. On one occasion he mentions that he likes talking to me to get things off his chest:

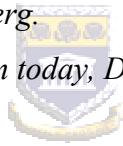
I was working in Pretoria, on the railways at that time when my mother died. My sister told me, I was sad when I heard the news. My mother was still very young she was 65 years old when she died. She was a very religious woman; she was a Catholic for 30 years and always sang gospel songs, which is why I like singing them now.

On another occasion I found him singing along with the gospel group that was at the centre. He says that all his life he was a child of God, and still is. When he was working on the railway he gave every penny he earned to his mother. His father died of a stroke when he was 90:

I was admitted to Weskoppies for depression, and lived there for six years. At Weskoppies I had a lot of girlfriends and friends, but not here in Valkenberg. I lived in Valkenberg for ten years. I get the same medication that I had at Weskoppies, I get from Valkenberg.

Researcher: *Did you get your medication today, Donald?*

Donald Baron: *I must still get it*



The coordinator of the centre fetches his medication for him at the local clinic.

In all our encounters he never speaks about his children, so I decided to ask him about them:

Yes, three sons, my sons are a plumber, an engineer and also a bank inspector. All three of them live in Jo'burg (Although he said three sons he suddenly mentions a daughter) my daughter, live in America; she works for the Buro section, eight years computer experience.

Researcher: *The Buro section? What does she do there?*

It seemed to confuse him and he just say; again *she has eight years computer experience.*

Researcher: *For how long will she stay there?*

Donald Baron: *Forever*

When he says *forever* it is curt and almost affirmative as if to say that he does not want to continue on this topic. Perhaps I was probing too much and that was his way

of saying that he does not want to speak about it anymore. When he said *forever*, it did not sound like him, because there was a slight change in the tone of his voice, as if he mimicked it from someone else.

Researcher: *Do you still have contact with your children?*

Donald Baron: *They ring me so now and then. My brother and sister also came to visit me here in Belhar once.*

Then he says abruptly: *And that's my life, that's all, now you can write what you want to.*

The pain of remembering the past

At present, Donald lives in an informal community based nursing home in Belhar, Which is coordinated by a matron who worked at Valkenberg hospital. At the centre it is rumoured that this matron steals the inhabitants' social grants'. Donald mentioned once that his sister and her husband will be visiting him at this nursing home. He never spoke of this visit again. At the centre, Donald is ostracised from the rest of the members of the club, as is evident from the observations that I noted in the previous section. As an older person and a mental outpatient, Donald is doubly marginalised in the community where he resides.



Memories that are told vividly are those of his employment history. These were the times in which he was part of mainstream society. Indeed in narrating his employment history, he remembers proudly how he was a sergeant. Of the many years he spent in mental institutions, he says nothing, memories of life in a mental hospital remain dormant. Institutionalisation contributed to his marginalisation from the wider society. One can argue that Donald imagines these memories. This (re)imagination of his lived memory becomes even more evident when speaking of his children. He does not have much contact with his children and (re)imagines his children's lives to a great extent. Field (1998: 76) relates though that "the importance of oral testimony may not lie in its adherence to fact, but rather in its departure from it" (1998: 76).

Compared to the other older people, Donald's past experiences and events have impacted and shaped his present living situation to such an extent that memories remained imprinted, to the extent that he has difficulty in reconciling the past. For Donald his past experiences of tragedy and trauma are not reconciled in the present,

his past experiences negate and impact in his present life to such an extent that he is out of touch with the reality of the present.

4.8.2 “Marriage is not a bed of roses” - The story of Mrs Buren, 90 years old

I would have conversations with Mrs Buren when I helped her to the bathroom or when she asks me to take her outside for a walk. Like Donald, Mrs Buren also told her story in English. Mrs Buren is very talkative and outspoken compared to the other older people at the centre. The other older women however were very unhappy about this. They say that she always wants to say something. They would get irritated with her for intruding in the conversations we have around the table. For Mrs Buren, life at the centre is frustrating *I can't sit like this all day, I pray to be satisfied*, she says:

I had a lot of operations on my eyes, but the doctors say they can't do anything anymore. My husband use to beat me on my eyes (shows with her fists, makes a kneeling gesture). I use to have long black hair; my husband pulled me by the hair so that big strings came out. Oh I was very stupid (she laughs). My husband use to say you are a stupid arse. Oh I was so stupid didn't know nothing; I was just a baby when I got married only 18. I was too afraid of men, my husband didn't know much about life either, he thought a man should be bossy, that's why he was always arguing.

In telling stories of the past her primary narrative would always revolve around her marriage. Her narrative is interwoven with her experiences of being married and uncovering life as a young adult woman:

Marriage is not a bed of roses (she laughs). My husband pursued me. I wanted to get away from my stepmother she treated me badly. She didn't at first but when she had children, I was treated badly. I was ten when my father remarried. My mother died when I was three. I was the only child. My stepmother treated her own children better, I didn't want to tell my father, and I was too fond of him. Before the marriage of my father my aunt and grandmother looked after me. My aunt was a midwife, my father wanted me to be a midwife too it was not

for me. I worked for a Jewish doctor, I had to be a nurse, receptionist everything, in those days it was like that. I worked in Goodwood and was paid only one job salary, so I left and they came to fetch me. They're stingy 'cause you know how Jews are! But the Jews left for Israel.

Mrs Buren is very proud of her personal background of growing up in District Six. The only other woman she talks with at the centre and who is not irritated with her talkative and outspoken nature is an 84-year-old woman who also lived in District Six. This it seems sets them apart from the other members at the club. At times I get the sense that the other older women seem intimidated by this. Mrs Buren relates that:

We lived in District Six in town, my father had his own house there, and I got married in that house. But I have no papers to prove that I lived there. The Group Areas Act came and we moved to Kensington. My husband had a hairdresser there; he was always spending money, a big spender, and entertaining friends. He was fond of his brandy; I couldn't stand his drinking anymore. When he got drunk, he strikes and makes a row. He made good money, but spent everything. He never wanted to divorce me, but I got a legal separation, he died he was sick and I left him already. He had a heart attack. He died twenty years ago. Three boys of mine also died, the eldest daughter died three years ago. I left Kensington and went to go live with my sister- in- law. My sister- and parents- in- law were very fond of me. They were fair people, the Fishers, my sister- in- law passed for European. I had nine children, but two died when they were just babies, four sons and three daughters, there's only three left now, two sons and one daughter, I live with the youngest daughter. I was very active and didn't want this child; this was a change of life baby, late baby. I was very sick after she was born. But maybe it is best 'cause she looks after me now. When I had my first baby, I said now take the baby out of the case, they said no, the baby will come out the same way it went in. She said how did it come in. Oh I was so stupid. When I had my first period, I was crying,

didn't know what had happened. My grandma gave me a cloth with pins to put on, your mother most probably knows how it looks, but you wouldn't. My grandma said that I shouldn't tell anyone. Oh I didn't tell anyone. I kept it quiet. I was scared I had hurt myself (she laughs). I attended school at Holy Cross, with the nuns, oh they were very strict. I can't speak very well Afrikaans, I couldn't recite the Afrikaans poems so well and then I must stand in the corner.

The past and present reconciled

Mrs Buren's primary narrative centres on the physical abuse that she experienced during her marriage. Her memories of the domestic abuse are vivid and she relates brief accounts of the verbal abuse as if it occurred days before. There is little doubt of the extremity and humiliation of the domestic violence that Mrs Buren suffered at the hands of her husband. Her experiences as a married woman coupled with the abuse she suffered is Mrs Buren's primary narrative since she has been left visually impaired because of the abuse she suffered. Her visual impairment hampers her everyday life at present, to such an extent that she repeatedly mentions during interviewing that:

The Lord said to me in a dream once that I had a satisfied life, that I shouldn't be unsatisfied, 'cause I had a good life.

Even though she suffered such extreme abuse, I never detected any sadness in her speaking of her traumatic experiences, although it impacted on her present life to such an extent. At numerous times during interviewing she related these experiences in a light manner. The narrative on the abuse forms part of her learning about life as a young woman growing up in a specific culture. Thus her memories of past experiences centre around identity formation as a woman growing up in a predominantly 'coloured' community of District Six. For example when she had her first menstrual period, her grandmother informed her that she shouldn't tell anyone. Thus her grandmother inscribed this cultural practice of keeping bodily changes of womanhood silent, which is prescribed according to the socio-cultural behaviour appropriate for a woman living in that community. Throughout her primary narrative of growing into an adult woman, she speaks of the uncertainties and difficulties associated with some of the transitional stages of her life.

Compared to Donald's fragmented narration of past experiences, it becomes clear that Mrs Buren managed to reconcile the past with her present experiences as a visually impaired older person. Since she lives in a well adjusted and supportive environment, she is then able to reconcile the past with her present living situation.

4.8.3 "The pain shook through my whole body" - Uncle Victor, 69 years old

Each time I initiated an interview with Uncle Victor he wept profusely. Uncle Victor worked at an engineering firm for thirty years, *a lifetime* he says, but is now confined to a wheelchair due to a stroke he had five years ago:

My wife and I haven't had sex in five years (try to control his tears) (raises his voice, puts emphasis on sex). We haven't had sexual intercourse in five years. I use to get a lot of colds then my wife said that she can't take this anymore and she moved out of the bedroom. Since then we never had sex.

In our interviews it seems that he harbours tremendous rage towards his wife. Not being able to express this effectively frustrates him and the frustration comes through during interviewing. With the stroke he developed a speech impediment. He enquired numerous times whether I could not speak to his wife:

I did everything for her she would wash the clothes in the morning and I would hang it outside, I washed the dishes, cooked the food, I made the best food; I don't know what makes my wife tick.

However these emotions of anger are contradicted in the sense that he is very sure of the fact that his wife takes very good care of him, that she washes him, and clothes him. He says this very proudly and avowedly. Nonetheless he also says that:

She is too bossy. I have tried to speak to her, but she is too bossy. I want to get my own money and pension, be part of the club like everyone else, go to the flea market (there are stalls at the hall where the older people get their pension). I haven't received pension since January she also took my bankcard.

During our interview it became clear that Uncle Victor's loss of independence is extremely difficult to accept:

I use to be active, I did everything, running, cycling, walking, I was very active, that is why it is so hard for me now. The doctors had a brain scan, it showed that I had small strokes without me knowing it, when the big one came it was worsened because of the previous small strokes. When I was a child I had rheumatic infections, every year. It stopped when I reached standard 7. I had this pain in my teeth, when I ate liver; the pain shook through my whole body. I was 23 when I asked a dentist in Goodwood to pull out all the teeth. I had the upper teeth pulled out one week and then the other lower part pulled out the next week. It was very painful. I couldn't stand the pain. I also had my appendix removed when I was 50, New Year's Eve I had a terrible pain in my stomach.

The past - present binary collapses

Uncle Victor's present situation negates his selection of past experiences and events that he remembers. His present situation of being confined to a wheelchair due to a stroke steers his memories of a once active life. In addition to this he also remembers his life according to the illnesses that he suffered. In this chronic illness state his life is governed by continuous medical attention and hence the telling of his life in terms of an illness narrative. Other aspects of his life story remain unmentioned and are overshadowed by his memories of illnesses. His life story presents itself as an illness narrative, coupled with the anger he feels towards his wife. In contrast to most of the other older people, Uncle Victor chooses to narrate his lived memory since it is so much entangled and in contrast to the active life that he once had. Focusing on the illnesses that he suffered and his once active life, compared to the physical condition that he now has to endure, points to the conflict between his past identity and the present identity that he was forced into. Uncle Victor has difficulty reconciling his past and present identities, so that the past and present binaries collapse.

4.8.4 “I don’t remember how many had died, or how they died” - Ouma Sanna, 75 years old

Ouma Sanna likes playing dominoes at the centre, however the other older people do not want to play with her because according to them she takes too long to put down her card. So Ouma Sanna sat all day quietly, staring longingly at the table where they play dominoes. At times when she looked frail and sickly lying with her head on the table, I asked her how she is feeling. She would respond with:

U sien my pa het ook asma gehad en doodgegaan daarvan. Ek het dit geërf van hom en sy maerheid.⁵¹

The others at the centre would always say that: *sy sit aan, sy speel met siekte, sy was nou so siek, maar nou wil sy dominoes speel⁵²*. They say that she is looking for sympathy. Ouma Sanna remembers that:

There is nothing wrong with a person being skinny. My two sisters were very fat people. I was the youngest, I don't have any family dead all of them died, my two sisters too. I grew up in Lambertsbaai; I'm not from around here. My grandfather was Portuguese; he took a Damara woman, a black woman. It was very hard, that time; I grew up bare feet. You see I only went to standard 5, so I can't remember that well. After I left school, I worked as a crayfish packer, I was a good crayfish packer, but I wanted meat too, grew tired of eating fish all the time. And I also wanted to buy my mother them meat. After, my mother's death I went to Cape Town to my sisters, they worked in Brooklyn, so I went there got me a job, working for Jews, white people. I had sixteen children, I don't remember how many died, or how they died.

When Ouma Sanna could not remember a particular aspect of her life story she would call on a woman in her mid forties, who according to her is *verlangt familie⁵³*. On these occasions when she found it difficult to recollect an aspect of her life, she called

⁵¹ You see my father also had asthma and he died of it. I inherited it from him and my skinniness

⁵² She was so sick now, she plays with illness, but now she wants to play dominoes

⁵³ Distant family

on Bessie. Besides depending on Bessie to help her remember, she also relied on this woman for headache tablets and the safekeeping of her pension card. On these occasions, Ouma Sanna would relate that Bessie would know. On occasions Bessie would answer irritatingly *Ja Sanna ek het mos vir jou gesê ek het dit*⁵⁴, when Ouma Sanna asks for her pension card. Ouma Sanna would answer *Miskien is dit beter dat jy dit hou*⁵⁵. On this particular occasion she looks for Bessie again, since she cannot remember how many of her children died and how they died. She continues her story:

*The doctor said that it is dangerous to have so many children I could die from it. So the doctor said that I should put a loop in there, (she demonstrates with her hand). My female parts are situated very low, so when a man uses me I fall pregnant the next day. The loop fell out after a while and I showed my mother. The doctor said that it is right like this it must fall out. "Dis reg so"*⁵⁶. *I can't remember how old I was when that happened. I can't remember how old I am. So my youngest son went to go find out how old I am and when I got married, he said that I am 75 years old.*

The difficulties of remembering the past

At the present time, Ouma Sanna suffers from asthma; she often remembers that her father died from this illness. During our conversations, she would always start off with telling me that her father died of asthma. This becomes important for her presently, since she is also suffering from this illness. At the centre she cannot participate in some of the activities because she suffers from an acute form of asthma. Another aspect of her life story that she often repeats is that of her many children who died. Ouma Sanna had difficulty narrating her life experiences, perhaps then finding reconciliation in some of the traumatic experiences of her life, contributed to her forgetting how many and how her children had died. I found similar trends of remembering the past in Ma Kannemeyer's personal history.

⁵⁴ Yes Sanna I did say that I have it

⁵⁵ Maybe it is better that you keep it

⁵⁶ It is right like that

4.8.5 “It was like that, that time” - The story of Ma Kannemeyer; 84 years old

Ma Kannemeyer sits quietly and contentedly at her table, however she was physically tired everyday. As soon as my conversations with her would end she would immediately lie with her head on the table as if she did not want to tell me that she is tired. Remembering the past puts extra strain on her physical state, her personal history becomes one of remembering the past in relation to or in terms of her children’s’ lives and experiences. We would consequently end up having a discussion of her children’s’ present achievements and experiences:

I was born in 1919 and got married in 1938 I had fourteen children, seven now. I moved to Belhar in 1982. My husband died twelve years ago. On Fridays my children use to tell jokes, stories and recite poems, to sit the long nights away. My husband would then give the children a cent after reciting a poem or telling stories. That time the children could still buy sweets from one cent.

She remembers stories, poems and jokes that her eldest son told on Fridays. She recites a few of those stories; all of or most of the jokes and stories that she told were of the *boerplaas*⁵⁷:

Ons het in die Kuilsrivier distrik gebly, my oudste seun en dogter het skool gelos. Die boer se kinders het ‘n bus gekry om na ‘n skool in Stellenbosch te gaan. Die ander kinders op die plaas het die skool gekry wat die plaas boere s’n eers was. My kinders moes op die plaas gewerk het. My seun moes die velde ploeg en my dogter moes na die boer se kinders omsien. Hulle het nie ‘n keuse gehad nie. Dit was so daardie tyd. Dit was so baie hartseer. My suster wie in die Kaap gebly het sê dat my kinders skool toe moet gaan. Die kinders van die plaas verskil van die van die stad, maar my kinders kon lees en skryf⁵⁸.

⁵⁷ Farm

⁵⁸ We lived in the Kuilsrivier district, my oldest son and daughter had to leave school. The farmer’s children got a bus to go to a school in Stellenbosch. The other children on the farm got the school that the farmer’s children were once in. My children then had to work on the farm, my son had to plough the fields and my daughter had to look after the farmer’s children. They didn’t have a choice. It was

For these few moments her tiredness is suspended and she seems to be full of life when telling the jokes her eldest son recited on Friday nights. Ma Kannemeyer does not speak of her husband often, but when she told this story the memory of her husband seemed to come alive:

My husband travelled over mountains and hills to work on the “boerplaas”⁵⁹, we called it the “klein bossieveld”⁶⁰, and “dit was vêr verby Worcester”⁶¹. The other women stayed with their mothers and mothers in law, but I went with. We travelled right through the night. I wanted to see “die buiteplekke”⁶². I was pregnant once so my mother said that I shouldn’t go with, she wanted me to stay, but I went with. And when we arrived at the “boerplaas” the “boer”⁶³ said that you’ve travelled a long way, right through the night, here is nice “kaf”⁶⁴ to sleep on.

Remembering the way things were

Ma Kannemeyer it seems prefers to reminisce about past experiences and events, which focus on her children. Remembering past experiences and events often resulted in talking about her children’s lives. Her husband died twelve years ago, and her life now revolves around her children. Ma Kannemeyer relates recent events it seems with less difficulty and resistance than remembering her life as a child and/or young adult woman. Ma Kannemeyer, like Mrs Buren, also used discourse that characterized the apartheid era. Mrs Buren often spoke in terms of racial categories, like when she related that *the Fishers were very fair people, my sister in law passed for European* and when she referred to her employers, as *they’re stingy ‘cause you know how the Jews are*. So too does Ma Kannemeyer make use of such discourse when she speaks of her children, that one of her daughters went with the *Madam*⁶⁵ to America. Her daughter is the *Madame’s* child’s caregiver. In her narrative, she speaks of the *boer*. Although it seems that she has much respect for the *boer*, her life also tells of the social inequality which existed between the ‘white’ minority and the ‘coloured’ social

like that, that time. It was very sad. My sister who lived in the Cape said that the children must go to school. The children on the farm differ from that in the city, but my children could read and write.

⁵⁹ Farm

⁶⁰ Little bushveld

⁶¹ It was a long distance from Worcester

⁶² Outside places

⁶³ Farmer

⁶⁴ Chaff

⁶⁵ “Madame” was a term used by many domestic workers to refer to their employers during apartheid.

category, and between living as a 'coloured' person in the rural areas as oppose to living in urban areas in the Cape Peninsula. This became evident when she spoke of how her children had to leave school, because they had to care for the farmer's children, and work in the fields. She also realises that one did not have any choice at that time.

4.9 Conclusion

Stories and fragments of older people's past lived experiences bare an imprint of the everyday violence that many older people living in Belhar are subjected to at the present time. Stories told of past experiences are interwoven with present living situations. In telling stories of past experiences, the subjective reality in which older people find themselves at present time pushes through during interviewing. The effect of this is that the past fades away so that the everyday remains prominent and thus more relevant to the older people. This is in contrast to Kaufman (1986) who asserts that older people are caught in the past and tend to give more relevance to the past than their present situation (Kaufman 1986: 5). Therefore for the older peoples selecting certain memories to narrate is an attempt to make sense of their present living situation. The stories told by the older people mirror the reality in which they currently find themselves.

CHAPTER FIVE CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter will draw together the findings of the previous chapters within the context of the literature and the theoretical frameworks that were reviewed. In the first instance I will provide concluding comments on what constitutes everyday life for the older person living in Belhar. Secondly I will also reflect on how older people remember the past in the context of the violence of everyday life. In addition to this I will discuss the relevance of this ethnographic endeavour to the discipline of anthropology in the South African context. I will also evaluate whether this study has achieved its objectives. Lastly I will look at some of the recommendations for further research that emerged from this study. I start this chapter though with providing concluding comments on the themes that were identified in the fourth chapter in an effort to answer the two research questions which guided this study.

5.2 What constitutes everyday life for the older person living in Belhar?

Social liminality

Elderly residents' present life world was illuminated through the discussion on the socio-historical profile of Belhar, in particular the forced relocations of 'coloured' communities to Belhar. I established in the fourth chapter that forced relocations of residents to Belhar resulted in a lack of a sense of social cohesion amongst older people (and other community members) who contributed to elderly residents' social liminal status. However the elderly residents' social liminal status in this community cannot only be explained in the context of forced relocations but can also be understood within the context of the status of living in a largely youthful society as an older person. According to Giddens (2002: 165) in a society that places a high value on youth, vitality and physical attractiveness; older people tend to become invisible (2002: 165). In addition to this the social liminality of older people in communities can also be explained within the context of younger generations losing respect for older people. Numerous studies have illustrated the disrespect that younger generations have towards older people, thus resulting in widening the gap between intergenerational social interactions (See Mosaval & Ferreira, 2000). Thus even though the social liminal status of older people in Belhar can be traced back to socio-

historical discourses, contemporary social discourses like that of ageism also contributes to the marginal status of older people in society.

Older people's living situation and household set-up in Belhar

According to Visser et al (1993: 18) “‘coloured’ people have traditionally lived in multigenerational households”, as was evident in the case of the elderly residents in Belhar. In the South African context community care and informal caregiving for older people are stressed since the burden of care for older people is no longer dependent on the public sector. The essential purpose of such a multi-generational household set-up is the provision of a mutual support system. This mutual support is however largely based on economic support, rather than affective and/or social support. In an article written by Lawton (1992) it is argued that in the multi-generational household set-up, benefits allocated to older people benefit family members of all ages. However, the multi-generational household set-up in Belhar, more often than not benefits the younger generations in the household more than the older people. The elderly residents in this community reported being content with the basics; rather a lack of social and/or emotional support is evident in these older people lives.



The everyday activities of elderly residents in Belhar

The activities of the elderly residents or the lack thereof should be understood within the context of the meaning that older people assign to old age. Old age is seen as a time of stillness and inactivity, thus for example older people make a conscious decision not to participate in activities presented at the centre.

Vignettes that speak of loneliness

In discussing the living situation of elderly residents in the context of the multi-generational household set-up, one finds that the generational gap is so wide, that elderly residents would describe their living situation as characterised by loneliness. The social liminal status of elderly residents in the community can also be found in the loneliness reported by the older people. Where elderly people reported a degree of loneliness one finds that their lives are governed by physical disabilities which stigmatise them as different from the rest of the family members living in the community. Upon visiting the homes of the stroke sufferers, the researcher could

sense the ostracization and loneliness to which these elderly residents are subjected. This loneliness is most felt by those who are heavily dependent on their families for informal caregiving like the stroke victims.

The infantilization of older people in Belhar

In this research sample, the infantilization of older people became apparent at the centre. This was illustrated in the unequal power and status between the administrative staff and the older people at the centre. Older people were thus not regarded as wise elders, but rather as a social group that primarily needs to be cared for and sheltered. For many older people though reaching old age means a loss of independence.

Living in fear

Residing in a community which is characterised by endemic violence, violence inevitably affects every community member. Even though none of the elderly residents reported being directly harmed by the violence happening in the community, many were indirectly affected by the endemic violence in Belhar. From the description of their sense of home and place it became apparent that violence has become part of the everyday. For the older person living in Belhar, surviving the everyday becomes an exercise of silence and detachment from the community and the household in which they live.

5.3 How do elderly residents remember the past in the context of the everyday violence in this community?

In this study the social construction of violence was problematized to not only embody that which is direct and visible, but also violence that is structural and embedded in the social fabric of the community of Belhar. Thus I illustrated that the concept of violence is fraught with multiple layers and, as van Dongen (2001) asserts, is indeed everywhere. Violence was in the first instance problematized within the context of the implementation of the Group Areas Act as a form of structural violence. For many of the elderly residents living in Belhar, this form of structural violence still impacts on their present lives. Most notable is the high incidence of crime and violence, which accompanied the forced relocations of 'coloured' communities to Belhar. This socio-historical force set the scene to provide a past -

present juxtaposition and thus also to examine how older people remember the past in the context of the violence of everyday life. From the vignettes provided of past experiences, it becomes clear that older people remember the past in the context of their everyday lives.

5.4 Relevance of anthropology to the study of older people

Whilst ethnography has long since been the signature research design of an anthropological endeavour, one finds that in an era where policy - based research receives far more prominence, ethnographic work tends to get sidelined. The notion of conducting social science that makes a difference is synonymous with the idea of conducting mass based quantitative studies which may undermine the research endeavour that looks at the subjective experiences of people in context. This however is not to underpin the relevance and indeed necessity of quantitative studies. However the place for the return to gaining deeper insight into a social phenomenon should be lead by ethnographic studies. Indeed it is my contention that in order to direct interventions and resources effectively, ethnographic studies should be applied.



A critical look at the subjective experiences of older people living in South Africa is essential in order to provide an understanding of the life world of this population in context. Weightman (1985) suggests that “the concept of life world shuns the traditional duality of a physical and cultural environment, and directs attention to multiple, nested environments that incorporate objective (i.e. tangible) and/or subjective (i.e. intangible) characteristics” (1985: 33) This entails evaluating and discussing structural and social forces impacting and therefore shaping the life world of the population of older people in South Africa. For instance advances in biomedicine and general health care practices have resulted in prolonging life on a global scale. The impact of this rapidly growing ageing population consequently also results in the need to research, discuss and evaluate current policies and service provision allocated to the elderly population. Therefore providing a description of older people living in the South African context is necessary not only for adequate resource allocation but also policy evaluation.

Taking the ‘insider view’ or ‘emic’ perspective in describing the life world of older persons, may contribute to not only more adequate resource and service allocation,

but also essentially provides a platform for the older people to voice their needs and desires individually. In addition to this, the 'emic' view firmly situates and locates the older person within their individual culture and context of subsistence. The 'emic' view is inherent in presenting ethnography, thus providing the opportunity to investigate the everyday life of a particular social group.

5.5 Recommendations for further research

The incidence of strokes in this research was high. However during my fieldwork I found no formal preventative programmes or rehabilitation centres in place for the older population of Belhar. Thus it is recommended that a service be put in place to care for the stroke sufferers since most of the households that I visited where a stroke victim resides could not cope with providing care for the elderly stroke sufferer, thus the neglect of care for these older people in the community. In addition to this socio-economic circumstances also prevented these families from adequately caring for these stroke sufferers. Another recommendation arising from this research is that when conducting research with older people, a participatory action research approach should be followed. The older people in this community, as the results of the research revealed are not part of the decision making process when it comes to services that they need. In addition to this the older people also occupy a marginal space in this community, hence their input or decisions are not acknowledged. I recommend then in order to promote the older people's involvement in their own development and interaction as a social group in this community, a participatory action research model should be followed. According to Bhana, a participatory action research approach promotes a "high degree of concern for the wellbeing of individuals and communities" (2002: 229).

5.6 Conclusion

The essential aim of this study was to illuminate some of the social problems that impact on the lives of elderly residents in this community. Social problems that became apparent during the duration of this fieldwork were the high incidence of crime and violence which affects the older people's life world in the community of Belhar. The loneliness which some of the older people experience impacts on their

social well being in the community and in their households. Within the households in which older people reside, some of the older people are left isolated from the rest of the family because of illness conditions. In the context of their everyday lives, reminiscing about the past and telling stories of past experiences and events is not a luxury that these older people can afford.



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APPENDIX 1



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June 2002

TO WHOM IT MAY CONCERN

This is to confirm that Ms Allanise Cloete (2142278) is a registered student at the University Of Western-Cape. She is currently pursuing a Masters Degree. The title of her thesis is "I remember therefore I am": An ethnographic description of the elderly community in Belhar.

She is currently embarking on the empirical part of her research i.e. interviewing the elderly.

We would be extremely grateful if Ms Cloete could be assisted in any way towards the completion of her studies.

Should you require any information regarding Ms Cloete please do not hesitate to contact me.

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APPENDIX 2

INTERVIEW GUIDE

1. Hoe verskil die lewe in Belhar van waar u grootgeword het?⁶⁶
2. Gee 'n beskrywing van u dag tot dag lewe in Belhar?⁶⁷
3. Volgens u is geweld 'n probleem hier in Belhar?⁶⁸
4. Is die gemeenskap in Belhar naby aan mekaar?⁶⁹
5. In watter gedeelte van Belhar, woon u?⁷⁰

Probe on all questions



⁶⁶ How is life different to the community where you grew up to that of Belhar?

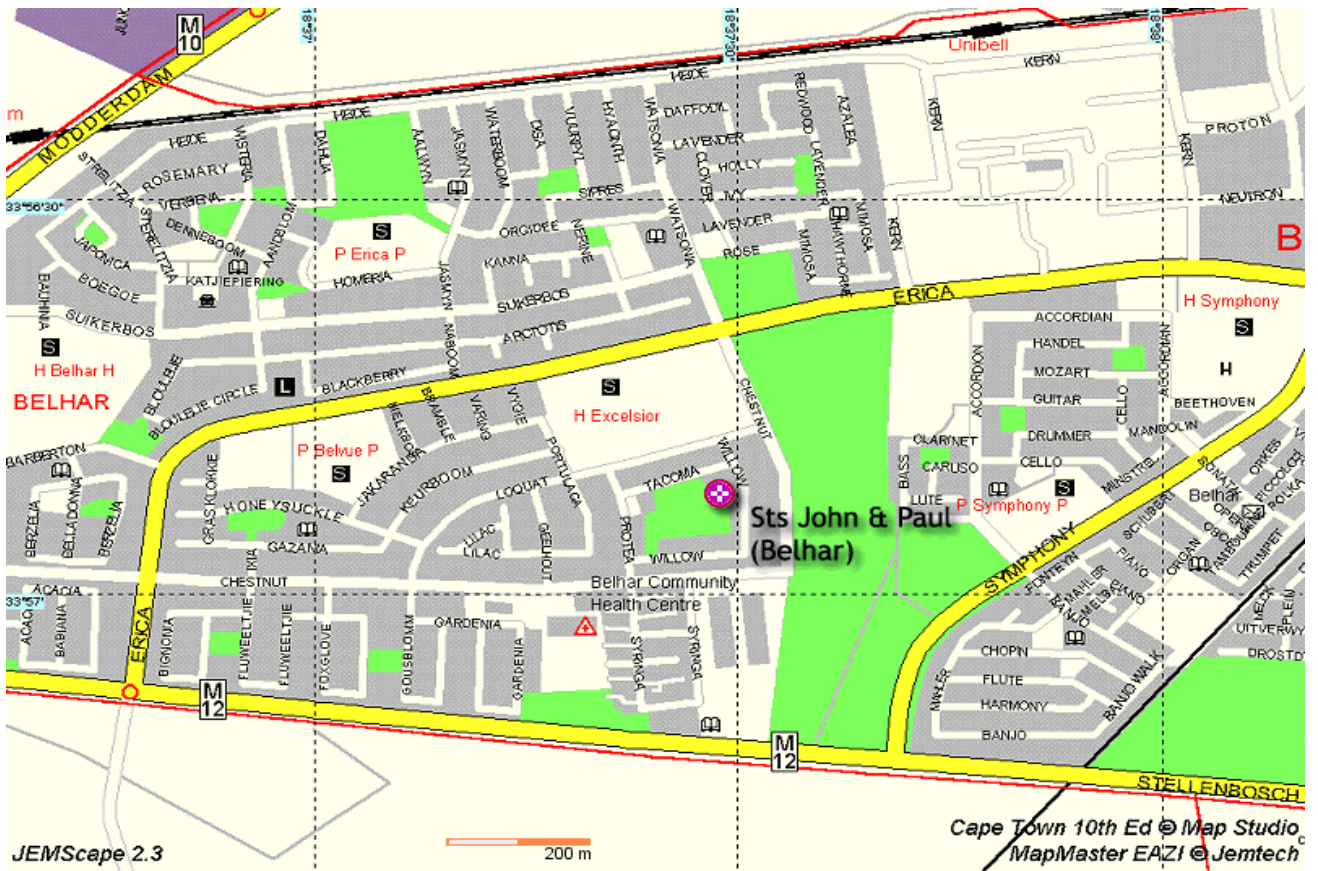
⁶⁷ Give a description of your day to day living in the community

⁶⁸ According to you is violence a problem in this community?

⁶⁹ Is the community of Belhar close to each other?

⁷⁰ In which part of Belhar do you stay?

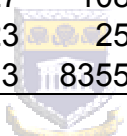
APPENDIX 3



APPENDIX 4

	Black African		Coloured		Indian or Asian		White		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Belhar									
Employed	4	4	319	227	6	6	5	3	574
Unemployed	-	-	53	39	2	2	1	-	97
Belhar 1									
Employed	12	13	312	307	3	3	-	-	651
Unemployed	2	1	7	15	-	-	-	-	25
Belhar 10									
Employed	13	12	198	167	-	-	1	-	391
Unemployed	16	10	108	96	-	-	-	-	229
Belhar 11									
Employed	-	-	126	116	-	-	-	-	242
Unemployed	-	-	11	9	-	-	-	-	20
Belhar 12									
Employed	20	12	570	505	1	-	29	30	1168
Unemployed	1	4	258	283	2	4	2	-	555
Belhar 13									
Employed	5	5	240	225	41	25	-	-	540
Unemployed	7	7	229	297	26	31	-	-	598
Belhar 14									
Employed	6	5	170	148	-	-	1	-	329
Unemployed	-	-	37	30	-	-	-	-	67
Belhar 15									
Employed	-	5	95	84	4	1	3	-	192
Unemployed	-	1	36	22	-	1	-	-	60
Belhar 16									
Employed	10	5	574	502	1	4	-	-	1095
Unemployed	1	4	240	212	-	-	-	-	457
Belhar 17									
Employed	13	20	410	369	12	8	4	1	837
Unemployed	2	6	65	29	2	1	-	-	105
Belhar 18									
Employed	6	2	270	219	-	-	-	-	497
Unemployed	8	1	72	44	-	-	-	-	126
Belhar 19									
Employed	10	10	541	391	2	4	1	2	961
Unemployed	5	1	169	150	-	-	-	-	324
Belhar 2									
Employed	13	9	282	223	-	-	-	1	528
Unemployed	1	1	32	14	-	-	-	-	48
Belhar 20									
Employed	4	4	339	269	11	6	-	-	633
Unemployed	-	-	55	40	1	-	-	-	96

Belhar 21										
Employed	7	8	553	397	5	1	1	-	973	
Unemployed	2	-	137	127	-	-	-	1	268	
Belhar 23										
Employed	14	10	695	512	5	6	-	-	1241	
Unemployed	2	1	188	117	-	-	-	-	309	
Belhar 3										
Employed	23	19	570	471	5	1	2	1	1091	
Unemployed	2	-	319	248	1	-	-	-	571	
Belhar 4										
Employed	37	38	433	416	10	6	-	-	940	
Unemployed	12	6	97	75	1	6	1	-	198	
Belhar 6										
Employed	58	27	369	316	11	10	8	9	808	
Unemployed	4	11	73	55	1	-	-	1	144	
Belhar 7										
Employed	11	15	450	401	1	2	-	-	881	
Unemployed	7	2	64	55	-	-	-	-	128	
Belhar 8										
Employed	1	-	4	-	-	-	2	-	7	
Unemployed	-	2	-	2	-	-	1	1	6	
Belhar 9										
Employed	-	1	127	108	-	-	-	-	236	
Unemployed	-	-	23	25	-	-	-	-	48	
Total	340	280	9923	8355	155	130	63	52	19297	


HRCP
Census 2001
Table 1

**Geography and Employment status (official definition) by Population
group and Sex
for Person weighted**

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APPENDIX 5

Table 1

	Black African		Coloured		Indian or Asian		White		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Belhar	11	11	847	925	36	29	7	7	1873
Belhar 1	42	36	641	758	4	5	1	1	1489
Belhar 10	46	70	794	914	-	1	2	-	1827
Belhar 11	-	-	451	520	1	1	-	-	973
Belhar 12	50	49	1825	2144	11	8	53	59	4199
Belhar 13	29	28	1096	1253	117	144	2	1	2671
Belhar 14	13	10	439	461	-	-	1	-	924
Belhar 15	10	12	300	305	8	9	5	3	653
Belhar 16	28	28	1775	2001	2	6	-	-	3839
Belhar 17	37	54	981	1036	23	37	7	1	2177
Belhar 18	22	19	731	785	-	-	-	-	1556
Belhar 19	32	36	1375	1458	6	5	3	3	2918
Belhar 2	21	25	688	708	-	-	1	2	1446
Belhar 20	10	7	888	964	19	28	-	-	1917
Belhar 21	18	22	1347	1435	7	4	2	5	2840
Belhar 23	39	47	1797	1825	9	18	-	-	3735
Belhar 3	41	55	1777	1858	10	17	3	2	3763
Belhar 4	100	112	1030	1136	19	26	1	-	2425
Belhar 6	106	104	817	907	24	27	18	21	2023
Belhar 7	30	37	1004	1126	4	5	2	3	2211
Belhar 8	123	133	7	6	1	2	4	2	278
Belhar 9	1	4	372	450	-	-	-	-	827
Total	809	899	20982	22973	301	371	115	112	46563

**Geography by Population group and Sex
for Person weighted**

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APPENDIX 6

STATISTICS : RAPE (& ATTEMPTS) AND MURDER

BELHAR : EXTENSION 1 & EXTENSION 13

PERIOD : 2002/04/01 to 2003/03/31 COMPARED WITH 2001/04/01 to 2002/03/31

RAPE & ATTEMPTED RAPE		
Extension 1	2001/04/01 - 2002/03/31	2002/04/01 - 2003/03/31
Geographical blocks : 103012; 102912; 103011; 103022	1	2
"Old Belhar" including Erica Secondary and Excelsior Secondary*	3	6
Total	4	8
Extension 13	2001/04/01 - 2002/03/31	2002/04/01 - 2003/03/31
Geographical blocks : 102918 - Matroosberg Primary	3	1
Extensions 9, 10, 11, 12, 14 = Perseverence & Dr van der Ross**	1	6
Total	4	7

MURDER		
Extension 1	2001/04/01 - 2002/03/31	2002/04/01 - 2003/03/31
Geographical blocks : 103012; 102912; 103011; 103022	1	1
"Old Belhar" including Erica Secondary and Excelsior Secondary	4	1
Total	5	2
Extension 13	2001/04/01 - 2002/03/31	2002/04/01 - 2003/03/31
Geographical block : 102918 - Matroosberg Primary	7	3
Extensions 9, 10, 11, 12, 14 = Perseverence & Dr van der Ross	5	6
Total	12	9

* Some people refer to Extension 1 as the front part of Belhar called "Old Belhar" which includes block numbers 103015, 102917 (Erica Secondary), 103018, 102915 (Excelsior Secondary), 103021, 103024, 103014, 102920 and 102919.

** Some people refer to Extension 13 as Extension 9, 10, 11, 12 and 14 which includes block numbers 103035, 102923, 103032, 103041, 102914 (Perseverence) and 102923 (Dr van der Ross).