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Research Paper

Reframing Elderly Institutionalisation in India: A Process-Oriented Conceptual Framework of Psychosocial Transition and Adjustment

Sandra K[1]*, Dr. K Sathyamurthi[2]

ABSTRACT

Demographic shift towards ageing, rapid socio-economic change, and transformations in traditional family structures have led to a growing reliance on institutional care for elders. The elderly institutionalisation is often conceptualised narrowly as a relocation event or as an outcome of individual decline, overlooking its broader psychosocial and socio-cultural dimensions. This conceptual paper reframes the transition from home to old age homes as a processual and meaning-laden transition, shaped by structural conditions, lived experiences, and institutional environments. By critically examining Theories related to Transition and their limitations, the paper account for pre-transition experiences, cultural meanings, and contextual diversity particularly within collectivist society like India. Through a theory-informed synthesis of gerontological and transition literature, the paper proposes a process-oriented conceptual framework for transition that integrates structural determinants, pre-transition conditions, the transition event, subjective interpretation, coping and adjustment strategies, and person environment interactions. The framework highlights that the psychosocial consequences of institutionalisation are not determined solely by relocation, but are mediated by how older adults interpret and experience the transition through moral, cultural, and emotional lenses. It further incorporates active coping processes such as relational autonomy, peer support, spiritual coping, and acceptance or resistance to institutional norms and identifies key moderating factors including gender, health status, voluntariness of transition, type of institution, and duration of stay. These elements collectively influence outcomes such as psychosocial well-being, dignity, sense of belonging, and adaptation to institutional life,this paper contributes a culturally grounded and theoretically integrated framework for understanding elderly institutionalisation. The framework offers a foundation for future empirical research and has important implications for social work practice, institutional care planning, and elder-care policy in rapidly ageing societies.

Keywords: *Elderly institutionalisation, Transition theory, Relocation stress, Psychosocial adjustment, Meaning-making, Old-age homes, Ageing in India*

[1]PhD (FT) Scholar, Madras School of Social Work, Chennai
[2]Associate Professor, Madras School of Social Work, Chennai
*Corresponding Author

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Reframing Elderly Institutionalisation in India: A Process-Oriented Conceptual Framework of Psychosocial Transition and Adjustment

India is experiencing rapid population ageing, marking one of the most significant demographic shifts in history. With improved life expectancy and declining fertility rates, the proportion of older adults (aged 60 and above) is growing faster than ever. According to the United Nations World Population Prospects (2024), India's elderly population is projected to rise from 10% in 2023 to nearly 20% by 2050, representing over 300 million people. This demographic transition poses both opportunities and challenges for healthcare, social security, and economic systems. This growing number of elders in the population has profound implications for traditional systems of elder care in India. The decline of joint family structures, coupled with migration, urbanisation, and increased workforce participation of women, has weakened informal family-based support for older persons. Within traditional joint family system, elders held a prominent and respected position, exercising considerable freedom, authority, and involvement in family decision-making. They were valued as custodians of wisdom, cultural continuity, and moral guidance. The socioeconomic transformations have altered household structures, caregiving capacities, and intergenerational relationships. Migration for education and employment, nuclear family living, and time constraints faced by working family members have reduced the availability of sustained familial care for ageing parents. Consequently, many older adults now experience a loss of autonomy, status, and emotional security, and are increasingly compelled to seek institutional care, as a result, institutional care facilities such as old age homes are becoming an increasingly visible component of the elder care landscape in India. These demographic and social changes make it imperative to understand ageing not only as a biological process but also as a social transition shaped by changing family structures, cultural expectations, and care arrangements. In the Indian socio-cultural context, old age homes continue to carry a strong cultural stigma, often symbolising the failure of family responsibility and the erosion of filial duty. Deeply rooted norms of filial piety position children as morally and socially obligated to care for their ageing parents within the household, making institutionalisation socially undesirable and emotionally fraught (Dommaraju, 2016). As a result, older adults who move to old age homes are frequently perceived by society and sometimes by themselves as abandoned, unwanted, or burdensome, regardless of the circumstances leading to their institutionalisation (Gurawa & Singh, 2024).This stigma is further internalised by many elders, manifesting as feelings of shame, guilt, and loss of social honour, particularly in a cultural setting where ageing has traditionally been associated with respect, authority, and moral standing within the family (Joseph, 2017). For older women, especially widows, the stigma is compounded by gendered expectations and lifelong economic dependence, rendering institutional care a reflection of both familial neglect and social marginalisation (Kalita, 2025). Consequently, the transition to an old age home in India represents not merely a shift in care setting but a morally and culturally charged experience that profoundly shapes elders' psychosocial adjustment. This conceptual paper critically examines existing transition theories in relation to the transition of older adults from home to institutional care. By situating these theories within the socio-cultural realities of India, the paper develops a culturally grounded conceptual framework that elucidates the processes of transition, meaning-making, and adjustment experienced by older adults during institutionalisation.

Table 1. Projected Elderly Population by State/UT, India (2001–2036)

Rank	State/UT	Elderly % (2036)	Elderly % (2001)	Growth Rate
1	Kerala	23.0%	10.6%	117%
2	Goa	19.0%	10.0%	90%
3	Tamil Nadu	19.0%	8.9%	113%
4	Himachal Pradesh	18.0%	10.0%	80%
5	Punjab	17.0%	9.2%	85%
6	Puducherry	17.0%	8.0%	113%
7	Manipur	16.0%	10.0%	60%
8	Maharashtra	16.0%	8.9%	80%
9	Uttarakhand	16.0%	8.8%	82%
10	Andhra Pradesh	16.0%	7.7%	108%

Source: Ministry of Statistics and Programme Implementation (2021), *Elderly in India 2021*.

Transition Theories

Transitions are increasingly recognised as critical life processes that involve changes in roles, identities, relationships, and environments. In gerontological and health-related literature, several theoretical perspectives have been employed to understand transitions experienced by older adults, particularly in relation to relocation and care arrangements. However, these theories vary in their assumptions, scope, and cultural sensitivity.

Comparative Overview of Theoretical Frameworks Explaining Human Transitions and Environmental Adaptation

Theory	Focus/Concept	Key Components	Application/Field	Example
Meleis' Transition Theory	Human adaptation during life or health transitions	Types of transition, transition conditions, patterns of response	Nursing, patient adaptation, role change	Adjusting to chronic illness or migration
Relocation Stress Theory	Stress caused by moving to a new environment	Environmental unfamiliarity, loss of control, adaptation process	Gerontology, hospital relocation, mental health	Elderly moving from home to nursing facility
Person–Environment Fit Theory	Compatibility between person and environment	Objective & subjective fit, person & environment characteristics	Occupational psychology, community health	Job satisfaction, residential adjustment
Life Course Perspective	Lifelong development shaped by time, relationships, and context	Trajectories, transitions, timing, linked lives	Sociology, public health, social policy	Impact of early-life poverty on old age health

Meleis' Transition Theory conceptualises transition as a complex, multidimensional process that occurs in response to changes in life conditions, health status, or roles (Meleis, 2010). Transitions are categorised as developmental, situational, health–illness, or organisational, and are influenced by personal, community, and societal conditions. According to this theory, a successful transition is marked by indicators such as mastery of new roles, subjective wellbeing, and a sense of connectedness.

In the context of older adults, relocation to an institutional setting constitutes a situational transition, often accompanied by disruptions in daily routines, autonomy, and social identity.

While Meleis' framework provides a useful structure for understanding transition processes and outcomes, it primarily focuses on individual adaptation and preparedness. The theory pays limited attention to culturally embedded meanings of care, family obligation, and moral expectations that shape elders' experiences in non-Western societies (Meleis, 2010). The theory conceptualises transition as a dynamic process characterised by changes in roles, identities, relationships, and patterns of behaviour. It identifies key properties of transition, including awareness, engagement, change and difference, time span, and critical points, and emphasises conditions that facilitate or inhibit healthy transitions, such as personal meanings, community support, and societal norms. Institutionalisation can be understood as a situational transition involving disruption of familiar environments, loss of established social roles, and the need to negotiate new routines and relationships. Concepts such as transition conditions and indicators of healthy transition such as a sense of mastery, wellbeing, and connectedness are particularly relevant in understanding elders' adjustment within institutional settings.

However, despite its conceptual strengths, Meleis' Transition Theory reveals several limitations when examined through the lens of elderly institutionalisation in the Indian socio-cultural context. First, the theory is grounded largely in individualistic assumptions that prioritise personal awareness, preparedness, and agency. In India, decisions regarding institutionalisation are frequently collective rather than individual, shaped by family dynamics, economic constraints, migration of adult children, and social expectations surrounding filial responsibility (Dommaraju, 2016). As a result, older adults often experience the transition as involuntary or imposed, a dimension insufficiently theorised within Meleis' framework.

Second, Meleis' theory pays limited attention to the moral and cultural meanings attached to transitions. In Indian society, ageing parents are traditionally cared for within the family, and placement in an old age home is often associated with stigma, shame, and perceived failure of familial duty (Gurawa & Singh, 2024). While Meleis acknowledges that cultural beliefs influence transition experiences, the theory does not adequately conceptualise institutionalisation as a moral transition involving loss of honour, social status, and identity within the family and community. These culturally embedded meanings profoundly shape elders' emotional responses but remain underdeveloped within the theory. Third, the theory's emphasis on achieving a "healthy transition" risks overlooking structural constraints that limit elders' capacity to adapt. Factors such as poverty, gendered disadvantage, widowhood, and inadequate institutional resources significantly influence transition outcomes in India (Joseph, 2017). For instance, older women, particularly widows, may experience compounded vulnerability during institutionalisation due to

lifelong gender inequalities. Meleis' framework does not sufficiently account for how such structural inequities mediate transition processes and outcomes.

Finally, Meleis' Transition Theory focuses primarily on individual outcomes such as wellbeing and role mastery, with relatively less emphasis on person–environment interactions within institutional settings. In the context of old age homes, institutional rules, staff attitudes, privacy arrangements, and organisational cultures play a critical role in shaping elders' adjustment and sense of dignity (Wang et al., 2017). The absence of a robust environmental and relational dimension limits the theory's explanatory power in institutional contexts.This Theory provides a valuable foundation for understanding the processual nature of change, its application to elderly institutionalisation in India reveals significant conceptual gaps. These include insufficient attention to collective decision-making, moral and cultural meanings, structural inequalities, and institutional environments. These limitations underscore the need for a culturally grounded conceptual framework that extends beyond individual adaptation to incorporate relational, moral, and contextual dimensions of transition.

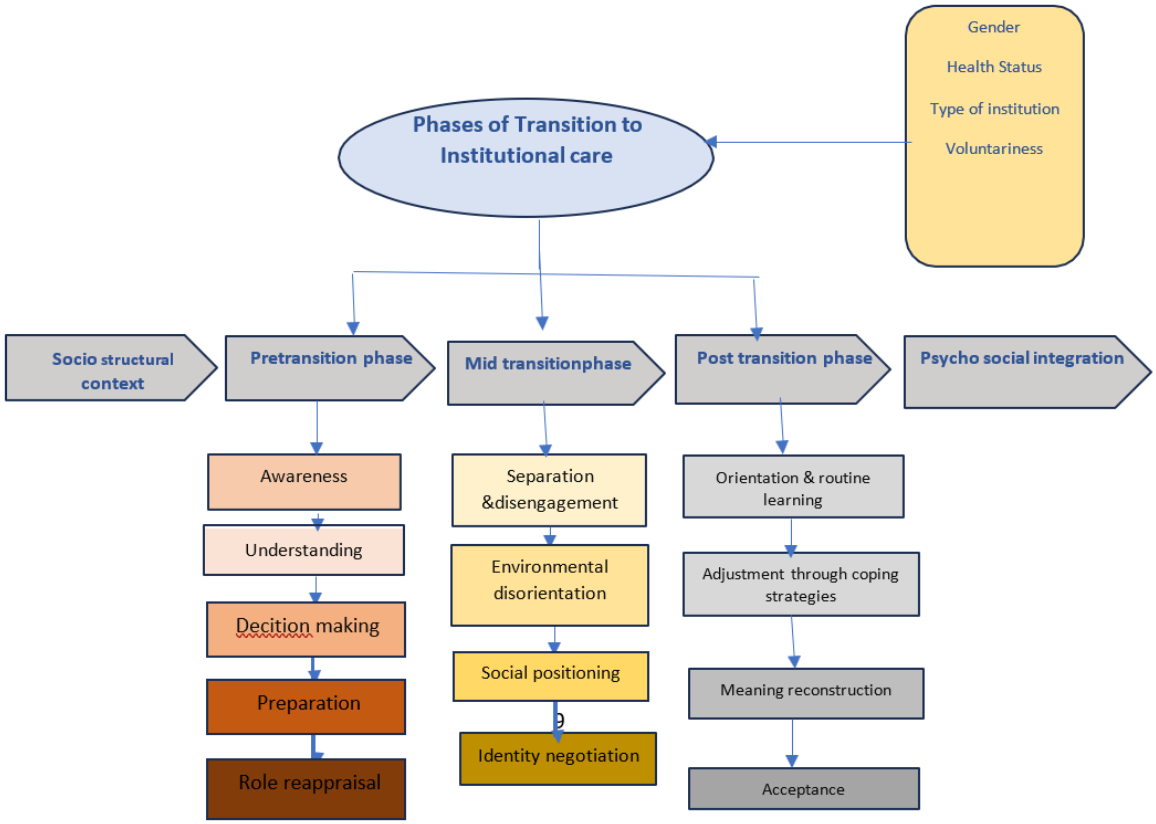
The Life Course Perspective conceptualises ageing and late-life transitions as outcomes of cumulative life experiences shaped by historical time, social structures, and individual trajectories. From this viewpoint, institutionalisation in old age is not an isolated event but the result of earlier life conditions such as socioeconomic status, family roles, health trajectories, and caregiving arrangements. This perspective is valuable in highlighting how long-term inequalities and earlier transitions influence vulnerability in later life. However, while the Life Course Perspective explains why certain individuals are more likely to enter institutional care, it provides limited insight into how older adults subjectively experience and psychologically negotiate the transition once institutionalisation occurs. The theory pays insufficient attention to meaning-making, emotional disruption, and day-to-day adjustment processes following relocation, thereby limiting its applicability for understanding post-admission psychosocial outcomes in institutional settings.

Person–Environment Fit Theory emphasises the congruence between an individual's abilities, needs, and preferences and the demands or supports provided by the environment. In the context of old-age institutions, this theory helps explain how mismatches between residents and institutional routines, physical design, and care practices can contribute to stress, dissatisfaction, and poor adjustment. It is particularly useful for understanding environmental determinants of well-being and for informing age-friendly institutional design. However, this theory adopts a largely functional and ecological lens, often neglecting the emotional, moral, and cultural meanings attached to institutionalisation. It does not adequately address the symbolic loss of home, identity disruption, or the moral stigma associated with old-age homes in collectivist societies. As a result, Person–Environment Fit Theory alone cannot fully capture the psychosocial complexity of elderly institutional transitions, especially in socio-cultural contexts where institutionalisation carries deep relational and moral significance.

Relocation Stress Theory conceptualises institutionalisation as a major life stressor arising from the physical movement of older adults from familiar home environments to unfamiliar institutional settings. The theory attributes psychological distress—such as anxiety, depression, confusion, withdrawal, and reduced well-being—to environmental disruption, loss of routine, diminished control, and separation from meaningful places and relationships.

Empirical studies grounded in this perspective demonstrate that relocation can precipitate acute stress reactions, particularly during the initial phase following admission, and that these effects are more pronounced in cases of sudden or unplanned relocation. However, Relocation Stress Theory has been increasingly critiqued for its event-centred and reductionist orientation. By focusing primarily on relocation as a discrete stress-producing event, the theory under-theorises the pre-transition phase, including family decision-making processes, voluntariness of admission, and anticipatory emotional responses.

Elderly Transition to Institutional care model
(Sandra & Sathyamurthi,2026)



The figure illustrates the multi-layered nature of elderly institutionalisation, process and outcome, situating the transition from home to old-age institutions within a broader structural, cultural, and psychosocial context. The framework recognises institutionalisation not as a single event, but as a dynamic transition influenced by pre-existing conditions, subjective interpretations, and ongoing interactions with the institutional environment. Transitions are passages from one state, condition or place to another. The period of transition has been portrayed as one of disconnectedness from one's social network and support and temporary loss of familiar reference points. Transitions are also characterized as a period of change when needs are not met in familiar ways and old expectations that are no longer congruent with current and changing situation (Meleis 1986).Meleis described transitions as requiring the person to incorporate new knowledge, to alter behavior, and therefore to change the definition of self in social context'. The transition to RCFs is a critical period for older people. This transition is a significant life event that requires older adults to adapt to a new environment. They must confront substantial challenges. Previous

studies have reported that residents experienced substantial emotional responses, limited communication opportunities, isolation, and changes in social support and life patterns. Newly admitted older people's transition process as follows: disorganization, reorganization, relationship building, and stabilization (Brooke,1989). Transition included the overwhelmed phase, the adjustment phase, and the initial acceptance phase (Wilson,1997). Iwasiw described transition activities as relevant to deciding where to live, moving, trying to make the nursing home like home, maintaining previous relationships, beginning new ones, and fitting in (*Iwasiw et al,1996)*

At the macro level, structural and cultural contexts such as urbanisation, globalisation, and prevailing gender norms shape family structures and caregiving capacities. These broader forces indirectly influence the likelihood of institutionalisation by altering traditional family support systems and redefining expectations around elder care in the Indian socio-cultural context. Urbanisation is consistently identified as a major structural factor contributing to elderly institutionalisation. Rapid urban growth has altered residential patterns, leading to spatial separation between older parents and adult children. Migration of younger family members to urban centres for employment reduces co-residence and daily caregiving availability, thereby weakening traditional home-based elder care systems. As families become geographically dispersed, institutional care increasingly emerges as a practical alternative for ensuring safety and continuity of care in old age (Cowgill, 1974; Phillipson, 2013). Qualitative studies on elderly care transitions indicate that institutionalisation often reflects structural unavailability of caregivers rather than rejection by family members, especially in rapidly urbanising societies. Urban housing constraints, such as smaller living spaces and lack of elder-friendly infrastructure, further limit the feasibility of co-residential care (Dan Wang & Huilan Zhang,2017). Globalisation has intensified labour mobility, both within and across national boundaries, reshaping family support systems. Adult children increasingly engage in transnational or long-distance employment, resulting in prolonged physical absence from ageing parents. Research suggests that such mobility disrupts intergenerational caregiving arrangements and accelerates reliance on formal care institutions, particularly when elderly individuals experience declining health (Phillipson, 2007). One of the most significant socio-cultural changes influencing elderly institutionalisation is the increased participation of women in paid employment. Traditionally, caregiving responsibilities were disproportionately borne by women within households. As women enter the workforce in greater numbers, the availability of informal caregivers within families declines, creating what scholars describe as a care gap (Giddens, 1991; Hochschild, 1995). Studies on caregiving stress indicate that when caregiving demands conflict with employment responsibilities, families are more likely to seek institutional care solutions, particularly for elders requiring continuous supervision or medical attention. This shift should be understood not as a breakdown of filial values, but as a reconfiguration of gender roles within modern socio-economic contexts.

The pre-transition phase is the circumstances that leading elders to institutionalisation, including poor family dynamics, not getting involved in the decision-making processes, involuntariness of the move, and prior caregiving arrangements which is poor, where elders needs didn't met. This pre transition phase is critical, need to be give more attention, as many elderly individuals in India experience limited agency in relocation decisions, which significantly affects their emotional preparedness and subsequent adjustment. Empirical studies indicate that elderly individuals who experience sudden, crisis-driven, or unplanned admissions report higher levels of distress, confusion, and loss of control compared to those

involved in planned transitions. Research comparing planned and unplanned nursing home admissions demonstrates that lack of preparation, limited information, and exclusion from decision-making intensify feelings of helplessness and relocation stress (Shanna Fealy et al,2024). Meleis' Transition Theory conceptualises transitions as processes rather than events, emphasising outcomes are shaped by conditions present before the transition occurs. According to the theory, transition conditions including personal, social, and environmental factors which determine whether a transition is healthy or unhealthy.

Key pre-transition concepts in Meleis' theory include:

- Awareness of the impending change
- Engagement in the transition process
- Preparation and knowledge
- Meaning attributed to the transition

When elderly individuals are excluded from decision-making or lack awareness of institutional placement, they enter the transition with reduced preparedness, leading to maladaptive response patterns (Meleis,1986). Relocation Stress Theory traditionally focuses on stress experienced after relocation, but subsequent literature highlights that stress often originates before the move itself. Uncertainty, fear, and anticipatory grief experienced during the pre-transition phase heighten vulnerability to relocation stress. Systematic reviews on relocation stress interventions note that elders who undergo abrupt or crisis-led institutionalisation display higher psychological distress than those involved in gradual, planned transitions. This suggests that relocation stress is not solely caused by environmental change, but by how the transition is initiated and experienced beforehand. Identity-focused studies emphasise that pre-transition events initiate identity disruption even before physical relocation occurs. Research on institutional living shows that elderly individuals begin to experience role loss, diminished authority, and social invisibility during the decision-making phase itself, especially when they perceive the move as rejection or failure (Choolayil et al, 2022).

The transition event, defined as the physical move from home to an old-age institution, represents a major life disruption. In transition literature, a transition event is defined as a critical point of change that disrupts established patterns of living, roles, relationships, and identity. In the context of ageing, the move from one's home to an old-age institution represents a profound transition event, as it involves separation from familiar environments, loss of autonomy, and reorganisation of everyday life (Meleis, 2010). Such transitions are not instantaneous occurrences but are embedded within broader experiential and interpretive processes. Relocation Stress Theory conceptualises institutional relocation as a significant life stressor for older adults, often resulting in psychological distress, emotional disorientation, and decline in well-being. Early formulations of the theory emphasised the physical act of relocation as the primary source of stress, attributing adverse outcomes to environmental unfamiliarity, disruption of routines, and loss of personal space. Empirical studies consistently report that relocation may trigger anxiety, depression, withdrawal, and feelings of loss among institutionalised elders, particularly during the initial period following admission(Shanna Fealy et al,2024).The framework highlights that the psychosocial consequences of institutional relocation are not determined solely by the act of relocation, but are significantly shaped by the elderly individual's lived experience of the transition and the meanings they attribute to it.

Following relocation, elders engage in subjective meaning-making, where they interpret the transition through moral, cultural, and emotional lenses. Elderly individuals interpret institutionalisation not merely as a residential change, but through moral evaluations related to familial duty, cultural norms surrounding elder care, and emotional responses such as grief, fear, or relief, all of which shape their adjustment and well-being. Feelings of cultural stigma, loss of familial roles, identity disruption, and perceived abandonment may emerge during this stage, particularly within collectivist societies where institutional care is often socially stigmatised. The framework emphasises the active adjustment and coping strategies employed by elderly residents, such as exercising relational autonomy, seeking peer support, engaging in spiritual practices, and either accepting or resisting institutional norms, all of which influence their adaptation to institutional life. Relational autonomy refers to the ways in which elderly individuals exercise agency within the constraints of institutional and relational contexts, rather than through complete independence. Studies on institutional living show that elders cope by negotiating daily routines, choosing social interactions, and asserting preferences in small but meaningful ways, such as meal choices, participation in activities, or timing of personal routines. This form of autonomy allows residents to maintain dignity and a sense of control despite reduced decision-making power (Choolayil et al,2022). Peer relationships emerge as a central coping resource in institutional settings. Qualitative studies indicate that elderly residents seek emotional comfort, companionship, and shared understanding from fellow residents who have undergone similar transitions. Peer support helps mitigate loneliness, normalise institutional experiences, and foster a sense of belonging, which is critical for psychosocial well-being (Wang D, 2017). These coping strategies determine how elderly residents negotiate their new environment and reconstruct a sense of self and belonging.

Person–environment interaction further influences adjustment outcomes. Institutional rules, staff behaviour, privacy norms, daily routines, and the overall social climate shape residents' lived experiences and can either facilitate adaptation or exacerbate distress. Qualitative evidence from The Primacy of "Home" study demonstrates that institutional environments often challenge residents' sense of identity and belonging, particularly when care settings are perceived as impersonal, restrictive, or task-oriented (O'Neill et al,2022). The mental health implications of residential environments are further reinforced by Polacsek and Woolford's (2022) qualitative study on relocation stress, which identifies institutional settings as a critical context in which anxiety, depression, and loneliness either intensify or are alleviated. Their findings indicate that poorly designed environments—characterised by social isolation, lack of emotional support, and limited opportunities for meaningful engagement—exacerbate relocation stress syndrome. In contrast, environments that promote social connection, peer interaction, spiritual care, and personalised support function as protective factors for mental health during transition. A meta-synthesis by Sun et al. (2021) provides strong cross-cultural evidence that institutional environments influence adjustment through psychological, social, and cultural pathways. The review highlights that residents frequently experience loss of autonomy, uncertainty, and emotional distress in environments that prioritise efficiency over personhood. Importantly, the study emphasises that adaptation is shaped not only by physical surroundings but also by institutional culture, staff attitudes, and respect for residents' cultural values. Environments insensitive to residents' cultural norms were associated with resistance, withdrawal, and poor adjustment, while culturally responsive settings facilitated acceptance and emotional stability. The conceptual framework culminates in key outcomes, including psychosocial well-being, dignity, sense of belonging, and overall adaptation to institutional life among elderly residents. These outcomes are not

the direct result of relocation alone but emerge from the cumulative interaction of pre-transition conditions, subjective interpretations of institutionalisation, coping and adjustment strategies, and ongoing person–environment interactions within the institution. Importantly, the framework recognises that these processes and outcomes are shaped by moderating factors such as gender, type of institution, health status, voluntariness of transition, and duration of stay. These moderating factors influence multiple stages of the transition process, altering how elderly individuals experience, interpret, and adapt to institutional life. By accounting for such variability, the framework acknowledges the diversity of elderly experiences and avoids a one-size-fits-all understanding of institutionalisation, thereby enabling a nuanced and context-sensitive analysis of elderly well-being in institutional settings.

CONCLUSION

This conceptual paper reframes elderly institutionalisation as a processual, psychosocial, and socio-culturally embedded transition, rather than a discrete event of relocation. Drawing on Meleis' Transition Theory and Relocation Stress Theory, and critically engaging with their limitations, the paper argues that existing approaches inadequately explain the diversity of elderly experiences by over-emphasising post-relocation stress and individual adaptation. In contrast, the proposed framework conceptualises institutionalisation as a dynamic continuum shaped by structural conditions, pre-transition experiences, subjective meaning-making, coping strategies, and institutional environments. The framework makes three key contributions. First, it foregrounds the pre-transition phase as a critical determinant of psychosocial outcomes, highlighting how voluntariness, preparedness, and family decision-making shape elderly adjustment. Second, it emphasises meaning-making and lived experience as central mediating processes through which institutionalisation is interpreted as care, loss, abandonment, or necessity, particularly within collectivist socio-cultural contexts. Third, it integrates coping and adjustment processes including relational autonomy, peer support, spiritual practices, and acceptance or resistance to institutional norms—within a person–environment interactional perspective, moving beyond event-centred explanations of relocation stress.

By incorporating moderating factors such as gender, health status, type of institution, voluntariness of transition, and duration of stay, the framework explicitly rejects one-size-fits-all interpretations of institutionalisation and acknowledges heterogeneity in elderly experiences. This contributes to a more nuanced understanding of psychosocial well-being, dignity, sense of belonging, and adaptation in later life. The conceptual framework has important implications for social work practice and policy. It underscores the need for pretransition counselling, participatory decision-making, and institutional environments that prioritise relational care, autonomy, and cultural sensitivity. At a policy level, it calls for greater recognition of the structural drivers of institutionalisation and the development of elder-care models that support both families and older adults across the transition continuum.

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