

**THE PERSPECTIVES OF AN OLDER PERSON (FEMALE), POST-
TRANSITION FROM THE FAMILY HOME TO INSTITUTIONAL CARE
AT A HOME FOR THE AGED IN TRINIDAD**

Denise Williams Dummett

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ABSTRACT

The purpose of this qualitative study was to explore the perspectives of an older person who has had the life-changing experience of the transition from the family home to an institution which provides long-term assisted care. The study was limited to the perspectives of an 82-year old female resident of a 'home for the aged' in Trinidad. The choice of methodology was biography and was considered uniquely suited to this study as it gave 'voice' to her unique perspectives on the gains and losses brought about by the change, the precipitating factors which influenced the transition decision and her role in that decision, as well as the opportunities for relationship and spiritual development. The Biographical-Narrative Interpretive Method (BNIM) was used to derive meaning from the interviews and field notes. As in most countries of the world, the population of older persons in Trinidad is growing rapidly. There is a dearth of knowledge on late-life transition in the Caribbean context. Therefore, it is hoped that the findings of this study will contribute to the 'home-grown' body of literature on aging. Additionally, as this demographic challenge creates a demand for gerontological care and education, greater insight into the impact of relocation on older persons would auger well for a positive transition experience.

Key Terms: older person, transition, biography, BNIM, relocation

QUOTES ON THE AGEING EXPERIENCE

“For age is opportunity no less than youth itself, though in another dress
And as evening twilight fades away
The sky is filled with stars invisible by day”

Henry Wadsworth Longfellow, 187, Morituri Salutamus

“ You can only perceive real beauty in a person as they get older”

Anouk Aimee, O Magazine, Oct 2003.

“ I am done with the doubts and struggles and insecurities of youth. I’m finished with loss and guilt and regret. I’m very old, and nothing is expected of me”

101-year old Bel Kaufman, Test of Time, p 80, Vogue Magazine, Aug 2012

“I have a good mind and a good sense of humour”

101-year old Getrude McAlpin, Yahoo News, 04 Jan. 2013, who believes that a good diet and her daily exercise at the gym keeps her young.

All my life I've been taught how to die, but no one ever taught me how to grow old.

Billy Graham, Newsweek, Aug. 14, 2006

“I’m 88 years old.....I am like an old car. You get past 100,000 miles and things don’t work as well”.

Participant in a study by Walker, Curry and Hogstel (2007)

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CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

Introduction to the Study

For the first time, the theme of World Health Day (07 April 2012) focused on ageing and health and 01 October was declared International Day of Older Persons. The importance of issues associated with ageing is evidenced by the publication of a three-series bulletin devoted to ageing issues by the World Health Organisation (WHO) in January to March 2012. Not surprisingly, the March 2012 WHO Bulletin stated that “Older people are the fastest-growing age group worldwide. By 2050, two billion people – or nearly one of every four people – will be older than 60 years” (p.157). As long as 13 years ago, the WHO described the ageing of the global population as one of the “biggest challenges facing the world in the next century” when that year was declared the International Year of Older Persons (WHO, 1999).

“Ageing is a triumph of development” (UNFPA & HelpAge Int., 2012, p.12) and should be viewed as an opportunity and not a death sentence. The term ‘Ageing’ is defined as “.....both the ageing of the population and the increasing number of people reaching that age” (Stanwell-Smith, 2012, p. 146). Closer to home, the Caribbean researcher Eldermire-Shearer (2008) described population ageing as “the process by which older individuals become a proportionally larger share of the population” (p.577). It is occurring fastest in developing countries – a categorisation that includes the Caribbean and by extension, Trinidad and Tobago. In its ‘National Policy on Ageing for Trinidad and Tobago’, the Division of Ageing, established in 2003 in the Ministry of Social Development, projects that “ In developing countries the older

population is expected to increase four-fold during the next 50 years” (2007, p.3). This is a clarion call for international and local discourse and action on ageing issues.

Apart from the formulation of public policy, advancing age brings into focus, issues of health and well-being, and the creation of supportive environments which ensure that the remaining years of older persons are lived with dignity and respect. One such issue that can affect, negatively or positively, the health and well-being of older persons is the relocation from the family home to an institution.

In Trinidad and Tobago, despite the numerous government-led social initiatives, much more needs to be done to make ageing a pleasurable and dignified experience for older persons. Older persons are generally viewed as a burden on society - one of the disadvantaged groups where resources are allocated after the needs of mainstream sectors are satisfied. Their needs are determined by social workers, health professionals, gerontologists, researchers and academics – without the inclusion of ‘voice’ of the older persons as they struggle to adapt to the transitions of being a widow/widower, loss of income and societal status, financial and health-related challenges and the fragmentation of their social interactions. One such important transition is the relocation of the older person from the family home to an institution.

In addition to describing how the experience of ageing has changed in the local context, this study focuses on the perspectives of an older person (female) in an institution in Trinidad, giving her a ‘voice’ mainly through recorded interviews.

Introduction

This chapter examines the international, regional and local perspectives on ageing, in addition to the policies and legal acts which have been developed as protecting mechanisms for a population sector which is growing not only in numbers but in their socio-economic, educational, and recreational needs.

The chapter also sets the stage for the study. Background information includes data on ageing internationally, in the Caribbean and locally, followed by the problem statement, research questions, significance, justification and purpose of the study, and clarification of the terms widely used.

Background

It may be difficult to conceptualize that there will be two billion persons in the world 60 years and over, in less than four decades. All populations are ageing and it inevitable and unavoidable. By definition, when the number of persons in a population exceeds 10-12% then the population is considered to be aged (WHO, 1999).

For Americans, in 2030, older persons will account for approximately 20% of the population or 71 million persons (CDC & Merck, 2007), while on the European continent, the 27 European Union countries will need to provide for a population comprising of 29% older adults in 2050 (EU, 2008). The most populous country in the world – China with 1.35 billion people, currently has 13.3% of the population over 60 years – an increase of 3.3% since 2000 (Burkitt & Page, 2011). Japan is currently the only country in the world where older persons comprise 30% of the population (HelpAge, 2013).

The Caribbean is not immune to the demographic change - where older adults comprise 9% of the archipelago's island population (Popn. Ref. Bureau, 2012). The 3M older persons in 2000 will swell to nearly seven and a half million in 2025 (UN, 1983). In 1990, older persons comprised 18.5% of the Barbados population but this is predicted to rise to 31%. In 2012 Jamaica will see a five percent increase from 2000 to 2025, older persons increasing from 10% to 15% of the population. (PAHO, 2006).

The Trinidad and Tobago perspective is outlined by PAHO in its report, *Health in the Americas* (2007). It concluded that “by 2000, the size of the local population aged 60 and over had increased by 345% over 1985 figures” – a mere 15 years. The report quotes the Central Statistical Office's (CSO) most recent population survey in 2000 which states, “there were 38 persons over 60 years of age for every 100 children” (PAHO, 2007, p. 663). The CSO in 2000 also determined that persons over 60 years and over, comprised 11.5% of the population or 120,434 persons (T&T, Min. of Social Dev., 2007). That figure is projected to increase to 15% by 2020 – only seven years from the submission of this research study.

Why is the population aging? One of the major factors is the declining birth rates since the 1970s, falling in our twin-island republic to an estimated 1.75 in 2005 - below the population replacement level (PAHO, 2007). With the development of contraceptive methods for both men and women in addition to free legal abortion in countries like Cuba, women are opting to have delayed births and fewer children (T'dad Guardian, Aug. 2012).

Conversely, life expectancy has increased. Trinidad and Tobago can boast of average of 72.3 years for males and 77.0 for females (PAHO, 2001). With an enviable rate of development in the health sector including free health care, Cuba's population average of 69 years in the

1970s has increased to 78 in 2012 (T'rad Guardian, Aug. 2012). Similarly, life expectancy in Jamaica in 2000 was recorded as 73.7 for males and 77.8 for females (Eldemire-Shearer, 2008). With the increase in life after 60, researchers have adopted the classification by the WHO into sub-groups of 60-69 (young-old), 70-84 (old) and over 85 years (oldest-old). Medical breakthroughs and improvements in public health and nutrition account for this development, in addition to the change in the mortality/morbidity pattern from infectious diseases to chronic diseases such as heart disease, hypertension and diabetes mellitus. Also referred to as lifestyle diseases, the significant difference is that persons afflicted are living much longer compared to the compressed time span between illness and death with infectious diseases. Developing countries are also battling the additional burden of HIV/AIDS and re-emerging infections like tuberculosis. Consequently, the need for health care and care-giving due to prolonged illness and disability is greater than ever.

Another significant factor is the social trend of migration of younger families and women of child-bearing age – a trend that leaves the elderly behind to live on their own. Cuba has noted that the agriculture sector has felt the brunt of this trend as the farming sector is being manned more and more by the elderly though over the years, (T'rad Guardian, Aug.2012). This is an example of how population ageing can have a direct effect on a nation's economy.

The combination of families getting smaller, younger family members moving abroad and older persons are living longer, has caused a rise in the dependency ratio, in other words - who will take care of the increasing number of older persons who, as a natural consequence of ageing will become more dependant physically, financially, and emotionally? While the number of older persons is rising, the number under five years is decreasing. This was confirmed by

Global AgeWatch (2012) as a demographic fact. In 2000, persons over 60 years outnumbered children less than five years. In Jamaica, the 'under-fives' shrunk by 11% between 1970 to 1980 (Eldemire-Shearer, 2008), while in Trinidad and Tobago, from 1990 to 2005, the percentage shrunk by half (PAHO, 2007). The issue of long-term care therefore, becomes one of concern for both the older persons and their families.

The gender imbalance in older persons is also a cause for concern. "Globally, women form the majority of older persons.....For every 100 women aged 80 or over, there are only 61 men" (UNFPA & HelpAge, 2012, p. 13). Locally, women are outliving men, but are disadvantaged by suffering emotionally from the loss of spouse, financially disadvantaged due to a lower income during their working years (with possible non-income years during/after pregnancy) and less opportunity to pursue educational advancement (Rawlins, 2010a). Women are traditionally, the caregivers in any society. Mirroring the worldwide trend, more women have entered the workforce and are therefore no longer available to care for their parents and grandparents. In 1999, 34% of females were in the workforce increasing to 39% in 2002 (T&T Min.of Labour, Small and Micro Ent. Dev., 2009).

For this and all the reasons outlined above, older persons cannot always enjoy the privilege of ageing 'in place', leading to the development of 'homes' for those of advanced age, in particular those afflicted with illness or disability, requiring 24-hour care. It is this relocation from the family home that can be life-changing for an older person with possible positive or negative consequences on their health status.

National Initiatives

The Government of Trinidad and Tobago (GORTT) has made some attempt to embrace the idea of population ageing. In this regard, the Division of Ageing was set up in August 2003 and spearheaded the formulation of a National Policy on Ageing in 2007 (T&T Min. of the People and Social Development, Trinidad & Tobago).

There are eight Senior Activity Centres which are run in collaboration with non-governmental and community-based organisations. With the assistance of trained community volunteers, older persons engage in physical exercise, knowledge about nutrition, and craft skills. As a student in the Masters in Health Promotion, we were exposed to centres in three communities during field trips. In all cases, the centres lacked adequate physical space to accommodate the growing number of older persons, needed more volunteer services, in addition to professional staff for monitoring and evaluation and to develop evidence-based initiatives. One centre did not receive the government subvention for the past nine months and sought to raise its own funds.

The Chronic Disease Assistance Programme (CDAP) of the Ministry of Health appears to have had a significant impact on persons suffering with 12 conditions including diabetes, cardiac disease, glaucoma and high blood pressure. Forty-seven prescription drugs are available in over 250 pharmacies throughout the country. The Ministry of Community Development has initiated a short-term intergenerational training programme with a daily stipend for persons 17-25 years, in an effort to develop a more professional approach to geriatric care. In terms of legislation, the Senior Citizens' Pension is governed by the Senior Citizens' Pension Act (Chapter 32:20) and the yet to be proclaimed Homes for Older Persons Bill (Act 20, 2007).

Gerontological issues are not a favourite choice for study at the academic level. The UWI, St. Augustine campus only offers an elective course in its Social Work programme and the collaborative relationship with the Florida International University to further research efforts has borne fruit. However, discourse on ageing issues is growing. On 01 November 2012, the UWI, Faculty of Social Sciences organised a well-attended Open Forum on Epidemiology of Ageing in the Contemporary Caribbean where ageing as a social construct, research into the making of meaning, the epidemiology of ageing and care for older persons were the topics discussed in the local context. It is hoped that this will act as a catalyst for a phenomenon that will challenge our social and economic fabric over the next 30 years.

In this study, the term ‘ageing’ will be used throughout the research report. The synonym ‘aging’ is used in quotations depending on the origin of the data. The term ‘older persons’ is a contemporary one evolving from the terms such as ‘senior citizens’ and the ‘elderly’, which are still in use. In this study, older persons refer to persons who have reached the chronological age of 60 or more. This United Nations (UN) definition was coined at the first World Assembly on Ageing (UN,1982).The ‘institution’ is also referred to in the literature and in the local context as a ‘nursing home’, ‘senior citizens home’, ‘home for the elderly’, ‘old people’s home’ or simply, ‘a home’.

Research Setting

The location for the study is an old people’s home or home for the elderly in Trinidad. The community is urban, lying on the outskirts of a bustling town centre within easy reach of services such as a municipal market, police station, shopping, schools and churches. The surrounding middle-income housing is comprised of one or two story houses many surrounded

by fruit trees, usually on family-owned land. The institution is a two-storey building, housing 32 residents of which eight are females, in a communal-type environment. Hospitalization or death could alter the figure. Adjoining the building is a room where church services are held. There is wheelchair access to the ground and upper level. Residents are housed in a general area, not in separate rooms - similar to hospital wards. Caregivers are on duty 24-hours with 6 staff on day duty (one for every 5 residents) and three on night duty (one for every 11 residents). Residents range in ages from 60 years to 92 years. A few residents appear to be mentally challenged. One older woman is wheelchair-bound due to the loss of both legs. The majority are not able-bodied and suffer at least one chronic disease or a disability. One male resident seems to have permission to leave the compound at will. The majority receive financial support from Government pensions. Two receive additional assistance from family.

Statement of the Problem

Persons are living longer but due to medical research, they can survive despite suffering from chronic diseases due to treatment and behaviour change options. As a consequence, long-term care is an issue of concern especially for older persons who due to familial circumstances, illness or disability need to be relocated to a home for the aged. Older persons would prefer to grow old in their own homes. The development of assisted homes is a recent growth industry internationally and locally, in response to the growing number of older persons, the disintegration of the nuclear family, and other factors outlined in the Background. A recent survey by the Division of Ageing has determined that there are 85 private geriatric homes actively operating in Trinidad (Rouse, 2012).

How do older persons adapt to this turning point in their lives - the transition from the family home to institutional care? Leaving the family home is often a life-changing event in the life of an older person, particularly because the events leading to institutionalization evolve from a number of decisions which can be emotionally, psychologically and financially stressful for both the older person and their family. "Late life is a time of *multiple transitions*. Retirement, loss of spouse and friends, relocation or a new living situation, and the advent of chronic illness or frailty" (Schumacher, Jones & Meleis, 1999, p. 2) – all unpredictable and not necessarily occurring sequentially – can signal a period of disequilibrium, a sense of loss and meaning, and a period of 'forced' adaptation, ironically, at an age when there is a reduction biologically in our capacity to adapt (Rose, 2009).

Transition can be categorized as developmental, situational or related to health and illness (Schumacher, Jones & Meleis, 1999). New strategies are needed to adapt to: loss of independence, changes in routine daily activities, managing finances, maintaining health, developing new skills, roles and relationships – leading to considerable distress for older persons and their families, in particular, if there is resistance to the transition. Modifying, redefining, restructuring – all terms which define a healthy transition. This is the outcome that families pray for when their loved one *must* live in a 'home'. The undesirable alternative is the unhealthy transition which could make the elderly vulnerable - often manifesting itself in declining health and eventually, death.

Also of concern is that the segment of older persons classified as the 'oldest-old' (UN, 2002), has been found to have an average growth rate twice that of those over 60 years. "Moreover, the proportion of those older than 80 is projected to increase almost fourfold over the

next 50 years to 4.1% in 2050” (Gwozdz & Souza-Poza, 2010, p. 397). The current average is 3.8%. In this regard, greater research focus is needed for this segment of older persons.

Purpose of the Study

How can we help the older person in transition to adapt to the change with a positive health outcome? Bornat and Walmsley (2008) postulated that knowing about someone’s past life, can influence patient care. Therefore, by gaining a deep understanding of their life course, documenting the circumstances of their childhood, working/professional life, roles as wife and mother, husband and father and as a retiree. “Biographical methods are increasingly recognized as making a positive contribution to research and practice in health and social care” (Bornat & Walmsley, 2008, p. 2).

Using this approach, this study will focus on the perspectives of a spry 82-year old female resident of a ‘home’ in Trinidad for the past 12 years. Using a purposive sample, this older person was selected not only because of her willingness to participate but also her ability to recount facts and emotions with an unusual degree of accuracy which is maintained over time.

This study will hopefully be a tribute to an older person who has lived a life that we know little about and through her perspectives and stories we will appreciate older persons much more.

Overarching Research Question

What are the perspectives on the transition from family home to life in an institution as experienced by an older person?

Sub-Questions:

1. What circumstances and life events lead to the decision for the older person to live in an institution?
2. How has the older person adapted to life in the 'home'?
3. How, if at all, has the older person redefined or maintained aspects of her former life since being in the 'home'?

All three questions will be operationalized in the study.

Significance of the Study

It is hoped that the findings of this study will contribute to the development of strategies and interventions to better care for older persons. It is hoped that it will contribute to a greater insight into the significance of relocation (post-transition) from the family home to institutional care and will lead to a more in-depth understanding of this transition point in the life of the older person which can be physically, emotionally and psychologically stressful.

Justification for the Study

There is a paucity of research on relocation and transition from the family home to an institution in the Caribbean and locally, through the 'voices' of the older persons. Another reason for this research is that the local aging population, being predominantly female (due to women's higher life expectancy) justifies focus on their long-term care as widows and without male partners and consequently, more and more older females are being relocated to homes for older persons.

Limitations and Delimitation

Limitations

Because a private space was not available for the interviewing process or even during informal ‘chats’, there were unavoidable distractions. I do not believe that this was a serious handicap to data gathering. The participant was guarded at times with her responses if there were caregivers or family members of the owner of the ‘home’ within earshot. Unfortunately, access to other informants such as family members was not possible.

Delimitation

The research was limited to the perspectives of one older person (female).

Summary

This chapter highlighted the issues relevant to population ageing in the international, regional and local environments. ‘Transition’ was defined and classified to give the reader a clearer understanding of its importance in the life of an older person. The research setting, problem statement, and purpose were described to frame the context for the research questions to be addressed.

CHAPTER 2

LITERATURE REVIEW

Introduction

This chapter reviews the literature relevant to the late-life residential relocation beginning with issues surrounding ageing and implications for wellness of older persons. This is followed by aspects of care-giving, definition and nomenclature of long-term care facilities, local historical details, how they vary, and attempts at legal regulation. Some of the psycho-social theories underpinning human development and ageing are explored, the impact of transition on the older person as they adapt and adjust to the institution and its impact on their morbidity and mortality, post-transition. Finally, biography as research is examined.

Ageing and Wellness

Youthfulness has always been prized. Billions are made by cosmetic manufacturers who prey on the fear of aging. It is the basis for enormous profits – the result of marketing the ‘feminine ideal’ with anti-aging creams, hair colour, cosmetic surgery and extreme diets. For researchers and those interested in the deeper meaning of ageing, the declaration of 1999 as the International Year of Older Persons (WHO, 1999) was cause for celebration and a paradigm shift. It “...confirmed ageing as a developmental issue and not simply a social service issue” (Eldemire-Shearer, 2008, p. 582). Further, it signalled the acceptance and adoption of terms such as ‘active ageing’ and ‘healthy ageing’. The researchers Cloos, Allen, Alvarado, Zunzunegui, Simeon & Eldemire-Shearer (2012) use the WHO (2002) definition of ‘active ageing’ as being “the process of optimizing opportunities for health, participation and security in order to enhance

quality of life as people age” (p. 80). This concept encompasses multiple dimensions of health – the physical, social, and mental, in a world where currently every one in nine persons is aged 60 years and over. This is projected to increase to one in five persons by 2050 (UNFAP & HelpAge Int., 2012). Whether a challenge or a celebration, population ageing cannot be ignored in the 21st century. Schumacher, Jones and Meleis (1999) take a philosophical view stating that “Growing old is not an event. There is not a particular day or a certain birthday that marks a person as old. Growing old is a process of gains and losses that takes time” (p.1).

Generally, the term ‘aged’ conjures images of being frail, in poor health, suffering with one or more chronic diseases and dependant. “Aging equals decline” (Chisholm, 2008, p.v). Poor health is not just a burden for the older person, lowering their quality of life, but places added financial stress on families and economies. “The main health challenges for older people are non-communicable diseases” (WHO, 2012, p. 6) - with stroke, heart disease, visual impairment, hearing loss and dementia posing the greatest burdens. In the Caribbean, hypertension, diabetes, and heart disease, and stroke are the main causes of morbidity and mortality in Trinidad and Jamaica (Rawlins, Simeon, Ramdath & Chadee, 2008; Rawlins, 2010a; Eldemire-Shearer, 2008). It is this physical and economic dependence caused by disability or disease which puts a strain on familial relationships and threatens their quality of life, making them vulnerable to abuse and living their final years without the dignity to which they are entitled.

The health status of older persons also has implications that go beyond the physical. If social engagement is hindered then psychological health can be harmed, which in turn affects physical health. There is evidence “...that good social relationships improve longevity, prevent disability and depression and maintain cognitive function in old age” (Cloos et al., 2012, p. 96).

With this in mind, support for programmes which provide the environment for social interaction such as the ‘Senior Citizens Centres’ need to be expanded in size and number beyond the eight(8) currently existing in Trinidad and Tobago. As a practical aspect of this Health Promotion Masters, field trips in August 2012 to three community-based centres for older persons in Valencia, Macoya and Cumana demonstrated the inadequacy of the facilities to accommodate the present and moroso, the projected number of older persons at the community level, in terms of physical space, staffing and facilities for educational activities, counselling and physical activity. In 2012, the number of persons in Trinidad 60 years and over, represented 11.3 % of the population or 152,000 persons. In 2050, the increase is projected to be three-fold or 31.6%. This means that over 400,000 persons will exit the national workforce, may have one or more chronic conditions and possibly need assisted long-term care. Requiring even greater levels of care in 2050 will be the 78,000 persons, 80 years and over (UNFPA & HelpAge Int, 2012).

We tend to think of older persons as one homogenous group – one of the myths ‘exploded’ by the WHO. Ageing can take place in unique ways - depending on gender, ethnicity and culture, whether from an industrialized or developing country, urban or rural, life skills and experiences, educational background and income, familial and social networks, biological characteristics and disease experiences (WHO, 2012). With its mix of social, cultural, demographic, education and economic conditions, the Caribbean exemplifies the variance in the ageing experience. Added to this, is the level of expenditure on health, the dubious quality of the public health service, and inefficient user-*un*friendly support systems. Jamaica, well ahead of its CARICOM partners, established a National Council on Ageing in 1976 and in 1997, the Jamaica National Policy on Ageing was tabled in Parliament (Eldemire-Shearer, 2008). In 1999, CARICOM adopted the ‘Caribbean Regional Charter on Ageing and Health’ and in its wake,

Trinidad and Tobago formulated a ‘National Policy on Ageing’ four years later (Cloos et al., 2012).

In terms of definitive action, it is unfortunate that 14 years since the declaration of the 1999 Charter and 20 years since the adoption of the Caribbean Charter on Health Promotion (1993), little has changed in terms of a comprehensive, multi-sectoral response to the present and growing needs of the ageing population. A study of ageing issues with 31 focus groups in six Caribbean countries including the Bahamas, Barbados, Guyana, Jamaica, Suriname and Trinidad and Tobago, suggested that “across the six countries, health and social services do not cater for the special needs of elders, particularly as regards access, attention and assistance”(Cloos et al., 2012, p. 89).

Care-giving and Homes for Older Persons

Older persons have special needs and requirements. In traditional societies, particularly in Asia and Africa, it is accepted that older persons will be cared for by younger generations of family members. Hayton (2012) reported that among the 50,000 100-year olds living on mainland China, a celebrated centenarian couple, both born on 28 December 1912, live with *three* generations of extended family, contradicting the Kaplan and Lukas (2004) statement that “it is not easy for friends and family to be caregivers” (p. 123). The latter conducted their study in a ‘developed’ society where the term ‘caregiver burnout’ was coined to describe the physical and mental toll, coupled with the guilt, resentment and fatigue, which can combine to motivate caregivers to choose the only other option – institutional care.

A review of the literature indicates that ‘institutional care giving’ has been described in terms such as: assisted living, almshouses, aged care, eldercare, adult day care, nursing homes,

hospice care, and home care. As a first option, older persons would prefer to 'age in place'. 'Homes' are an undesirable option. The move becomes necessary when older persons require assistance with mobility and the basics of daily living. Sadly, the family may be unable to provide the 24-hour monitoring needed because they are disabled (for example, amputation or blindness), or chronically ill with heart disease affecting their cognitive function. Assisted living is described as "a type of long-term care facility for elderly or disabled people who are able to get around on their own but who may need help with some activities of daily living....." (<http://www.medterms.com>). This aptly describes the research setting.

The link between increased longevity and the increased risk and/or need for institutional care has not translated to a drastic shift in national or international policies to accommodate the aging 'baby boomers'. In the USA, 6 million persons may require assisted living facilities when they reach 65 in 2030 (Stucki & Mulvey, 2000). On the other hand, the researchers predicted that the growth of 'homes' may decline in favour of personal care attendants or home health aides due to the advancement of technological aids and modifications such as grab bars and wheel-chair access in private homes, allowing many older persons the option of 'ageing in place'.

The 2010 survey, by the Division of Ageing, Ministry of the People and Social Development (R. Amour, personal communication, 03 January 2013) revealed that 83 homes were listed as operational. Ministry of Health registration is mandatory. Of the 83, nine in Trinidad were Government-assisted with residents paying \$300-\$500 per month while the two in Tobago were privately-run. There is no legislation which provides a framework for monitoring the operations of these 'homes' and unfortunately, the Homes for Older Persons Bill (Act 20,

2007) has not been proclaimed in law to date. In contrast, the Chinese Parliament has passed a law obliging families to visit and care for elderly relatives (Hayton, 2012). In 2004, the Assisted Living Law was passed in New York State (US) requiring licensure for all such state institutions (LTCCC, 2012).

Historically, government-assisted institutions that offer care for aged, infirm and indigent persons, opened their doors in Trinidad around 1860 with an ‘almshouse’ in Woodbrook with 56 residents. According to the historian, A. Bissessarsingh (personal communication, 15 January 2013), another ‘House of Refuge’ existed in St. Clair in 1878 but closed in 1901. Also government-run, it accommodated 190 ‘incurables and aged and infirm paupers’. Notably, the institution was staffed with 11 nurses and the wards were described as clean and well kept. More recently, the St. James House of Refuge, an architecturally historical building opened in 1929 but no data were found for its operations after 1970. The researcher notes that the residents in these ‘homes’ shared certain characteristics – being elderly, stricken with illness or disability and limited financial resources. One can assume that at that time, they were viewed as mere shelters and did little for the psychological and social needs of the residents.

The type and quality of care provided in institutions in Trinidad and Tobago is variable and can be but not always, finance-determined. Generally, the ‘homes’ are residential and cater for long-term stays. Medical needs are contracted out to a qualified doctor, retired nurses or physical therapists ‘on call’. Caregivers may or may not be trained to dispense daily medication. Sleeping arrangements vary in quality from ‘hospital ward-like’ arrangements as in the research setting, to individual rooms where residents enjoy their own space and the familiarity of being surrounded by some of their personal belongings, as witnessed in a home in South Trinidad.

Meals are provided but may not meet the individual dietary requirements of the resident.

Generally, the general perception is that ‘homes’ are characterized by a pervading scent of urine and other unpleasant odours and elder abuse is not an unusual occurrence. In a letter to the Trinidad Guardian (2012), a geriatric home in Port of Spain was accused of indifference to the needs of a resident who was stricken with diabetes, hypertension, dementia, heart disease and blindness. His diet was not customized to his health status, his medication was incorrectly administered and basic monitoring equipment such as a glucose meter and blood pressure kit were unavailable. The home accommodated more than 30 patients and charged a monthly fee of TT\$3,000.

But, it is not all negative. Though restrictive, ‘homes’ provide some measure of companionship and interaction with persons of the same age and similar personal circumstances. Many older persons complain of ‘loneliness’ especially if they are widowed, live in an ‘empty nest’ and suffer impaired cognitive ability which limits their ability to be socially active. Labelled the ‘hidden killer of the elderly’, Hope (2011) writes in the Daily Mail about the UK ‘Campaign to End Loneliness’ and create better awareness of its “pernicious impact” on older people (p.11). Deemed a health risk, researchers believe that it increases the chances of depression and Alzheimer’s. The Trinidad survey of 845 older persons (Rawlins, Simeon, Ramdath & Chadee, 2008) revealed that 33% indicated feelings of ‘loneliness’ essentially because “their relatives were reported to be uncaring or did not have the time for them” (p. 504). In the pursuit to ensure the health and wellbeing of the older population, loneliness is often overlooked however, and because it can have serious health consequences, it was recently reframed as a health issue (Hunter, 2012).

Aging Theories

It would be worthwhile to look at the psycho-sociological theories of adult development and ageing that are useful in understanding the phenomenon of aging. One of the most influential in the field of gerontology but half a century later, is still the subject of intellectual controversy, is the Disengagement Theory of Aging. In their book *Growing Old*, Cumming and Henry (1961), cited Achenbaum & Bengtson (1994, p.758) who argued that “aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system”. Drawing from our own aging process, our life-roles change while some are relinquished - evolving from worker to retiree, parent to grandparent, nest builder to empty nester, wife/husband to widow/widower – ‘downsizing’ in professional and social interaction. Opponents of this theory however, point to the acceptance of older males in politics, and in science. For example, John Glenn, the astronaut was 77 years when he went into space for the second time (WHO, 2012). Older females are not engaged in the same way.

Another model in the aging process is the activity theory. This theory is grounded in the assumption that “optimal development for the aging individual is positively related to staying active and resisting withdrawal from the environment and social relationships” (Jungers, 2007, p. 26). In other words, there is a positive correlation between keeping active and aging well. In her review of the origins of the theory, Washington (1981) notes that the theory was first proposed by Havighurst and Albrecht in 1953 then further refined by Havighurst in 1961. Washington explained that apart from biological changes, older persons have the same social and psychological needs as they did when middle-aged and advocated that the ‘disengaged’ roles should be replaced by others, for example, doing more voluntary work.

The Continuity Theory of normal aging, proposed by Robert Atchley in 1971, purports that older adults try to maintain the same behaviours, interests, activities and relationships as they did in their earlier years. They do this by “adapting strategies that are connected to their past experiences” (Atchley, 1989). For example, the researcher has noted that for older adults, particularly females, regular attendance at a religious institution is not only a form of spiritual grounding but an important facet of their social calendar.

Transition

Schumacher, Jones and Meleis (1999) investigated the effect of transition on older persons with particular reference to “relocation to a new living situation”(p. 2). Since multiple transitions - retirement, chronic illness or disability, loss of spouse – are a normal part of aging, the impact of this additional transition in living arrangements (whether voluntary or involuntary) can be mortally negative for the older person. The impact is embodied in the use of words such as ‘disequilibrium’, ‘upheaval’, ‘sense of loss’, ‘anger’, ‘anxiety’ and ‘emotional distress’. Many described the move as “upsetting and chaotic” (Capezuti, Boltz & Renz, 2004). In nursing practice, this confusing period is referred to as ‘Relocation Stress Syndrome’ – the “negative effects as a result of transfer from one environment to another” (p.400). The WHO has classified housing as a determinant of health and well-being (WHO, 2013), therefore, any change in the living conditions of an older person could in the extreme, manifest itself in declining health and eventually, death.

The impact of the adjustment is dependent on personal characteristics, health status, socioeconomic status and sociocultural values. As cited in Glanz, Rimer and Viswanath (2008), Bandura’s (1997) concept of self-efficacy was defined as: the confidence that one has the

capability to master new experiences. The move to the ‘home’ is a new experience but if not viewed as a ‘death sentence’, the older person is likely to thrive in the new environment. Further, the risk of institutionalization is greatly influenced by health and socioeconomic conditions.

“Health conditions associated with functional difficulties were major determinants of institutionalization” (Martikainen, Nihtila, & Moustgaard, 2008, p. 99) – the findings of one of the few longitudinal studies (5 years) with over 250,000 Finns 65 years and older. The risk of having to relocate is further increased by low income and education, decreased ability to perform daily activities, death of a spouse or primary caregiver and diminished cognition (Walker, Curry & Hogstel, 2007).

Different environments with respect to sociocultural values reflect different transition perspectives. The American society illustrates typical western values in contrast to the eastern values of the Chinese. For the latter, living and eating together in a communal environment, sharing common facilities and small spaces is the norm for the Chinese family. Collectivism rather than individualism is encouraged (Lee, Woo & Mackenzie, 2002). It is not unusual to have three generations living together in one house in China (Hayton, 2012). Older persons in this culture consider a ‘home’ as “an opening the door to a better and secure living environment where basic care can be guaranteed” (p. 673). Conversely, the ‘American Dream’ is a national ethos that embodies such elements as freedom, prosperity and wealth. Living independently away from one’s family is viewed as a ‘rite of passage’ for teenagers. With that view transcending into old age, older persons in the USA believe they must live apart and not be a burden to their families. This means that any loss of control, privacy and autonomy (integral to health) would be resisted. The negativity and disdain is summed up by a resident of a ‘home’ in mid-west USA - “Of course no one would ever want to end up in a place like this” (Kahn, 1999).

Biography as Research

There is growing appreciation for this research approach when it is important to capture the perspectives of participants, especially involving persons who represent a sector of society who have been marginalized, as they leave the world of work and are less socially interactive. Aptly described by the local saying: ‘out of sight, out of mind’ - older persons can be easily forgotten, but the biographical approach can ensure a lasting record of their stories. “First-hand accounts and testimonies of older persons help to ensure that the perspectives of the older population are better understood and acted upon” (UNFPA & HelpAge, p.11).

Denzin’s (1989a) approach to biography is described as a writer seeking to relate and inscribe the stories of others (as cited in Creswell, 2007). This study seeks to capture the stories of an older person as captured by the researcher. Denzin (1989a) names the approach an ‘interpretive biography’. In this regard, the purpose of this study is not simply a recording of her life stories but the researcher’s interpretation of the participant’s perspectives focusing on that critical turning point in her life - the relocation to an institution.

The idea of documenting and understanding an important transition in a person’s life is supported by Plummer (2001), who has been given credit for re-energizing the biographic tradition and its acceptance in mainstream social sciences. Plummer defends his belief that biographic research such as life histories are underpinned by ‘critical humanism’ – two of the five criteria being the naturalistic “intimate familiarity” with the experience and the researcher’s self-awareness (p. 14). This study meets those criteria and another - paying tribute to ‘human subjectivity’ - as biases and values of the researcher and participant, are acknowledged in the axiological assumption.

It is well known that older persons enjoy reminiscing about their past. At some time in our lives, we have all listened (voluntarily or involuntarily) to ‘old people stories’. Tornstam (1996) labels the final stage of older lives as ‘gerotranscendence’ (as cited in Welsh, Moore & Getzlaf, 2012), giving the impression that older persons are moving to another period of their lives without the burdens and limitations of youth and early adulthood. The term aligns with the thoughts of death which are ever-present. Additionally, the significance of their life history takes on a new meaning, as time and wisdom are woven into their reminiscences. It has been found that relating the past can bring a greater sense of self-esteem, self-worth and meaning to the present existence of older persons. Welsh et al. are of the view that this ‘return to the past’ is particularly significant when we take into account the losses and transitions which they have experienced and which may have eroded their sense of identity and autonomy. To understand deeply and place the elderly lady’s perspectives on her re-location in context, the past represents a ‘window’ into her life. Using biographical methods – listening, recording and communicating her ‘stories’ are pathways to the essence of what the transition truly meant to her. Additionally, it has been shown that this type of reminiscing can enhance their self-image, dignity and self-respect and potentially improve their ability “to find meaning in everyday existence” (Welsh et al., p. 193).

Bornat and Walmsley (2008) in their debate on whether biography empowers or simply appropriates stories for professional interest, nine authors were cited supporting the idea that “knowing about someone’s past life, it is argued, can point the way for better patient care” (p. 3). Though the debate continues in the research arena, Bornat and Walmsley concluded that though not necessarily empowering, biographical approaches make a positive contribution to therapeutic interventions and health training, and can also “enlighten and change awareness” (p.12). Though

the researcher must admit that the stories of the older person in this study were ‘appropriated’ to contribute to academic achievement in the form of this study – it is hoped that the interactions and conversations contributed in some small way, meaning and value to her life.

Over the last decade, biography has been appreciated as an approach which enables a deeper understanding of the lived experiences of older persons - both from the aspect of listening and writing - and is being used both as therapy for the older person - as lessons in more sensitive and compassionate geriatric care, and in nursing education (Clarke, 2000; Breen, 2009; Tanner, 2011; Spilsbury, Brownlow, Linklater & Barr, 2011). “The process of gathering stories from older people appeared to be therapeutic for the older person and beneficial for those who love and care for them” (Spilsbury et al., 2011, p. 3). Breen (2009) opines that biographical methods enables us to study social reality which can be re-interpreted by different researchers, contributes to more sensitive care and support policies, helps to document memories and improve self-esteem, in addition to providing a record and legacy for the “relatives, other researchers, practitioners, educators and the wider community” (ppt. presentation). Supporting the quest for further knowledge on ageing, Clarke (2000) points to the continuous need for re-interpretation, re-evaluation and re-familiarization. As an advocate of the biographical approach, Clarke asserts that it helps us to see the older person as an individual behind the ‘mask’ of ageing and provides a “better understanding into their present needs and priorities” (p. 431). Too often, the physical or mental disability or illness becomes the ‘face’ of the older person and in this way their social identity and personhood can be eroded. Recounting life stories using the biographical approach has been found to be particularly appropriate in long-term care settings such as the setting identified in this study.

The biographic method has not remained solely in the domain of research. It is being declared as “a means to celebrate, honour, affirm and validate the unique and rich lives of the elders in our community” (<http://biographyprogram.wordpress.com>). Originating in Australia, the Biography Program is a not-for-profit initiative started in 2011 to preserve history that may otherwise be lost by writing and publishing the life stories of older persons. Using technology, the legacy of the stories is being shared with not just the local community, but the world.

Summary

This chapter attempted to ‘harvest’ some of the important issues relevant to the research questions from the ‘chaff’ of literature available. In reviewing the phenomenon of ageing, ageing and wellness, care-giving in a local historical and international context, the psycho-social theories, positive and negative consequences of transition and the biographical tradition – it is hoped that apart from adding to the foundation for this study, many of the reader’s stereotypical assumptions would be challenged.

CHAPTER 3

METHODOLOGY

Introduction

This chapter describes the appropriateness of the biographic approach for exploring the lived experiences of an older person (female) relocated from her family home to an institution, the philosophical underpinnings to this approach, and how older persons played a significant part in the researcher's educational and social background - providing the 'root' for the germination of the research topic. The selection of the participant, in-depth interviewing as data collection, and the data analysis procedure, are also outlined. Ethical considerations are critical to any research. The researcher's efforts to ensure that this study was conducted with 'due diligence' in terms of ethical issues and the procedures implemented, are also described as are issues of trustworthiness. Finally, limitations and delimitations are addressed.

The Research Approach

This study is a search for understanding - what the relocation meant to the participant in the context of her familial, economic and health challenges. It is the exploration of both a human and social problem which if ignored, can have dire consequences for the older person concerned but if acknowledged, can have important implications for the provision of gerontological care.

The approach to this study is qualitative in nature. Creswell (2007) defines it as:

“...an inquiry process of understanding, based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic

picture, analyzes words, reports detailed views of the informants and conducts the study in a natural setting” (p.15).

The social and human problem being investigated in this study is how older persons adapt to the late-life transition to an institution, no longer surrounded by the love of family but in a communal setting surrounded by, and cared for by ‘strangers’. This method is suitable for this study as it focused on the unique perspectives and understanding of one person using the biographical method, to uncover memories and recollections of her past and the meanings that she gave to those experiences. For example, having lived through a momentous historical event such as World War II, has contributed to the uniqueness of her experiences. This approach to understanding individual behavior is termed ‘idiographic’. The researcher was not seeking the ‘general and universal’ but “what is unique and particular to the individual” (Manion & Morrison, 2003, p. 7).

Autobiographies tend to focus on the ‘rich and famous’ often neglecting those on the fringes of society such as older persons. Biographies bring to light the life stories of an ‘ordinary’ 82-year old, giving ‘voice’ to her perspectives and recording them for posterity, well past her lifetime. Biography has been hailed as a method of knowing persons and particularly in “documenting hidden histories and dialogue” (Jones, 2002, p.1)

Philosophical Underpinnings

To frame the study, the philosophical assumptions or beliefs must be considered as they speak to our understanding of knowledge (Creswell, 2007). There are many aspects to the knowledge gained in the study - the meaning that the participant makes of her own knowledge, in particular because it is being told in retrospect, that the knowledge was ‘flavoured’ with biases

and values of both the researcher and participant, and that the knowledge evolved and emerged and must be interpreted within the research context. Five philosophical assumptions give shape to the conduct of this enquiry: ontology (the nature of reality), epistemology (the nature of knowledge), axiology (values and biases), the methodological assumption (the research process) and the rhetorical issue (the language of the report).

The participant has her view of what ‘reality’ means for her while her family may have another. The caregiver’s view may bear no resemblance to either. “People make their own sense of social realities” (Tuli, 2010, p. 101). These ‘multiple realities’ or the ontological assumption helps the researcher to make meaning of the participant’s perspectives.

The nature of the relationship between the participant and the researcher was warm, respectful, open and enjoyable. It was established over months of numerous interactions (formal and informal) in the natural setting. This relationship between the knower (the participant) and what is known (the words of the participant) speaks to the epistemological assumption (Tuli, 2010), with the aim being to develop researcher/participant closeness and trust.

Researcher-bias is unavoidable in qualitative research and is openly acknowledged since the researcher not only shapes this enquiry but is shaped by it. To minimise the influence of bias, the researcher at the start of the research began a reflective journal – a ‘diary’ of thoughts, perspectives, concerns, intertwined with beliefs and values which spoke to self-scrutiny, self-awareness and self-disclosure (Lichtman, 2013). For example, I reflected that at the start of this study I assumed that older persons did not survive for long periods in ‘homes’. It was therefore revealing to discover an elderly octogenarian whose strong cognitive and mental abilities were an indication that she had adapted well to her environment as a 12-year resident. Further, the

Researcher Site, later in this chapter is a declaration of how this enquiry evolved from my personal history and experiences. During the actual telling of the stories, the researcher curbed any thoughts of interrupting or making any judgemental comments, although I did interject with self-disclosing comments as a way of encouraging the flow of the interview and connecting with the participant. The role of values and biases or axiology relates to the researcher's presence in the study - the 'filter' through which data are collected, organised and interpreted with subjectivity embodied in the interpretations and reflections (Lichtman, 2013). However, as I continued to reflect, during the research process, I have moved from a state of confusion and doubt, to tentative interpretation followed by analysis, and finally, to an expression of findings. As a private person, I have had some misgivings about disclosing myself to others by writing a report which once submitted is accessible to anyone. However, disclosing who you are to yourself can be even more frightening.

Researcher Site

The embryo of the research topic germinated before my decision to register for the Masters in Education – Health Promotion. I have always pondered about the death of aging parents of friends, family and acquaintances mere weeks after being placed in a 'home'. Curiously, their physical health did not decline but the relocation seemed to have been cathartic in a psychological and emotional way - possibly signalling in some subtle way that they represented a burden that the family caregiver(s) could no longer bear. On a personal level, my aunt, at 83 years, having lived for more than 60 years in one residence, died after only seven weeks in a 'home' - despite everyone's approval of both the physical amenities and the caring attitude of the proprietor and staff. In all cases, the older persons claimed to be comfortable and

happy in their new surroundings but my suspicion is that it is a ruse to relieve the family of guilt and embarrassment and admitting that they failed in what is considered a sacred duty to parents. Consequently, because of these personal experiences, a 'home' for me, signals the beginning of the end.

From childhood, older persons have always been a part of our family life. My mother cared for her grandmother and her father, during their 'town visits' from the rural North Coast of Trinidad – keeping track of their medical needs and financial affairs. She did the same for an elderly neighbour we 'adopted', providing lunch on Sundays which my brother and I took turns to fetch. Bedridden for a decade, 'Ma Rosa' was a fixture in our lives until our mid-twenties. She treated us like family and trusted my mother with all her financial affairs. Curiously, my brother who migrated to the USA in the 70s, similarly 'adopts' an older person wherever he resides. During secondary school, I sacrificed one lunch hour per week to provide companionship for an older person. Much later in life, living in the rural north of Ghana in the 1980s, older persons did not live alone but were integrated into the family of their married sons. According to their custom, married daughters migrated to their husbands' homes, often leaving elderly parents to fend for themselves. In such circumstances, one or two of the grandchildren resided with their grandparents, assisting with essential daily chores such the fetching of water and firewood.

To add to this foundation, I sought the views of my researcher peers. Fortunately, I was able to speak with Dr Joan Rawlins, formerly of The University of the West Indies (UWI), Faculty of Medical Sciences - mere days prior to her retirement and return to her homeland. As a public health professional and foremost Caribbean researcher on ageing issues for the past 20 years, her enthusiasm about my research topic was encouraging. She opined that the study would

benefit older persons and on a wider scale, and would be a valuable source of new knowledge to gerontological education and care for this exploding sector of the population.

Because of these varied experiences and observations, I am more sensitive to the unique needs of older persons, better able to bond with them and form trusting respectful relationships.

Selection of the Participant

Based on the criteria of time, location, people, and availability, the selection of the participant and the site represented purposeful sampling. The 'home' (the research setting) was located close to my own place of abode and easily accessible. Parking was always available and visiting hours were flexible. Because of her age and level of mobility (not-bedridden or incapacitated), the participant was readily available, however, audio-taped interviews were always pre-arranged to ensure effective time management.

The participant also fulfilled the study's criteria as they relate to the purpose of the study. Firstly, in terms of age – being 82 years old - qualified her as an older person according to the WHO definition. Secondly, her willingness to participate in the study, without duress or financial gain as evidenced by her enthusiasm to share her story. She willingly signed the letter of consent and had had the transitional experience (the lived experience) which could be recollected during interviews. Fourthly, being of 'sound mind and body', she was able to chronologically recall her life events with clarity and amazing detail for her age - before, during and after the relocation. This octegenarian resident of a 'home' in East Trinidad, proved to be an excellent choice and an 'information-rich' participant. "The assumption that the investigator wants to discover, understand and gain insight and therefore must select a sample from which the most can be learned" (Merriam, 1998, p. 61).

The stories of the participant were analysed to hopefully answer the research questions - how she adapted to this transition experience. This study sought to discover and gain insight into the qualitative realm, with no intention of using the participant's perspectives to generalize with the residents of the 'home' or in the population of older persons.

Participant Profile

The 82-year old participant celebrated her 83rd birthday on 12 May 2013. Born in 1930, she has been at the 'home' for the past 12 years, prior to which she lived with one of her daughters and son-in-law. She suffers from diabetes Type II and was blind in both eyes on entry. Miss Bubbly (pseudonym) has been twice married and twice widowed. She had six children from her first marriage but none in her late-life second marriage. Two more children resulted from two additional relationships. Sadly, she lost three children in infancy and had nine miscarriages. She spoke with great joy of her children, 32 grandchildren and 38 great-grandchildren. Though employed before she was 14 years, her literacy skills are good and she read without the aid of spectacles – the result of two surgical eye procedures. She was a natural raconteur and always enthusiastic to share her life stories. Miss Bubbly – a pseudonym which seemed to be an apt description of her personality, was used as a safeguard to ensure anonymity.

Data Collection

Audio-taped semi-structured interviews along with notes after informal 'chats' were the primary methods of data collection. Interviews were guided using a list of questions but became conversations as they flowed on the foundation of a relationship built on trust. The first formal interview was scheduled after a number of informal 'chats'. The initial list of questions served as a guide to ensure focus was maintained. This list was reviewed to facilitate more in-depth

‘probing’ on emerging issues in subsequent interactions or to seek clarification on an issue which was garbled or interrupted in some way. A private location, free from distractions was not available so it was important at times, to mitigate this by repeating the question or reminding the participant of her ‘last words’ before continuing. Repetition was at times necessary as her words could be slurred by the absence of teeth! The first interview lasted about two hours resulting in 29 pages of transcript representing direct quotations about her experiences, opinions, feelings and knowledge (Merriam, 1998).

Interviews were conducted at the ‘home’ where Miss Bubbly has resided for more than a decade. A ‘naturalistic’ approach was adopted so that she would feel comfortable and uninhibited during the interviews. A great deal of time and resources was devoted to developing a close personal relationship over a 16-month period with the participant, in order to add depth and richness to the data. Scheduled formal visits were combined with numerous informal visits. Some were timed to coincide with celebratory occasions such as her birthday, Mother’s Day and Christmas. Immersion in the setting was appropriate for this type of study and as a consequence, I became an instrument of data collection - observing gestures, body language, ‘off-hand’ comments, humour, and tone of voice, to enrich the data. Also, as an active learner I was able to glean interesting historical facts, religious beliefs, superstitions, attitudes towards ethnicity and social class, during pre- and post- World War II era.

To date, access to other informants was limited. In terms of probability, I had assumed that I would have met at least one family member on my numerous visits, as both participant and caregivers say that family visits “often”. Miss Bubbly indicated that their visits are unplanned – a

hindrance to researcher/family interaction. Caregiver interaction was limited to salutary greetings and general information concerning the institution.

During the interviews and ‘chats’, the researcher attempted to gain not just the narrative of the experience but what the experience meant to Miss Bubbly. For example – the question “Did you enjoy school?” was asked but the location of the school and number of years of attendance flowed naturally from her response. Truthfully, the ease of gathering information was facilitated by the natural characteristics of the participant - her warm friendly nature, energetic body language and her love of storytelling. This made the interview experience enjoyable and memorable.

Within the social science research arena, increasingly, there has been a move towards the stories of ‘real’ ordinary people, using interviewing to capture their ‘spoken words’. But for this study Miss Bubbly’s story, would have been hidden and lost forever. The significant increase in research using in-depth interviewing as a data collection approach has been explored by many authors including Bornat and Walmsley (2008) and Wengraf (n.d.) who have expounded on the use of biographic narrative interviews as a methodology that facilitates understanding. During the interviews, the ‘starring role’ belonged to Miss Bubbly - who held the researcher captive and enraptured with her ‘ole time’ tales, set in an era of which the researcher was ignorant of as a ‘lived experience’. The customary roles were reversed. The ‘knowledge’ belonged to the participant and the researcher was the active listener and learner.

Ethical considerations are critical to any research project and as far as possible, the researcher tried to adhere to ethical research principles. Before contact with the participant, discussions were held with the owner of the ‘home’ to ensure that issues relating to the purpose

of the study, risks and benefits, the right to withdraw, anonymity and confidentiality were explored and concerns addressed. Because of the participant's age and the possibility of diminished capability, in addition to the absence of trust (not yet established), the owner was asked to explain what was involved to the participant. 'Informed consent' letters were prepared for signing by the owner and participant (*Refer to Appendix 2a and 2b*), documenting in clear and precise language all that was previously explained including the purpose of the study; that the study intended no harm to the participant; that there were no tangible benefits, financial or 'in kind' being offered for their cooperation; and that withdrawal was an option that they could exercise at any time. The assurance was given that the participant, 'home' owner and location of the 'home' would remain anonymous (pseudonyms used). The interview recordings would remain in the possession of the researcher alone and would not be shared with third parties, avoiding any embarrassment, anxiety or suffering.

During the interviewing process, the participant was always treated with respect and courtesy. The date and time of the interviews were pre-arranged with the participant's agreement and discussion with the caregivers in an effort to reduce any sense of intrusion. There was no coercion to continue an interview if the participant showed signs of tiredness or if it ran into meal times. For example, interviews were not scheduled for Sunday afternoons as in consideration of her age, the participant would be in recovery mode from the morning church service she faithfully attended, which could last 3-4 hours. Though there was sadness in recollecting events such as the death of her parents (when she would become a bit 'teary-eyed'), no incident revealed in retrospect, resulted in emotional outbursts which caused interruptions or cessation of the interviews.

Data Analysis Procedure

Analysis of qualitative data was a continuous process which began with the commencement of data collection, and proceeded simultaneously throughout data gathering and write-up. It is an iterative process. It was this early start to analysis that informed the data collection process resulting in a reshaping of the questions being asked in follow-up interviews. In her words, her recollections, her musings – the researcher hoped that meanings would ‘percolate’. As the tradition of biography was the guiding approach, data analysis focused on stories, epiphanies and historical content embodied in the words of the 82-year old elderly female (Creswell, 2007). It must be borne in mind that not all her words hold relevance to the research questions.

Stories were gathered using semi-structured interviews centered on ‘life-course’ stages such as childhood (education and family life), adolescence (work, social and family life), early adulthood (marriage and children) and old age (sickness, disability, relocation). Analysis began with the first interview and continued throughout the study. Interviews were documented through transcripts – a tedious and at times monotonous process, aimed at capturing conversations verbatim. Very often the recordings had to be replayed several times to ensure that all the participant’s words were included in the typed transcripts. Any emotion expressed was noted within the transcript, as was any interruption.

The general principles of Wengraf’s (2004) Biographic-Narrative Interpretive Method (BNIM) were followed in an attempt to reconstruct the participant’s life decisions by exploring two flows of decisions. The first is the ‘objective life events’ such as her two marriages which were factual. This is her ‘lived life’. The second flow of decisions is in the actual telling of her

story – what was repeated, what was emphasized, what was spoken in lowered tones, what was *not* fully revealed or the participant’s decision to change the topic – in other words, the ‘told story’.

Firstly, the raw transcript data were read and re-read to familiarize the researcher with the content. “The researcher must search interview transcripts to locate ‘meaningful units’ which are small bits of text which are independently able to convey meaning” (Hale, n.d., p.207).

Annotations were made in the right margins close to any text which conveyed meaning and suitable codes recorded. Key words were underlined. Initial codes were revisited, some renamed while codes would emerge from parts of the text which at first seemed meaningless because the meaning was hidden in the tonal quality of her voice. Sometimes the actual recording needed to be replayed for this reason and the transcript read aloud to imitate the cadence of the voice of the speaker. The left column was used to note themes. In this way, an initial *list of themes* was developed encompassing themes that were repeated or overlapped. A text segment could indicate a new theme if the participant suddenly changed the topic or the manner in which it was being spoken about. For example, some topics were ‘emotion-inducing’, indicated by a change in facial expression or intonation of her voice. This represented a ‘decision by the speaker’ consciously or sub-consciously, to treat with the topic in a different way (Wengraf, 2004). The procedure was then repeated.

Emerging themes were then grouped into *categories*. Sub-themes defined the category. Themes were renamed or moved to another category. Patterns began to become apparent. At this juncture, the supporting relevant transcript data which illustrated each theme was noted so that that text segment could be easily located when needed. A total of 38 codes were reduced to six

themes comprising of 15 sub-themes which evolved into two major categories. This searching for meaning was repeated with 'field notes' gathered during informal interactions until it was felt that no more themes would emerge. Additional data were also collected as the participant always had a story to tell with 'chats' lasting as much as an hour. Field notes also recorded researcher observations, feelings and reflections after each interaction.

In the final stages of analysis, the researcher sought to identify within the categories of themes any significance or explanations which influenced the transition experience. Similar categories were grouped into seven *concepts* – '*hypotheses*' which impacted on the transition from the family home. In this way, the transcript was dissected, coded, thematically analyzed according to her 'lived life' and 'told story' to understand what the relocation meant to the participant. The resulting rich descriptive narrative has hopefully revealed new knowledge about relocation from the family home - through the 'voice' of an 82-year old.

Trustworthiness

This concept in qualitative research speaks to whether the study's findings are "worth paying attention to" (Lincoln & Guba, 1985, p. 290). Lichman (2013) also spoke to trustworthiness as the 'worth' of research which is judged by what is read in the research report. Different from issues of validity, the trustworthiness issues which demand attention in the qualitative arena are credibility, transferability, dependability and confirmability.

Credibility is a determination of if the research findings represented a believable account of the original data collected. If the findings can be applied or transferred beyond the delimitation of the study then we speak of it being transferable. Dependability is whether the data

collection and analysis processes are sound while confirmability is a measure of how well the findings were supported by the data collected.

Some of the strategies used to substantiate credibility - considered by Lincoln and Guba (1985) as one of the most important factors in establishing trustworthiness, included:

- The use of well recognized research methods in the qualitative research arena such as the procedures used in the interviewing sessions and data analysis
- Prolonged engagement in the field. Lincoln and Guba (1985) considered this essential, stating that “it is not possible to understand any phenomenon without reference to the context in which it is embedded” (p.302). Time was invested over a 16-month period, building trust and learning the unique ‘culture’ of the ‘home’. Though cognizant of the risk, I do not believe that my professional judgment was affected by the close relationship with the participant. The rich detail in the report and the incorporation of personal reflections and insights were further evidence of the duration of time in the field.
- Building trust was a time-consuming process which was attained incrementally with each interaction. The participant was then comfortable with divulging with candour, her feelings and confidences. Maintaining respect for the participant, her fellow residents in the home and the caregivers, engendered the confidence that I would ensure anonymity and honour all that was being said and observed.
- The interview transcript (*Appendix 2*) was reviewed by a project research coordinator with a masters in psychology employed with the UWI, Faculty of

Medical Sciences, who was currently engaged in a phenomenological-type study. This peer review was designed to obtain fresh perspectives, new insights and a more detached view. Moreso, I communicated closely and held discussions with my research supervisor at the UWI, School of Education, submitting each chapter for comments, revisions, close scrutiny – refining the report incrementally.

- Iterative questioning. This was a strategy used during ‘chats’ by raising matters previously raised by the participant to uncover any discrepancies and if so, asking for explanations (Shenton, 2004). Our recollections of the past are not infallible but the main points should not differ in content.
- As the instrument of data collection and analysis, researcher credibility is equally important as the research procedures employed (Alkin, Daillak & White, 1979 as cited in Shenton, 2004). In this regard, the ‘reflective journal’ monitored the researcher’s changing thought processes, reflections and misconceptions throughout the journey. Additionally, the researcher’s background and personal history divulged information relevant to this gerontological experience.

To address transferability, the detailed report and appendices are available for access by another researcher who may want to follow the procedures of this study in another setting or repeat the study. Since all data are defined by the specific context, this report contains details of both the research setting and the phenomenon being explored to enable another practitioner to conduct a study in another ‘home’.

Credibility and dependability are closely linked. The processes described in the research approach, data gathering, analysis and researcher reflection would enable another researcher to repeat the study, but the results will not necessarily be the same. “The concept of confirmability is the qualitative investigator’s comparable concern to objectivity” (Shenton, 2004, p. 72). In other words, from start to finish, it should be clear to the reader that the report adequately described both the ‘methodological’ and ‘theoretical’ footprints taken throughout the study in addition to, rigour and trustworthiness reflected in every step.

Limitations and Delimitation

Because a private space was not available for the interviewing process or even during informal ‘chats’, there were unavoidable distractions. I do not believe that this was a serious handicap to data gathering. The participant was guarded at times with her responses if there were caregivers or family members of the owner of the ‘home’ within earshot. Unfortunately, access to other informants such as family members was not possible.

The study was delimited to the perspectives of one female resident of the institution.

Summary

This chapter spoke to biography as the chosen methodological approach for this study and the steps that ensured that sound methodological practices were implemented. Philosophical underpinnings were described, as were strategies to reduce researcher bias. The Researcher Site was a synopsis of the researcher’s socialisation and lived experiences relevant to the conceptualization of the research topic, followed by participant selection and a brief participant profile. Data collection including ethical procedures and the safeguards employed, were outlined,

in addition to, the challenges encountered during data gathering and the procedure used in the data analysis. Issues of trustworthiness and its importance in the research process were discussed. Limitations not previously foreseen and the delimitation were stated.

CHAPTER 4

DATA ANALYSIS AND PRESENTATION OF FINDINGS

Introduction

This chapter seeks to discover the essence of the transitional experience through a search for *meaning* in the words of an 82-year old female. This hermeneutic approach is a way of trying to understand the textual data gathered during interviews and informal ‘chats’. Interpretation is “an act of imagination and logic” (Peshkin, 2000, p. 9). Researcher assumptions about the interpretive process are stated in an effort to bring the researcher’s own passions into the process. The interpretive process was informed by Wengraf’s (2004) Biographic-Narrative Interpretative Method (BNIM) – a methodology for exploring lived-experiences through biographic narrative interviews. The *two flows* of life events – firstly, the objective events or factual occurrences are described chronologically and secondly, the ‘told story’ which speaks to her ‘reality’ or perspectives and their bearing on the research topic. Interpretive codes or labels assigned to units of data were quoted to affirm the researcher’s personal understanding of the issue being explored and was achieved by immersing oneself in the data and allowing themes to emerge. The themes and sub-themes were divided into categories of meaning, getting to the ‘heart’ of what the transition meant to the elderly person’s life.

Researcher Assumptions

The assumptions that underpin my interpretation of the data are concisely declared by Peshkin (2000). Firstly, during the interpretive process, the researcher is subjective in that I decide which bit of text to use that I consider more relevant than another and which may have

more meaning than another. He contended that interpretation began when my questions and ideas merged - resulting in the conceptualisation of this study and this is reflected in the guiding questions during the interview process. Secondly, where do I look to see 'the lived experience' that I seek? The particular research setting was a conscious choice to situate the study where I deemed 'suitable' and 'information-rich'. Thirdly, in light of the phenomenon being investigated, I made the 'judgement call' on what data to collect which would illuminate the research questions. Fourthly, what is written is not the sum total of all that could be written, so that I selected the text which I believed best affirmed the phenomenon of interest. Lastly, "other interpretations, other meanings and understandings are imaginable" (Peshkin, 2000, p. 9). Indeed, no researcher can have the 'holy grail' on a particular research topic but to allow public scrutiny and discourse, all aspects of the conduct of this study were documented as truthfully as possible. With these five assumptions in mind, the findings of this study are presented, in a broader sense, unfinished and incomplete, hopefully to inspire others.

Objective Life Events

Ms Bubbly was 82 years old when we were first introduced and she willingly agreed to participate in this study. Her 83rd birthday was celebrated on 12 May 2013. She is the illegitimate daughter of working class parents and the older of two girls. Her mother, born on 04 November 1912, was a factory worker and her father, a low-level white-collar worker. She is the last surviving member of the immediate family. Born in 1930 in an urban area in west Trinidad, close to the capital, she is of African descent and attended school until just over 13 years old, leaving her education to work in the same factory as her mother for TT\$0.64/day. Despite her interrupted education, she is literate and reads and writes with ease. She has spent all her life as an adult living in various low-income urban areas, at times on 'squatter' lands. A mother at 19 years, she

has eight living children sired by three fathers but sadly, has buried four more who died in infancy. She has experienced nine miscarriages. Her first marriage was in 1950. She has outlived two husbands and has 32 grandchildren and 38 great-grandchildren. Blind and diabetic, she became a resident of the institution for older persons on 17 October 2000 at the age of 70 years.

The ‘Told’ Story

The themes and sub-themes were divided into two broad categories: (i) the experiences of becoming a resident in the new ‘home’ including precipitating factors leading to placement in the ‘home’, support from family members/friends and the type of welcome she received on entering the home from the owner, the caregivers and the other residents (ii) the participant’s perspectives on the transition including her feelings about the new ‘home’, the personal losses suffered and gains, in addition to how her adaptive skills and coping mechanisms contributed to a positive aging experience.

Research Question 1: What circumstances and life events lead to the decision for the older person to live in an institution?

Precipitating Factors

These factors show the circumstances and life events which lead to Miss Bubbly’s late-life transition to the ‘home’. She recounts, “my eyes were open but I still not seeing nobody”. She was blind in both eyes and as a consequence, her mobility was limited and she required assistance with self-care. “The eldest daughter – she use to care for me. She use to see ‘bout meh as I blind”, she stated. Her son-in-law was not employed so he cared for her while her daughter

was at work. She did not use her blindness as an excuse to be helpless and continued to adapt to her situation despite the grave challenge. “I get accustomed now, I used to count the steps and walk down”, she says, “he (the son-in-law) would hand me a towel and lead me to the bathroom, and I would just open the door and go in”. She was proud of still being able to perform her own daily ablutions. Apart from pregnancy, she did not have a previous confinement experience in a nursing home or hospital.

Another strong catalyst for the move, was her daughter’s overseas travel plans. She would be away for six or seven months. However, when she told Miss Bubbly, the shock and grief she expressed seemed to indicate that going to a ‘home’ was not an option that was discussed or expected. When she was informed of the daughter’s decision, she was devastated and recalled the daughter’s brash approach:

You want to know what I (the daughter) doing with you? I putting you in a ‘home’.

I(Miss Bubbly) wet down my pillow that night, I cried so much, I never stop crying until two o’clock I hear the clock strike. I thinking.... at this age I going in a ‘home’.

The option of staying with one of her other seven children was rationalised in this way: “They say everybody working and they not going to leave me home by myself”. Despite this reasoning, Miss Bubbly felt a sense of betrayal. She was not consulted and moreover, when she realised that all her clothes and documents had already been transferred to the ‘home’. Ironically, when an opportunity came for her to return to the daughter’s house after her travels, she seemed reluctant. “You think they would want a blind mother?”, she pondered - not wanting to be a burden to anyone. It is possible that sub-consciously, the past physical abuse suffered at the hands of the same daughter when “she took me and pelt me in the bedroom and I hit my head on the concrete

inside across the bed” - may have been the de-motivating factor for accepting the invitation to return to the daughter’s abode.

Research Question 2: How has the older person adapted to life in the ‘home’?

Social Support

On the day of her move to the ‘home’, three of her children accompanied her. Her clothes but not furniture were moved the weekend before that fateful Tuesday. She remembered her son crying on parting. Apart from her children’s support, Miss Bubbly was fortunate to encounter a ‘compadre’ from her old neighbourhood who was already a resident and also blind. She described their relationship prior to being fellow residents. “We all make children together, go to Clinic together, work together and she was here (at the home) already!”. This was a great source of comfort and companionship. Sadly, her friend has since died but this redefined friendship helped her to regain a connection to her former life.

In time, her former neighbours and friends visited her at the ‘home’. These were significant visits as they demonstrated support from her social circle - bringing news and ‘gossip’ from her former community and acquaintances. Most of those persons have since died or are incapacitated, therefore unable to visit. Presently, only members of her large family drop by.

The ‘Home’

The ‘home’ was a basic two-storey structure with a small outdoor area and ramp for wheelchair access. The facilities were very basic with an open area which served as living room

for watching television, an office desk for the caregivers and communal sleeping quarters for women. Men were housed communally upstairs or downstairs depending on their health status. Residents were prohibited from entering the kitchen to eliminate the possibility of accidents or injury. I was not given access beyond the outdoor porch which could only accommodate about six persons sitting side by side – a quarter of the residents.

Reflecting on Miss Bubbly's life, there were very few luxuries. During her childhood and as an adult, estranged from her first husband, the living quarters often consisted of one rented room. She related the hardship of fetching water sourced from a public faucet or 'standpipe', up and down the hillside squatter settlement where she lived. "I had to tote it. I used to go down the road and ketch water and if they didn't have, go up the hill by my deceased friend". It meant that the 'home', with running water, electricity, and the provision of meals, was not an insurmountable shift from the conditions in her previous living arrangements.

The Supervisor at the 'home' was her daughter's godmother or 'macomeh' and undoubtedly ensured that Miss Bubbly was made comfortable. Having adapted to the physical challenges in her daughter's home, once settled in, she asked the caregivers to demonstrate the layout of the 'home'. "I go to the bathroom by myself. Five steps here then cross, then six steps before I reach the door". Eventually, she was capable enough to assist her blind neighbour-friend. The owner's witticism was, "The blind leading the blind". In spite of her disability, she continued to care for others, finding new purpose by helping others. This demonstrated how Miss Bubbly had adapted to life in the 'home', refusing to be defeated by her 'changed' circumstances.

Feelings About The New Home

When she first entered the 'home', for the next couple of days, she was in a state of shock - being informed of the pending move only five days before, her mind had not quite adjusted to the shift. "I felt funny. I had always lived in my own house or with family". After the initial feelings of anger towards her daughter, she rapidly came to the realisation that she needed the 24-hour care that the 'home' provided.

After 12 years, Ms Bubbly says she is not happy but had come to accept over time that her family had not abandoned her. "I don't feel so good. Up to now, they taking my clothes" – indicating some sense of insecurity about her personal belongings. The suspicion of pilfering at the 'home' was mentioned twice more. Her request for a bag with a padlock to store her personal items confirmed that this was a real concern. Though she admitted to being comfortable, in the very next sentence in the dialogue, in whispered tones, she stated "I have to pretend". She was making the best of her situation. However, her sudden change of topic indicated that she was ill at ease with the subject or cognizant of the presence of other residents or caregivers when making statements about the 'home', she always spoke in lowered tones. Still, she has remained optimistic. She projected her mind to the future, always living in anticipation of an event. She predicted the duration of her life. "Ah feel I will live to 91".

Research Question 3: How, if at all, has the older person redefined or maintained aspects of her former life since being in the 'home'?

Personal Losses and Gains

Though she has adapted to the confinement of the 'home', her greatest loss is her independence. "To do what you want, when you want". Being told when to eat, when to rest, when to bathe – feels sometimes as if she is being treated like a child but she has complied with the rules, not wanting to have any complaints relayed to her children. For a woman who 'stepped' into adulthood at 13 years, this loss of autonomy was her greatest sorrow. During the final 'chat' she was adamant that one day, she would live long enough to own her own home again – even if it was just one room. The physical possessions such as furniture were distributed among her family and did not seem to hold any great importance for her. However, simply having a space to call her own - was. She had recovered some semblance of independence with her renewed sight (in one eye only), renewed mobility and independence – reading the newspaper and washing her own clothes. This has made up partly for the loss of independence as she was able to play a greater role in her own self-care as she did before being afflicted. This redefinition of her former self surely contributed to her self-esteem and self-worth.

Her social calendar has been more active at the 'home' than her previous dwelling. The family members who were reluctant to visit her in her daughter's house because of familial animosity were now free to visit her more frequently. She was invited not only to family functions but also events organised by her children's workplaces, for example Christmas parties, and events for older persons. She attended two churches, both non-secular and was active in church-related social activities as time and availability of carriage would allow. One church she

attended more regularly about four miles away and one which adjoined the ‘home’. Some Sundays, she attended service in both churches – one in the morning and another in the afternoon.

Adapting and Coping – Beliefs, Attitudes and Actions

A pivotal factor in Miss Bubbly’s life is her *spiritual anchor*. Her faith was expressed in words and actions. From the start of the interview, there were spiritual references in the first sentence uttered when asked about her state of wellbeing, she said “All right, thank the Lord” and again, her daughter’s birth on “29th June – St. Peter’s Day”, was linked to a Catholic saint. The strength of her faith was used in positive references (“I does pray for you all the time”) or in circumstances where God’s intervention was called upon to smite her transgressors. In her view, her prayers were answered when an immoral abusive friend of her husband’s was struck down, as she predicted because he would not mend his ways. She once suggested to me that Psalms 35 and 109 should be read thrice daily if I felt wronged. Truthfully, the sentiments expressed in Psalm 109 were alarming as it called for ‘hell and damnation’ not only on the transgressor but on his livelihood, spouse, children and descendents. After one reading I desisted.

Miss Bubbly looked forward to her weekly Sunday services, and boasts of only missing them if ill. When asked, when it was convenient for me to visit, she said: “Come anytime but Sunday”. By coincidence, during one of my visits, the Pastor arrived to drive her to church – a role previously filled by her son-in-law. She was ‘dressed to kill’ for the occasion in a trendy ensemble and in her usual cheerful mood – a welcome break from her daily routine. Her spirituality has given her the fortitude to ‘weather the storms’ in her life including the life-changing transition to the ‘home’. The strength of her spiritual connectedness seems to be a life-

giving force and was an important aspect of her former life that she adjusted to suit her current circumstances.

The Church also provided an avenue for *socialising*. A Tobago trip was organized by the Church. In reminiscing, she expressed her love for crabs and Tobago Jack Fish. Her daughter provided some spending money. Later, she mentioned the up-coming Church-organised Sports Day and spoke excitedly about her participation in a race for seniors. Again - another opportunity to meet with her fellow church-goers and a 'change' from her everyday routine. Apart from recollecting the past, during our informal 'chats' she frequently spoke of upcoming or planned events that she was looking forward to attending. Always with the caveat, "If God spare life". This brought her a sense of hope and accounted for her 'joie de vivre'.

From an early age, Miss Bubbly had seemed to exhibit *personal attitudes and attributes*, which reflected her *pride, defiance, resilience, independence, and resourcefulness*. It was her sense of pride that motivated her to leave school at 13 years to avoid the 'shame' list because her parents owed three months of school fees. Her status as the third leading singer in the school made it even more upsetting, as she was well known to her peers in her school and surrounding schools. She said, "I couldn't take the embarrassment". But instead of complaining to her parents or asking family for help, she maintained the appearance of going to school when in fact she had applied for a seasonal factory job - without consulting her mother. Relating the outdated custom of wearing petticoats, an essential under-garment for girls post-puberty in that era, her mother took control of her salary using it to buy feminine essentials as she grew into a 'young lady'. But after three years, despite her mother's threats not to provide food during the 'off-season', Miss Bubbly demanded *financial independence*, stating "I wanted to handle my money". Again,

disregarding her mother's authority, she sought and found another place of employment at a 'parlour' – a small roadside establishment which sold a variety of basic items – working for the lofty sum of three dollars. A loaf of bread costs six cents. With pride, she recalled her defiance of her mother – “I contact a work and she didn't know, I didn't tell her nuttin”.

With the same *defiant and determined attitude*, Miss Bubbly survived domestic violence at the hands of her first husband, refusing to submit but choosing the more peaceful option. “I cyan take on he hurting me. I might kill him”, she said, “He like to hit and ting, so I move out of the house”. His penchant for physical abuse extended to the children and she was forced to intervene in an incident involving his own son, and despite being in the vulnerable state of pregnancy, she challenged him. “ I not going to stan' by and see you beat that chile”. As the 'breadwinner' her husband economically abused her by providing insufficient money to support their children. Not willing to accept the pittance he offered and be labelled “a stupid 'ooman”, she abandoned the children to their father's care. Unfortunately, paternal neglect attracted the attention of the Police and they were taken to the Orphanage. She recalled her distress. “ I cry... I cry when I have to leave my children” but through her pursuit of the matter through the legal system, the children were reunited with her six months later. Even when she was in 'unknown' territory, she confronted her challenges without fear.

In spite of her marital and financial hardships, Miss Bubbly would not be defeated - never giving up the struggle to provide for her children. The interview data revealed that she mentioned at least 11 places of employment including those at the factory, parlour, pre-school, restaurant, and a series of positions as a domestic worker. I reflected on her ability to multi-task in the roles as a mother, a step-mother, pregnant mother (20 times), while being embattled physically and

emotionally by spousal abuse, miscarriages and infant deaths. Her *resilience* is admirable – an attribute which has developed due to her trying circumstances throughout her life, giving her a high degree of self-efficacy that she could and would adapt to life in the ‘home’.

Throughout my life, I have noted that those who start employment in their teens, out of necessity, interrupting their education - tend to be *frugal*. The value of money earned through hard work at an early age, is a life-long lesson. My childhood was spent with parents who both left school at the age of 16 years so I grew up with the mantra of ‘waste not, want not’. Every aspect of Miss Bubbly’s life was *minimalistic* by necessity. There were few luxuries. Her anecdotes about ‘stealing’ eggs and pigeons from her mother were motivated by hunger but her creative ‘white lies’ were in retrospect, quite comical. Claiming that the pigeons had ‘died’, brought painful consequences when she was caught red-handed. “Talk about licks (blows)... licks. I have marks I will carry to meh grave from licks”. On the other hand, frugality seems to spawn creativity. Compassionately caring for her husband’s three children by another woman, she provided sleeping comfort with a hand-made mattress.”I went and get some straw and I make a mattress. I sew it by hand and they sleep on dat”. Throughout her life, she has been surrounded by the bare necessities, mirroring her situation in the ‘home’ which provided food and shelter but little space for personal possessions. Because of her difficult life experiences, luxury was not an expectation in the ‘home’ so that in this regard, the transition would not have been cathartic therefore there was little for her adapt to and the surroundings would be at the same basic level to which she was accustomed in her former living arrangements.

Summary

The previous chapters laid the foundation to prepare the reader for this chapter – a narrative of the researcher’s interpretation of the participant’s perspectives. The objective was to understand the ‘essence’ of the transitional experience by exploring the participant’s ‘life story’ including the precipitating factors, her feelings about the home, social support and her own adaptive skills, and in doing so, link the findings to the research questions which guided this study. Researcher assumptions were also acknowledged.

CHAPTER 5

DISCUSSION

Introduction

“We are all ageing – every day of our life” (WHO, 1999, p. 3). The process started before we were born and continues throughout the life course. The need for long-term assisted living has arisen primarily because of the ageing of the global population and the expanding number of older adults in our midst. This shift in demographics has caused an increase in the demand for long-term care facilities – important reasons for exploring the experiences of older adults in this setting. Lack of information about this late-life residential transition, in particular in the Caribbean context, and research indicating that ‘re-location stress’ in late-life can have negative effects on healthy ageing, provided additional rationale for this study.

In this chapter, the findings which emerged from the interpretation of the words of an 82-year old female resident of a long-term care facility are discussed. The findings are framed around the six themes under the two main categories which surfaced during data analysis. The *first* category was related to the experiences of becoming a resident with three major themes including: the precipitating factors, social support, and the quality of care at the ‘home’. The *second* category deals with the participant’s perspectives on the transition experience, her feelings about the ‘home’, personal losses and gains and the role of her adaptive and coping skills. Each theme is discussed so that it informs the research questions. Finally, this chapter concludes with a discussion on the myths and stereotypes about ageing, implications for cultural shifts, and proposes future research possibilities. Conclusions which were drawn inductively are stated.

Research Question 1: What circumstances and life events lead to the decision for the older person to live in an institution?

Precipitating Factors

Health Challenge

This theme deals with the reasons why Miss Bubbly transitioned to the institution. One consistent finding in research papers and by leading international health bodies such as WHO (2012) is that disability, the prevalence of which increases with age, is the most dominant factor fuelling the demand for assisted living or ‘senior citizens homes’. Further, visual impairments are by far “the biggest cause of burden of disease” and years lost due to disability (p.16). As noted with Miss Bubbly, it was blindness in both eyes due to cataracts and as a consequence, her impaired ability to perform self-care independently, that heavily influenced her daughter’s decision to find a 24-hour care facility. She was also diabetic (possibly the cause of her blindness) and therefore would have needed assistance with clinic appointments (getting to and from the clinic) and monitoring to ensure that her medication was available and dispensed correctly– an additional responsibility for her family.

Decision to Relocate

Her daughter claimed that the reason for the move was her intended travel to the USA. At this juncture, a number of obvious questions came to mind. A six-month trip required a great deal of planning so why did the daughter wait until only five days before her travel to inform her mother of her decision? Was it just a lack of knowledge about how to broach the subject that caused her to delay informing her or just a lack of sensitivity? Miss Bubbly lamented that if she

had known about the move, she would have made arrangements to stay with a cousin. Since her son-in-law was not employed and was not included in the travel plans, it was conceivable, that he could have taken care of her. Furthermore, Miss Bubbly didn't seem fully convinced of the rationale when asked why her other children could not accommodate her. "*They say everybody working and they not going to leave me home by myself*".

Later on, another opportunity presented itself for Miss Bubbly to regain some of her lost pride and autonomy. Autonomy has been identified to be a basic psychological need (Ryan & Deci, 2000), along with relatedness and competence. On her daughter's return, she was invited to return to her home but refused. She recalls the daughter's plea for forgiveness, "She come here (to the 'home') to beg pardon" – but having been rejected once and the pain and emotional turmoil she felt, as well as a bit of 'getting back' at her daughter, she was not willing to risk the possibility of being abandoned again. Her anger, apparently dormant for the six months, did not allow her to soften and her response was not immediate. "Three times before I answer her". This self-endorsed decision to remain at the 'home', validates theories which affect the aging experience. She was signalling her 'disengagement' from her family (Achenbaum & Bengtson, 1994) but also claiming the essential psychological need for autonomy identified in Ryan and Deci's Self-Determination Theory. Focusing on the well-being of individuals the two psychologists contend that lack of autonomy can lead to "diminished motivation and well-being" (p. 68). In this regard, having 'owned' and accepted the decision to relocate when the opportunity presented itself, her sense of well-being increased and she was more motivated to accept her 'new' life circumstances.

Not Wanting to be a Burden

From an early age, Miss Bubbly strived for independence, massaging her circumstances with creativity and craftiness to be free of anyone who stood in her way – her mother, her first husband, her daughter. It would be folly to think that this would change in old age but as a senior citizen, her independence was being challenged by her health problems. Additionally, in her time of need and dependence on her daughter, she experienced elder abuse in a violent way, as a consequence of her defiance. She was under the control of another person, stronger physically and financially than she was. Fast forward to her self-initiated decision to stay in the ‘home’. This was her way of not being an encumbrance and a ‘bother ‘ to any of her family. But also, with this self-determined act her future was in her ‘hands’ - a tenuous hold on what was left of her waning ability to direct the few life events over which she had control. Ignoring for the moment her initial anger at not being consulted, she now claimed the decision to relocate as her ‘own’.

Research Question 2: How has the older person adapted to life in the ‘home’?

Social Support

Miss Bubbly’s mention of family appeared on every page of transcript and featured in all our informal conversations. On that fateful day of her relocation three family members accompanied her. Confirmed by one of the caregivers, the family visited her frequently, with overnight stays for special occasions such her birthday and long ‘public holiday’ weekends like Easter. She stayed connected to the immediate family, as well as her gran’ and great-gran’ who

telephoned regularly. She boasted of knowing the names of all 38 of them – testimony to her powers of recollection.

In the ‘home’, she forged relationships with her new ‘family’ in the ‘home’ and being more mobile, Miss Bubbly rendered assistance if needed. I was present when she responded to a ‘call of nature’ by a fellow female resident and double amputee. Sadly, she lost the friend who was already a resident on her arrival at the ‘home’ but re-connecting and renewing their relationship made her more at ease with her life among ‘strangers’. Despite sharing the same affliction, it was Miss Bubbly who emerged as the stronger - helping her friend to perform daily self-care tasks and helping themselves as much as their ‘blindness’ would allow. I am sure that this relationship made life look less bleak, boosted her spirits and ensured that she was not lonely in the first crucial weeks of relocation. This ‘relatedness’ or ability to form and maintain human links, one of our innate psychological needs is described as an essential ingredient in self-motivation and a principal source of enjoyment and vitality throughout life (Ryan & Deci, 2000). It is this vitality that always seemed to be ‘bubbling over’ that germinated the idea for her pseudonym and helped her through the transition period.

The need for love and affection was extended to me and demonstrated by hugs and kisses exchanged. Throughout the interviews, tears were shed and laughter was shared. The words engraved in her Christmas card to me truly demonstrated her caring and affection for me: ‘Don’t have a word of special news/And everything is fine/Just thinking how nice you are/So thought I’d drop a line/Hope everything is well with you/As it should always be/And hope you know how very much your friendship means to me’. Curiously, an attached note written in formal

language apologized for the use of red ink. Writing my correct home address speaks to her unique power of recall as it was only mentioned in passing.

'The Home'

Ushered in by her children Miss Bubbly was about to embark on her first experience of confinement. However, she would have been reassured by the presence of her '*compadre*', a happy coincidence as well as the then-supervisor of the 'home', her daughter's godmother. The presence of these two persons would have prevented the loneliness that is typical during the first stages of relocation. Her recollection of the first few days was that everyone tried to make her comfortable. Her physical disability was not a major obstacle as there were others with the same affliction or other disease conditions and residents freely shared details of their disease burdens. Additionally, they shared the common frailties of old age, were of the same socio-economic and educational backgrounds – all trying to come to terms with their circumstances. The 'home' was also an affordable option, paid by the Government's National Pension of \$3,000 per month. All the residents qualified, being over 65 years. Miss Bubbly was 70 years on entry.

There were no activities at the institution to improve the cognitive or psychological abilities of its residents. Most residents were observed staring vacantly or watching television, the only form of entertainment. I did not see evidence of or reference in conversations with Miss Bubbly of any regular activities. As students of the School of Education, field trips were organized to senior citizens centres in different parts of Trinidad with one such institution scheduling excursions twice monthly. The events were videotaped and streamed on the television for future viewing and to remind the elders of 'happy times'. Intergenerational activities were also organized in collaboration with a youth training institute. Residents at the research site were

fed and cleaned but little attention was paid to the differences in their cognitive abilities with meaningful activities to foster their development. For example, one of the caregivers could lead the residents in customized daily exercises - reducing stress, building camaraderie among the residents and giving them a greater sense of well-being. As cited in Burke, Jancey, Howat, Lee & Shilton, 2013, physical *inactivity* is now recognized as the fourth largest preventable cause of diseases” (Danaei et al., 2009). Being blind for two years in the ‘home’, Miss Bubbly could have been given access to braille literature through the relevant organisation or other learning materials designed for the sight-impaired. Because the residents are constantly living with death, I would also recommend that grief counselling be made available to grieving residents when faced with the death of fellow residents. The grieving process can have serious negative health consequences which can be mitigated with counselling.

Feelings About the ‘Home’

The literature revealed that residents go through different emotions on relocation which range from frustration, anger, fear, depression, grief on the one hand to resignation, acceptance, tolerance and hope on the other (Capezuti, Boltz & Renz, 2004; Jungers, 2007; Kahn, 1999; Schumacher, Jones & Meleis, 1999). During the first six months, a resident can experience the entire range of emotions, riding an emotional and psychological ‘seesaw’ with consequent negative effects on their health status. To describe her feelings about the ‘home’ on entry, Miss Bubbly used words such as “strange” and “funny” – the latter not meaning ‘comical’. She admitted to having residual feelings of anger towards her daughter which remained unresolved until her daughter’s return from the USA. But typical Miss Bubbly, she busied herself with re-

establishing her friendships with her ‘*compadre*’ and daughter’s ‘*macomeh*’, and though sightless, familiarized herself with her physical surroundings and grounding herself spiritually.

Research Question 3: How, if at all, has the older person redefined or maintained aspects of her former life since being in the ‘home’?

Losses and Gains

On a positive note, Miss Bubbly regained her sight in one eye while in the ‘home’ though her grandchildren were responsible for making the necessary arrangements. She also benefitted from 24-hour care and had her daily needs seen to. Her general health had not deteriorated as prescription medication for her diabetes was dispensed to her twice daily by the caregivers. It appeared that she depended on her son to take her to clinic appointments and he had proven unreliable in this regard. Her tangible belongings paled in importance to the love and warmth of a family home. One can imagine that living in a communal setting with ‘strangers’ must have made her feel “funny” indeed. For her, the prized possession was the freedom to “go and come” as you please therefore, the loss of independence was meaningful. But, she has not allowed this ‘loss’ to dampen her spirits – adapting her religious activities and finding new ‘friends’ both in the ‘home’ and through the churches she attended.

Adaptation and Coping

At an open forum on the Epidemiology of Ageing, the country’s only gerontologist and local Director of the Division of Ageing with over her 30 years of involvement with ageing issues, noted that older persons’ personality traits and sense of self, largely determined their

ability to adapt to new surroundings. The ability to adapt has an inverse relationship with age. This is the reason that older persons tend to be 'grumpy' about suggested changes to their routine and generally less flexible and 'set' in their ways.

Miss Bubbly's life path seemed to have been 'training' for the relocation. From her childhood, she had been thrust into varied circumstances in terms of housing and employment. Since her first job at 13 years, her words revealed that she was employed in 11 different positions and an indeterminate number as a domestic. She never spent more than a few years in one abode. For example, she was born in St. James, grew up in Gonzales, lived with her first husband in Laventille, moved to her sister's house on separation, moved to Curepe where she rented a room, and lived with her daughter while blind, in addition to living within her employer's residence as a domestic. This could explain her lack of attachment to tangible things such as furniture.

Miss Bubbly's individual experiences seemed to have been preparation for this transition. She has learnt to adapt and be flexible according to the confines of her circumstances. Also, she was determined to be 'useful' despite the challenges, adapting her roles where there was a need. Her husband's children needed a haven and she provided it. Her blind friend in the 'home' needed support and guidance and she provided it. She was a 'part-time' caregiver in the 'home' when the real caregivers were too busy (or too apathetic) to attend to the needs of her fellow female residents.

Though admitting to not being happy, she said that she had to pretend but I believe strongly that her spiritual foundation had been the main force in her adapting well and aging positively. She has maintained her strong connection to a spiritual being and kept her Bible

close. Only a person of great spiritual strength and true ‘grit’ could, at her age, ‘make believe’ for 12 years and do it with such a joyful spirit and effervescence.

Myths About Aging

While conducting this study, I became aware of the many negative connotations, myths and stereotypes about older persons, one being that “old age is primarily associated with degeneration” (Jungers, 2007, p. 194). Generally, there are negative perceptions about their cognitive and mental abilities and they are considered ‘over the hill’ and heading down the slope of life. Older persons are expected to quietly ‘fade into the sunset’. Long-term care institutions are seen as ‘the end of the line’ and older persons are asked to surrender to the inevitable. Some do, accepting the inevitable but some do not. Miss Bubbly belongs to the latter group. With her determination and fighting spirit, she has not surrendered to the myth that older persons are frail and useless. With her sight partially restored, she ‘assists’ with her own care, washing her own clothes and had an enviable social calendar. Her outlook was not one of an old person. Even her movements were lively and ‘sprightly’ and she remained interested in all the happenings in her surroundings and her family’s lives – births, deaths, marriages, divorces – all engaged her attention.

Another myth about ageing is that men and women age in the same way. Miss Bubbly epitomizes the fact that “the oldest old in most parts of the world are predominantly women” (WHO, 1999, p. 10). Women have proven to be more resilient than men and despite a chronic ailment, she has outlived her two husbands.

Many of the myths are being exploded and the phenomenon of population ageing is being highlighted by international bodies. 'Active ageing' is being promoted by the WHO with a 'life course' approach and the year 1999 was declared the UN International Year of Older Persons. Sadly, the burden of the 'deceleration' of world economic growth, increasing inflation and debt repayments are occupying the minds of policy makers with vulnerable groups such as the elderly being marginalized. It is heartening though to see local agencies such as the Division of Ageing attempt to increase awareness of issues affecting older persons. Today, the Division of Ageing has organized a 'walkathon' to increase awareness of elder abuse. Significantly, June 15 has been declared 'World Elder Abuse Day' by the UN and in honour of Miss Bubbly and victims like her, I have registered to participate.

Future Research

In this regard, research of this nature might explore the long-term effects, physical and psychosocial, on the adjustment to moving from a private home to an institution. Such research could mitigate the negative effects on health status that so many residents experience on moving. The cognitive and mental impact on an older person living with individuals of varying cognitive and mental abilities could also be investigated. Without adequate monitoring, a higher functioning person may deteriorate if they are exposed to persons with diminished mental ability, and different educational and social backgrounds. Another area that could be looked at, is the differences in the way males adjust to, and the meaning of the transition experience compared to females. A comparison of the health status and ease/difficulty of adjustment with older persons' who are or are not consulted about the relocation decision could be the topic of seminal research.

Conclusions

The intent of this enquiry was to explore the perspectives of an older person on the transition from family home to life in an institution, the life events that lead to the relocation decision, the outcome of adapting to the new environment, and whether aspects of the former life were preserved. An 82-year old was given 'voice' by recording her 'lived experiences', bringing the past into her present, validating her identity, and sense of self-worth, and in the process, uncovering insightful and timely findings on a life-changing aspect of the ageing experience.

Although the findings of this study are not generalizable and limited to one older person, it provides a framework for a better understanding of the transition experience through the lived experiences of a resident of a 'home'. The findings concurred with the literature that a health issue was the catalyst for the transition. She appears to have thrived for the past 12 years in the institution and in reminiscing, distinct aspects of her life emerged which have enabled her to 'weather the storm' of this pivotal event in her life.

Miss Bubbly's attitude has been a major contributor to a healthy adjustment. Her strength of mind and resolve in all her past life challenges fortified her and were integrated into the transition experience. This reinforces the universal belief that it is not the nature of life's challenges but our attitude to the challenges that determines how well we survive them. Whatever the approach, attitude determines how we cope with future issues as we proceed through life.

The connection with a spiritual being has fostered a greater purpose and sense of meaning in her life. Additionally, her connectedness with her family filled the need for love, affection and compassion that all humans share. Within the confines of the 'home', she formed new

relationships with her fellow residents and lead an active life socially outside of the institution. This epitomizes the term ‘active ageing’.

As the population continues to age, the concerns of older persons in the context of the rising number of long-term care facilities need to be fully understood and researched. This study is an opportunity to use the knowledge gained to advocate for a new look at care facilities and - how they can provide for a greater quality of life by being a comfortable, safe place of refuge – a place to truly call ‘home’.

Summary

This chapter discussed the findings of this study using a thematic approach to reveal the deeper meanings in relation to the research questions. Myths about ageing were revealed and the myriad possibilities for research outlined. Conclusions were drawn about the transition experience and implications noted for care-giving institutions, in light of the exploding phenomenon of population ageing.

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Appendix 1

EDRS 6900 INTERVIEW TRANSCRIPT

Overarching Research Question: What are the perspectives on the transition from family home to life in an institution as experienced by an older person?

Sub-Questions:

1. What circumstances and life events lead to the decision for the older person to live in an institution?
2. How has the older person adapted to life in the ‘home’?
3. How, if at all, has the older person redefined or maintained aspects of her former life since being in the ‘home’?

Location of home for older persons: Trinidad

Name of Elderly: PG

Date: 26 June 2012

Researcher: DWD

ACRONYMS

1. PG: Elderly Participant
2. ROA: Home for the elderly
3. DWD: Researcher
4. T: PG’s First Husband
5. G: PG’s Second Husband
6. C: PG’s daughter
7. M: PG’s eldest daughter

Words or phrases in *parenthesis* inserted by Researcher for clarification

Italics – other interpretations

Coding:

Themes:	Precipitating Factors	Feelings about the ‘home’
	Social Support	Personal Losses/Gains
	‘The Home’	Adapting/Coping – Attitudes/Actions

DWD: How are you today?

PG: All right, thank the Lord, I hanging on **(spirituality/coping/determination to survive)**

DWD: Well Miss PG, we have had lots of chats but this is the first time that we are formally recording, with a lot more between now and the end of the year. I have already let you know what the project is about.

DWD: For the record, could you state your full name.

PG: (Full name – first, middle and 2 surnames but one surname carried on ID card).

DWD: You had a birthday on.....

PG:the 12th of May

DWD:.....and you were?...

PG: 82

DWD: Congratulations

PG: The day before Mother's Day

DWD: I remember you had a fantastic weekend. You had your birthday and Mother's Day

DWD: That means you were born in.....

PG: 1930 **(immediate recall of details/contributes to high self-esteem)**

DWD: That's the same year as my motherno actually, she was 83 this year, born on first March

PG: I have two March, the first boy and the second to last boy. One of them came here while I wasn't here but up to now, I eh get to know if it is a boy or a girl **(family/social support)**

DWD: At this point in time you are divorced or widowed

PG: Widowed. Though we had separations, I never divorced. The children father say " i eh giving she one bit of divorce, she is a 'T' until she dead!" **(first marriage tumultuous)**

DWD: You think that was love

PG: He came back home. Is by me he died **(loss)**

DWD: So tell me. It sounds like you had more than one marriage.

PG: Two.....T and then G.....G was a darling(*comparing husbands*). He died in 1997 **(loss of spouse and source of support)** I was 67 – four years older than him. He never want anybody to know I older than him. (G) -“You want me to get cattle-boil?”.....But if you had seen him, looking nice and treated me well.....Even the children say “We love he more than Daddy” **(children’s reaction to second husband mattered)**

DWD: Did you have all the children with your first husband (T)?

PG: I have 6 alive, then 2 different with 2 fathers, 6 with T and 3 died, and 9 miscarriages. They died in infancy. The biggest girl when she had a year and 6 months, she died. **(death of young children)** I didn’t know nutting about marasmie (protein deficiency), maldeux (patois for maldeux or belief that envy could cause sickness).....I took her to a private doctor at the corner of Prince and Frederick Street in the upstairs but after I say, I ent have money again for that so I took her to the clinic.**(financial hardship/coping)**. I went 3 times for them to give me a letter. Is mih ‘macomeh’.....mih ‘macomeh’ sister was the Cleaner there. She used to wear a uniform and we used to give her respect and call her ‘Nurse C’. Then I get a letter, I took her (the child) to the hospital **(resourceful/used social connections)** but she only last 11 days. **(death/loss)**

DWD: Did they ever find out what was the problem?

PG: Yes, maldeux and marasmie.....a lady see me there (at the hospital) and tell me that the doctor eh know nothing about that and to go and sign and take her out. But I know the kinda husband I have. If it was G, he would allow me and give me the money to take her for treatment

every day but not that crab (T). **(comparison of first & second husbands/difficult circumstances/coping)**

DWD: Did your children die when you were with your first husband (T)?

PG: Yes.....but we had separate and 'make back'. When I got with G, I had stop making children entirely. *(end of reproductive years)* I so sorry. *(Regret)* He had one child, a boy. He carry me to Moruga. The family had 6 houses.....he was sorry (we had no children). "Such a nice wife I have". They used to take advantage on him. The St. Vincentian young boy next door.....he tell him is \$300 dollars for the light bill but he paying their whole light bill, now tell me this thing. They have fridge, they have TV.....*(straying from the subject)*...so I say, excuse me, this dam sh....., excuse my language, that going on *(protective of second husband)*

DWD: He was a generous person? PG: He was quiet.(the husband)

PG: But what happen to that man is that he interfere with my neighbour from P..... Street and they beat him, both she and her husband. She accustom from P..... Street, she went to Venezuela, she come back, her mother and father were very good to me when my first husband wasn't giving me nutting for the children, **(financial hardship/difficult first marriage)** they were selling at a parlour, they would call me, they would send it up.....*(PG's thoughts drifting)*

DWD: How many grandchildren you have now then. It's 8 children in all?

PG: 32 gran and 38 great-gran.**(large family)** The last set a great-gran is from my first child last child daughter. Her first pregnancy. They nice!.....He (the son) mind them but he say he don't want to go into the details, I say alright.

DWD: Wow! 38 great-gran!

DWD: It sounds like you see you family often, your children come by.....

PG: Yes, my biggest boy does come and carry me to the eye clinic(**family support**) This one have to cut this yearthe cataract. I came in (into the ‘home’) 17 October 2000, half-past nine, the Tuesday morning and in 2002 I get the operation because my grandchildren (**proud of family support**). They say she accustom doing everything for herself but having difficulty. I does wash and iron my own clothes, you know. (**Proud of independence**)

DWD: You did say as well that your granddaughter calls you on your cell phone....a gran or a great-gran?

PG: All of them. I have no cell phone but they call on the phone here (at the ‘home’) (**family interaction**)

DWD: And they visit you as well?

PG: Yes.... yes. I don’t spend no Christmas here or Easter (**family involvement**)

DWD: All the major holidays you gone and of course that big weekend with your birthday and Mother’s Day

PG: yes....I see some grandchildren I eh see in a long time.....When I saw Ann, that’s his first daughter, she say “my brother coming you know” but I don’t know what happen because he say he was coming and he bringing a camera.

DWD: When you see you them all, do you mix them upbecause 38 gran is a lot?

PG: I know ALL!.....when they want to remember anything that happen a long time ago, they come and ask me (**proud of power of recall**)

DWD: Your memory is excellent

DWD: My mother also only has 2 great-gran.....but you must have started fairly early – how old were you when you have your first?

PG: I make him in March and in May I had 20. I had him the Saturday morning and I marry the Sunday evening. ('shotgun' wedding?)

DWD: The first one was a boy or girl?

PG: A boy, born 1950, the same one who does carry me to clinic. He marry 3 times (**up to date with family**)

DWD: He's following you!

PG:he divorced. He win the case since last year June but for some reason the judge wouldn't give tell him when she(wife) have to leave and how much money he had to give her. I haven't seen him. I will see him next month, (**looking forward to his visit**) if life spare.....to go to clinic on 16th. I will know everything then.

DWD: Looks like he's trying to beat your record

PG: He done beat it already. I only marry twice.

DWD: That's true, I forgot.....my mistake, he done beat your record already

DWD: I am glad to know that you see your family often

PG: Hmm.....one of them was here what day it was but I wasn't here..... but I go to Church every Sunday. Pastor does come. (**spirituality**) A whole month he coming, he not sending anybody. His children went to Tobago with us too.

DWD: So is the church that went to Tobago? Was an expedition? (**church-led social activity**)

PG: Yes, we had service, we went down by the beach.....but they didn't tell the old people they going by the beach. Is only the youths who went by the beach. My daughter give me \$40 (**family support, giving her spending money**) to buy what I want and I was going to buy jack fish. I like Tobago jack fish. Charlotte Street does have it. You know where Sing Chong is opposite the Old Market, they does have jack fish.

DWD: I know some fish but don't think I know jack fish

PG: I was going to buy that and buy crab.....break it with a spoon.....but I didn't know when they leave.....

DWD: Tobago food is nice

PG: They cook their own food. They carry food with them. Anytime we going out they does cook and carry and the next day they will cook what they bring.

DWD: That make sense....a lot of sense

DWD: So you started to tell me the last time I was here about where you grew up.....in Gonzales?

PG: I grew up in Gonzales but I born in St. James.(childhood) I want to go down there.....I want one of the children to carry me to get my birth paper because it not on the computer. I was born before computer, they start computer from 1950 and that is the year I married so I want to go down there to get.....I had a box for my daughter and one for my 'macomeh'

DWD: So, when did you move to Gonzales?

PG: When I was 6 or 7 years. I 'confirm' there. (Catholic rite) **(following formal religion from an early age)**

DWD: ...and you stayed there until you were how old?

PG: Until I was 14 years. My mother rent a room in Laventille.**(basic living/economic hardship)** I was going to Providence Convent but I was owing school fees 3 months and my sister 3 months**(economic hardship)** My sister was playing netball and I was the singer but Mother only working 6 months a crop....in the grapefruit

DWD: Where was she working? At the Citrus Company?

PG: Yes.....I started there too. I took sick and only work half month But I say, you see me, I was the third leading singer and I couldn't take they putting my name on the wall so I leave (school)

(independant nature)

DWD: So is it that your name would be posted when you owed school fees?

PG: If they call you 3 times and they tell you then they put your name on the wall. I couldn't take the embarrassment.**(proud)**

DWD: So you left school. How old were you – about 14? (PG nods in the affirmative). So what did you mother say about that?

PG: I use to hide my books at 57, Henry Street **(resourceful)** but hear how she know.....she does always make 3 dresses to work in and 3 to wear to work so she made 2 for me (for church), but she don't know I leaving school but my cousin, he driving the van bringing the grapefruit and the oranges. I don't know him but he know me. The W..... is my family. Anytime you hear 'W.....' that is my family. He went now to weld a screw for the motor. She (mother) have the long-time (sewing) machine so she took the screw to work. When she go down, she know I ask for the work. She send me for her last pay and when I went she was sewing a dress for her society dance thing, and I ask then... Mr Crich.....He say - why you want to work here?.....you want to be a nurse, you always tell us that. I tell him I owning school fees (*interrupted education*) and I wouldn't like them to put my name on the wall and I am the third leading singer and my sister is the netballer, **(repeated twice so status in school was important)** so he said "I will see what I can do"

DWD:and you were only 14?

PG: 13 and something

DWD: ...but that was secondary school?

PG: That wasn't secondary yet, that was the small convent, there was the big convent was in Pembroke Street

DWD: But by then you finished primary school?

PG: Yes....well Daddy had took me out from primary school and put me in his cousin's school in Belmont, opposite the Girls' Industrial, 29 Circular Road, Belmont at Mr Young, Randolph Allan Young(**remembers details well**). He was a Councillor. That was his school.....but they(the children) used to beat me up in school (*being bullied*) that is why he (the father) take me out because I was bright and I reach second standard and he say, you see this thing before I get in trouble.....you know he was kinda.....he pass for doctor twice, his family have the money but they wouldn't help him and he used to take it on. He used to live right there by the Councillor, upstairs. He had no wife yet.

DWD: So he (the father) moved you to the Councillor's school. How old were you then?

PG: (Pause).....somewhere around 10 or 11.

DWD: In those days there was no Common Entrance, right?

PG: Was Exhibition.

DWD: You sat Exhibition?

PG: Yes, I passed but hear what happen. Daddy wasn't marry to Mother (*illegitimate*) so they kept me back a year in school.

DWD: Just because of that?

PG: Not only a year, I lorse my thing....Daddy's cousin was working at Education. They are Bajans....and she call my Mother and tell my mother "don't say anything or I lorse my work" but she saw the paper and I passed but you can't get in because Daddy not married to Mother.

(prejudice due to illegitimacy/negatively affected her education).....Albert G....., the white big belly man – he was in charge

DWD: Are you talking about Albert G....., the politician?

PG:...the politician. He and Daddy were so (sign - entwined fingers indicating friendship) but he wasn't aware I was his daughter.....

DWD: So you lost that opportunity just because your mother and father were not married/

PG: Not I alone...plenty children (*archaic rule negatively affecting illegitimate children's education*)

DWD: So what did you do? You stayed in the Councillor's school?

PG: Well from there nowbut my Mother never like Daddy's family so when she got pregnant, he told those oversea he with somebody and she doing servant work. You know what them say? He taking a servant girl that drawing pay less than what they paying their servants and if you see them – they black like corbeaux (**economic/racial prejudice**) I saw them the day of the funeral (her father's), 11 of them. They black like corbeaux but they have the.... (rubbing fingers together as sign for wealth). They was standing so (indicating position) and we were so.....my Mother say” you see them black corbeaux, they is your father family”.....They came for me when I had 9 days. My mother was living in a the room behind my godmother (**economic hardship**) and she say “ (Name called) the family come for P”.....My mother say “I lie down here waiting on them. Let them come.....with a piece of wood, she would labour them. She say “they can't come for the servant girl child” (**feisty behaviour inherited?**) because he let them down by being with a servant girl, he tell her. (*class discrimination*) They never write him again....

DWD: So they never had anything to do with you?

PG: Those are the set over there but I get to know the set over here.....1958 when I sent to work.....(conversation drifting)

DWD: So what happened after you left school?

PG: I went to Citrus Company as I left school.....I didn't work the rest of the month but I didn't tell her but he (the supervisor) say, mother does cuss down to the boss, when she cuss, she ent looking left nor right. **(feisty behaviour inherited?)** So my mother sitting so and the heat of the cans, they form two rows and coming one behind the other coming to meet my mother.

DWD.....a conveyer belt?

PG: Yes.....And the grapefruit skin they make animal feed with it.

DWD: So how long you stayed in that first job?

PG: From before I was 14 **(became a teenage employee/hard life)** to when I got pregnant – 19 and a half – then I stop working.....He met me there but he know me in school. The first day he came wearing a black socks, a black shoe and a red shirt **(good recall, remembers details)** he say “Good Morning Miss Wickham” – I so ‘fraid my Mother, I say “Good Morning” quick, quick, quick! She say “Good Morning, son” but as he walk off so, she say “Where you know that boy?”.*(mother keeping a close eye)*.... I say but I don't know him but he must be know me. But he say ” you want to know where I know her? She used to sing in our boy school, the RC School, she used to sing in the Intermediate”. We used to go to their school and they use to come to ours. My mother say “ so you watching my child a damm long time?”.....I don't know if you know Hilland Hall in Belmont. They sit down on the wall and we coming down.....6 of them and they pelting us and he say “you see that one in the middle, with the gold teeth, she have to be my wife”. *(beginning of courtship and first marriage)*

DWD: So he predicted that?

PG: Yes, but my sister use to good give him, not cuss him but good give him wid she mouth.

DWD: So he had his eyes on you a long time.

PG: Yes, my mother say that he watching my child a damm long time and he say “ I had always love P”so hear how I get pregnant. All the grapefruit thing pack up there, behind there have snake he say, you need to come in front here(*sudden change of subject, embarrassed?*) but my friend in New York, I don’t know if she is alive, we use to ‘lime’ together but she stop writing. I tell her my mother have ‘gas’ and I tell her that I have it very bad too, and she never write me again but she used to send money for me every Christmas, so I say well.....she show me how to make shell stitch....My mother say so you macoing (or watching carefully) my child crotch!

DWD: That stitch was a kind of crochet?

PG: No, when you hemming, you pass around the thread and it kinda pull in....We used to buy thread at the corner of Queen and Pembroke Streets. I used to buy my ready-made slips (undergarment) at Hodkingson’s and at Yufe’s.

DWD: I remember Hodkingson’s but Yufe’s is still around. I remember half and whole slips?

PG:he sitting down there and he only watching me

DWD: I remember, our mothers not allowing us (ladies) to leave home without a slip (custom of times past)

PG: They use to call it ‘petticoat’hear her (Mother to PG) – you buying what I say!

Three years I work without taking a cent from my pay (**indignant about this injustice**). They used to pass ten o’clock and she used to take hers and take mine. So hear what I do. I put 4 of my friends. I say when you see Mr D passing, go and ‘lime’ with Mother and distract her but she say, “ Oh you put up your group so from today on when it have no work, you will find your own

food". Me don't have she to study. I had done contact a parlour work (job #2) so as the factory close, my section close, I gone. (signal for leaving) **(from an early age, her independent nature was evident/defiant)**

DWD: So your mother didn't give you something from your pay, to buy your personal stuff?

PG: No, she buying what she want.....she buying thing for me but I want to handle my money **(wants her financial independence)** but from that day I start to handle my money, I contact a work and she didn't know, I didn't tell her nothing. **(defiant, seeking independence)**

DWD: But you still contributed to the house?

PG: Yes. But at the parlour, they giving me breakfast, lunch and when I going home, I get bread and thing to carry home **(frugal, not missing an opportunity to save)**

DWD: So that meant you had work all year, in the Citrus Factory, in the parlour....

PG: Three dollars per week...DWD: Three dollars per week!!

PG: At the grapefruit factory, I was getting 8 cents per hour – 64 cents for the day. My mother start at 6 cents per hour.....but things was cheap!

DWD: Three dollars could just about buy a Sunday newspaper now.

PG.....then I come and I work in a restaurant (*job#3*) in St. Vincent Street, they have a carpark there now. I work all 'bout. I do domestic in madam kitchen (*job #4*)..... washing, ironing, (*job #5*) I mind sick. **(variety of jobs, versatile, adaptable, hard-working)**

DWD: When you left school at 14, there was no opportunity to continue your education?

PG: No, not really

DWD: But you are literate, you can read and write?

PG: Of course. They does call me to talk on behalf of Mr C

DWD: You sound very self-taught and very observant

PG: Very.....you would say something over there and I would hear.

DWD: Well is either you are observant or you are a good ‘maco’!!

PG: (Laughter).....something, one or the two.....My mother was born on the 4th of November 1912 and she died here (indicating her lap), across me.(**experience of death/loss**)

DWD: By then you were married already

PG: By then, I stop making children already. She died at 64.in Second Street.....

DWD: Second Street in B.....? That’s where I grew up and my mother still lived there.

PG: My first husband, he was living there with his mother’s cousins and they have a shirt factory there now on dat spot...at No. 85. I don’t know if the shirt factory still there. Then #87, is my seamstress, a Baptist lady with flags in the yard.....right opposite the school (**good recall**)

DWD: Yes, I know where that is, before you get to the Bank – between 2nd and 3rd Avenues.

PG: I work in that house, I work there, I leave them then they send back for me – the children did miss me.....”Where Miss Thomas?” (children asking). I used to do washing, ironing, cleaning out but I never get the ‘madam’ bedroom to clean out (the daughter-in-law), the old lady is her mother-in-law

DWD: Where in all of that did you get married the second time.....you got married long after?

PG: Long after, after my husband died.....I got in with G. He wanted to marry in two weeks.

DWD: Two weeks!

PG: But I tell him I have to know his ways first(**level-headed**) We met in 1988 and marry in 1989. But he was watching me, watching me..... It was Carnival. I have a way I say “Good Morning or Good Evening’ – he glad for that!....The neighbour next door, I used to wash and iron for him,(*job#7*) he marry now and have two children but I use to wash and iron for him while he was bachelor. He ask (T) “who is dat lady (referring to PG)? The friend explain that

“you see that gyul that does come here to me, that is Ms J... big sister....but if you like she, let me know because she ‘friad man. He (T) said that “she(PG) wouldn’t ‘fraid me at all”.

PG:and what about the other set of children

DWD:....because you had two children with two different fathers and none of those were happy for you.

PG: (Shaking head).....no...but them is the best set of children I have.....they nicer than my lawful children. I didn’t mind my big girl....I have to call her today...

DWD: So you had 6 with the first husband (6 alive), two then another two with 2 different fathers and then you met G and he treated you well

PG: Very good. Imagine the children rather him more than their own father(*said before*). When he met me I was working in the pre-school at the end of the road, cleaning and sharing the children lunches (*job#8*). I had meh own house. (**proud of independence/home ownership**) I don’t know what was going on with one of my two boys. I was cleaning and sharing the children lunches, whatsoever they bring to eat....I was fretting with the last boy, I tell him ”you so worthless like your father, nasty, I’ll take the whole box of clothes.....the tanks use to overflow with the rain water....he don’t want to wash his clothes so I say “ I’ll show you what I will do” so I took the whole box of clothes and dash it in the mud – didn’t he wash it?He in church, he used to pick up collection (*children’s involvement in church*) and don’t want to wash your clothes!..So I must store the water, I must wash it and I must iron it? (**anger expressed, wants son to be independent**)

DWD: So how old was he then?

PG: A teenager.....I tell him “You nasty, all those dirty clothes.... you want snake and cantapede to come in your mother house”. But the devil have he friend! He would go M.....L..... by a little

girl (girlfriend). He does go and buy gas for she mother, he ain buying gas for me...tote water for she...(upset that son helps others in favour of own mother)..she lend him three-quarter box of Breeze, the big, big box,and quarter-bottle of Chlorox.....she len him 2 bathtub.....if you see them white shirt! You would never think them was in the mud!

DWD: Of course in those days, no running water you have to be fetching from the stand pipe?

PG:No, but she have stand pipe because that is the government houses so she had running water but I didn't have(**hardship**). I had to tote it. I used to go down the hill to ketch water and if they didn't have, as I working in the school, and I have to make juice for the children and ting(in school), I used to leave there, go up the hill by my deceased friend, ketch the water and they come and make the juice for them. (**hardship**)

DWD: But you had to catch water for yourself as well?

PG: Yes, for meh own self. You see them big bucket they selling salt meat in, I used to bring 6 ah that. (**hardship**)

DWD: Didn't you have help at home? Wasn't your son living with you?

PG: At first, I and the Father (T).....when I couldn't take the stupidity and he like to hit and thing, I move out of the house, I went and stay at my sister and every morning he locking the house but I have a key (**not allowing husband to control her**). I tek out all meh tings.....My hairdresser give me a nice electric iron, he take it and he take my good sheets and thing and carry it by his Godmother in Belmont but she know the house was leaking. She figure we bring it there so when we build the house over but she don't know I not in the house. But I met her. I didn't know is she have it but my mind tell me is there he carry it. I say “ your godson take all my things and carry it by somebody but I not in the house, I living by my sister until I build my own house”. I can't take on he hitting me.....I might kill him.(**confronts issue, defiant vs domestic**

violence).....She coming up George Street and I going down, she say “ you not in the house”? I tell her – three months now. She say “ He (T) didn’t tell me you not in the house”. She thought I home. She say “I used to sen’ food for you. Sen’ fish done clean.”

DWD: So you were living by your sister with your son?

PG: No, he (the son) and the next sister was with he (T).....his big daughter.....After we ‘gree back,(reconcile), we ‘gree back in 1961, and in ’62, I got pregnant with her (the daughter), as we ‘gree back, I made she then the sister and then I make the boys.

DWD: So you stayed with him(T) a good while after you made up?

PG: Then I living Morvant now, the children were in the orphanage. I living Morvant and I never get to go La Joya, is only with this Tobago thing, I get to go La Joya.

DWD: You say the children had to go to the *orphanage*?

PG: Yes.....I give them to he (the father, T). He working CDC, the Carnival people, and he drawing plenty money, 200 and something a fortnight but you giving me 48.....so I is a stupid ‘ooman!**(not willing to accept less than she deserves)**

DWD: So how many children went to the orphanage?

PG: It shoulda be 4 but when the Police came up, they get 3. The taxi driver carry 3.

DWD: The Police actually took them away from him?

PG: No...Not from him. They were in the road,playing.....the taxi driver was wondering who children it was, today 3 days I see them in the road but had he known it was my children he would have kept them until I able, because I use to wash and iron for them. He say “I didn’t know is your children”. But you know children, they want ting to eat, he buy seet drink,all the things I pay \$10 to knit, all they socks, all the clothes, everything.....(*voice fading, emotional*)

DWD: That must have been a really sad time for you....a hard time?

PG: I cry....I cry when I have to leave my children (**emotional hardship/missing children**).

When I told my aunt, she said “Leave the children. They will go in the orphanage and they will come out something”. Afterwards, I was sorry, they had taken them because cases were going on and they say 6 months.....and the Magistrate ask me,a female,.....I went and give up myself you know. I was staying at my deceased friend in Curepe. I came a day and she say “ a Police came here and ask for you”. So I say ”how they know I here”?but the boys from P..... Street, they seeing me sweeping out, they start to give him(T) ‘fatigue’(teasing) and they tell him that through you the woman had to go quite Curepe and get.....I had a one-room, I sweeping out and I mopping.....the last work (*job #9*) I had, I used to sleep in, Dr Carter in Curepe, the old Dr Carter I working with and I work there 4 months and he didn’t know I had children.

DWD: How did he find out?

PG: A night I clearing the table and he and this friend talking and he is from Pashley Street and he (the friend) say “Wait....this lady clearing the table, she working here? “ He say “she have children, you know, and one going high school, the biggest one, and the second boy pass for a 5-year...”.

DWD: So your children were living with your husband then?

PG: No, they done gone in the orphanage. I buy thing for them to eat and drink and my biggest girl.....

DWD: And how old were they then?

PG: 8 or 9....under 12. But she (the daughter) relate the man, she talk as if I so bad and the father so good. But she never wrong for the father. (*Daughter taking sides*) She always saying “You don’t like the children, I don’t like she and the second to last boy....the second to last boy

resemble him....uhhh(signal for same likeness).....he look just like the father and lazy like he.
I crying when I use to go and meet my children (**separation from children emotionally difficult**)

DWD: You used to visit them?

PG: I used to go every Thursday. I went to the Station, after I get to hear they in the Orphanage.

DWD: How did the Police know?

PG: The boys from Pashley Street tell one another “Miss P living Curepe” and he (husband, T) get to know.(community grapevine)

DWD: But how did the Police get involved to actually take them?

PG: Well....as long as children in the road, they does take them up.(Police involvement/orphanage)

DWD: So he left them in the road?

PG: I leave them with he and he leave them in the road (*children not being well cared for by father*). He wanted me to mind them and he would keep his (money). I say, “Not at all....wait, I born on the first of April! (**high sense of self-worth**) Not at all”, so when I came home, a lady say ah Police was here to you. I say I going down. I went down (to the Police Station). I went a Saturday morning. I say: “Good Morning. Sorry to disturb you. I come to have a little saying with you all”. They say (the police): “what happen to you?” I say “I am the mother of the 3 children that were taken up the road” (**confronts her situation**).....but I use to wash and iron for an Inspector woman (*job#10*) working there and she eh see me for 3 months, she say “I wonder what happen to PG”, and she don’t know where I am living but she upstairs and she heard my voiceGod is really my Father, (**spirituality**) yes.....so she came down. She said “ P, wha

happening papa?” She say “I not seeing you and don’t know where you living, I have tings for you”. Then she explain them now what type of husband I have.

DWD: That was a piece of luck to meet her there!

PG: Then she said: “P(G) use to iron for me, sometimes wash, I would give her things for the children, I give her raw cloth to make clothes for them.....he is a worthless father!”(*negative 3rd person opinion of 1st husband*).....What is for you is for you!

DWD: So you were still able to continue to see the children (in the orphanage)?

PG: Every Thursday. And when I know I going on a Thursday, I would save things to carry for them. **(frugal)** Well...the mister I was working with is the old Dr Carter. The man that was there, he say “ you see this lady here, she have a *terrible husband* that is why she had to leave her children. He use to beat her and eh give her no money”. I say”well, the children in the orphanage”. The man turn and say “ I in some club or the other with Ms Tracy, the head lady (of the orphanage) so tomorrow please God I will go and enquire about them and the children will get first class treatment”.....Now he has other children. Now I am living her at my mother and he (T) friendly with the mister there wife and he making children with the man daughter.

(husband waywardness) She was 8 years younger than me, I went to her funeral last year. **(final justice)**

DWD: This is Mr T? PG: Yes

DWD: He was busy! I think I need to call him Mr T from now on!

PG: Well, the next morning Mr Carter, the deceased Carter, he went to the home (orphanage) and ask for the children, they came to him but they brother, the neighbour there who he(T) making childre with the daughter son was there. He used to tie little egg and run awayI make her carry him to Court. I say”Save yourself from trouble”. The father hardly gave them anything. My

mother say the man she wid used to beat the children so bad. I hear about it and I tell him.....but I know my husband like to fight and he is a boxershe had a young baby for the man, yuh know, beat her bad (*husband/continuing domestic abuse*)....she came by me and ask me if I could keep the children and I say for me is alright but you know your children father? When he came I say “ Listen, those are your children, they come from your back” but before you and the man have to clash, let the children stay here for a little 3-4 months and when everything cool down.**(show of compassion)**...I tole her to send their school clothes, home clothes, they books and every morning I would send them to bring water for you because you have a young baby.....I used to do that (*‘adopted’ the husband’s children*)

DWD: So these were not your children?

PG: No

DWD:....and you took care of them, how many of them?

PG: Three....they were sleeping by me

DWD: How old were they? PG: 10, 8, 5.

DWD: That was very generous of you.

PG: I went and get some straw and I make a mattress. I sew it with my hand and they sleep on that. I had extra pillows **(resourceful)**

DWD: Did he give you some money to help?

PG: You think he giving me more money.**(stingy husband)**.....Me and he was in the house, so he eh giving me no extra but I always doing something, unknowing to him, **(resourceful)** I gone to work but he not coming home for lunch. I would cook, bathe them, wash they clothes.....

DWD: Not very many people would look after their husband’s children?

PG: No long after, I had to bring him up though.There was a parlour lower down, he living up so, opposite my deceased aunt, my mother sister. He sening the boy to buy snowball but I didn't know the boy used to tief. I used to miss tings but I never blame nobody.....but he find he taking so long how he sen him to buy snowball.....he real beat that boy,(domestic abuse) I was pregnant, I say “ You mad, that is a chile””I not going to stand by and see you beat that chile”(defiant despite pregnancy)

DWD: So during the time you were looking after those children, your 3 were in the orphanage?

PG: Hmmm.....(pause) No, there were still in the orphanage. No, they didn't go yet.....they were by my mother.....then I went in the middle (between father and son) and I say “ you go have to have to make this chile today, I not going to stan up and see you beat that chile like that”If you see that boy and you see my second to last boy. They resemble the father *bad* and the day of the funeral I get to know that beside that 3, I get to know that he had 2 single children with 2 different woman. I so sorry I didn't let the person show me and said “I don't want to see nobody nuh” (crying).....I tell you, he now come back and I had love him so much and look what happen.....the doctor told me he died (loss) before time because doh mind the operation.....you know I real give him pressure, every morning I reading what he do me - that kill him before time.(*blames self for hastening husband's death*)

DWD: How old was he when he died?

PG: He died in '84.....he was 57.....he would sleep in Gonzales and my god sister living nearby and he didn't know is my gid sister but when she came to visit my mother in P.... Street, he watch her.

DWD: All this time, you were looking after the 3 children you were in M.....t?

PG:No, in P..... Street, S..... Village, L.....e.

DWD: So you and your mother were living on the same street?

PG: hmmm (yes), my mother had her own house, upstairs and downstairs and I was living with my sister up the hill.

DWD: It's nice to know that despite your trials, your children are all grown and they are all OK.

PG: They don't leave me alone. **(proud of children's support)**

DWD: But it seems that you were not alone at any point, living alone.

PG: Yes, a time I was living with the 3 children and the 2 outside children, not the one from Morvant, that girl grow with her father....the big daughter, one month and 9 days, I carry her by her father mother. I sit down watching the time, I didn't tell my mother I going to give her away,....is when I done bless her(baptism) I say" tell granny bye-bye". She say "what you mean?" I say " he not studying the chile, one month and nine days, you bring.....looking where I living? **(no paternal support/forced to ask mother-in-law to raise her)**

DWD: So you took that child to his (the father) mother's house?

PG: But if I had kept that child she would have died, when I nursing children, I does get 'greivement', I does have problems.....marasmie.....and when he had 4 years, the same trouble I had with him (the father) for money for milk the same trouble she had..He pick up the child "milk, milk, what?"and carry de chile to C.....o in M.....t.

DWD: But after the children grew and got married, you lived alone or.....

PG:pause.....I live in Morvant with the children, after I took the children from the orphanage.....because when 6 months as long as father and mother alive they(the orphanage) not keeping the children. She (the matron) ask me if I want them but I was really missing my children.....I tell her I taking them **(reclaimed children)**

DWD: So they only spend 6 months in the orphanage, then they came out so now you had double responsibility?

PG: Now, I always working.....My mother took the first 2 children, **(role of mother in child-rearing, family support)** they upstairs with her and the rest were with me (the 3 who were in the orphanage)

DWD: So they grew all their time with you....school, got married. PG: Hmmm (Yes).....the big girl married....

DWD: Was there any period when they left home and you were by yourself?

PG: Yes, up the hill, they went by they father,..... I did put him out of the house **(strong-willed)** I tell him” you want the run school girl the age of your children,*(unfaithful husband)* what respect is that?”. He had a pardner, a older man than him is a tailor, he doh give no good advice.....his wife is a Jehovah Witness, quiet woman, he always beating her and she working. I told him a day, “God will answer my prayer,**(strong faith)** you will die behind that machine”. You know he died behind the machine!

DWD: What machine was that? PG: A sewing machine, he was a tailor. And he drinking and he running school girl and he poison my husband mind to run school girl.....I told his wife, you pray and ask God....God take him**(strong faith)**. Just as I told him “you will die behind that machine”. She say “thanks for your prayers”. If I tell you I go live to see you then believe me I go live to see you.

DWD: So you had put out your husband..... you had enough? PG: Yes.

DWD:.....but the children were still with you.

PG: Hmmm (yes). Well hear – I up the hill, going to work, come back(Pause) when *his* son came up there by me, that was in Morvant? He has done come out the orphanage. That is trouble.

DWD: That is your son?

PG: No, the girl next door to my mother he(T) make children with the daughter. I went to her funeral last year. I had brought her up. She never interfere with me. She used to go and pay the money in the Court. He(T) living wid her. I had brought him up (for child maintenance). I told the Magistrate flat “ this kinda coming and sleep by me tonight then I next two weeks, I rather he go, let him go but I had love my husband so much.....they give him 3 weeks to move out, he didn’t move out.....a month pass he en move out. Where he gone to stay with the girl, my mother raise that boy.....But I tell him that I will bring police for him (T – first name called) but the morning he come to move, my heart get full, I start to cry.(**head vs heart**) I was going for water, I see him coming up with the girl.... I had a deceased neighbour, she say (T – first name N) “N don’t move out nuh! He (T) say “ the lady sen and call me, how they go bring police” (**not afraid to use legal system, shows boldness**)

DWD: but still it hurt.

PG: I’d love meh husband. (voice cracking)

PG: (Long pause).....every December month I used to send the children to spend a week or two and they have like grocery list to truss tings. They sening two lists....whatever you want you write it out. The week before Christmas, the box of goods will come with everybody name on it. But I here so he have to take it by he (T). So I sening the children. He can’t open he mouth and say nothing. He would send a bottle of wine, a pack of biscuits, chocolate, not like sugar and rice and thing, not that...(insisting that first husband support the children at least once per year)

DWD: Were you all separated at that time? Did you get back together again after that

PG: Yes, that time, I by me. Yes, we get back together in Morvant.....so hear, I sening the children. My sister carry me. “Let them go and get their father labour” – that is what she say. I had that there for Christmas and I had the moneyone day, they come and say “Miss

Shirlee.....” I say, “who is Miss Shirlee?” Ms Dorothy and them family, they used to call the stepmother ‘Tanty Decima’ and her children used to call me, up to now, ‘Tanty P’. Tanty Decima, we go meet she when she coming from church because I was pregnant with mih big girl, not his chile, *(PG’s child fathered by another man)* the big girl that does see ‘bout me now.... I living P Street and I going to church right there on C Street... and I coming from church.....I send my chile for these people to mind(raise), a baby.....because my husband was a bus driver, the chile good, good , as I stop working **(forced to give up her baby due to financial constraints)** and take the chile, the chile dead, but he grieve, he was a baby but he miss the other children.

DWD: That was your child?

PG: Yes, he died when he was 7 months **(loss)** and that same boy he living by, he stay for him.

He say “you bury that chile like he have no god parents”

DWD: It’s hard to lose a child isn’t it.

PG: I bury 4 children. The biggest girl was a year and six months and I bury one 4 months. **(loss)**

DWD: Most of them were less than a year?

PG: Yes, except for my daughter. Everytime I hold my sister daughter I does remember her, They born the same year, my daughter born the 29th June – St. Peter’s Day, a Friday but she born November. I use to dress them alike.

DWD: Did you lose the children consecutively or did you have children in between?

PG: No, I had children.....every year I was pregnant. *(not unusual at that time to have a large family)*

DWD: After the children were grown, and married – did you live with any of your children?

PG: Uh, uh (No).

DWD: So you stayed on your own?

PG: I went by my sister and stay .

DWD: Then you were in your own house. PG: Yes

DWD: So what made you move from your own house to this 'house' (institution).

PG: Then, I went blind(**precipitating factor**)

DWD: And you were on your own?

PG: They were upstairs and I was downstairs. In my mother house, I came back home and was living in my apartment. In my sister apartment, my nephew was there, he was a army man. After he build his house in Couva, he did build on a room.

DWD: So you were living with your mother.

PG: No. My mother had died long time. When I was in Morvant, my mother was alive. My sister was there before me, and I was there and whilst I there, I build something of my own.(**always striving for independence**)

DWD: Good for you!

PG: You know up there is a 'squatter' situation.(*speaks to financial standing in society*)

DWD: So did you go totally blind or in one eye.

PG: No, totally blind. When I came here (institution) I was blind. Another neighbour from Pashley Street, we all make children together, go to Clinic together, work together, she was here already. Her eyes were closed down, she couldn't see at all. My eyes open but I still not seeing nobody. So when I came her the day and she heard my voice, she said "P, you come and meet me". I say "who is that". She say "Lyris". I say "That is why I doh see you". (**social support/friendship renewed**)

DWD: How did you find this 'home'

PG: She is my daughter ‘macomeh’ and she get to find out about here.....the eldest daughter - she use to care for me. She use to bathe me. I sat in my rocker.

DWD: So the last daughter looked after you while you were blind.**(family support)**

PG: Yes, she lived in the house now

DWD: How long did she look after you while you were blind?

PG:Two or three years. Her children use to help me too. Before I got blind, her son use to buy meh gas and everything, cook and thing...**(family support)**.....I forget what I was talking about.

DWD: Nevermind. We were talking about when you were living with your daughter while you were blind.

PG: Yes, she say “Mamie, come and go in your bed”. But I say “no, I now done eat, I not going in bed so quick, let the food digest”. And she pull me, my head go back and the rocker go so and I hit my head on the wall. She took me and pelt me in the bedroom – because I had put on an extra room and make it my bedroom – she pelt me and I head my head on the concrete across the bed. It didn’t swell but it was paining.**(elder abuse)** It had a pentecostal lady living to the front, so she said “C (the daughter), don’t do that, God will vex with you and your children will hit you the same way”. I witness that. And she say “and you hit your mother”. This neighbour and that neighbour tell her that one of her children going to do you back. They see what she doing and I bawl out. But she vex because her daughter went by her mother-in-law just down the hill. She want to go and lime and she want the girl to see about the small chile she have – that is the man she married to last year, his child. But she have these two bigger ones. But the calling the girl she not coming, so she take it out on me. **(rationalises abuse)** The girl living upstairs and the boy downstairs.....When the girl come she saw the hand....she cuff em up, the hand was big (swollen). She come here and beg pardon. Three times before I answer her.....When the

daughter, she ask “ Eh Granny, what happen to your hand?”. I said “ your mother hit me but don’t tell her anything you know how ignorant she is and she will beat you”. She say “Granny I can’t sit down here and know my mother do you that, after you raise here without her Daddy help. (*intervention of grand-daughter*) It was Friday. When she going by she mother-in-law, she does carry all what the chile have to use.....She ask “But Mamie, why you hit your mother”.....(the daughter) “ But eh, eh, she tell you that?”.....I bought a dressing table for her, with the money I collect from N & M after the grandfather died, she went downstairs with it, throw the clothes on it and light everything afire.....The neighbours say if police come they going to lock you up..... the same way, you light the thing afire, you could of light she up too. Anyway, I call the girl and I talk to her. When the daughter went by her mother-in-law, she call M, my bigger girl. She say “Tanty M, come and take Granny. Mummy hit her and she hand swell” My big daughter doh like strife.....So she send her daughter for me but I was by the neighbour, who say “ I sure is you they come for”.

DWD: So it’s your gran who called her Aunt?

PG: Yes, she done beat her already. I was by the neighbour. The neighbour wasn’t well.

Sometimes, I use to wash and iron for her....They say “Granny there, Mamie send for her”. One of my ‘step’, just get married last year, he used to work at F M at the time. They say “doh study clothes, come and go”. But I take tree panties. They say “You eat?” I didn’t eat yet, I drink juice, I crying eh. She say “Stop the crying”.....She living in the father house. He have 3 houses. In C Street, the street after P Street in coming up.

DWD: That’s in M (area named)? PG: No, S....., L.....

PG: So I stayed there. She used to go to work and leave me there with her husband. He used to work at F..... He would hand me a towel and led me to the bathroom and I would jsut open the

door and go in.....After a time, I used to count the steps and walk down and cross the canal and hold on. **(show of independence despite blindness)** They used to put my clothes on the bed.

The husband was nice to me. All my son-in-law, present one, past one, all.....He say “ So look you food you know P”The father sell the house with she in it and he in it. The first house he build, the Pashley Street boys lick it down. How he could sell the house with the daughter in it and she was so kind to him? She used to go down to the Beetham and wash he clothes and iron it and that is what he do?

DWD: So you stayed there with her, a long time? PG: 6 or 7 months. **(daughter’s travel – precipitating factor)**

PG: Is when she was going to New York, if she had tell me, I would have told her let me go to my cousin in Pashley Street.....I used to walk and hold on, down the corridor and go to the kitchen. Then she say “ I have something to tell you, you know. Sit down and take your dinner. I know you like food. It have food there. It have tea. It have bread”. I say “if I eating food, I don’t want bread”. My head was down. I raise up. She say “ I going to New York” So I say “ what you going to do with me?”. She say “You want to know what I going to do with you. I putting you in a home”. **(daughter’s decision, no discussion)**.....I went down my pillow that night, I cried so much, I never stop crying until two o’clock I hear the clock strike. I thinking....at this age. **(first reaction to transition, not happy)**.....but is 12 years I here since 70.

DWD: Didn’t you have the option to stay with one of your other children?

PG: They say everybody working and they not going to leave me home by myself **(shows it was discussed with family)**

DWD: So none of the children are at home during the day? PG: No

DWD: How long did your daughter spend abroad.

PG: 6 to 7 months, she came to see me. She say “if you see how he (the husband) have the house?” He not cleaning, he just passing a broom.

DWD: So it was that daughter that made the contact for this place

PG: Yes, is her macomeh, her daughter godmother, is the supervisor.*(social network)*.....That time, they done transfer my clinic card to up here, they do everything behind my back **(not consulted, decision not self-initiated)** so when she came back now (from the US), she say “ I came back last week but D (husband) have the house in such a state, so I have to do a general, because you know how I does do....clean up, cobweb”. She say “you ready to go home”(from the institution to her home). I en answer yet.**(shows her anger at move)**. I studying she OK, she working with the Government, she children going to school, the neighbours have to pay her father a rent and those upstairs.....you think they would want she blind mother, they use to do good with me but they wouldn’t mind me for 6 months. This is what I think of. **(not wanting to be a burden)**

PG: She say “ you studying what I going to do”. I cry....**(melancholy and pain felt)**

DWD: That was before she went away (to the US). PG:Yes, I hear he(the husband) cry for so.

DWD: Was he going away as well?

PG: No.....he was there wiping the vase, they give him good fatigue when she come back.....

DWD: But by now you were blind in both eyes?

PG: Yes.....through she I get the first operation. I was to get the operation the 11th of November but I get it Carnival Friday. **(family intervention)**

DWD: So when you arrived here (at the institution) you were now totally blind? PG: Yes.

DWD: How long after that did you get the first operation that allowed you to see?

PG: Two years.

DWD: So you were here totally blind for two years....and now you are here 12 years. But how do you feel about being here.

PG: (Whispering) I don't feel so good. **(expressing sentiment re 'home')** Up to know they taking my clothes.**(not feeling secure)** I ent saying nothing.....(lost in background noise) a lady who was here, the nephew make a will to get the house.....she work hard for the house but he get it. *(straying from the topic)*.....he put her in a next home.....but I have my plan. When that one come down from New York.....they 'fraid he, he could cuss them....I waiting.**(depends on son's intervention)**

DWD: Sounds like you are fairly comfortable?

PG: I comfortable. I have to pretend **(resignation/tolerance)** (indicating thatmy big son waiting on the case.....I will known next month please God, on the 16th when he come to carry me to clinic**(family support)**, I will know everything

DWD: But I'm glad your family visit often.

PG: I don't spend Christmas here or Easter.... not only visit. I does be up there spending time (by the daughter). Her daughter (the gran) was to bring me back the other day, instead of bringing me back she carry me home by she in Arima to see where she living. **(frequent family interaction)**

DWD: So the daughter who went away, is she back here now.

PG: Yes, she working with the Government.....she only stay 6 months. She working with the Government. She working with Tertiary (Education).....What day she was here and I didn't know. She was here Thursday morning. She work half-day and come here. I upstairs, the cook called "Miss G!"

DWD: What's upstairs?

PG: The women's section. It have men and it have women.....right now is only five people upstairs. I was upstairs first but I ask to come down. The same lady from P... Street, I used to I used to hold she hand and walk down the steps and another Vincentian lady, she push me, I nearly fall on my face, I do so (showing a raised hand to brace herself).....anytime I get in trouble I does see my father. He say "She old, don't get yourself in trouble." So hear what I do, I look for Mr C (the owner) and I ask him if I could come down (**faces problems, finds solutions**) and he said yes, and he ask me why and I tell him why and I here since. But I does go up you know. When I came here, they use to keep the Christmas party upstairs but now they does keep it here.

DWD: I think you have given me enough material for now.....but you know you will be seeing me.

PG: I see you as you coming. They ask me if I know that lady (the researcher) and I tell them "That is meh friend!" (*evidence of close relationship built*)

Appendix 2a

21 August 2012

Director/Owner
Home for the Elderly
East Trinidad

Dear Director,

Re: Research Project in Health Promotion

This project is in of a Masters in Education – Health Promotion from the School of Education, Faculty of Humanities and Education, The University of the West Indies, St Augustine Campus.

As discussed and verbally agreed last year, this confirms your permission to allow (participant's name) who is an 82-year old resident of the 'home' to participate in this study investigating the transitional experiences associated with the relocation from the family home to this institution.

Information gathered will contribute to an understanding of the needs of the elderly and how they adapt to this transition in their later years. As you know, persons are living longer so that there is a need to make this transition a healthy one by gaining insights from the person who is being most affected by the transition and possibly improve their quality of life.

All responses and the identity of the participant will be kept strictly confidential, as well as the name of your facility or any identifying information such as location. The interviews will be heard only by the researcher. The participant is free to participate or not to participate without any penalties.

I can be contacted at 682-5489 or via email at dwdummett@hotmail.com.

Additionally, feel free to contact the Coordinator, Health Promotion Programme, Dr Bernice Dyer-Regis at the UWI, School of Education, 662-2002 or at email: blessedb51@yahoo.com

Thank you for your consideration. Please sign at the end of this letter if you in agreement with the above.

Sincerely,

Denise Williams Dummett

Masters Candidate, UWI/SOE

.....

Director/Owner Date

Appendix 2b

21 August 2012

Participant

Home for the Elderly

East Trinidad

Dear Participant,

Re: Research Project in Health Promotion

Project: In partial fulfilment of a Masters in Education – Health Promotion, School of Education, Faculty of Humanities and Education, The University of the West Indies, St Augustine Campus.

Research Title: The perspectives of an elderly person, post-transition from the family home to institutional care

Purpose: You are being asked to participate in this study which will take the form of taped interviews which I will transcribe. You may also be asked for documents or photographs.

Risks & Benefits: Risks are minimal except that in recollecting your life story you may feel loss or sadness but you share only the information that you want to share. You will not incur any financial risks. There may be no immediate benefits but the information will help others to better understand the issues related to this late-life transition to this ‘home’.

Confidentiality: Your name and identity will be protected. Only the researcher will know who you are.

Right to Withdraw: You are under no obligation and you are free to withdraw at any time.

Contact: If you are dissatisfied with any aspect of the process, please let me know by calling me at 682-5489 or have the Director contact the Coordinator of the Programme, Dr Bernice Dyer-Regis at the UWI, School of Education, 662-2002.

Consent: I understand the above statements and that my participation is voluntary. I am willing to participate in this research project. There will be no consequences should I decide to withdraw.

.....

Participant’s Signature/Date

.....

Researcher’s Signature/Date

