

# The Adjustment Experiences of the Aged when entering a Retirement Home in South Africa



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## Abstract

In our modern society, many elderly people inevitably reach a stage where they have to make the decision to move into a retirement home; which can be a majorly stressful event. Although several overseas studies have explored the adjustment process of the elderly from their previous living situations (either independent or inter-generational living) to a retirement home, literature related to this process for the elderly in South Africa is limited. Therefore, the present study aimed to explore the adjustment experiences of the elderly (persons aged 65 and above) into a retirement home in South Africa. The study adopted a qualitative descriptive approach; with a group of ten elderly people (four men and six women) participating in an hour long, semi-structured interview with the researcher at BBGE (name protected for confidentiality) retirement home, Durban, South Africa, to make sense of their adjustment experiences. Research questions aimed to understand; how the elderly made sense of their experiences moving into the home, how they described challenges faced in the process, as well as how the adjustment experience impacted their sense of self-definition and interpersonal relatedness. Interpretative Phenomenological Analysis (IPA) was used to analyse the data gathered in interviews. The findings were filtered into eight super-ordinate themes namely; moving into the home, dealing with different types of loss, dealing with traumatic ruptures in attachment, changes in understandings of self-identity, relationships within the home, institutional living, mindsets and adjustments, and the South African context. It was found that the adjustment process did not necessarily have a significant impact on the elderly's self-definition or relatedness from a personality perspective, however, lifelong developments of the elderly's personality styles had an effect on the adjustment process; by either enabling them to adjust with relative ease, or causing distress and ultimately a failure to adjust into the home adequately.

## Chapter 1: Introduction

Although ‘aging’ is a process which all human beings are involved in from conception to death, the definition of the word generally refers to an advanced stage of life or ‘becoming old’; when the effects of increased aging become more noticeable and pronounced (Merriam-Webster, 2019). Aging can be viewed as a natural, continuous progression of life which incorporates multiple, complex changes that affect individuals in various ways (Hunt, 2004). Outwardly, the physical or biological changes that occur as a person reaches advanced stages of the aging process may appear to be the most impactful, however, the emotional, psychological and social adaptations that the elderly are required to make can also be immense (Schroots, 1996).

One of the adaptations that many elderly people face in our society, is eventually deciding to make the move into a retirement home or place in which they can receive more support and care for daily tasks i.e. cooking, cleaning, medical care etc. (Rosenkoetter et al., 2016). This process can be extremely stressful for many reasons; they may not have control over the decision-making process to move (e.g. forced by family), they are required to downsize their world, i.e. get rid of many sentimental objects etc., and are forced to leave the places that they previously called ‘home’ with familiar surroundings, people and places (Brownie et al., 2014). Currently, there is limited information on the elderly in South Africa and although the adjustment process into a retirement setting has been studied in-depth in other countries around the world, this particular social phenomenon has not yet been deeply explored in the South African setting.

The second chapter of this research paper will therefore discuss existing literature concerning the aged as a population group, how retirement homes as they are viewed today came to be, as well as define common terms used to describe settings for retirement such as retirement home, old age home etc., which are oftentimes used interchangeably, to give the reader clarity on the setting for the present study. The literature will also explain findings from previous studies on the adjustment experiences of the elderly into retirement homes, elaborating on the push and pull factors (reasons for and against) to move into a home, as well as what personal factors provide resilience for the elderly during this period of stress (Walker and McNamara, 2013).

Although some studies exist overseas regarding this particular life change for the elderly, very few studies have explored the psychological processes that accompany adjusting to life in a retirement home, and attachment theory which is a significant theme for the elderly, has not been examined directly in relation to the elderly and their experiences of this transition process (Bradley and Cafferty, 2001). Therefore, the third chapter in this study will outline two psychological theories, namely Bridges three-stage framework for adjustment, and the two polarities model for personality development; that will be used to interpret and understand the adjustment experiences of the elderly in more depth (Bridges, 2003, cited in Brownie et al., 2014 and Blatt and Luyten, 2009). The chapter ends off by clarifying the research questions for the study, which were used in the data analysis process to identify significant related themes.

The discussion will then move on in chapter four to describe the methodology of the current study, which adopted a qualitative, descriptive approach. This section will also expand on the philosophical assumptions underpinning the research approach, which include deep interpretivist tools linked to the theory of hermeneutics. Research design is also discussed here, with a focus on how the researcher becomes a vital instrument in the overall research process. The chapter also includes an introduction to the participants in the study, as well as how data collection was undertaken.

Chapter five provides an explanation on how the process of data analysis was carried out, with a thorough discussion on Interpretative Phenomenological Analysis (IPA) as the method chosen to make sense of the data gathered. This section then goes on to richly describe the process of data analysis which the researcher embarked on to gather structured meaning of the data, with the use of IPA guidelines. A table of super-ordinate themes is included in this chapter, which highlights the significant conceptual findings of the study. The filtering process resulting in the super-ordinate themes being unearthed is also discussed.

Thereafter, the results in chapter six expand on the findings of the study by looking at each of the super-ordinate themes in-depth, as well as including quotes from participants which relate to each of the significant thematic concepts. Chapter seven then brings in a theoretical discussion which aims to tie the results and theoretical framework together; examining how the two theories can be applied to interpret and make sense of the study's findings. This

chapter also makes reference to direct quotes from participants interviewed, to support and further explain the interpretations made regarding the elderly's adjustment experiences.

In chapter eight the limitations of the current research study are addressed and the discussion then flows into the next chapter, which concludes with thoughts related to further opportunities for studies regarding the elderly, as inspired by the current research endeavour. Chapter eleven provides acknowledgements to the organisation and important individuals who made the completion of this research study possible.

After the concluding notes, the reader is then able to view the list of references used for the study, as well as the related appendices referenced in different sections of the paper. It is the researcher's hope that this paper will prove to be an interesting, insightful read, with useful, rich information revealed, which can be utilized by retirement homes, the elderly themselves, family of the elderly, and the academic community in general.

## Chapter 2: Literature Review

### 2.1 The Aged

Due to advancements in medicine interventions, sanitation, as well as agricultural methods of production and distribution, life expectancy has increased significantly in all countries over the world since the 19<sup>th</sup> century (Denham, 2016). This of course means that the number of older people in the world's population has also risen, which in turn stimulated the investigation of various research concerns and discussion of socioeconomic issues with regards to this particular age group (Kinsella and Phillips, 2005). During the 20<sup>th</sup> century, the terms 'geriatrics' and 'gerontology' were coined to define the branch of medicine aimed at dealing with the overall health and care of elderly people, and to outline a subject area of science that investigates the process of aging and examines the challenges that older people face, respectively (O'Neill, 2015).

For this discussion, the term 'elderly' has to be carefully defined because research suggests that age is a complex construct; it is not only determined by the number of chronological years that one has lived or the physical changes that occur, but is also a result of societal norms and expectations that are associated with differing life stages (Little and McGivern, 2013). Although the terms can be used interchangeably, 'older person' is sometimes preferred over the use of 'elderly' or 'senior citizen' to classify people in the later stages of life because the latter terms can often be linked to negative perceptions of being rather frail or dependent in various ways (Kinsella and Phillips, 2005). In literature, older people are mostly divided into two categories which include; the older population (ages 65 and above) and the oldest old (age 80 and above) (O'Neill, 2015). Even so, further understanding of diversity within the two categories is also necessary because older individuals can differ drastically in terms of their skills, physical abilities and financial independence (Kinsella and Phillips, 2005).

As previously mentioned, the proportion of older adults in the world's population has increased and this has also brought about a change in the dominant health care burden; with chronic conditions (strongly associated with the aged) replacing infectious diseases as the primary global medical concern (Marengoni et al., 2011). Along with the biological components of aging comes an increased risk for the development of certain types of medical concerns including; Arthritis, cancer, diabetes, Alzheimer's disease, osteoporosis, Parkinson's disease, as well as diseases of the cardiovascular, cerebrovascular and pulmonary systems

(Yancik et al., 2007). Physical falls among the elderly have also been extensively examined in literature as a principal cause of injury and in extreme cases, death (Harwood, 2001; O'Loughlin, 1993). Therefore, a large proportion of research on the aged has focused on the prevalence, impact, treatments and preventative measures related to the significant medical issues that occur in this age group (Marengoni et al., 2011; Wolff et al., 2002, and Fillenbaum et al., 2000).

In addition to this, the terms 'comorbidity' and 'multimorbidity' have also been raised as important factors to take into consideration when examining the overall health and wellbeing of the elderly because they often experience more than one type of medical or mental health issue concurrently (Hitchcock et al., 2004). There is a high prevalence of depression among the aged in general and research indicates that individuals managing treatments for one or more severe medical conditions are particularly vulnerable to display symptoms of this form of psychological distress (Alexopoulos, 2005; Yancik et al., 2007). Multimorbidity results in a lower quality of life for the elderly and can also place them at a higher risk for suicide attempts (Juurlink et al., 2004).

Although it is not the only change which requires focus for older adults, physical alterations and failings are on the forefront of many elderly persons' daily concerns (Masoro, 2005). Hunt (2004) categorizes the major biological aspects of aging into three major sections. These are firstly structural changes; which refer to loss of muscle mass and tone, skeletal changes and weakening, as well as alterations in the elasticity and texture of the skin which results in wrinkles (Hunt, 2004, p. 4). Secondly, there are significant sensory changes that occur in the aging process which result in poorer abilities to see (including judging distances and depth), smell, taste and hear sufficiently (Hunt, 2004, p. 4). The third category incorporates changes in four major systems in the body which include; the heart or circulatory system becoming weaker which results in difficulties with blood flow and circulation, the digestive system slowing down which can lead to elimination complications, a weakening of the urinary system which includes slower kidney functions, and lastly changes in the reproductive system which cannot be reversed (Hunt, 2004, p. 4).

It was mentioned earlier in this discussion that the diversity or heterogeneity of individuals within the categories of older people must be considered when conceptualizing the elderly (Kinsella and Phillips, 2005). This is because although aging is often defined by a loss of

physical abilities and an increase of medical issues, many older people appear to age surprisingly well and deny the expected stereotype of overall decline (Vaillant and Mukamal, 2001). The concept of 'successful aging' has gained prominence in social gerontological research since its initial introduction into literature by Rowe and Khan (1997) who further proposed a three part model for aging successfully which included; a decreased likelihood of disease or disability, the preservation of cognitive and physical faculties, as well as an active participation in life in social and occupational avenues (Rowe and Khan, 1997).

The notion for successful aging began with one of the first theories on aging namely; the Activity Theory proposed by Havighurst and Albrecht (1953, cited in Lange and Grossman, 2010). This theory suggests that life satisfaction and psychological health of older people is directly and positively linked to remaining actively involved in society; by fulfilling a meaningful occupation and continuing to contribute to one's community at large (Lange and Grossman, 2010). Over the years, several studies have been conducted which examine aspects of the successful aging model and clarify the activity part of Havighurst and Albrecht's theory for example; positive correlations have been found between longer survival rates for the aged and engagement in cultural, formal social (organizations, clubs etc.), informal social (friends, family etc.), physical exercise, and productive (shopping, housework, paid / unpaid work etc.) activities (Glass et al., 1999; Maier and Klumb, 2005; Walter-Ginsburg et al., 2005; Mullee et al., 2008), greater levels of life satisfaction have been linked to increased enjoyable leisure and social activities (Fernandez et al., 2001; Jang et al., 2004; Nimrod and Adoni, 2006; Nimrod, 2008), and lowered depressive symptoms along with a higher sense of wellbeing have been found to result from the elderly's increased involvement in leisure, social, physical and productive activities (Herzog et al., 1998; Janke and Davey, 2006; Lampinen et al., 2006).

However, some criticism has been raised by scholars in opposition to the activity and successful aging theories because they claim that these concepts are sorely lacking, by failing to take into account the personal, cultural, social, economical and political contexts in which aging occurs around the world (Martinson and Berridge, 2014; Birren and Schroots, 2001). Therefore, the ability to age better has also been explained from a different perspective in literature; whereby an individual is not necessarily exempt from experiencing negative events such as illness or loss etc. but is able to rise above these circumstances, by means of a personal process of successful adaptation to the inevitable, uncomfortable periods of change

that accompany the later stages of life (Faber et al., 2001; Wong, 1989). Wong (1989) postulated that if the elderly were able to engage in four meaning enhancing strategies namely; positive conflict-resolving life review (reminiscence), commitment to personal growth, cultivating optimism, and maintaining spirituality or religious wellbeing, that they could then achieve a sense of significance in spite of the hardships they encounter.

It seems that the World Health Organization has incorporated both perspectives into its operational definition for healthy aging which states that “being free of disease or infirmity is not a requirement for healthy aging...(but) healthy aging is about creating the environments and opportunities that enable people to do and be what they value throughout their lives” (WHO, 2019). As the Greek philosopher Heraclitus proclaimed, “the only constant in life is change” (West, 2017) and this is particularly true for older people who face major life transitions such as retirement, relocation and the death of partners, friends and family (WHO, 2019). Through processes of modernization and urbanization the environments in which the aged live have also undergone dramatic changes, and intergenerational household care situations are no longer the essential norm in society (Kinsella and Phillips, 2005).

This section has given a broad overview of significant concepts within the scope of literature on the aged. The discussion will now provide an overview on the contexts of care available for the elderly, with reference to long-term institutions; which have evolved and improved over time into the various types of settings found around the world today. Firstly, a brief history of the development of care homes for the elderly will be examined before the definitions of different care home settings are defined to clarify the institution of focus for the present study.

## 2.2 Contexts of Care

It is important to note firstly that, in the overall world history of elderly care, the notion of governments or private benefactors taking responsibility for building care establishments or retirement homes for the aged is a relatively recent concept (Denham, 2016). Prior to the 1800s, older adults were mostly cared for in society by their families and this arrangement was feasible from an economic and social point of view (O’Neill, 2015). However, during the 19<sup>th</sup> century, as life expectancy and the number of aged persons in society increased, the burden of how to care for the aged became a significant concern (Denham, 2016). Initial

solutions for elderly care were not ideal, for example, in countries such as England and America during this time period, the poor and the less fortunate elderly were often placed in workhouses (Higginbotham, 2011). These institutions provided older people with basic food and board but unfortunately, they were also known for their abysmal conditions; including hard labour, rigid daily routines, as well as harsh punishments for any acts deemed disorderly (Higginbotham, 2011).

It was only towards the beginning of the 20<sup>th</sup> century that government systems began to take responsibility for providing support for the needy and older persons, and therefore laws for the introduction of pensions (regular sums of money paid by the state to retired, widowed or disabled persons) were passed and by the mid-1900s most workhouses had been eradicated and replaced by nursing and residential care homes (Peace, 2003). Nursing homes provided a medically supportive environment for the sick or elderly who were no longer able to care for themselves or be cared for in private residences, whereas residential homes focused on providing boarding and lodging for more physically able individuals who had nowhere else to live (Peace, 2003).

By the turn of the 21<sup>st</sup> century, global aging was recognized as a significant issue and this placed a demand on countries worldwide to increase the number of long-term care facilities available for their aged populations (Ribbe et al., 1997). Ribbe et al. (1997) explain that the variety of care facilities set in place for the elderly depends on the overall organization of the healthcare system within a country, funding potentials of both the private and government sectors, as well as the strength of community resources available; and this is why, although there are numerous retirement homes around the world in modern society, they can differ greatly in terms of their size, care objectives and amenities.

There are an abundance of terms used to describe current care facilities for the aged and it would not be possible to define all of them in this discussion, however, it is important to have some understanding of the main categories of available places for the purpose of the present study. Firstly, retirement institutions in general are places of care that have boundaries and age restrictions (generally over the ages of fifty-five to sixty) for entry and they mostly cater for older people who have left a formal occupation and no longer work (Peace, 2003). Retirement communities and retirement villages are both terms which mostly refer to privately owned, master-planned areas, that allow older people to buy or rent independent

dwellings within a social community setting where there may be shared leisurely activities (e.g. a pool, gardens etc.), and these facilities usually have income restrictions as they can range from average to relatively upmarket amenities (Thomas et al., 2019). This level of care is referred to as independent living because residents can carry out daily activities (i.e. shopping, driving, cooking etc.) without the extra assistance of nursing staff (Senior Service, 2019).

The terms ‘retirement home’ and ‘old age home’ are commonly heard and often used interchangeably to refer to a multi-residence or single building containing multiple semi-apartment type rooms that are designed to accommodate the elderly (Thomas et al., 2019). Retirement homes usually have congregate care environments, which means that residents share a main entrance area, dining rooms, activity areas, lounges and communal bathrooms (unless they opt to pay extra for an en-suite) (Senior Service, 2019). In terms of medical and physical support or care, retirement homes are viewed as a mid-level type of facility (sometimes referred to as assisted living) whereby residents are mostly well enough to live independently but may need assistance with some tasks e.g. taking medication etc. (Senior Service, 2019). Nursing homes are mostly defined as places that care exclusively for older adults with the highest level of need for support, i.e. people who are physically or mentally frail and require constant assistance and supervision, however, some retirement homes also have extra sections within the facility that cater for frail elderly people in addition to those residing in assisted living arrangements (Senior Service, 2019; Streib, 2016).

The present research study will focus on the elderly residing within a retirement home, in the mid-level category of care and support. An understanding of the environment within this type of facility is important because although the assisted living setting can provide safety and ease for residents, it can also give rise to difficult feelings of a loss of independence for the elderly, particularly those who were actively involved with daily tasks etc. in previous living situations (Kramer et al., 2007). Moving into a retirement home situation would mostly likely prove to be a major life transition for a person of any age and more so for older adults; who are used to living a certain way in a familiar place with their own routines etc. for most of their lives. The next section will go on to discuss literature obtained from previous studies on the adjustment process of older adults into retirement settings and identify core themes that have been raised with regards to this stressful life event.

### 2.3 Adjusting to Life in a Retirement Home

Making the decision to move into a retirement home, as well as the event itself, can be stressful and emotionally burdensome for the elderly and their families (Cheek, Ballantyne, Byers, and Quan, 2006). Besides the fact that there could be traumatic circumstances which precede or enforce the decision of moving to a care home for example, the death of a spouse or other close family members or a severe medical crisis, there are also complex psychological challenges that the elderly face when making the transition (Rosenkoetter et al., 2016). According to Manion and Rantz (1995) the North American Nursing Diagnostic Association (NANDA) formalized a diagnostic label in 1992 for the stress which the elderly experience in their transition to a long-term retirement institution; this is called relocation stress syndrome (RSS). The major psychological symptoms of RSS include anxiety, apprehension, increased confusion, depression and loneliness, whilst the minor physiological symptoms can include changes in eating habits and sleep patterns, weight changes, gastrointestinal disturbances, restlessness and verbalizations of transfer concerns (Manion and Rantz, 1995).

One of the reasons as to why the relocation from an elderly person's previous home into a retirement institution may be extremely stressful for them is because the concept of 'home' is important in relation to an individual's identity, and it can also be linked to feelings of safety, wellness, recovery and healing (Brownie et al., 2014; Bockerman et al., 2012). Home is more than a physical building, it is a "physical, imaginative and affective place of belonging" (Brownie et al., 2014, p. 1655) influenced by one's personal background including culture, religion, race, gender, class, and age etc. (Brickell, 2012). For the elderly, home is a place which has evolved in a process over time and an environment to which they have strong emotional and psychological bonds, therefore the rupture of these in the adjustment to life in a new retirement home can be distressing (Bland, 2005).

The transition into an individual's 'last home' (Brownie et al., 2014), which is the retirement institution where they are placed, is frequently associated with various types of losses in the form of beloved family members, friends, pets and even cherished personal objects or possessions; all of which create grief responses to be dealt with (Ayalon and Green 2012). In a sense, the elderly are also faced with a major type of downsizing or shrinking of their familiar world and life experiences, which places more of a dependence on the place they call

home in a retirement institution to meet daily requirements and routines; for example having a bathroom with supportive safety railings and easy-access, and a bedroom which provides comfort and independence (Brereton, 2013). The difficulty with retirement home settings is that, although they are designed to offer better structure and care for the elderly, the physical appearance of the rooms etc. where the elderly are placed tend to have a look and feel which is decidedly less homey than previous personal dwellings (Groger, 1994).

Institutions such as retirement homes are often built to cater for a large number of elderly people, and whilst this includes practical spatial measures such as communal dining areas and bathrooms with fairly uniform rooms for residents, it does not always allow much room for self-expression or individuality (Brownie et al., 2014; Bockerman et al., 2012). For example, those who were used to doing a lot of home cooking or gardening may not be able to continue these activities in a retirement home setting and it can be depressing for the elderly to lose these important personal creative outlets (Rosenkoetter et al., 2016). Studies conducted on the effects of institutionalization on the elderly have found negative psychological symptoms such as impairment in overall emotional adjustment, a decreased capacity for independent thoughts and actions, depressive mood symptoms and low self-esteem to be related to life in retirement institutions (Lieberman, Prock and Tobin, 1968).

An important factor to take into consideration when examining an elderly person's adjustment into a home is whether they had any control over the decision-making process for the move (Walker and McNamara, 2013). It has been found that the extent to which an individual is able to participate or exercise autonomy with this life-changing decision, can directly influence the positive outcome of the adjustment process and even affect mortality rates post-relocation (Bekhet, Zauszniewski, and Nakhla, 2009). This is why, for a large number of elderly people, a significant motivation for making the move is simply related to timing; to ensure that they are able to make the decision and be involved in the plan for their future care, before they are too frail or dependent to do so (Groger 1994). Involuntary moves into retirement homes decided by family members or life circumstances can be particularly traumatic because they allow less time for mental, emotional and physical preparation (Walker and McNamara, 2013). However, these experiences can also be damaging towards the elderly since they can be left feeling as though they have been betrayed or abandoned in some way and as though their autonomy and freedom of choice have been lost in the process (Bekhet et al., 2009).

Existing literature on reasons for elderly relocation into retirement facilities generally postulates ‘push and pull factors’ which outline the decision-making process (Gibler, Moschis and Lee, 1998). Push factors are negative situations in an individual’s life or environment that compel them to make the move to a more secure, supportive place of care (Tyvimaa and Kemp, 2011). These push factors could include a decline in one’s own or a spouse’s health or physical ability, feeling overwhelmed by excessive responsibilities in the maintenance of one’s current residence (e.g. yard work, housecleaning, cooking etc.), loneliness felt due to a decrease in past social activities related to work or hobbies etc. or lack of family and friends in the immediate home area, and fears of becoming a burden to one’s family if alternative arrangements for care are not made in time (Bekhet et al., 2009, Groger, 1994).

Deciding to move to a retirement home also includes many pull factors; which are positive aspects that attract the elderly to relocate to a certain institution (Tyvimaa and Kemp, 2011). Although this is a major life adjustment, for some it may actually represent the opportunity to start a new chapter in their lives; by engaging in novel social activities, routines and occupations which allow them to create a new identity within the retirement home community (Walker and McNamara, 2013). Other important pull factors for the elderly are the availability for better, more accessible health care and medical services which are provided at most retirement homes, a sense of personal safety with life in an institution, and the possibility of long-term support (Krout et al., 2002, Groger, 1994). The location of the retirement home could also be a pull factor if it is within a familiar community with accessible transport options or situated close to supportive family members (Kramer et al., 2007). If a retirement home has a well-trusted reputation, and an elderly person has received positive feedback from friends who have already made the move, then this could also initiate a positive pull in the decision-making process (Bekhet et al., 2009).

Therefore, the complex pushes and pulls within an elderly person’s life situation and environment will ultimately combine and result in a decision being made to move and, as stated previously, factors such as personal control or autonomy over the decision-making process can have a profound effect on the overall success or failure of the adjustment (Walker and McNamara, 2013). Research into this life adjustment of the elderly has also found that there are various challenges involved at the sequential phases of the move, i.e. the

decision-making and waiting period before the move, the initial period following the move and the long-term living adjustment into the retirement home (Lieberman et al., 1968). Significantly adverse psychological effects have been observed during the waiting phase before the move including feelings of despair, depression, anxiety, separation and rejection (Lieberman et al., 1968). Some of these effects can intensify over the first few months in the retirement home and thereafter lessen once a more long-term adjustment phase has been reached however, other negative consequences such as disorientation to time and space, increased preoccupation with body image and reduced emotional responsivity have been observed with longer time periods of institutionalization (Lieberman et al., 1968).

Factors such as personal inner strength and optimism as well as dependency on the relationships or caregiving from others play a crucial role in the elderly's ability to cope with the changes and losses involved in the adjustment process (Bodner and Cohen-Fridel, 2010). Hayat, Khan and Sadia (2016) describe ego resiliency in the elderly which refers to the internal structure of an individual's personality that enables them to effectively control inward impulses and desires to adapt more positively to adverse circumstances. The concept of acceptance has also been raised as a key component in fostering a positive outlook when adjusting to a retirement home because acceptance strengthens one's internal resources (Bradshaw, Playford and Riazi, 2012). According to Bradshaw et al. (2012) acceptance for this major life transition requires positivity, a strong sense of self and awareness.

In addition to internal personality characteristics Bodner and Cohen-Fridel (2010) explain that attachment becomes a significant theme in older age because the elderly are more physically and emotionally vulnerable and therefore their abilities to form and maintain secure attachments also act as a buffer against psychological decline in the midst of challenging life events. Attachment styles play a crucial role in the overall wellbeing of individuals across the entire lifespan and yet research into attachment theory and the later stages of life is still underdeveloped (Bradley and Cafferty, 2001). Bradshaw et al. (2012) found that connectedness and involvement with others plays a vital role in the elderly having a positive experience in retirement homes. Relationships with fellow residents result in friendships and a sense of belonging and reassurance for the elderly whereas a lack of social connectedness results in feelings of loneliness and isolation (Bradshaw et al. 2012).

## 2.4 The Eldery in South Africa

All the literature that has been reviewed thus far relating to the elderly and their experiences of relocating to life in a retirement home has been obtained from studies conducted on older adult populations overseas. Considering that the current study focuses on the experiences of elderly people adjusting to life in retirement homes in South Africa, it is important to gain an understanding of the context in which their retirement takes place, as well as examine the existing literature concerning the aged population within the country.

Veenis (2021, p. 4) makes a key point by stating that “retirement in the developed world is vastly different from retirement in the developing world”. This means that due to complex reasons including the lack of adequate pension schemes, an inability to save sufficiently over one’s working lifespan, and various socio-political factors that place elderly people at a disadvantaged position later in life, retirement may simply not be a luxury that many people in developing countries, such as South Africa, could ever hope to afford (Veenis, 2021). In developed countries, particularly those with governmental laws and state schemes that favor support of the elderly, continuing to be involved in the work force at an advanced age is an individual’s choice or preference (Ford, Park and Sen, 2009). However, in less developed countries, the elderly continue to work or find themselves having to re-enter the workplace after some years of retirement, due to the fact that they cannot afford to support themselves or live on a government pension alone whilst being retired (Veenis, 2021).

One significant factor to be taken into consideration when examining the life experiences of the elderly in South Africa is that, in addition to inadequate pension schemes and disadvantaged economical and social statuses, the roles and responsibilities of many older people in the country have fundamentally changed in the wake of the HIV/AIDS global pandemic (Nweze, Eke & Nweze, 2017). According to Deeks, Overbaugh, Phillips and Buchbinder (2015) countries in Sub-Saharan Africa are burdened with around two-thirds of the overall world HIV infections and claim over 70 percent of the global AIDS mortality rate. Due to the infections and premature deaths of many younger adults in the country, the older generation has been forced to take up the responsibility of raising their grandchildren, as well as caring for their ill adult children, in many households across South Africa (Damian, Mashu & Tugli, 2019). This means that for many elderly persons in South Africa, retirement is almost certainly not an option; with the burden of continuing working to support an extended

family, as well as being an emotionally and physically supportive caregiver, falling solely on their shoulders.

Research previously conducted on this intergenerational care model in South African households reveals that the complex roles which grandparents, especially grandmothers, find themselves taking on, can cause immense “physical, emotional, social, and financial challenges which affect their quality of life” (Damian et al., 2019, p. 139). Surviving on minimal grant payouts and inadequate housing conditions, with sometimes numerous young children as dependents on a sole elderly provider, can cause major stress and emotional strain for the elderly (Backhouse and Graham, 2010). In addition to their daily stresses of often not being able to meet the basic financial needs of their grandchildren, many elderly people in households affected by HIV/AIDS also take on the difficult role of taking care of their ill adult children; a task which involves physical labour to assist them with bathing, eating, dressing etc. as well as psychological support during the course of the illness (Ntuli and Madiba, 2021). Some research on this phenomenon points to the fact that the elderly are well-suited to the role of caregivers to younger adults with HIV because they are emotionally dedicated and able to promote treatment compliance to their children, however, the adverse effects of this challenging position for the elderly can leave them feeling alienated, exhausted, emotionally drained and even potentially in ill-health themselves (Damian et al., 2019, Ntuli and Madiba, 2021).

Another area of research which has been examined regarding the elderly in South Africa, is that of older people’s experiences and perceptions concerning public and private healthcare services in the country. According to the Constitution of South Africa every individual in the country should have access to good quality healthcare services, and their age, social class, gender or race should not impact or inhibit their fundamental rights to such care (Bengu and Maphumulo, 2019). However, in reality the healthcare system in SA is drastically divided between the private and public sectors; with the latter being severely under-resourced and poorly managed (Sibanda, Meyer, Mahlaba and Burnett, 2021). Bengu and Maphumulo (2019) postulate that only around 16% of the country’s population has access to health insurance and private healthcare facilities, whilst the remaining 84% depend on the services provided by the public government healthcare system.

The private healthcare sector has access to more medicines, vaccines and specialised medical personnel than the public sector, and also differs vastly in terms of experiences of care received by individuals (Sibanda et al., 2021). Studies conducted on the elderly's perceptions of care in the public and private healthcare systems have found that there is an immense disparity in the quality and access to various services; with older individuals feeling dissatisfied, neglected and often more poorly treated when trying to utilise government health facilities (Golomski, 2018; Kelly, Mrengqwa and Geffen, 2019; Naidoo and van Wyk, 2019). Similar themes related to the elderly's negative experiences in public healthcare have been raised in different studies and these include; unbearably long waiting periods in hospitals and clinics, illness-centred care instead of patient-centred care often with a lack of proper physical examinations, maltreatment from healthcare staff, over-medicating of the elderly without adequate communication or education regarding diagnoses, and poor relationships between the elderly and their healthcare professionals leading to distrust and fear (Kinkel et al., 2012; Kelly et al., 2019; Naidoo and van Wyk, 2019).

Although elderly perceptions of private healthcare facilities in South Africa appear to be more positive overall, it is necessary to note that the effects of ageism in healthcare can still be felt in this sector; with elderly persons reporting disappointingly short and inattentive consultations with healthcare professionals concerning their complex, diverse medical ailments (Kelly et al., 2019). It is possible that there may be a dearth of geriatric healthcare training for medical professionals in the country, as well as limited numbers of available geriatricians to attend to the growing elderly population, which could explain some of the existing shortfalls in overall quality care for the elderly in SA (Frost et al., 2015; Naidoo and van Wyk, 2019). The table below displays a summary of some of the main research areas which have been explored in the South African context thus far:

| <b>Authors</b>                              | <b>Purpose</b>  | <b>Methodologies<br/>(all elderly participants, aged<br/>60 and above)</b>   | <b>Theoretical Framework</b>  | <b>Major Themes/ Findings</b>   |
|---|---|--|---|---|
| Makiwane and Kwizera (2006)                 | Investigating the quality of life of the elderly, with reference to the Mpumalanga province.  | Quantitative, with structured interviews and direct observation. Bivariate statistical analysis performed. 900 randomly selected elderly persons.  | Conceptual framework for broad categories of quality of life indicators; i.e., household structure, social inclusion, care of older persons and care burden on the elderly. | General health statuses of the elderly and differences in health between genders, satisfaction with basic housing needs and limitations in access to fuel resources, emotional wellbeing, environmental harmony in relation to transport, sanitation, safe water and security.  |
| Hao, Bishwajit, Tang, Nie, Ji, Huang (2017) | Investigate the relationship between difficulties in social participation and self-perceived depression in the elderly  | Quantitative, cross-sectional study. Secondary data from South Africa SAGE Well-being of Older People Study (WOPS) 2010. Household health survey distributed to 422 elderly individuals.       | None  | Findings indicated that the prevalence of self-reported depression and the feeling of reduced interest in most things were relatively high (51,9% and 43,8% respectively). Results suggest that addressing barriers to social and community engagement could minimize the burden of depression among the elderly in SA. |
| Golomski (2018)                             | Explore how age categories affect popular consciousness about race and class in post-colonial health systems  | Qualitative, formal and in-formal interviews with 15 participants  | The socio-structural position of white individuals in SA's contemporary health system   | Advantages and disadvantages of medical aid schemes for older white adults, chronic illness medication benefits, painful stories of medical aid shortfalls  |
| Naidoo and van Wyk (2019)                   | Explore the experiences and expectations of elderly people regarding ageing and healthcare services   | Qualitative study with purposive sampling. Four focus group discussions (two groups of 8, two groups of 6)   | None  | Five key themes: long waiting times for health services, illness-centred care, lack of caring from professionals, pill burden and the need for priority care.   |
| Kelly, Mrengqwa and Geffen (2019)           | Focus on the experiences and perceptions of community-dwelling older persons of primary care provisions in Cape Town  | Qualitative, with nine focus groups with community-dwelling elderly persons in three areas (low, middle, high income)  | The influence of social, cultural, political and economical factors on the biological ageing process.   | Participants in higher income areas had fewer challenges accessing quality care or support services than the elderly in lower income areas. Participants in all areas experienced difficulties in complying to treatment with poor doctor-patient communication and lack of patient-centred care.                       |
| Govender and de Jongh (2021)                | Examine the presence of hearing impairments and audiological support in retirement homes; as well as corresponding effects on quality of life for the elderly | Quantitative, cross-sectional research design. 70 elderly participants were screened for hearing loss and given World Health Organization Quality of Life (WHOQoL) questionnaires to fill out. | None  | 77% of the sample obtained a negative result in the screening tests, indicating a high presence of hearing impairments. Hearing difficulties were significantly associated with a reduced QoL (p = 0.045). Depression, anxiety and marginalisation also reported as effects of hearing loss.                            |
| Sibanda et al. (2021)                       | Promoting healthy ageing in South Africa through utilisation of vaccinations for the elderly  | Discussion review  | None  | Drastic increase in elderly population sizes in lower income countries such as SA; elderly population expected to double by 2050. Lack of access to vaccinations in public health systems.  |



As observed from the summary table above, research on the elderly in the South African context is expanding and has attempted to gain insight into some of the significant areas of concern related to; healthcare access and experiences, overall quality of life, social inclusion and mental health, as well as the general health statuses of older persons in the country. There is, however, limited research on the experiences of elderly people residing in retirement home situations and the overall theoretical frameworks and conceptual understandings regarding complex life experiences for the elderly have yet to be fully developed and explained in the South African context. Therefore, the present study will contribute to the overall literature on the elderly in South Africa and further an understanding of the life transitional process of adjustment into a retirement home in South Africa. Previous studies from abroad have outlined core themes and concerns for elderly making the move into retirement settings e.g. autonomy, push and pull factors etc. however, few studies have examined the complex psychological processes that are involved in this major life transition. The next section will introduce the theoretical framework for the present study which will make sense of the elderly's personal adaptations to life in a retirement home using a life-span model of personality development and a Life Patterns Model (Rosenkoetter et al., 2016).

### Chapter 3: Theoretical Framework

As already discussed in the previous section on existing literature on the topic, the transition into a retirement home setting is a major life adjustment for older adults and a singularly stressful event; which is why some theorists have examined this process from an outward psychological perspective to gain more understanding of the changes that take place. Brownie et al. (2014) discuss a three-stage framework introduced by Bridges (2004) which explains the phases that the elderly go through in their transition from life in previous private dwelling places to residing in a retirement facility. The framework includes firstly a stage of 'endings', secondly a neutral or 'in-between' phase of adjustment, and lastly a stage of 'new beginnings' (Bridges, 2004, cited in Brownie et al., 2014).

To elaborate further, the first stage of 'endings' is seen as a particularly significant phase in the transition for the elderly because it involves a relinquishing of previous ways of life, familiar environments, activities, and roles to accept the new surroundings, and can also include experiences of loss in physical, emotional or psychological forms (e.g. a spouse or family members, loss of independence, loss of identity etc.) (Brownie et al., 2014). The neutral or in-between phase is one marked with a sense of uncertainty because an individual could have overcome certain changes at this point but may not yet have an integrated feeling

of belonging or feeling at home within their new residence (Bridges, 2004, cited in Brownie et al., 2014). The last phase involving ‘new beginnings’ is important for the overall adjustment of the elderly into a retirement home because it allows them to begin to make sense of their newfound focus, purpose and identity within the institution of care (Brownie et al., 2014). Whether or not the elderly person had autonomy in the decision-making process to enter their new home can also affect the levels of distress or difficulty the aged face at each phase of the transition and how well the last phase is achieved or completed is also important for an ultimately positive adjustment (Bridges, 2004, cited in Brownie et al., 2014).

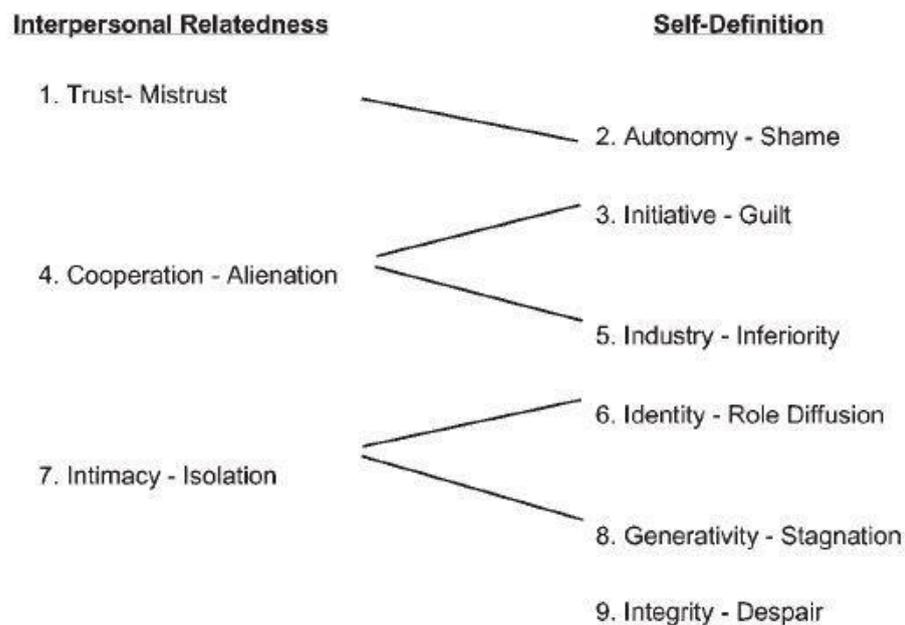
Although the above framework is a useful guide to reference when examining the adjustment experiences of the aged into a retirement home setting, a more in-depth approach is needed to understand the complex psychological reorientation which takes place during this event in the elderly’s life. Bridges’ (2004) framework will therefore be used in parallel with a life span model of personality development to elicit a more thorough comprehension of the older adults’ transition process, and this will also ultimately add to the knowledge base on attachment theory related to the elderly, which has not been widely investigated in previous literature or studies (Bradley and Cafferty, 2001).

Blatt (2006, 2008) and colleagues (Blatt and Blass, 1990, 1996; Blatt & Shichman, 1983, cited in Blatt & Luyten, 2009) first proposed the two polarities model of personality development across the lifespan, which will be used as a theoretical guide in the present study. This model postulates that interpersonal relatedness and self-definition (i.e. attachment and separation) are crucial psychological components to observe in the development of an individual’s personality, and that it is these two dimensions which engage in a “complex dialectic transaction” (Blatt & Luyten, 2009, p. 795) throughout the course of life to bring about a fully integrated, mature sense of self in relation to others in society (Blatt & Luyten, 2009).

The two polarities theory also works on the assumption that different individuals generally place a greater emphasis on one of the two psychological dimensions of personality i.e. relatedness and self-definition (Blatt & Luyten, 2009). For example, women in general identify with an ‘anaclitic’ personality type, which means that they predominantly place more emphasis on interpersonal relatedness in life than they do on defining the self, whereas men often place a greater emphasis on self-definition which is why they would usually be classified as having an ‘introjective’ personality type. (Blatt & Luyten, 2009). Although personality organizations may differ slightly in the predominantly manifested dimension, it is

important that the two polarities develop in a balanced manner across the lifespan in order to achieve a comprehensive, fully functional sense of the self. To explain further, it is necessary for a person to experience healthy, positive interpersonal relationships in life so as to develop a secure, differentiated, mature sense of self, however, it is equally important for individuals to achieve a coherent, integrated definition of the self which in turn enables the fostering of deeper, more meaningful relationships (Blatt & Luyten, 2009).

In order to understand the interactions between the two dimensions of attachment and separation (i.e. relatedness and self-definition) across the lifespan, Blatt and colleagues (cited in Blatt & Luyten, 2009) overlapped the two polarities theory with an existing theory of personality development namely; Erikson's eight stages of psychosocial crises which include trust versus mistrust, autonomy versus shame, initiative versus guilt, industry versus inferiority, identity versus role diffusion, intimacy versus isolation, generativity versus stagnation, and lastly integrity versus despair (Boeree, 2006). The diagram below displays Blatt and Luyten's (2009) depiction of Erikson's stages:



**Figure 2.** The dialectic interaction of interpersonal relatedness and self-definition implicit in Erikson's psychosocial model.

Blatt and Luyten (2009, p. 800)

The diagram portrays how Erikson's stages can be further divided into two categories of interpersonal relatedness and self-definition (or attachment and separation); with the first and the seventh stages (trust vs. mistrust, and intimacy vs. isolation) being categorized into the relatedness or attachment component and the remaining stages being placed in the

interpersonal relatedness or separation component. In addition to this, Blatt et al. (cited in Blatt & Luyten, 2009) extend Erikson's stages by inserting a stage of 'cooperation versus alienation' (see diagram below) between stages three and four (initiative vs. guilt, and industry vs. inferiority) to portray the development of interpersonal relatedness which evolves during progressive effective experiences in life, for example, bonding with one's mother as an infant, sharing with a friend in childhood, and eventually maintaining a close friendship at a more mature age (Blatt and Luyten, 2009).

Therefore, the present study will incorporate the two polarities model of personality development and the three-stage framework discussed above to make sense of how aspects of interpersonal relatedness and self-definition (attachment and separation) are involved throughout the adjustment experience of the aged into a retirement home setting. The extended version of Erikson's psychosocial stages of development gives an understanding of how the two elements involved in personality development (attachment and separation) have interacted over the course of the elderly's lives to the point of entering a major life change, and the impacts of whether they have personally placed more of an emphasis on relatedness (anaclitic personality type) or self-definition (introjective personality type) can also be examined in the midst of this stressful transition process. Whilst examining the adjustment experiences of the elderly through the two theoretical lenses, the present study will also determine whether and how the adjustment process into a retirement home has impacted on their sense of self (self-definition) and interpersonal relatedness. The following research questions outline the focus of the present study, with reference to the above detailed theoretical frameworks:

- How do the elderly make sense of their adjustment experiences when moving into a retirement home in South Africa?
- How do the elderly understand the challenges they face when transitioning into a retirement home in South Africa?
- How does the transition into a retirement home impact on the elderly's sense of self (self-concept/definition)?
- How does the transition into a retirement home impact the elderly's sense of interpersonal relatedness (relationships etc.)?

The following section will proceed to discuss the methodology of the study. This will firstly include the philosophical assumptions that founded the research study, before outlining the specific research design that was used to carry out this qualitative enquiry. Thereafter, aspects

of validity or truthfulness will be examined, with the researcher having been the chief instrument in the process to ensure that these parameters were met. The recruitment process and sampling techniques will then be addressed, with a discussion on the actual data collection process following those two sections. Finally, ethical considerations taken into account for the research study will be clarified to conclude the methodology chapter.

## Chapter 4: Methodology

### 4.1 Philosophical Assumptions Underpinning the Research

The present study adopted a qualitative research stance in order to gain an in-depth understanding of the experiences and challenges that the elderly face when they transition from previous private care situations into a retirement home. A descriptive research approach was also used to make sense of and provide a clear picture of the complexities involved in the transition process for the aged (Neuman, 2011). This qualitative study was rooted in interpretivist assumptions which emphasize *verstehen*, i.e. gaining a deep, empathic understanding with shared meaning of the lived experiences of people in specific life contexts (Morrow, 2005). The interpretative underpinnings of the philosophical base for the current research endeavour were also closely linked to the theory of hermeneutics; which in essence reveals how an intimate, comprehensive reading of text, as well as the relating of parts of a text to the whole, can lead one to acquire deeper meaning and understanding (Neuman, 2011).

### 4.2 Research Design

Within the category of interpretive qualitative research designs, the present study took on a phenomenological approach, which enabled it to focus on the participants' perceptions of their meaningful lived experiences during their transition into a retirement home. According to Starks and Brown Trinidad (2007, p. 1374) "reality is comprehended through embodied experience", which explains why phenomenological research aims to closely examine particular life experiences or events from a person's subjective viewpoint, and therefore capture the true meaning of the phenomena by relating it to others with the use of thick descriptions and statements (Sloan and Bowe, 2014). Using a phenomenological qualitative research design, the present study chose to select a relatively small group of participants who have experienced the phenomena of interest (i.e. adjusting to life within a retirement home) and are currently in the context where it is experienced, which means that they were therefore able to give a detailed account of the phenomena to unearth its main concepts (Starks and Brown Trinidad, 2007).

The present study included a group of ten older adults (over the age of 65) who had moved into the same retirement home at different times within the past two-year period. The study specifically focused on residents within the home who had relocated within a certain time period because this would give them recent insight into the perceptions, thoughts and feelings etc. related to making the major move. The researcher also attempted to obtain a diverse group of elderly people by incorporating different genders, racial groups, cultural backgrounds etc., as far as was possible with the available residents in the facility. Specifics with regards to the sample size and characteristics, interview techniques and recruitment procedure will be further detailed in subsequent sections of this chapter under ‘participants’ and ‘data collection’.

### 4.3 Researcher- as-Instrument

Morrow (2005) proposes that all research, whether it incorporates a quantitative or qualitative stance, is subject to various forms of researcher biases and therefore measures need to be taken to ensure that the validity or trustworthiness of the emergent data is not compromised. Regarding qualitative interpretivist research designs in particular, the researcher is the main tool or instrument of operation in the data gathering process, and their own subjective thoughts, ideas, opinions etc. must be managed so as to reflect accurate results in the overall study. In order to deal with subjectivity and achieve trustworthiness of data in the current study, the researcher endeavoured to adopt a reflexive stance throughout various stages of the research process. According to Morrow (2005) reflexivity is a type of mental procedure whereby the researcher gains an understanding of how their own personal experiences and beliefs about the world may affect the research process and this is achieved with the use of bracketing; which is a type of self-reflection that involves the researcher making their implicit assumptions and biases known to themselves and others (Morrow, 2005).

To protect the confidentiality and private interests of the retirement institution that was involved in the present research study; the alias BBGE will be used to reference the facility throughout this paper. Prior to the current research study, the researcher gained experience working with the elderly in 2017 at BBGE retirement home (same institution for current research topic), where she co-ran a support group for residents within the home. The purpose of the support group was to assist new residents with their adjustment into BBGE and to create a safe space for them to voice any challenges or stresses that arose during the move, so as to get support and understanding from others who had already adjusted to life within the home.

During that time, significant themes related to adjustment difficulties and coping strategies in response to these were discussed within the group setting. Therefore, considering that the researcher had obtained various insights and understandings from the experience of running the support group, it was necessary for her to reflect on any personal emotional judgements, biases or assumptions that were held regarding the topic of elderly adjustment experiences, before embarking on the current research endeavour. This was done personally by making reflective notes on the group sessions they occurred in 2017 and in discussion with a supervisor throughout the year. The researcher also met with her supervisor, Professor Duncan Cartwright, for the current research study before approaching residents for interviews, so as to reflect on any presumptions that could have coloured the interview schedule for example; ensuring that the questions were balanced to avoid only focusing on challenges or negative experiences etc.

In addition to reflexivity, rapport is also an essential criterion to be met when assessing truthfulness and quality of data gathered (Morrow, 2005). Due to the fact that the researcher had worked with the institution beforehand, it was possible for her to establish a positive relationship with the current social worker at BBAG who was then able to point her to well-informed residents for further assistance in gaining participants. These residents, some of whom were hosts or hostesses (i.e. residents who guide newcomers into the home), were crucial to the recruitment process for participants because they were able to speak to their fellow elderly residents from a position of trust to encourage them to be a part of the study. This allowed the researcher to build good rapport with interviewees from the start and this was maintained with the aid of general counselling skills learnt by the researcher during her masters and internship years of studying clinical psychology where she gained experience building trust-filled relationships with clients.

The good rapport built with residents who took part in the research study also ensured that credibility or internal consistency was established because this enabled them to freely narrate “thick descriptions” (Morrow, 2005, p. 252) of their adjustment experiences in the interview sessions. The researcher also read extensive literature on aging and elderly adjustment experiences before conducting interviews, which allowed her to listen and frame the residents’ stories within their appropriate context and culture; which added to the accuracy and credibility of the data gathered. Meetings were arranged with the researcher’s supervisor at key points of the research process i.e. literature review, interviews, methodology, data analysis etc., in order to encourage further reflexivity and keep careful track of the emergent

research design which is important in assuring that dependability for the overall study is reached (Morrow, 2005).

#### 4.4 Participants

In order to gain participants for the present study, BBGE, which is a retirement home in Durban, South Africa, was approached by the researcher. As previously mentioned, the researcher worked at BBGE in 2017 to co-run a support group and was in contact with the social worker at the time, Helen Smith (not her real name). Ms. Smith assisted the researcher at this time in obtaining provisional approval for the research study from the gatekeeper and CEO of BBGE, before the application was sent through to the Humanities and Social Sciences Research Ethics Committee (HSSREC) to assess and approve (see further details of this approval under the ‘Ethical Considerations’ section). Due to life circumstances and work obligations involved with her internship during 2018, the researcher only began data collection in 2019 after full approval had been granted by the university’s aforementioned ethics committee.

In the interim period between initial contact with BBGE in 2017 and data collection in 2019, a new social worker, Ms. Sally Naidoo (not her real name), was employed at the home. Therefore, once ethical clearance was obtained for the study, the researcher made contact with her in order to gain full approval from the gatekeeper to proceed with data collection. Full approval was given to the researcher and Ms. Naidoo assisted her with a list of potential residents to approach for the study. As Morrow (2005) postulates “participants should be selected for information richness” (p. 259) in qualitative studies and that is why certain residents were selected to fit the criteria for the current research topic. Purposive sampling was the technique used to locate participants for the study because it is a form of non-random sampling where the researcher uses a variety of methods to reach unique cases that are selected with a specific purpose in mind (Neuman, 2011).

The specific criteria needed for the current study included ten elderly residents from BBGE who were over the age of sixty-five years and who had moved into the home within the past twenty-four months, from the time of data collection, which was conducted in September 2019. The reason that a time frame for the adjustment period was included as a criterion for participants is because this would ensure that the residents being interviewed had recent experiences of the adjustment process, and could therefore account in detail the thoughts, emotions, social and practical aspects etc. that are involved in the decision-making, moving and adjustment phases of the relocation experience. Another criterion that the study aimed to

achieve was diversity of gender and race i.e. five male and five female participants, and elderly people from different racial groups.

Therefore, once the researcher had been given a list of potential elderly participants from the social worker, she approached the residents and invited them to a meeting where the intentions of the study would be introduced; giving them an opportunity to volunteer to participate in the interviews, as well as ask the researcher any questions about the study or their involvement. The meeting held to explain the research study to residents had a good turn out and almost all of the elderly people present were willing to participate.

During the meeting, the researcher explained in detail the purpose of the study, which included gaining an understanding of their personal adjustment experiences moving into the home, as well as the impact that the move had on their self-concept and relationships with others. She also explained the process of the study i.e. that each resident would be involved in one hour-long interview which would be audio-recorded at their consent and the reasons behind the need for audio-records of the interview (accuracy of data, analysis techniques etc.). Thereafter, the researcher handed out copies of the informed consent form to each resident and read through the form with them, explaining as she went along, as well as giving the residents time to ask any questions if they needed further clarity. The researcher then explained to residents that there would be a meeting set up for feedback of the results of the study for everyone interested to attend once the written paper was concluded. Finally, issues of confidentiality and safety of the participants' personal information were discussed to assure residents of their anonymity in the research process before ending the session with time for any questions the residents still had.

At the end of the meeting, ten elderly residents agreed to participate in the research study and time slots were scheduled with each of them individually to conduct the interviews. Four males and six females agreed to participate in the study. Diversity of gender was therefore almost fully reached with the study including four males and five females. Unfortunately, diversity of race was not achieved; all of the participants were of the white racial group. The social worker informed the researcher that there were very limited numbers of residents within BBGE that did not belong to the white race group and those who were of a different race did not meet the study's criteria for the time period of their move into the home i.e. they had moved in more than two years (twenty-four months) ago.

The age range of the elderly participants included the lowest being an individual who was sixty-three, to the eldest who was eighty-five years old. Time frames of adjustment into BBGE home ranged from the least amount of time having passed since they made the move being two months, to the longest time of adjusting to life in the home being nineteen months (i.e. how long ago they moved into BBGE). The table below introduces the ten residents from BBGE who volunteered to take part in the study and took part in the interviews:

|           | <b>Names<br/>(Pseudonyms)</b> | <b>Age</b> | <b>Gender</b> | <b>Length of Time<br/>at BBGE</b> |
|-----------|-------------------------------|------------|---------------|-----------------------------------|
| <b>1</b>  | John Whitley                  | 84         | Male          | 13 months                         |
| <b>2</b>  | Daisy Jennings                | 84         | Female        | 11 months                         |
| <b>3</b>  | Jenna Mason                   | 65         | Female        | 12 months                         |
| <b>4</b>  | Kate Renolds                  | 68         | Female        | 6 months                          |
| <b>5</b>  | Jack Hudson                   | 73         | Male          | 2 months                          |
| <b>6</b>  | Thomas Gregory                | 75         | Male          | 18 months                         |
| <b>7</b>  | Jane Montgomery               | 72         | Female        | 18 months                         |
| <b>8</b>  | Victoria Plett                | 76         | Female        | 3 months                          |
| <b>9</b>  | Mike Holding                  | 85         | Male          | 8 months                          |
| <b>10</b> | Julia Winters                 | 76         | Female        | 10 months                         |

The real names of the ten participants are not shared to protect their anonymity and rights to confidentiality in the study and therefore the pseudonyms above will be used when referencing their stories in later sections of the paper. The following section will go on to discuss the interview process that each of the ten participants engaged in individually. The interviews were all conducted around the same time, over a period of five days within the first two weeks of September 2019.

#### 4.5 Data Collection

The primary data source for the current study was interviews set-up and conducted with elderly residents at BBGE, at a time and place that was convenient for them. The social worker organized for a room to be available for the researcher to use for the interviews which was on the second floor of the home, near the residents' clinic. This was helpful because the room was quiet and secluded, which made it an ideal setting for individual interviews and the use of recording devices. All ten interviews were conducted in the room provided. Each

resident had a separate interview time where they were interviewed by themselves, with only the researcher present to ask the questions and facilitate the discussion.

The interviews were all sixty minutes long and were audio-recorded at the participants' consent. The researcher used her cellular phone and laptop computer as recording devices for the duration of the sixty minutes. More than one device was used to ensure that none of the interview information was lost due to any technological malfunctions. Before beginning each interview or switching on the recording devices, the researcher discussed all details of the study and interview session with each resident, allowing them time to re-read the informed consent form and ask questions before signing it. The researcher also ensured that the participants were seated comfortably enough for the interview duration before beginning each session.

The interviews that were conducted were semi-structured, meaning that basic short open-ended questions were placed under three sections to address with the interviewees but these were intended to encourage flexibility and flow in the interview conversation, rather than direct the discussion entirely. This type of interviewing technique was chosen because it allows the researcher to narrow down themes pertaining to the research topic, whilst still giving the participants time to tell their stories in an unrestrained manner (Neuman, 2011). As mentioned in an earlier section of the current study's methodology (see 'Researcher-as-Instrument', page 20) a free flow of conversation in the interview must be encouraged to gain rich descriptions from interviewees and to therefore also collect accurate interview data.

Data collection was a meaningful experience for the researcher and elderly participants. The researcher found that she was able to build good rapport with the residents who agreed to take part in the study and that they were willing to talk freely about their experiences of moving into the home. Some participants became emotional whilst sharing difficult aspects of either the adjustment process or events prior to moving in and they felt that it was a cathartic experience for them to discuss this with an empathic listener. The researcher approached the interviews in a neutral, objective manner and remained as non-judgemental as possible to allow the residents to express their opinions in a safe space. As previously mentioned, short, open-ended questions were used to encourage free speech throughout the interview and, where necessary, the researcher used probes to elicit more in-depth responses when the participants' responses were unclear. The following section will discuss the ethical considerations which were taken into account during the process of this research study.

## 4.6 Ethical Considerations

This study was reviewed and given full ethical approval by the Humanities and Social Sciences Research Ethics Committee (HSSREC) in August 2019, with protocol reference number: HSS/1740/017M. As per regulations set out by the HSSREC, detailed informed consent forms were written up for potential participants to read and understand before taking part in the study, and gatekeeper permission was sought and obtained from BBGE before residents were approached to conduct interviews.

The researcher worked closely with the social worker, Ms. Naidoo, to ensure that only well elderly residents (i.e. mentally and physically capable residents), within the study's criteria, were approached to consider taking part in the study. Throughout the process of recruiting participants for this study, as well as in the informed consent document, the researcher emphasized the voluntary nature of the study and informed the residents of their rights to withdraw from the process at any point. All audio-recordings were kept safely stored on password protected devices and deleted once they had been used for transcription and analysis purposes. The confidentiality of participants was also maintained throughout the process of this study. The next section will proceed to outline the data analysis techniques that were used to make sense of the information which was unearthed during the ten interviews conducted with residents from BBGE.

## Chapter 5: Data Analysis

The qualitative, phenomenological approach that was used to analyse the data collected in ten semi-structured interviews with elderly residents in the home was Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2009). This was a suitable approach to gain an in-depth understanding of the participants' stories because IPA focuses on "how people make sense of their major life experiences" (Smith et al., 2009, p.1). IPA encourages researchers to be open to hearing the authenticity of others' lived experiences from their points of view, by becoming immersed and deeply connected to the data collected, which is in essence their (the participants') own reflection, analysis and description of the complex events which have occurred in their lives (Smith et al., 2009).

According to Smith et al., (2009), we as humans in the world around us, are "sense-making creatures" (Smith et al., 2009, p.3) because we interpret or paint mental pictures of our experiences using our individual psychological, mental, and emotional skills. Even though

our interpretations may differ, the truth is that we all fundamentally have these ‘sense-seeking’ skills as members of the diverse human race (Smith et al., 2009). Therefore, when the researcher engages in the IPA approach he or she becomes entwined in a dual interpretive process with the participant. This means that just as the participant attempts to comprehend and make sense of their lived experiences by discussing them in the interviews, the researcher in turn also does their best to grasp the complexities of the stories heard and read during the collection and analysis processes. This phenomenon is formally referred to as a “double hermeneutic” (Smith et al., 2009, p. 3).

It is important to understand therefore that the analysis process begins before the formal stage of interacting with the audio recordings or transcripts themselves. Whilst the researcher is reading articles on the research topic, formulating research objectives, questions and interview schedules in the initial research stages, the meaning-making process is beginning to develop and take shape. Then, when the participants are met and interviewed, the understandings and interpretations held by the researcher are deepened and enriched further. By the time he or she interacts with the recorded data, certain subjective insights already exist regarding the direction or flow towards the final analysis. Smith et al. (2009) explain this as an expected result of the double hermeneutic because although the aim is to focus on the participants’ stories, the ultimate research results will be a combination of both the participants’ and the researcher’s interpretative, sense-making skills.

Before moving on to discussing the more defined stages of the IPA process and how it was undertaken for this research project, it is therefore necessary to briefly discuss some of the inner perceptions or subjective interpretations that the researcher herself developed from the start of the research journey. Thoughts concerning the beginning motivation for choosing the research topic are important here because when the researcher chose to focus on the elderly’s adjustment process into a retirement home, her initial subjective feelings on the subject matter were that this is an immensely stressful, traumatic event in the lives of older people, which needed to be highlighted and understood. The research questions display this notion by directly querying the ‘challenges’ faced by the elderly. Now, although moving into a retirement home can be viewed as a major adjustment and literature exposes the distress and difficulties faced by some elderly people during the transition, the researcher’s understandings on the levels of trauma experienced by the elderly during this life event were somewhat shifted during the one-on-one interviews on the topic.

Whilst conducting the interviews, it became clear to the researcher that for some elderly people the adjustment process itself was not nearly as traumatic as other life experiences that the participants had faced either prior to moving into the home, or during their younger lives at some point. For some it seemed that, in comparison to making the transition into institutional living, having had to cope with the tragic loss of loved ones, going through drastic physical or health changes, or even experiencing a divorce earlier on in life were events viewed as significantly more challenging to adjust to. This is not to say that all the participants' adjustments were stress free or minor, as will be elaborated on in the results section of this paper, but these descriptions allowed the researcher to broaden her gaze beyond the negative associations related to this particular adjustment process. For a few elderly participants, the move was actually viewed in a very positive light, which opened up an avenue for the researcher to explore further, regarding the rewarding opportunities and healthy influences that such an experience could provide for individuals in the advanced stages of life.

Conceptualized steps or stages in the IPA technique are useful to organize thinking and formalise the analysis process but as Smith et al. (2009) postulate, the order of an in-depth interpretative phenomenological analysis may not always follow a straightforward, sequential fashion. Findings unearthed at a later stage of the analysis may prompt earlier conclusions to be refined or questioned in what is seen as an "iterative and inductive" cycle (Smith et al., 2009, p. 79).

The first step involved in IPA is that of reading and re-reading one interview transcript to form an intimate connection with the story and record initial insights or interpretations that come to mind (Smith, Jarman and Osborn, 1999). This was done by the researcher, who selected an emotionally rich interview to listen to, take notes of and become closely familiar with the participant's story of their adjustment. Smith et al. (2009) suggest that the researcher start with an engaging interview for the first step of analysis, so that the researcher can become fully immersed in the data and enter the individual's spoken world. The researcher therefore chose a touching, emotive case of an elderly man who entered the retirement home as a widower and had to leave behind the family home which he had known and loved for many years of his life. This was a particularly significant story because it highlighted the amount of heart-breaking losses and forced 'letting-go's' that can accompany an adjustment into an institution for the elderly. It also related strongly to attachment theories because this elderly person experienced major, traumatic ruptures in secure attachments which had been

formed to place (the family home), his spouse (a long, blissful marriage) and the rest of his family (beloved children and their friends).

Initial, insightful note-taking is involved in the second step of IPA (Smith et al., 2009). For this step the researcher placed the typed transcript in a table format, with a margin on the left and right of the verbatim interview, to use for notes (right side) and emergent themes (left side). This was a time-consuming process because the notes need to describe, explore and interpret the words spoken by the participant (language), as well as the underlying meanings, tone and deeper narratives embedded within their story. Smith et al. (2009) outline the three types of comments or notes that can be used by the researcher at this point, namely; descriptive, linguistic and conceptual comments. Descriptive comments (typed in normal font), as the word suggests, focus on the content or subject of what the participant is discussing at varying points in the interview, e.g. loss of wife, grieving process etc. Linguistic comments (typed in italic font) are used to explore the type of language and words used by the interviewee, as well as the frequency of phrases, pauses in speech and other emotive responses in conversation, e.g. laughter, stuttering or crying. Lastly, conceptual comments are more reflective, interpretative notes, where the researcher questions the participant's thoughts and statements, draws on psychological theory to make sense of some emerging content, and basically takes the analysis to a deeper, more meaningful level, for example commenting on or questioning the impacts of ruptured attachments on the individual's life etc. (Smith et al. 2009).

After the researcher spent time working through the first case and typing in-depth descriptive, linguistic and conceptual comments continuously in the right margin next to the transcript, she then began the next step of IPA, which involves developing emergent themes from the transcript and numerous notes recorded in the first step (Smith et al., 1999). This part of the process was worked on in the left margin alongside the original transcript and was essentially an analytic, interpretive task which aimed to cluster and clearly highlight significant issues found in the data by rewriting them into several holistic concepts. Once the researcher completed the process of noting initial themes, she then worked to organise the list by identifying key connections across the themes, which is the next step involved in IPA (Smith et al., 2009).

This step of analysis was not as time consuming as the initial note-making on the transcript but the importance of not under or over working this stage was impressed upon the researcher. The reason for this is because it was noted that, when too many themes were

pulled out of the initial notes for processing, some ideas became redundant and the chaos of an overwhelming number of seemingly significant concepts threatened to drown out, or overshadow the real findings. To combat the confusion, the researcher decided to keep the research questions and objectives at the forefront of the process, which helped to strain out unnecessary themes and focus on those pertinent to the adjustment experience of the individual. Smith et al. (2009) explain that this step does involve a mapping or fitting together of key themes, whilst discarding those that are beyond the scope of the main research aims.

Therefore, after closely analysing the first of the ten cases, the researcher was able to identify ten super-ordinate themes relating to the research questions regarding the adjustment experiences of the elderly into a retirement home in South Africa. These can be viewed in the table below which outlines the themes and key words unearthed from the analysed transcripts:

| <b>Master Table for Themes</b>  |   |
|---|---|
| <b>Emergent Main Themes</b>   | <b>Example Participant Quotes Linked to Themes</b>  |
| <p><b>1. Moving into the Home (Abstraction)</b></p> <ul style="list-style-type: none"> <li>- Practical process and orientation</li> <li>- Decision-making process</li> <li>- Downsizing</li> </ul>  | <ul style="list-style-type: none"> <li>- <i>“Oh no, everybody was really very good...I didn't bring any of my own furniture but they had the room all ready...” - Kate</i></li> <li>- <i>“Yes, yes because a choice I think is very important” - Daisy</i></li> <li>- <i>“And um, getting all the boxes, I never thought I'd get all my stuff sorted” - Julia</i></li> </ul>  |
| <p><b>2. Dealing with Different Types of Loss (Abstraction)</b></p> <ul style="list-style-type: none"> <li>- Loss of health and physical capabilities</li> <li>- Loss of self</li> <li>- Loss of independence</li> <li>- Loss of purpose</li> </ul> | <ul style="list-style-type: none"> <li>- <i>“The only worry really is that you're gonna fall or something and they're not gonna find you for a few days” - Victoria</i></li> <li>- <i>“Ja, this year because I was getting to the stage where I wasn't coping to live on my own” - Mike</i></li> <li>- <i>“I- being so busy and now I think, well what the hell, um what's the point?” - Kate</i></li> </ul>  |
| <p><b>3. Dealing with Traumatic Ruptures in Attachment (Subsumption)</b></p> <ul style="list-style-type: none"> <li>- Attachment to place and home</li> <li>- Building a new routine and attachment</li> <li>- Belonging to a group</li> </ul>      | <ul style="list-style-type: none"> <li>- <i>“The places and all the friends that I used to go and see, you just sort of cut them off like that, that was quite hard” - Thomas</i></li> <li>- <i>“You need to get a certain routine to get a sense of BBGE and the sense of your life here and that is a constant” - Jane</i></li> <li>- <i>“The little group of smokers, went down for a cigarette, an interview...so by moving in then, I made friends with them” - Julia</i></li> </ul> |

|   |   |
|---|---|
| <p><b>4. Changes in Understandings of Self-Identity (Abstraction)</b></p> <ul style="list-style-type: none"> <li>- Self reflection</li> <li>- Stepping out / Finding yourself</li> <li>- Positive and negative changes</li> <li>- Separation from old life and self</li> </ul>  | <ul style="list-style-type: none"> <li>- <i>“he usually takes the lead...so my personality stays sort of quiet...but now of course, I have time to shine” - Julia</i></li> <li>- <i>“It’s highlighted things in me that I need to take a closer look at for myself” - Jenna</i></li> <li>- <i>“I’ll come here as a different person, that’s just what went through my mind!” - John</i></li> </ul>  |
| <p><b>5. Relationships within the Home (Abstraction)</b></p> <ul style="list-style-type: none"> <li>- Superficial friendships</li> <li>- Time to build trust</li> <li>- Choosing degrees of friendships</li> <li>- Personal space</li> <li>- Commonalities and deep relationships</li> <li>- Importance of social interactions</li> </ul> | <ul style="list-style-type: none"> <li>- <i>“That’s why I say there’s a difference between acquaintances and friends” - John</i></li> <li>- <i>“They are surface friendships, they are not close friendships, it’s because I want it like that ” - Julia</i></li> <li>- <i>“Once I am in somebody else’s space, I feel subservient to them. I don’t feel comfortable, I feel less than in his space” - Jack</i></li> <li>- <i>“Absolutely important! No man is an island ” - John</i></li> </ul>  |
| <p><b>6. Institutional Living (Subsumption)</b></p> <ul style="list-style-type: none"> <li>- Boarding school</li> <li>- Relief from housework</li> <li>- Regimented living</li> <li>- Improvisation</li> </ul>  | <ul style="list-style-type: none"> <li>- <i>“It felt a bit like boarding school, ja so um, it was kind of okay, at quarter past seven you go for breakfast and if you don’t get there, you miss out” - Kate</i></li> <li>- <i>“The second thing which I think has been phenomenal is three meals a day and the food is good” - Jack</i></li> </ul>  |
| <p><b>7. Mindsets and Adjustments (Abstraction)</b></p> <ul style="list-style-type: none"> <li>- Choosing your home carefully</li> <li>- All about mindsets</li> <li>- A new beginning</li> <li>- Focus on the positives</li> <li>- Exercise and mental health</li> <li>- Gratitude</li> <li>- Getting up and out</li> </ul>              | <ul style="list-style-type: none"> <li>- <i>“The first thing is, do a bit of research, see what the place is like, especially your room, the hours, that sort of thing” - Thomas</i></li> <li>- <i>“Come in with the right mindset. Come in saying, ‘I’m going to make this work’ ” - Jenna</i></li> <li>- <i>“To be as friendly as possible, try and see all the positives, and not the negatives, there are negatives ” - Julia</i></li> <li>- <i>“I thought well I have to start doing things and I can’t just sit around you know, so I started immediately” - Daisy</i></li> </ul> |
| <p><b>8. The South African Context (Abstraction)</b></p> <ul style="list-style-type: none"> <li>- High crime levels</li> <li>- Vulnerability of the elderly</li> <li>- Safety of the retirement home</li> <li>- Finances, transport and quality of life</li> </ul>  | <ul style="list-style-type: none"> <li>- <i>“No, and also if you’re on your own and you hear sounds outside and everything you worry about, you know” - Victoria</i></li> <li>- <i>“No, I don’t because simply, number one they don’t like us walking (outside the home) it’s not safe for us...I’ve had so many warnings” - Julia</i></li> <li>- <i>“Often I don’t have enough money to catch a bus or something like that...so at the end of the month there will be a financial problem” - Thomas</i></li> </ul>   |

These over-arching themes were developed using techniques described by Smith et al. (2009) to connect and link together closely related themes. One of the techniques, which can be seen

next to some super-ordinate themes in the table is that of abstraction; whereby similar initial themes are grouped together and given a new name, which becomes the title or super-ordinate theme for the group. Subsumption was also used as a technique to cluster closely related themes together; which involves one particularly descriptive initial theme taking on the status of a super-ordinate theme, by becoming the main name or overarching theme for the group. It was interesting to note the natural flow which emerged at this stage, with some themes (e.g. Institutional Living) purposefully taking on a super-ordinate status for other themes as if by design, and others grouping together in a way that made the task of giving them a super-ordinate name relatively effortless (e.g. Changes in Understandings of Self-Identity).

The next step involved moving on to the next case and starting the process of reading and re-reading, initial note-taking, developing emergent themes, and searching for connections across themes to create super-ordinate themes once again (Smith et al., 2009). The same process was then repeated for each interview which ensured a rigorous, deep analysis yielding meaningful, complex results. Although it may seem repetitive or arduous to the reader to have to engage in this lengthily analysis, it was an interesting insightful experience for the researcher and this type of slowing down to feel and grasp the true essence of the findings is a vital element in the IPA approach (Smith et al., 2009).

The ‘Master Table for Themes’ above displays the resulting eight main themes that were selected after analysing each case individually and then mapping significant emergent themes together. The themes were selected based on whether they were appropriately linked to the research questions set out by the researcher, as well as whether they reflected experiences narrated by the majority of participants. Some themes initially generated by an individual case, for example ‘Depression’ and ‘The Effects of Trauma’ from the first interview analysed, were placed under another more appropriate heading, e.g. ‘Mindsets and Adjustments’ which includes a discussion on mental health, and this is more fitting for results spanning across all ten interviews.

Emergent themes that were not significant enough to represent all findings, and which were also not directly related to the research question, e.g. ‘Importance of Time’ were removed from the main themes to be replaced by more suitable themes regarding the adjustment experiences of the elderly into a retirement home in South Africa. The next section will go on to discuss the results of the data analysis from the ten semi-structured interviews in-depth. It is the researcher’s sincere hope that the participants’ stories have been explored thoroughly enough to paint a concise picture for the reader to comprehend regarding the challenges,

processes, opportunities, and psychological factors which are involved in positive and negative adjustment experiences for the elderly. It is now the reader's turn to delve into the hermeneutic dialogue by making sense of the experiences as told by the participants initially and subsequently unravelled by the researcher.

## Chapter 6: Results

As previously mentioned in the data analysis section of this paper, the main themes for the master table of results were selected cautiously in order to represent experiences related by all or most participants interviewed, and to answer the research questions. The first question proposed by this research study was to explain how the elderly make sense of their adjustment experiences when moving into a retirement home. Although this is a broad question and could be linked to all of the master themes in some way, the master themes numbered from one to three specifically focus on key issues related to initiating and going through the move and adjustment process into a retirement home.

The next research question regarding the elderly's understanding of the challenges encountered by making such a transition could relate strongly to the master themes numbered six and seven which discuss 'Institutional Living' and 'Creating a Home' respectively. These two themes describe major challenges as well as how to combat some of these. However, challenges will also most definitely be dealt with in different contexts in the other themes regarding relationships, self-identity etc. The next two research questions regarding the psychological processes involved in positive and negative adjustment experiences are explored in master themes four, five and eight. The last two master themes 'The South African Context' and 'Adjustments Across the Lifespan' are important because they set the context for the elderly's experiences in the country, economy and society in which they live. They also address the reality of this particular adjustment into a retirement home as being one of the many stressful adjustments which individuals from all walks of life may be faced with involuntarily. The master themes will now be explored and interpreted, with excerpts of evidence for these findings being included from the original interview transcripts.

### 6.1 Moving into the Home

A finding that was clearly evident in all of the interviews was that, whether or not the transition into BBGE was viewed in a positive or negative light initially by the participants, making the move was most certainly a significant event, which could be remembered to the day and date by most individuals. At the outset of each interview, the researcher would

briefly ask each participant when they moved into the home, to which all participants could immediately and accurately relate the time of the move, as well as how long they had been in the home. One participant, John, went as far as to give the correct time of his move to the minute, “at ten-fifteen” am!

For most of the participants, the initial stages of the moving process involving going in for an interview with the social worker and then being taken through an introduction and orientation process, were viewed as pleasant, helpful experiences. BBGE is quite a large retirement home, so the new residents emphasised how necessary and comforting it was to have a hostess (i.e. a resident who has been in the home and adjusted well who volunteers to help new people coming in) show them around for the first few days and assist them in getting familiar with the environment, mealtimes and other daily routines etc. As two elderly gentlemen expressed:

*“Yes, a very good woman (hostess name), she is a very kind person and she just showed us here is this and you go there for this and here for that which you need. It doesn't seem a big place but when you come here you don't know where anything is.” - Thomas*

*“(Name of another hostess) was very good, very patient. I would say she was compassionate; she was concerned and she looked after me for three days which was enough and which was comforting if I can put it that way.” - Jack*

The assistance of a host or hostess was viewed as important to the individuals moving in, not only for help with information relating to practical things, but also because they felt able to talk to them regarding any personal issues they were experiencing to problem-solve and get advice. As Daisy voiced when asked whether she able to speak to her hostess about challenges or worries she faced later on; “Yes, yes, she still is very good”. Having a hostess was also seen as a useful experience for new residents coming in who may feel like strangers because they have no existing contacts in the home yet, and the host or hostess service can work as a sort of ‘buddy-system’ whereby they introduce the person to new, friendly faces. Daisy gave a short description of how her hostess introduced her to several people within the home; “Yes, she did- a couple of old people, yes. That was nice” and she later added “it was a big help”.

The practical first part of the move for participants which involved down-sizing, or getting rid of a large number of personal objects (e.g. furniture, books, photographs, ornaments etc.) from their previous homes or living situations, was viewed by most as emotional, difficult and heart-wrenching. This came with the practical knowledge that the rooms or spaces in

which they were going to live in were significantly smaller than their previous dwellings, and many residents reflected on how they had to simply tell themselves to accept the reality of the situation and say goodbye to many precious, dearly-loved items. As Thomas explained mournfully:

*“It was such things as tools, as you say, ornaments and that type of thing, pictures that you had taken with you over the years which form some part of your background of being your home...I just threw them all away because I knew there wouldn’t be place here. It was just an absolute break with a promise. It’s a rupture.” - Thomas*

For most participants, the down-sizing experience was a harsh reality to face because it meant having to choose which significant items they could hold on to, whilst having to give or throw away numerous others, and they also had to accept that in a sense, they had reached a final chapter in their lives from which they could not return. Thomas went on to explain this clearly by stating that “you knew that a large part of your life is over and you’re going into a final phase now”. Most participants echoed this thought by relaying that it was a tough notion to accept but that they had to put their emotions aside to some degree and deal with it in a practical way.

An interesting point that is addressed in the Thomas’ block quote above is that many of the items which are said goodbye to quite abruptly in this part of the move, form part of the individuals’ background, or we could even say identity, and this could also include various objects related to life accomplishments or careers which held immense meaning for the individual. There is a certain degree of humbling which could be felt during this process, as the participants realised that items which held great importance to them in their personal lives, would hold little or no meaning to others if given away (even to family members) and therefore they often opted to just throw away or discard these precious possessions instead.

As Victoria said, “I had a lot of embroidery things and things that the kids aren’t really interested in, you know, that you feel sorry to get rid of” since she had enjoyed embroidery as an important hobby in her life and took pride in her creative efforts. Another elderly gentleman, Mike, discussed how he had to throw away piles of photographs which had won awards or been published on various platforms etc. during his life’s work in photography; which described to the researcher a major loss in recognition or value of one’s life ambitions and achievements. Mike invited the researcher to view one of his photographs that he had been able to keep, after the interview session. This was a wonderful and sobering experience,

to reminisce over a beautiful visual moment captured in time, that had won a prestigious photography award in a previous, now closed chapter of Mike's life.

Another factor which was seen to have significantly positive or negative impacts on an individual's adjustment experience into the home, was their life circumstances leading up to the decision-making process which eventually resulted in them making the move; i.e. reasons for the move. For three of the new residents, much of the move had been unforeseen and unplanned by themselves fully, which meant that the change felt more sudden, severe and stressful than for the others who had taken time to mentally prepare themselves. For Daisy, the whole adjustment came in the midst of other traumatic circumstances, with the sudden loss of her spouse and a severe illness, which caused her to be hospitalized for an extended period and thereafter transition from a very independent living situation to a room in a communal home. She described the whole experience as "very traumatic" and "very sudden".

The adjustment into a retirement home also came very unexpectedly for another lady, Kate, who was within the younger elderly age group (ages 65 to below 80) when she was unfortunately retrenched from her job, which resulted in her having to stay with family before she came to BBGE. The move was confusing and stressful for Kate because there was a lot of family conflict involved in the decision-making process amongst her children; until one of them eventually took control and made the decision regarding where she would go. This was difficult for her because she was used to being independent and in control of her life before. Kate expressed her feelings about that by saying, "I was cross because they just said, 'okay, well off you go, there's your room, um figuratively speaking, 'there's your room, now you stay there'". She mentioned that the move had been hurtful for her as she felt "like weg-gooi-goed" (Afrikaans phrase for something that is disposed of or thrown away, rubbish) and it took a while for her to work through those emotions, as well as combat the boredom which she felt from not being actively productive anymore.

The third participant who had a very difficult time adjusting was Jack who, as with Kate, was used to leading a very independent, busy, purposeful life, even though he was not working at the time. The decision for his placement was also made by family and Jack tried to accept that by reasoning that he was not in a financial position to make the choice himself, as he said, "It wasn't my call". However, he did mention that he would have much rather stayed with family if he could have chosen. The experience of the forced move definitely impacted negatively on Jack's adjustment process, as he described it as "Shocking, I was in shock" and even equated the trauma of the move to be worse than a fire that he had experienced

previously in his life; when the house he had been staying in burnt down, forcing him to flee with whatever he could!

It is not to say that the other seven participants did not experience challenges in their adjustment experiences, even though they had mostly planned and prepared for the move, however, they did overall have more positive outlooks on the process initially and the actual move was a lot smoother. All of the participants emphasized in some way or another, as suggested in literature, that having some control or input over the decision-making process was important for a happy adjustment, even if it meant just choosing your own room. As Daisy firmly stated, “A choice I think is very important” and she elaborated on this by giving an example of a man she had known, who in her words was “dumped” into the home and remained the “unhappiest man” before passing away, as opposed to another elderly lady she spoke of, who would always proudly declare how happy she was in the home, and that it had been her choice to move there.

Lastly, for some fortunate individuals, the move and adjustment processes were described as a completely positive process, which actually came as a wonderful relief! Most participants mentioned somewhere in their interviews that they greatly valued the safety of living at the home because it is well fenced and guarded, which allows them to walk freely within the grounds, and for Jenna, this point made all the difference for her with the move. She described her first night sleeping in the new room by saying, “I threw my windows open and slept like a baby...I didn’t realise how I had been living on my nerves”. Another lady, Julie, who was very familiar with the home because her parents had stayed there and she had seen much of the different sections being built, also spoke of the adjustment as being rather enjoyable. Julie already knew several people within the home too, which helped a great deal socially, and was therefore able to build up a busy, productive schedule for herself with friends and activities planned, to the point that keeping a diary was necessary to keep track of daily tasks.

The next section will go on to discuss different types of loss that were related to the adjustment process into a retirement home for the elderly. As a final point for this section, many participants (particularly those who made the decisions for themselves) mentioned that a major reason for them wanting to move was to ensure that they did not somehow become a burden to their children, whom they felt had their own busy, fast-paced lives to deal with. Kate stated that she did not believe intergenerational living situations worked well, and that she wanted to lead a slower, more relaxed lifestyle; “They have their busy lives now I’ve

reached the stage where I don't want to rush around". Loneliness resulting from being left out of the younger generations' busy social activities was also mentioned as a strong reason for wanting to move to a home where they could hopefully find people at the same stage of life, who had time to socialise and connect.

## 6.2 Dealing with Different Types of Loss

The online Oxford Dictionary defines loss as "the feeling of grief after losing someone or something of value" (Oxford Lexico, 2020) and as the reader would have gathered from the first chapter's literature review section on 'The Aged', the aging process naturally involves various types of physical decline, which can be viewed as losses of health or physical capabilities. These losses, as well as other types of drastic changes or separations in the lives of the elderly, are important to discuss because they can be directly or indirectly related to their experiences of moving into and adjusting to life in a retirement home.

For most participants, the reality of physical changes taking place, or the fear of sudden drastic declines later on, was a main concern that brought about the decision to move. Loss of health often coincides with a loss of independence because illness or reduced physical capacity causes one to become more dependent on the assistance of external factors or people to live and carry out daily tasks. As Mike clearly stated, "I was getting to the stage where I wasn't coping to live on my own", and this was when he began to prepare for the move. Mike went on to explain further that a sight problem and physical illness which affected his legs, caused him to have to give up driving and become significantly less mobile; he had to purchase a walker when he moved into the home.

Losing the ability to drive and therefore be independent in some ways, was viewed as a rather drastic loss by several participants. Kate lamented, "it was hard, not bringing my car" when referring to moving into the home and facing the reality of her declining sight, and explained that she felt "trapped" in the home initially as she was unable to travel outside. Similarly, Thomas mentioned his car several times at different stages in the interview with phrases like "you had your independence, a car", "my car is a huge adjustment", and "really not having a car restricts your life because you depend on your walking ability and the public transport or other people". These statements all related to Thomas' life prior to moving into the home, as well as the short time period he had been able to keep his car whilst at the home, before having to sell it due to his increasing age and financial concerns. Daisy also described the loss of her vision and therefore driving as, "I had to stop driving, so I've lost everything you know, wretched".

Fears related to physical capabilities declining further with age were conveyed in various ways in most of the interviews. This was a strong motivation for participants to make the move earlier in their older age rather than later, when they may have to be placed in a more supportive facility, such as frail care. Even with the motivation though, it was still not an easy to decision to make with full surety in the timing of the event, as described clearly by Thomas:

*“I thought my age; you know rather than a bit younger and get used to a place when you’re still fit and your mind can still work and your body can still function and you get used to the area that way. Rather than you waiting until you sick, it was that decision. So it was a very hard decision to make because you don’t know how things are going to go in the future, whether you go too early or too late, you’re not sure.” - Thomas*

The vulnerability related to not being able to depend on one’s own body as easily in older age, was also a significant factor related to some participants needing to make the move. Victoria explained that she decided it was time to make the move because of the anxiety she felt in the anticipation of an unexpected fall; “the only worry is that you’re gonna fall or something and they’re not gonna find you for a few days, you know”.

Another type of loss, faced by many people during the aging process in general, and which was observed from the content of many new residents’ interviews, was the loss of purpose, passion and desire in life. John described the situation he found himself in, when his wife passed away and all other main responsibilities (e.g. looking after children or animals) were stripped from his life as, “I had no purpose in life, no direction, no purpose”. These thoughts and the emotions attached to them led him to nearly consider suicide, when faced with what he viewed as a bleak, meaningless future. Things improved for John to some extent when he was able to find other purposeful interests; such as teaching a young student mathematics, and training another young person to play tennis. He explained that keeping up these types of activities within the home was important to fulfil the need for purposeful living.

The feeling of not knowing what to do with oneself from a lack of productive engagement was also a challenge faced by a younger elderly lady (mentioned in the previous section), Kate who had transitioned quite suddenly from a busy, working life, to a very slow-paced dull life within the home. She explained the difficulty of now having to face an excess amount of free time, as well as a loss of previous productive roles in her life quite clearly:

*“I feel as though the whole purpose of my life, which was always my children and my job and um, being you know, I- being so busy and now I think, well what the hell, um, what-what’s the point?” -  
Kate*

Considering the fact that most of her life had been focused on her work and children, Kate now felt as though she did not know how to begin a new life, with more of a self-focus or exploration of her own values and interests. She questioned this a bit later in the interview by saying, “What the hell makes me tick, cos I’ve never had time to think about it”.

Death of loved ones or other family members was linked to the move and adjustment into the retirement home for a few participants. A main reason for this was that, once the individual’s significant life partner had passed away, it became uncomfortable and impractical to remain in the same living situation without them. John remarked that he suddenly got to the point where he thought, “I must get out of this house”, once his wife had passed on. It was also noticed that some of the participants were still working through the challenges of grief concerning the loved ones they had lost prior to the move, and they became emotional in the interview when talking about them (i.e. began to cry). It is possible that the busyness of the move provided a distraction from the loss for some, which then ended once they had settled in, and therefore difficult emotions began to surface related to experiences of loss.

### 6.3. Dealing with Traumatic Ruptures in Attachment

As a psychological term, attachment can be defined as a type of deep, emotional bond that develops between a young infant and its’ significant care-giver, which provides a sense of safety and security for the small individual (American Psychological Association Online, 2020). According to attachment theory, it is this first social connection which forms an important foundation for future relationships or attachments, which are developed or sought out throughout an individual’s life (APA Online, 2020). However, people are also able to form strong emotional connections to other things, such as places and specific environments (Najafi and Kamal, 2012). The reason that this type of place attachment occurs is generally because there are certain positive memories, meanings and interactions which have taken place in certain locations, forming an enduring “cognitive-emotional bond” (Scannell and Gifford, 2014, p. 274).

For many of the elderly who were interviewed, this type of strong connection which had been built over many years, with significant interactions and memories attached to a place, was observed. When asked about his living situation prior to moving into the home, John started

off by saying, “that’s a long story my dear” and then said “I lived in the same house for fifty-six years”. The roots and foundation of his main life story were deeply embedded within the physical location of John’s family home where he lived with his wife and children. Interestingly enough, he also mentioned a wall within the garage of the family house which became a type of historical record of the family’s life over the years. John’s children wrote on the wall from a young age, up until the times they left home, and friends of the family would also add to the meaningful graffiti on its surface. When he moved to the retirement home, he took pictures of “the wall” and kept these as a precious reminder of the past.

It was therefore understandable that when asked what the experience of leaving his loved family home was like, along with getting rid of furniture etc., John described it as “traumatic”. His daughter tried to encourage him by saying “dad, you can take the memories with you” (as quoted by him in the interview) but his disheartened response was “our house is the memory! I can’t take it with me”. This essentially describes quite vividly, the physical, environmental, emotional ties which were established with a particular place over time. This quote, from Thomas’ interview, captures the essence of attachment to a familiar place, with known shops and people etc.:

*“The other thing to mention to is you are familiar with your surroundings, you have got to know people over the years, the people in the shops around there, the people that lived in the block of flats, the people that lived in the area and in the general area because I wasn’t all that far away from the house that I had lived in that suburb. So it was, although I never went there all that often, but it was part of the familiar area, familiar territory.” - Thomas*

Thomas also mentioned that living in a new area now meant becoming familiar with the environment and location of shops etc., so as to build a new comfortable daily routine. Before moving, he had a particular set of activities which he carried out during the day, which included cleaning his flat, going out to certain shops in the area and having a coffee at a known coffee shop. In the same way, quite a few other residents had to adjust to a new environment and in some cases even a new city, if they had moved provinces to come to this particular retirement home. This break from a very familiar, safe, known ‘territory’ as described in the quote above was stressful for the residents in emotional, psychological and practical ways; having to learn what transport options were available for them to travel outside the home, as well as finding out where convenient shops, banks, restaurants etc. were located for them to visit.

One factor that was therefore seen as helpful in overcoming or soothing the effects of a sudden separation from one's known environment or place of safety, was the assistance of a hostess (as already mentioned in the first section in this chapter on 'Moving into the Home') who could ease the individuals into their new setting in a comforting, supportive manner. Another aid in dealing with the stress of a new physical location with strange surroundings, was for the individual to get involved in an activity of interest, whereby they could meet like-minded people, and begin to feel as though they belonged, or were accepted into a small community, within the large population of the retirement home as a whole.

Kate mentioned that just the fact that she was a smoker enabled her to fit in from the start and take a break from the stressful, moving practicalities, as she said "smoking was ideal because of the smokers, they helped me get away from the room and the boxes". This helped because she was able to make friendship connections right away, as well as downplay or find relief from the difficulty of the move, by joking and humorously discussing some of the challenges with the group. Belonging to a group early on in the transition process was also a good way for new residents to have other people to problem-solve with, and experience the support of universality when they realized others had been through the same difficulties and managed to cope. Jane discussed the enjoyment of belonging to card-playing group by saying "we've got our little group, sit, play together and it's quite nice". This could almost be compared to a younger person moving to a new school, and feeling more secure having a group to sit with during recreational times (break-times), as opposed to sitting alone and feeling like a lost, drifting outsider with no ties or anchors in their new frightening environment.

Although belonging to a group was important to most residents during their adjustment experiences, it is also important to explore the changes that occurred within themselves in terms of personality, self-confidence and self-esteem etc., when they moved in. The next section will go on to explore the changes which took place in the new residents' personal understandings of their self-identity, if any. This is an important aspect within any type of institutional or communal setting such as BBGE, because there are different dynamics at play in the larger space and areas of the home itself, as well as the intimate personal space one has and makes use of in their separate, and in most cases, individual rooms.

#### 6.4 Changes in Understandings of Self-Identity

Considering that making the move into a retirement home is a major life change and that as mentioned in the first section in this chapter, it is often viewed by the elderly as a journey towards the final chapter in their lives, it is most likely that the adjustment would cause

significant introspection and self-reflection. For some older people, who had busy, productive lives and fulfilled certain roles prior to moving in, the move may leave them with a suddenly empty schedule and a lot of excess time, as well as a feeling of being at a loss or not really knowing what to do with themselves. This would lead to changes in their daily routine, activities and choices, which could in turn bring about shifts in their lives and self-understandings.

When asked whether the move into the retirement home had had an impact or influence on who they were as a person or how they saw themselves, almost all of the participants mentioned changes they had noticed within themselves. Julia remarked, without hesitation, that she was now “more outgoing” and went on to explain that before moving in, she had stayed with a friend who had a more confident personality than herself, which led to the friend automatically taking the lead in social situations. Now that she was on her own, it gave her “time to shine” socially and take the lead in more social endeavours.

Daisy initially found it hard to describe how she had changed but agreed strongly that the move has an impact on a person’s self-understanding. She tried to make sense of the changes she had observed in the following quote:

*“I can’t describe it really um, I do feel that I am my own person here, whereas before I was, I don’t know, I was...the last year, not-not with my husband but after that, um now I’ve become settled and know what I- know who I am and what I want and what I can, you know, it’s difficult to explain...”*  
- Daisy

From what Daisy described, it seemed as though she had become more confident of herself as a person, and gained insight into what she wanted to do with her time in the home. She was also able to grow in her personal ability to make decisions regarding what she needed for herself. This included being able to have healthy relationships as Daisy said she had “chosen her friends” that she enjoyed spending time with, but also involved being able to set boundaries for herself if she needed alone time. She stated “if you don’t want anybody, keep your door closed...then you have your quiet time” which meant she could decide when to have social times and when to enjoy her own space and personal activities, i.e. reading a book, watching T.V.

The ability to set boundaries for oneself within the home was a topic that came up more than once in the interviews. Jenna learned the hard way that giving too much of herself in terms of always helping others out or being available to them in the home before herself, led to fatigue

and emotional burnout. This caused her to question core beliefs that Jenna had held onto for most of her life, including thoughts like, “I must be out there helping people”, which caused her to neglect her own wellbeing and allow others to take advantage of her generosity and inability to say no.

Jenna therefore began to realise that she was not taking care of herself, or as she stated not “feeding my (her) own soul”, and she explained this further by saying, “I was always out there propping people up and I thought ‘but sometimes I’m needing propping up and I’m not seeing it in myself’”. This was an important revelation for her because it meant that Jenna could begin to work on identifying and meeting her own emotional, psychological or physical needs before reaching out to others. She also came to a further conclusion that perhaps some of the people she was insistent on helping, did not even need or particularly want the help she gave them, which made her question the motivation behind over-exerting herself for others. Jenna described this process of self-reflection by saying, “maybe there’s a need in me that needs to be appreciated or something, I don’t know, I need to examine that a little bit more”.

The positives of self-reflection and awareness for Jenna led to her starting to do things for herself, such as reconnecting with friends outside the home and making social visits, as well as learning to say no when she was not able to help someone out. Unfortunately, not all self-reflections and understandings brought about positive insights. For Jack, the process of suddenly being surrounded by so many other elderly people, with varying health or physical issues, led to him questioning his character and closely held religious values:

*“I thought I was a nice guy, I honestly did. I thought I was compassionate, loving, decent, upright, man of integrity but coming here the worst of me is coming out. I am thinking what is happening to me because I have had to experience so much hatred and sickness, it’s vile here. You almost get sucked into the system...” - Jack*

Jack felt as though the experience of adjusting to life within the home was severely testing because he did not view himself as old, and had to suddenly navigate an environment with many different types of elderly people, some of whom were very forthright in their speech. After experiencing some minor conflict with another resident in a social situation, he began to question whether his character or interpersonal skills were as wholesome as he had previously thought; from prior interactions with people outside of the home. Upon self-reflection, Jack also had difficulty understanding why the effects of another resident’s words would impact him so negatively, and unfortunately felt that the coping skills he had adopted in response to the experience were not healthy at all. Jack’s response to the situation

was “hiding and keeping silent” which meant that he withdrew to his room to spend most of his time alone and avoided social interactions with others as much as possible. He himself admitted, “I am not coping well” and this difficulty in adjustment came as a shock to him because it conflicted with his previous sense of self or self-defined identity.

Another resident, John, revealed that, although externally it would seem that his adjustment experience was relatively positive, internally he felt unsettled and slightly disturbed by the change in his self-definition; as viewed by himself and others. Initially, he declared quite confidently that he was “a new person” and that this was a “new life” for himself but further exploration in the interview unearthed an inner discrepancy between who he had been and who he now was, meaning that the newness or difference in his self-identity was not altogether good. One of the things that highlighted this discomfort, was the fact that John dropped his nickname when he came into the home; which was the name he had always been called by close friends and family. He was now more formally addressed by his first name and he recounted seeing his full name and surname up on his room door, which signified a distance from his familiar former self and an adoption of a new, strange self:

*“Here they call me (first name), cos that’s, on my door is ‘(full name and surname)’ on my door, they take the first name. And of course, banks take your first name, everybody else, and I just thought ‘okay, fine’ leave the old (previous nickname) at (old home street address) with (wife’s name), which was my wife, they can stay there, I’ll come here as a different person” - John*

It seemed as though to some extent, the wish to remain anonymous or formally known by new people within the home, was almost an attempt to keep safe or protect John’s previous identity, that had been known as a family man and loyal, loving husband. His current portrayed self, was a shield, to ward off unwanted probing or entrance into past memories of dear people and places he could no longer physically access. Perhaps it also signified that, in a metaphorical sense, John could never really detach from his beloved home and wife and therefore decided to ‘stay’ there in a way to remain loyal, whilst at the same time creating a separate identity which could move on and adjust to life in the new retirement home. He admitted in the interview that this psychological conflict caused him some distress by saying, “I’m not sure why I did that. That bothers me sometimes” but ultimately avoided searching for an answer by always keeping himself busy with activities and numerous hours of reading in the home.

It is possible that, even though his psychological shift in identity took place for survival and protection of valued pieces of the past, John was now experiencing a type of mourning for the

old, known self that had been purposefully forgotten and left behind. Kate was also not completely satisfied with the changes taking place in her understanding of herself due to the adjustment into the home, and stated that “I never used to feel old but now I do”. She explained this further by discussing anxieties which had surfaced in the new environment, since she was now surrounded by many other elderly people; some with more severe physical, mental or health limitations than herself. Kate began to feel fearful if for example, she couldn’t find her glasses on a particular day, and would catastrophize the situation by thinking that she could be developing a severe mental disability, such as dementia. She would also sometimes limit herself in a particular activity or venture because, as she described “it’s just this feeling of...I can’t do it cos I’m old, and I never used to think like that”. Kate had to actively try to rationalise these situations and reprogramme her thinking by being aware of and rejecting the common older person stereotypes that could be influentially powerful to her now living in an old age home.

However, to add to the positive changes or shifts within the self, Kate added that she had developed patience in the home by interacting with other older people who were not as mentally or physically capable as herself. Jane mentioned a positive self-change by stating that she had learnt to not take offence or be personally affected by negative actions or words from the multitude of varying elderly people that she encountered within the home, because she was able to mentalize and gain understanding of their personal conditions, which led to them responding in a certain way. The biggest change for Jane was that she went from “feeling not needed and lonely” when she stayed with her younger, busy family members to forming many new friendships to the point where she stated that “you can’t really be lonely” surrounded by so many people to talk to, and becoming very purposefully involved in several different, meaningful activities in the home.

The next section will go on to explore the findings regarding ‘Relationships Within the Home’. This is an important topic to address because, as all the participants affirmed in one way or another, relationships are a significant part of the adjustment process, particularly when one is suddenly placed in an environment with many, close residing people. As found in this section concerning the participants’ understanding of the self, there were positive and negative views related to relationships experienced within the home. For some, the availability of so many new potential friends or ‘family’ members was seen as a comfort and blessing, whilst to others the realities of communal living with a vast range of differing personalities present, was a challenging not altogether pleasant experience.

## 6.5 Relationships Within the Home

When discussing relational experiences within the home, one of the questions posed to the participants was whether the friendships formed within BBGE were similar or different to social relationships formed with people outside the home. Just over half of the participants (six out of ten) felt that the connections made with other residents within the home were superficial or cordial friendships that did not have the same weight or value as the friendships formed with other people outside the home. As Thomas described:

*“A lot of them are more superficial because even; you see people and you talk about normal things and you don’t get too personal and you don’t have a history with people. Friends outside you have a history, you have gone through certain things with some of them.” - Thomas*

Most of the residents agreed that, upon entering the home, they were greeted by a friendly atmosphere and they also mentioned that it is common practice within the home for residents to greet each other and inquire after one’s wellbeing, when in the lift or passing by the dining room etc. Therefore, as Thomas was explaining in the quote above, on an external, superficial, general level, people are friendly with one another but as to whether there are genuine, close, trusted friendships, most were not so sure. In fact, John went as far as saying “there’s a difference between acquaintances and friends” to describe the difference between polite relationships he had with residents in the home, as opposed to close friendships made outside.

One of the things that qualified a relationship as a ‘true’ friendship to these residents was trust, i.e. the ability to safely confide in one’s friend about sensitive, personal matters. Another factor which was important in their definition of a friend, which can be identified in the block quote by Thomas in this section, was that the individual was a person with whom they had a shared history or understanding with. This could have either been usual life experiences shared over the years, or even specific knowledge and understanding related to an era through which both had lived through. Kate, who felt that she had not yet been able to form a deep, meaningful friendship within the home, described it in this way; “like any friendship, it takes time to get to know the person and to get all their idiosyncrasies but I just feel that they don’t know what the hell I am talking about”. As mentioned in her comment, as well as other times in different interviews, time could be an important factor in this, so it is possible that these participants had not dwelt in the home long enough to form deeper relationships.

Mike added to the definition of a true friend, by saying that he felt a genuine social relationship with another person should allow each person the freedom to speak their minds or opinions on any topic, without any resulting damage done to the existing friendship. He directly stated this as “if you and I are friends we can talk about anything, we can disagree and there’s no conflict”. This was mentioned to explain why Mike felt that relationships within the home were not as genuine as those outside because there were limitations on subjects shared. As Jenna added though, it was useful to understand that even within the home, “there’s varying degrees of friendship and varying degrees of conversations you would have with people”. Jenna brought this up to explain that she had to identify which friends she could trust with certain types of information beyond the normal greetings and other social protocols.

There is a possibility that to some extent, the level of friendships formed within the home could be dependent on choice and how open or socially available residents make themselves to forming new, lasting connections. As Julia described her friendships chosen within the home in a straightforward, factual manner; “they are not close friendships, it’s because I want it like that”. Her reasoning behind this choice had to do with the fact that Julia was already very socially engaged, with outside friends and activities that she got involved in within and externally to the home, therefore she felt that she could not focus her time and effort on extra deeper relationships in addition to that.

However, another possible explanation as to why residents may limit the depth or closeness of friendships within the home could be that from a spatial, communal perspective, they already reside in very close proximity to the other people they interact with, i.e. sometimes sharing bathrooms, dining together, small room spaces next to each other etc. This may feel threatening to some people’s sense of boundaries from the start, which could result in the creation of surface level ‘safe’ conversations and connections. Jack reflected this concept by talking about his feelings of discomfort in visiting others in their small individual rooms in the home; “well the space is small enough. I think in most cases it is pretty personal. So even though I am invited, I don’t always feel comfortable in someone else’s space”.

On the other hand, the remaining participants in the group (four out of ten) felt that they were able to make real, good friends within the home. The main reason for this was that they tended to focus on commonalities that were present between themselves and others, which was that they all resided in the same home, all had been through similar adjustment experiences, and they were able to associate with people in the same age groups as

themselves. Daisy described this by saying, “you’ve got so much in common; I mean if you talk about an ache or a pain, they know what you’re talking about, or if you’re limping a bit, you don’t feel conspicuous”. The opportunity to feel accepted and interact with others who were non-judgemental and understanding proved to be a strong motivating factor for these residents. As Jane put it, “we’re all in the same boat” and she went on to elaborate this point further by saying that there are opportunities to form deeper relationships within the home than externally, because in her opinion people were quite open to discussing common topics that linked them to one another experientially.

Even though the group of residents interviewed were divided in their thoughts regarding the quality of relationships or friendships that could be built within the home, all residents agreed that relationships or some form of social interactions, were important for individuals making the adjustment into a retirement home. As declared by John when asked whether relationships were significant regarding the adjustment process; “Absolutely important! No man is an island!”. He went on to explain that all the people in our lives are meaningful to us in some way and that it is part of our human nature to interact; which meant for him that if people didn’t interact at all, there would be a “problem” or “something wrong with us”. Jane echoed these thoughts by saying “we can build up one another, we can mean something to one another” in relation to the importance of positive social connections.

Friendly interactions with others in the home were viewed as helpful social resources that could be utilized to problem solve various situations, or feel understood and supported by talking about an issue. As Daisy commented, “I’ll go and say ‘well what do you think about this or that’ and somebody would say ‘well, in my experience – that-that-that’, you know”. In order to access or form these supportive relationships, the participants brought up several points of advice in the interview, which they felt anyone could benefit from if they decided to make the move into a retirement home. One of these points was that people who are moving in should attempt to be friendly to others they meet in the home, or give of themselves in a social manner to some extent, to draw others in. As Thomas affirmed, “I do feel that if people want to adjust, they must give. I feel that. Friendship or just politeness”.

Another insightful point raised by Daisy was that in social interactions, “being able to listen” to the other person’s story, as well as talk, was important. Her advice was supported by Jane who expanded on it by saying, “you must take an interest in people, ask them about their lives and that”, and emphasized that that was a good way to make friends. It was also quite inspiring to hear another participant, Jenna’s, perspective on forming relationships within the

home, as she felt it was necessary to notice other people and encourage them to talk and socially interact if they struggled in that area. This meant trying to understand the person and their perhaps awkward interactions, instead of becoming offended or avoiding them. As Jenna said, “I think when you say relationships, I think taking the time to look at people- to look beyond what you just see...”.

The next section will go on to discuss aspects related to living in an institutional environment such as BBGE retirement home. It was interesting to explore the new residents’ perceptions of communal living, with certain rules, regulations and routines that they had to get used to and follow. Some people were able to adjust quite easily to the change with minor stresses experienced, whereas others felt stifled and had difficulty accepting the authority of regimented ways of living in the home.

## 6.6 Institutional Living

The phrase “boarding school” came up more than once in the interviews conducted with the elderly residents in the retirement home, when they explained what it felt like initially to move into a large institutional setting. Although stated humorously, the phrase was linked to the less likeable aspects experienced in the home, with regards to specific scheduled mealtimes, food prepared in large quantities with less of a homey, enticing taste, and being limited by certain rules such as a curfew for when residents are allowed out of the gates at night. There was also the feeling that an entity, such as the principal and teachers in a school, was in control or responsible for their lives, which was happily accepted by some and viewed with levels of suspicion by others. There were, however, positive and negative aspects related to the overall experience.

One positive factor shared by most of the participants, was that they now had relief from the daily burdens of having to prepare meals, or do tiring housework and cleaning for themselves. As Victoria described when asked what was the most helpful factor of moving into the home; “being able to go and sit down and have your meal and get up and walk out, you don’t have to worry about the dishes, you don’t have to worry about the groceries, nothing!”. This was a convenience which many enjoyed due to the fact that they no longer felt capable of keeping up with these frequent laborious chores, or they had simply never been very interested in cooking etc. before moving in, which gave them time to focus their energy on other more interesting activities. Jenna stated, “I was never that domesticated” and went on to explain that she had just cooked previously because she had to, in order to live, but emphasised that it was certainly not something she missed.

Only one participant, Daisy, mentioned that she was unhappy not being able to cook meals for herself anymore, and said “I find the food (here) a bit stressful”. Daisy went on to describe the food as “boarding school food” which lacked the taste and variety of food options she could have previously made for herself. A few other participants also mentioned minor dislikes that they had regarding the food; for example, stating that it was “saltier” than food they were used to eating, or knowing which meals to avoid in the weekly timetable if they weren’t particularly fond of something. However, on the whole, the relief of not having to cook the meals themselves outshone any small criticisms for these individuals. For Daisy, who particularly missed cooking, a solution she devised was to improvise in the home by preparing small things for herself, e.g. spiced mushrooms on toast, in the communal microwave available to the residents for use.

Improvisation, as a means to find better ways to do things, was an important skill for the new residents to learn because life within a large institution like BBGE is regimented with clearly outlined routines, rules and regulations that are put in place to keep the organisation running smoothly, and the residents safe. One of the main routines includes having set mealtimes that have to be adhered to by residents if they want to eat food prepared in the home. Some participants adjusted well to this ordered way of life, particularly if they were used to having organized, dependable routines throughout life prior to the move. For example, John explained that the new way of life “didn’t faze me (him) whatsoever” because he was used to having regular mealtimes and had done so for most of his life with his family prior to moving into the home.

For others, the rigid mealtimes posed a slight problem because it felt as though everything else had to be structured around the set routines, for example making it back in time for lunch if you go out to the shops in the morning etc. This could be difficult if residents have to go to a place like the bank etc., where it could be busy or involve complex interactions that take up a lot of time in the day. As Thomas remarked, “you have to develop a completely new development based on mealtimes and all the rest, so you’re a bit restricted”. Thomas also found curfew times in the home to be restricting for him because he was used to going jogging in the evenings prior to moving in, but found that residents were not allowed to go out running past a certain time in the afternoon for safety reasons. This meant Thomas had to change his familiar routine to fit in with the rules of the institution.

However, for a few other participants, it wasn't so much the fitting in with the routines that was a problem but the feeling that such an ordered way of life in one's 'home', was somewhat unnatural. Daisy mentioned that she did not enjoy the structured meal times when she moved in because she was used to living a more flexible life where she could eat whenever she felt like it, or when the food she prepared was ready. Herself and her husband adapted to flexible routines depending on how each day went and as she said, "never looked at the clock sort of thing". Jane added to these thoughts by describing some routines in the home as "kind of regimented" but added that she understood why things ran in a certain way by saying, "I mean, this is not a hotel" to explain that some order was needed in the largely populated home.

Jenna also used the words "rigid" and "regimented" to describe the structured mealtimes in the home but chose to change her way of thinking about it, which worked to lessen the stress of feeling obligated to adhere to every time constraint. She realised that when she and her sister moved into BBGE (separate rooms), they initially felt as though they had to attend every meal in the day and would stress about it thinking, "oh we've got to get to lunch" until she realised that this wasn't the case. Jenna then altered her thoughts on this by saying to herself and her sister that they could have a look at the menu, see if they wanted to go to lunch etc., or otherwise simply go out for a meal elsewhere instead. Her words to describe this were, "I realized maybe we were making it rigid, thinking we had to be there, but you don't have to be there all the time". In agreement with this flexible mindset, and regarding breakfast which is served rather early in the morning, Kate also commented, "sometimes I don't worry to, I'll think ag, I don't feel like breakfast, so I don't go and nobody worries about it".

From the new residents' information relayed in all the interviews, it became apparent that changing one's mindset, or choosing to adopt a positive, adaptive outlook during the transition process, was viewed as a crucial element to making a successful adjustment overall. The next section will discuss this in more detail, by drawing on examples from the residents concerning different thought processes they had to actively pursue to combat depression or anxiety etc., as well as their suggestions regarding advice to others making a similar move.

## 6.7 Mindsets and Adjustments

The first significant point brought up by a few participants, concerning useful advice for others deciding to move into a retirement home, was that new potential residents should

carefully evaluate their decision by doing thorough research on the setting, as well as being aware of their individual needs and wants. This is of course assuming that the older person has some control over the decision-making process, and it is important because it sets the emotional tone and psychological space that they will most likely present with when trying to first settle in. As Thomas aptly put it, “the first thing is to do a bit of research, see what the place is like, especially your room, your arrangements, the hours and that sort of thing. The expectation is never the reality”.

Victoria related that it was important to feel drawn to a particular place or retirement home by an inner knowing, or sense of contentment, which could provide an individual assurance of being in the right place, despite challenges they may encounter. She described this very well by saying;

*“I think everybody knows inside of themselves what they are looking for. Some people would look for a smarter home, and they would have a feeling when they go into a place they fit in or not fit in here. And if they find that there is something in the place when they walked in, they thought I could call this home, that is a good place to start.” - Victoria*

Once the place has been chosen, the next step of advice mentioned by the residents was for individuals to make their best attempt at entering the home with a positive mindset and attitude. As Julia added, “you must work very hard on your own attitude before you come into the home”. Jenna also emphasized this point by firstly declaring “come in with the right mind set” and thereafter voicing motivational thoughts or phrases that others could use to face the change from a mentally strong position; “come in saying, ‘I think I’m going to be okay here’ and ‘I’m going to make this work for myself’”. Jenna also mentioned that potential residents should accept or allow for the reality of having “down days” sometimes without getting too disheartened and talk to others if they are not coping, to maintain a healthy, resilient mindset.

Considering that many of the events immediately prior to the move, e.g. downsizing, death of a loved one etc., may involve several difficult losses, another psychological understanding that proved to be essential for a successful adjustment, was to focus on the good elements being gained in the move. Jane framed the opportunity for a different experience in life, with moving to a retirement home, quite constructively by saying, “you have got to think that this is a new life, it’s a new beginning”. She went on to describe what she called “the extras”, in relation to numerous events and activities offered in the home, and said she would advise others to embrace these new opportunities in a proactive, thoughtful manner. Victoria also

commented on this concept when she stated, “try and see all the positives, and not the negatives, there are negatives but every place would have negatives”. After saying that, Victoria also discussed the importance of getting involved in some activities of interest for enjoyment, and basically making one’s best effort at joining in, “even if you can’t win (the activity or game etc.)”.

The idea of being able to set one’s gaze or focus on uplifting, beneficial factors involved in the whole adjustment process, was promoted by more than one participant in the group. Jane said directly, “don’t just look at all the other things that you’re missing, but look at things that you’re gaining”. When asked whether personal characteristics have an impact or influence on how a person adjusts to the move, Jenna agreed strongly and remarked, “Yes, yes, I think it’s a mind thing”. Her following description elaborates on this point quite clearly;

*“when I say it’s a mind thing- if I were to look at this um, I would look at this and think, ‘wow, this is not so great’ and that can really bring a person down but I’m- my head is telling me, ‘move past that now’ ” - Jenna*

The above comment describes the cognitive change, or disciplined psychological focus that has to be practised by the residents in order to avoid becoming depressed or anxious, and ultimately not adjusting well to the new setting. Jenna called this psychological process for well-being “changing gears” in her mind, which enabled her to have a new perspective on challenges faced in the home.

Healthy mental thought processes, as well as beneficial physical actions, were tied together in successful adjustment experiences. Many residents mentioned that they were grateful to be able to walk within the grounds of the home safely for exercise, and commented on the beautiful views of nature that could be observed when they went out. Kate admitted that she had preferred BBGE to some other homes she had seen because it had ample space outside to walk safely, which was necessary for her because as she said, “it’s very important cos I actually suffer from depression, so I find if I go outside, and actually go and walk around, it actually helps a lot”. The notion of ‘getting up and out’ was brought up by several participants, who felt it detrimental for people to stay confined in their rooms, with their depressive thoughts, and not make an attempt to get involved in an activity or simply appreciate another view outdoors. Daisy explained this by saying, “you’ve got to get up and go sort of thing, that’s the way I feel” and Mike commented further on the necessity of initiative-taking by mentioning that the adjustment experience is “what you make of it”.

Interestingly enough, Jenna emphasized that the visual aspects of the environment in some areas of the retirement home could also reinforce depressive thoughts and feelings. Examples of this that she mentioned were some of the older floors or levels in the home where the rooms and wall colours etc. had not been revamped or painted, and therefore gave off an old, forgotten, lonely feeling. Many residents also feared going anywhere near the frail care section in the home and there were many unknown or speculated terrors associated with it. Victoria tried to put this fear into words by saying;

*“Well if you go and look there and you go and look at them, um, and these people just sitting around, they’ve been put in their chairs, in their chairs in the morning and they just sit until lunchtime or until free time or whatever” - Victoria*

In order to combat these fears, as well as the negative feelings evoked by unhappier looking places in the home, Jenna mentioned that she chose to take different routes or avoid those places on days when she felt down or unable to cope with visual sadness. She also felt it was important for everyone to take a break from viewing dull colours or sections in their physical environment and see more uplifting views outside etc. Jenna was able to describe the effects of remaining in one sad-looking environment for extended periods quite vividly by saying, “they’re walking around and they’re looking at brown chairs and brown wallpaper, you feel brown inside, there’s no red splash or orange splash or blue splash – there’s no splash!”.

Another point that was brought up as an essential skill and positive factor for a successful adjustment experience, was that of practising gratitude throughout good or bad times in the home. In a way, this was also linked to being mindful and focusing one’s attention on positives, or uplifting opportunities in the home. Julia voiced how thankful she were to be in a new, safe environment for retirement by saying, “when I come into the gates, I actually want to come into my room and kiss every little brick and say, ‘thank you that I’m here’”. She also went on to explain that even if the food wasn’t the best on some days she would remind herself to be thankful for just having a plate of food prepared for them to eat, when many other elderly people are in worse situations in the country. Jane also decided to mentally close and appreciate the old chapter in her life before moving in, by being thankful for the blessed life she had had and finding meaning in the new transition in her life. Jane reflected on the fact that another person was able to now move into the previous cottage she had been living in; which meant that there were existential, positive reasons for the move to take place.

In opposition to all of the advice or skills that most of the new residents chose to practice to ensure a successful adjustment, Jack was unfortunately not able to change his mindset related to how negative the whole adjustment experience was. Jack's experience was mentioned in the first section of this chapter, when he encountered some minor social conflict with another resident and thereafter began to withdraw and shut himself off from the world. He was aware of positive factors in the home that he could make use of and even said, "the whole facility that they have is very good. It's up to the individual to make what he wants of it". However, Jack himself was not willing to try and put those thoughts into practice and therefore continued to struggle to adjust and believed that he was going to have to find a way to "escape" the establishment. He closed himself off to the possibility of any meaningful relationships in the home and although Jack mentioned that personal purpose was important, he was not willing to search for it within his current setting. His negative views, as well as his intention to find somewhere else to go, were summed up with these words; "there has got to be something meaningful to your life but there is nothing here".

The last section of this chapter will round off the results by looking at some of the adjustment factors within the South African context. This is important because it highlights some of the unique experiences, or motivating aspects for older persons wanting to make the move into a retirement home in this country's social, economical and political climate. The numerous residents that reside in BBGE come from vastly different social, cultural and economic groups, which means that for some people, i.e. those in a better financial situation, the challenges faced in the home can be more easily addressed, e.g. having money to travel outside the home and being able to buy different food to eat if they want to. Aspects specific to the South African context will be unpacked, with regards to the adjustment experiences of the elderly into a retirement home in the country, in the following section.

## 6.8 The South African Context

Considering the prevalence of high crime statistics in South Africa, numerous persons of any age are likely to have experienced some type of anxiety or fear related to the safety of themselves or their properties in the country at some point (Gerber, 2020). Therefore, it is important to consider this fear when examining the life experiences of the elderly, who are generally more physically or socially vulnerable to experiencing some type of crime, and currently violent acts of crime, including murders, are on the rise in South Africa (Gerber, 2020). Most of the participants talked about the relief of now residing in a home where they could feel safe, as opposed to previously living in a solitary house on a large property for example, where break ins and theft were a constant realistic fear.

Jane described the fear that she had felt previously living in a cottage on a large property in the country by saying, “if you’re on your own, and you hear sounds outside and everything, you worry about, you know” and went on to say further, “you’re always worried that somebody might just break in there or whatever”. This feeling of needing to remain constantly alert or on edge was not based on unfounded fears because she had experienced a break in before, and was terrified to go through anything like that again, as she said it had felt as though the robbers who broke into her house to steal things had “been scratching around in her soul”. Jenna also felt a huge sense of relief in being able to let go and not worry about safety concerns in the home and described the previous state of insecurity and anxiety she had dwelt in, prior to making the move to BBGE;

*“I had one ear open, the alarm would go off, the beam would go off, there’d be somebody at the gate constantly, so I wasn’t sleeping properly and it was only when I came here, the security of the place; being able to open windows, know that you’re secure, and I slept like the dead” - Jenna*

Therefore, these thoughts of gratitude and relief related to now staying in a place that was properly fenced and guarded, as well as within a large community, all emphasized positive aspects that almost all of the participants voiced. When asked about the good aspects of moving into the retirement home, Jack immediately said, “Well, the first thing is that I feel safe, that’s been enormous” which clearly described the significance related to feeling physically secure in the environment. The safety of the environment, along with ample fenced outdoor areas, enabled many participants to run, walk or do other forms of exercise at almost any time of the day without fear. As John relayed, “even at five o’clock in the winter time it’s quite dark, you can go for your walk and it’s quite safe, you know being an old person”.

Another important factor to consider regarding this major life change for the elderly, is that of finances because not many of the participants were able to retire in a very well-off position, and this placed certain limitations or anxieties on them regarding life in general. The financial position of a new resident also affects their quality of life to some extent or choices available to travel or participate in activities outside the home. As Thomas stated, “I even walk more than what I used to walk because often I don’t have enough money to catch a bus or something like that”. Thomas also had to sell his car after moving into the home, which limited his travelling abilities further, because the engine started to overheat and he could not afford to get it fixed.

Many residents have access to government pensions, as Kate said “I’m on the SASSA pension” (South African Social Security Agency) and although this helps to some extent, pension amounts are often minimal and would not cover an individual’s complete monthly living expenses. This means that most older persons have to rely on family members to pay for them to stay in a retirement home, and sometimes this is stressful for them, because they feel as though they are an added financial burden to the relative’s family; which may already be struggling to meet expenses in the current low economic status of the country. Julia mentioned that her daughter paid for her to stay in the home, and this was constantly on her mind as a subtle stress factor because she worried about her daughter not getting enough work to live and pay for her mother’s residence. As Julia said, “I feel better if she’s got a project. Then she can pay without even thinking about it, you know”.

In addition to perhaps not having the luxury of choosing to go out for a higher quality meal at a restaurant, some residents could even be judged by others within the home, for not being able to afford certain activities, buy decent clothes, or access certain services for personal care. Jack gave an example of this in his interview by firstly stating that, from his observations, “a lot of these people seem to be very poor, they don’t have much money, very little money”. He then went on to mention a lady he knew of, who had very limited finances and therefore could not always afford to get her hair done. It was shocking for Jack to see others judge her and make comments about her hair, without considering her lack of finances; “sometimes people are horrible and they will say to her, ‘(lady’s name) your hair looks terrible you must go and have your hair done’...it’s horrible”.

Finances and transport were also linked together in the experiences of the elderly moving into retirement homes in South Africa because there are not many safe, easy, affordable, comfortable transport options available in the country as a whole, and less so in the area of the home used for this study. Elderly people become more reliant on others for transport because of their diminished physical capacities or health problems, and therefore travelling is a bit of a dilemma which needs to be thought out and problem-solved by older people in general, as well as those in retirement homes in this country. Mike mentioned in the interviews that he was initially quite stressed moving into the home because he has to attend regular appointments for health reasons at a centre that is a fair distance away, and was unsure of how he would continue to do that. Thankfully, he was able to get lifts from the younger person he sold his car to, whom he had helped in the past, as Mike said “when I need to go places, if he’s able to help me, he comes and fetches me here and takes me”. Another

friend of his was also compassionate about his situation and went out of his (the friend's) way to assist this participant with lifts.

In conclusion to this section and chapter on results, it can be seen from the rich data unearthed, that the adjustment experiences of the elderly moving into retirement homes in varied geographical locations, are complex events that require many areas of focus and understanding. Humans are sensitive, feeling beings who encounter many major changes in their lives that require them to adapt, cope and strategize to build skills to assist them in life's adjustment processes. The specific adjustment experience for the elderly focused on in this paper is an important one to unravel and make sense of from their perspectives within our modern society; which has adopted the use of institutions or separate places for older persons to live out the rest of their lives, as the norm. The paper will now proceed to tie the findings and the theoretical frameworks (proposed) earlier on in this paper together to gain a thorough understanding of how the elderly's experiences relate to the theory and therefore answer the research questions set out at the start of this study.

## Chapter 7: Discussion

### 7.1 The Theoretical Lens

The first theoretical framework that was proposed as a lens to view the study's findings through, was Bridges (2004, cited in Brownie et. Al, 2014) three stage model concerning the psychological adjustment that takes place when an elderly person moves into a retirement setting. As further explained in the earlier chapter on the 'theoretical framework' for this study, the three stages in Bridges' (2004) model include; firstly 'endings' or the process of letting go when making the move, which can involve loss in various forms, secondly there is an in-between or 'neutral zone' where the resident's initial stress may have subsided to some extent, but they are not yet comfortable in their new home or identity, and the last stage is called 'new beginnings' where individuals are able to establish a coherent sense of their new identity and feel secure within the home.

In relation to the first stage of 'endings' or letting go, there was certainly a great amount of loss that was felt by almost all of the participants in various forms. This was discussed in-depth in the previous chapter's section on 'Dealing with Different Types of Loss. However, when relating the findings directly to the first stage of Bridges' (2004) model, it seems that the most significant type of loss, or letting go that had to be processed by the

elderly, was their loss of self which was dramatically emphasized with the move. Life in general involves many changes and loss in different forms but this experience for the elderly was unique in that they were required to let go of many worldly, sentimental items suddenly; most of which represent who they were and how they lived. This resulted in an almost forced state of humility whereby the accomplishments, roles or careers that they once fulfilled became ghost-like, intangible apparitions; present only in reminiscent tales and memories of their past life. Coming to terms with one's advanced age was also related to self-loss and this was a hard truth that had to be confronted when making the decision to move. Realising that they were no longer able to cope living on their own, and needed to be in a safer setting with more support, was an emotionally vulnerable position to find themselves in, which required acceptance and positivity to come to terms with.

It could also be noted, or added to this stage in the psychological orientation framework, that not all losses are negative, and for some elderly people there may be more gains obtained in the process, which outweigh the hardships of letting go. As mentioned in the previous chapter under the section entitled 'Institutional Living' a loss that was viewed in a very positive light by most new residents, was the absence of needing to engage in major, busy daily self-care activities such as grocery shopping, preparing meals and cleaning dishes or other household cleaning activities. The gains that were also mentioned in the same previous chapter section, were safety and the ability to exercise in a secure environment, many varied activities to choose from, and lack of loneliness due to the fact that there was always someone available to talk to within the home.

With regards to the next step of the transition model by Bridges (2004), the in-between or 'neutral zone' was identified in different ways, from experiences related by the new residents. This period of uncertainty came after the initial introductions, orientation phase and practical moving or settling into their rooms had been completed. The comfort provided by the hostess was an important buffer in the process, whilst new residents were still coming to terms with the change and feelings of loss from the first stage of adjustment. The in-between phase was described to be the point when the participants actually began living in the home themselves, getting used to the routines and regulations, and trying to build up a familiar schedule for themselves, to work around timetables of the home for meals etc. The time restraints for the second phase are difficult to specify because some people may not need a lot of time to settle in before they feel at home, whereas others may need a few weeks, months or even a year to feel fully secure and adjusted.

Victoria unknowingly described her in-between phase which occurred quite soon after moving in and lasted for about a month;

*“Two, three, four weeks I did absolutely nothing, I looked at my room and I thought; (daughter’s name) had put pictures there and I don’t know where I want them and I don’t want to be rushed either, so they can just stand around. I just sort of landed” - Victoria*

It is clear from Victoria’s experience that she was simply not ready to move on and start getting involved in active life within the home at that time and therefore wisely allowed herself time-off to mourn and rest. This is an important point because overtly, some individuals may seem to be adjusted well and may even declare that they have started a ‘new life’ in the home. This would lead one to think that they are already on the third step of securing a new identity, but in actual fact their process may have been somehow rushed and, when explored further, there may be a dissonance between their outward appearance and inner thoughts or feelings. An example of a rushed adjustment process could be John who was briefly discussed in the previous chapter’s section on ‘Changes in Understandings of Self-Identity’, who gave up his former, familiar self soon after entering the home and adopted a more formal name, along with a distant self, to become known by others more superficially from thereon. John was disturbed by the change in himself, did not feel secure or established within a new identity, and therefore kept himself busy and distracted to avoid reflecting too deeply on this internal conflicted reality.

It is also interesting to note that, perhaps the second ‘neutral zone’ or in-between stage in Bridges (2004) model could be viewed as a make-or-break period, or in more formal psychological terms, a sensitive or critical stage of development. From a developmental point of view, sensitive periods are specific windows of time (e.g. first few years of life) in which a person is particularly vulnerable to the effects of environmental experiences and certain skills expected to be acquired during this phase may not be easily built once the time period has passed (Voss, 2013). Using this concept as a comparison, the in-between phase is also a crucial time period for the elderly in their adjustment to life within a retirement home. This is when they really get first-hand experience of dwelling in the place and interacting with its’ people, which could either lead them to decide that their new abode can indeed become a real home where they feel accepted, or make them feel as though it is just an institution where they will survive and endure for as long as they can.

An example of the sensitivity or significance of the in-between period, as well as an observation of the necessary processes within this time frame not being successfully fulfilled,

could be discussed by observing Jack, who was one of the ten participants who was not adjusting well and wanted to “escape” the home. He was mentioned in the previous chapter’s section on ‘Changes in Understandings of Self-Identity, as someone who thought he was outgoing and skilled in social interactions before moving into the home, but experienced personal challenges in these aspects within the new retirement setting. After one negative, conflicted social situation with another resident, Jack reacted by withdrawing to his room and essentially giving up on any possible positive interactions, as well as avoiding participation in any activities offered at the home. This means that certain skills, or areas of growth were not developed in the neutral zone for him and as a result, he was still struggling to adjust and look for a way out of the retirement facility.

In contrast to him, Jane was eager to reach out to others and get involved in activities of interest within the home when she moved in, which as she described (particularly in relation to forming relationships) assisted her in feeling comfortable and beginning to view her new room and surroundings as ‘home’. As Jane commented, “it’s important to make them feel at home, you know, and that’s what people here do; they make you feel at home”. As a result, she was able to navigate the in-between period of uncertainty with relative ease; having confidence that she could always turn to another resident for help if there was something she was struggling with, or needed advice on.

In a way, the overall relationship with the ‘home’ as an entity, which includes the physical and social aspects of it, is being built over the three stages of the transition model proposed by Bridges (2004) and the ultimate goal is to form some sort of healthy, stable attachment to one’s new world, as well as a positive, coherent internal self-model, by the end of the adjustment process. Therefore, the type of attachment bond formed over the three stages could reflect the resulting identity which an elderly person adopts in the final stage of ‘new beginnings’. Daisy, who navigated through the first two stages fairly well, was able to affirm quite confidently that she now felt as though she was her “own person”; who knew what she wanted, or didn’t want, and was able to make choices for her wellbeing without excessive hesitation or doubt. Daisy even used the terms “new life” and “new beginning” to describe her perspective of making the move to the retirement home, which signifies the extent to which she was able to complete or fulfil the previous two stages adequately in order to grow into her new identity at BBGE.

Other residents were not yet secure in the third stage of the model, with regards to establishing a new identity or focus, although they were intent on furthering the process and

thereby, their own personal growth. Jenna in particular had gained important insights into self-qualities or traits that needed time to adjust or change for her own health and enjoyment within the home, but she was still in the beginning stages of applying this internal wisdom. In her own words Jenna said, “I think I jammed the process a little bit” and this was related to her always focusing on others’ needs instead of her own, which caused burnout and stress. Although she was not as sure of her new self or identity yet as some other participants, Jenna was certainly on the right track and was willing to explore different avenues, or ways of doing things, to progress her personal growth achievements.

Therefore, the three-stage model of transition during the adjustment process for the elderly into a retirement home, proved to be a useful tool when examining the ten participants’ stories and making sense of them from a theoretical point of view. As a concluding note on this framework; from exploration of the data unearthed in this study, it can be understood that the time needed or used by each participant for any one of the three stages is not set in stone. The two elderly lady participants that were last mentioned in the above paragraphs had both moved into the home within a two-year period (as stipulated in the research design) but interestingly enough, it was the first lady mentioned, who had been in the home for a shorter time period than the other participant, who had already progressed into the third stage of the transition process quite well. This could mean that, although residents may share common elements of the three stages within their adjustment experiences, the actual duration or working out of the model is individually based for each new older person moving into the retirement home.

The second theoretical framework postulated to find meaning in the data collected from the participants’ interviews, was the ‘two polarities’ model of personality development across the lifespan (Blatt and colleagues, 2006, 2008, cited in Blatt and Luyten, 2009). This model suggests that every individual goes through a “complex dialectic transaction” (Blatt and Luyten, 2009, p. 795) between two psychological dimensions namely; attachment or relatedness, and separation or self-definition. This theory also utilizes Erikson’s stages of psychosocial development, to identify the sequential goals in personality development as either interpersonal (e.g. trust versus mistrust in early infant development) or self-defined (e.g. initiative versus guilt in young childhood years); with an added goal of ‘alienation versus cooperation’ inserted between the third and fourth stage in Erikson’s model, which involves the middle childhood years. The main assertion of the model is that a healthy, balanced personality is dependent on the development of both dimensions (attachment and

separation) throughout life and that growth in one dimension encourages further development in the other.

Blatt and Luyten (2009) also suggest that different people tend to put more of an emphasis on the development of one dimension over the other, and that in general terms; women are more often seen to develop towards an anaclitic personality type (with an emphasis on interpersonal relatedness or attachment), whereas men usually develop an introjective type of personality (with more emphasis on self-definition or separation). An over emphasis on either dimension is postulated to lead to varying types of pathology (Blatt and Luyten, 2009). Concerning the application of this theory to the experiences of the elderly adjusting to life in a retirement home, the first points to mention are that there were some hints made by a few participants, who were women, to suggest that they believed men in general found it more difficult to adjust than women for some reasons, and that men were not usually particularly good at being hosts to assist new residents in their orientation process to life within the home.

As Daisy stated, “I think the men would find it more difficult, yes the woman seem to adjust”. The reason she said this was because she felt that women found it easier to accept and adjust to communal rules and routines in the home without much anxiety. Daisy also gave examples of men she had observed that kept to themselves, not getting involved in any activities or interacting much with others which caused them to struggle, if not completely fail to adjust adequately. Victoria commented that “they should help the men to be a host” and elaborated on this by saying that men hosts generally showed new residents around briefly or mechanically, without paying much attention to their emotional needs or distress in the midst of the move. This would seem to suggest that perhaps many men moving into the home come in with a personality style that is more along the introjective dimension, however, it is necessary to explore some cases a bit further to find out how exactly the two dimensions of personality are involved in the adjustment process for both genders.

From the information gathered in the interviews, which were conducted with six women and four men, it does not seem particularly accurate to say that gender alone can predict whether a person puts more emphasis on developing relatedness or self-definition areas in their personality make-up. One aspect discovered, which could add to the reasons for one dimension being focused on more than the other in life, is that of the individual’s career choice and educational or work experience. It was noted that Thomas had worked within the labour relations sector for several years of his life and during that time he learnt and adopted many complex social skills dealing with people to solve disputes. Therefore, Thomas tended

to place a great emphasis on interpersonal relatedness, by saying “I really think that unless you make relationships, you won’t be able to cope. Unless you are able to relate and make friends”. The skills learnt in his previous career were also a benefit to dealing with conflictual or other social situations in the home; which has a large population of varied personalities.

In contrast to this, Kate struggled to relate to other people within the home or build meaningful relationships and she felt that this was attributed to her personality type. She described this by saying, “I feel that I can’t kind of...people don’t get me” and later on adding, “they’ll ask me something and I’ll- and then they’ve got the total wrong end of the stick, and then I’ll say, ‘no I didn’t, you know, I didn’t mean that’”, which relayed the difficulties Kate had forming connections and responding to other people within the home in a socially appropriate manner. Interestingly enough, it seemed as though Kate’s personality and the dimension of emphasis (self-definition or introjective type) was not altered by moving into the home but did have an effect on her adjustment experience. This could be deduced because she mentioned that relating and interacting with others was something she had struggled with her whole life, and that she had always felt as though she could somehow not sync with others socially. The continuity of personality style could also be viewed with Thomas, who did not necessarily suddenly start developing more in the interpersonal relatedness dimension, but did benefit in the adjustment process due to previous life development or focus on that area, having worked in labor relations during his career.

In contrast to that, it did seem as though some individuals could possibly begin to develop or focus more on one of the polarities, and this could be due to personal choice, or even make sense from a psychological point of view, by reviewing the final stage in Erikson’s model of psychosocial development. Blatt and Luyten (2009, p. 800) divide Erikson’s stages into two columns, of either relatedness or self-definition processes and the final stage, which is where we could expect most of the elderly participants to be placed is ‘integrity versus despair’ and this is listed on the self-definition dimension. Therefore, it could be expected that some elderly people may feel drawn to focusing more on the self, when finding themselves in a restful, retired space in their life, with much time to reflect and analyse internal events.

This was particularly true for Jenna, who seemed to have been a self-professed anaclitic personality type (expressed in other words) most of her life because she was always concerned about helping and reaching out to others, often to the detriment of her own self and wellbeing. Therefore, when Jenna realised that she did not have to keep living for others only, and was given the opportunity to self-reflect more, she realised that she actually wanted to

decidedly focus on having more time to herself and voiced this saying; “I would also like to sometimes just go out on my own” and “I think those are little things I can start doing for myself”. This was a time where Jenna and other new residents could choose healthy separation to focus on building a stronger, coherent self-definition. However, the extent to which she actually could and would place more emphasis on the development of her self-definition dimension, is yet to be revealed because having the insight for change needed and putting that into practice are two separate things.

Therefore, there isn't significant evidence from the interviews conducted that the adjustment process had any major effect on a person's tendency to develop or grow in a different personality dimension. As stated before, it seemed that there was to some extent a continuance of the personality style formed throughout life and it was rather the person's developed dimension (i.e. relatedness or self-definition) which affected or had an impact on the adjustment experience. For example, Jack, who struggled to form any positive relationships and wanted to leave the home, could almost certainly be viewed as having more of an introjective personality style, and he himself mentioned preferring to spend hours alone in his room reading, as opposed to interacting with others in the home. Unfortunately, in his case the extreme focus on self-definition without developing interpersonal relatedness, had a negative effect on his adjustment experience and resulted in him shutting off and withdrawing from the world. Jack's reluctance to interact socially and form significant attachments with others was described quite severely;

*“If you see me sitting outside waiting for lunch I sit like this (hands over his ears) so I can't hear their complaining, I close my eyes because I don't make eye contact with them because everyone that comes pass is morning, hello. I just close my eyes and sit there and I can't hear anything” - Jack*

There was no severe pathology noted amongst the participants (healthy elderly individuals were targeted for the study to avoid inducing any major stress) however, it could be postulated that, as Blatt and Luyten (2009) describe, any over-emphasis of one polarity without the other being developed could cause emotional distress for the new residents within the retirement home setting. If a person chose to withdraw like the Jack above, and not focus on connecting with others at all, they would most likely feel lonely, anxious or a bit depressed; and he voiced these feelings at points in the interview. On the other hand, if they only focused on attachments and relationships to the detriment of their self-definition, sort of like the anaclitic personality styled lady mentioned previously, then they ran the risk of losing boundaries, becoming over-involved in others' issues, feeling stressed and eventually

getting to a place of emotional exhaustion, burnout and confusion concerning their own identity in the new place of residence.

In conclusion, the three-stage model for the adjustment process, as postulated by Bridges (2004) was discussed with regards to its relevance to the current study and findings. It was interesting to note that not all losses in the first stage of ‘endings’ were negative, and there were gains obtained in the process too. The in-between stage was found to be an almost critical or sensitive period for the new residents moving in, where their initial connections and other experiences could set the tone for which they would either begin to accept or reject their new home. Finally, not all of the residents had reached the third stage securely, in finding their new identity in the home and each individual’s journey through the stages was unique in terms of duration or time taken to adjust.

Thereafter, the two polarities model for personality development was discussed and applied to the current study. There was no firm evidence to suggest that moving into the retirement home could alter a person’s tendency to place emphasis on either interpersonal relatedness or self-definition. Rather, it was seen that the type of personality built over the residents’ lifespan had an impact on how they adjusted to life within the home, and if focus was placed solely on one dimension, to the detriment of the other, the individual could experience negative emotional effects, which could lead to further disturbances in their overall mental health and wellbeing. The next chapter will go on to discuss the limitations of this current study, with reference to the number of participants, racial or cultural groups, as well as other areas that could have an effect on the transferable proof or reliability of the data gathered.

## 7.2 Contextualizing the Results

Looking at the study results beyond the formal theoretical framework, it is possible to observe trends in relation to global existing literature regarding the experiences of the aged. Firstly, as outlined earlier in this paper in Chapter 2.3 ‘Adjusting to Life in a Retirement Home’, the existing literature suggests that making the move into a retirement facility can be excessively stressful for older people, it is oftentimes accompanied by traumatic losses, and could even lead to a formal diagnosis of distress being observed namely, ‘Relocation Stress Syndrome’ (RSS) (Manion and Rantz, 1995; Rosenkoetter et al., 2016). The current study’s results agree with the existing literature from abroad and expand on it, as mentioned in Chapter 6.2 ‘Dealing with Different Types of Loss’.

That particular theme describes how the losses that the elderly persons faced in the overall aging process, as well as the adjustment period into the retirement home, are complex and affect different spheres of the elderly's life and wellbeing. Physical losses included limitations and changes in personal physical abilities, which led to reduced levels of independence, as well as the loss of important tangible objects that held significant meaning and emotional links to the past. Loss of purpose, passion and desire in life were also found to be notable emotional and psychological challenges that some of the elderly participants faced when moving into the retirement home; and this was compounded in some cases by the actual loss of dear family members, beloved homes, and productive work situations.

It is definitely possible that some of the residents could have exhibited symptoms related to Relocation Stress Syndrome. Jack's adjustment story in particular speaks to this, as he was visibly distressed in the interview and voiced many concerns relating to his move into the home; he was unable to develop any helpful coping strategies in the process and began to withdraw from the rest of the home into his room and refuse to attempt to make relationship connections, which could indicate signs of depression and anxiety. The in-between phase of the adjustment process, as described from Victoria's perspective in the section prior to this one (7.1 The Theoretical Lens) could also point to a sensitive period for symptoms of RSS because this is the time whereby residents have completed all the overwhelming physical aspects of the move, and are then suddenly faced with the reality of their new environment. This could bring up a myriad of feelings such as sadness, loneliness, anxiety and even fear, which need to be acknowledged and dealt with to ensure that the severity of the resulting RSS does not become too disabling for the individual.

In the literature review at the start of this project, the importance of the concept of 'home' was also mentioned in relation to the elderly and their strong psychological and emotional connections to significant places over long periods of time throughout their lives (Brownie et al., 2014). This also came up as a meaningful finding in the current study's results, observed by discussions with some participants regarding their traumatic, painful separations from beloved family homes and familiar surroundings that they were deeply attached to. Studies from abroad also suggest that finding one's individuality within a uniform institution like a retirement home can also be difficult with limited resources for personalised hobbies etc. This was raised in various ways by participants when they tried to think of creative solutions to continue doing activities that they had previously enjoyed, and which expressed their

individualities, for example trying to continue interests such as cooking or gardening in small ways in their new environment.

Lastly, much of the existing research indicates that personal choice or the power of decision-making is a vital factor for the elderly when making the move into a retirement facility, and whether or not an older person has the opportunity to decide where or when they make the move can determine how well they begin to adjust (Walker and McNamara, 2013). There was definitely a resounding agreement with this concept in the results from the current study. Participants such as Kate or Jack, who had very little control or choice over their moves into the retirement facility, displayed much more dissatisfaction and even frustration towards the adjustment process, and were left feeling abandoned or forced by family members into making the traumatic change. On the other hand, participants who were able to carefully plan the move, view different retirement home options to weigh up pros and cons of each, and select their future 'home' with a sense of acceptance and of their own accord; were certainly set on a more desirable, positive adjustment path within the home. The next section will go on to discuss potential limitations of the current study.

## Chapter 8: Limitations

The first limitation to be addressed is that of the group size. Only ten participants were interviewed, and there is very limited South African literature regarding this specific phenomenon, so the generalizability of the study to other retirement homes in the country may be limited. However, it was valuable to choose a small group to interview from a qualitative point of view because this provided the opportunity to gather rich data and understand the participants' stories from their point of view.

Secondly, it was unfortunate that the participants in the study were all a part of the white racial group in this country. This limits the findings because it would be important to explore how the results compare to the experiences of elderly people from other racial groups in the country, as well as how belonging to a different cultural group may impact the individual's adjustment experience. There was also one less male participant in the study which could have also affected the findings in some way, particularly in regards to the personality theory discussed in the previous chapter which explored introjective and anaclitic personality types.

Lastly, it is the researcher's sincere hope that she has accurately analysed and interpreted the participants' stories of their adjustment experiences, and relayed them in a way that fulfils the requirements of the hermeneutic circle for understanding. However, it is important to note that even though the researcher attempted to remain aware of previously held assumptions or ideas related to the adjustment experience for the elderly, so as to keep these separate from the real data, the researcher can never completely avoid being a subjective being throughout the data collection and analysis process. Therefore, it must be understood that the analysis is a combination of the elderly's interpretation of their adjustment experiences, as well as the researcher's further efforts to make sense of the phenomena. The next discussion will provide a brief insight into further research areas that would be worthwhile looking into following the results of this study.

## Chapter 9: Further Research Considerations

As already mentioned in the previous brief chapter concerning 'Limitations' of the study, it would be beneficial for this type of study to be carried out with a larger number of participants, possibly over a variety of different types of retirement homes in South Africa. It would also be interesting to maybe explore the two polarities theory in relation to the experiences of the elderly further, perhaps by adopting a quantitative approach, which could make use of a large number of surveys to examine personality factors of older people throughout their lives, as well as before and after making the move into a retirement setting.

Another point which was not touched on in great detail in this study, but is worth mentioning because many of the elderly residents interviewed commented on it as a significant concept, is the fear that seems to be greatly associated with the frail care section in the retirement home. It would be useful for another study to perhaps investigate literature related to this topic and explore whether it could yield beneficial data to understand why it is such a fearful place or state to enter, and what could be done to alleviate the stress associated with it.

Considering the recent global outbreak of the Coronavirus (Covid-19) in 2020, it would also be necessary to investigate the overall impact of the virus on the elderly population, and to possibly explore how this phenomenon has affected adjustment experiences for the elderly into retirement facilities during that time period. Due to the fact that Covid-19 posed significant health risks for the elderly population, there were many rigid restrictions and policies put into place in settings such as retirement homes to try and reduce the risks of transmission and illness amongst residents (Lloyd-Sherlock et al., 2020). Therefore, it could

be noteworthy to explore whether those regulations may have had adverse effects on individuals trying to adjust to new life experiences in retirement homes in South Africa.

For example, many group gatherings and activities were cancelled in retirement homes during severe waves of Covid-19 infections and oftentimes elderly people exhibiting minor flu-like symptoms were forced to self-isolate in their small rooms for extended time periods. Older people were also discouraged from visiting family members throughout the peak pandemic periods. This extended social alienation in various forms could have had the potential to cause extremely adverse psychological and emotional distress for elderly residents in retirement homes; and this could have impacted long-term individuals, as well as those who may have been fairly new to the homes. Future research could aim to identify the residual mental, psychological, emotional and relational effects of the Covid-19 virus and the life-restrictions thereof on the elderly population in retirement settings (or in other living situations). It could also specifically aim to explore whether any individuals may have experienced significantly disrupted or traumatic adjustments to life in retirement homes in South Africa during the pandemic period.

It is always advantageous for research projects to set out to examine or explore a phenomenon, with the hopes of providing information that is not only insightful from a psychological or scientific point of view, but that will also assist various organisations or healthcare workers etc. to better the lives or environment of the groups of people they are in contact with. It is therefore also this researcher's desire that the findings of the present study will be beneficial and have a positive impact on the various processes or procedures that are involved in the adjustment experiences of the elderly into a retirement home in South Africa. If not on an organisational level, it would still be useful if the results provide some clarity or helpful information to the elderly people themselves, when they choose to move to a retirement home, or find themselves in the midst of this major life transition.

## Chapter 10: Conclusion

In conclusion, the researcher's experience of planning, initiating and carrying out the data gathering and analysis phases of this study was a meaningful, thought-provoking endeavour. The research participants were very kind to make themselves available for the interviews and provided rich, valuable information to further analyse and write-up. This paper started out by examining the various literature that was available regarding the adjustment experiences of elderly people into retirement homes. The literature provided insight into some elderly

people's experiences, as well as what influences brought about their decisions to move to a more supportive, community-living environment. It was found that information regarding this process in South Africa is limited and therefore the study aimed to look at this phenomenon in-depth within the country's specific context.

Thereafter, the frameworks for the study were introduced. Bridges (2004) three-stage framework provided an outline to make sense of the different periods within the overall adjustment experience for the elderly moving into the home. The two polarities theory on personality development was then also incorporated to understand how attachment (or relatedness) and separation (or self-definition) processes are involved in the elderly's experiences of adjusting to life within the home, as well as how their individual personalities developed throughout life might impact the adjustment in a positive or negative manner.

The methodology chapter then explained in detail what the philosophical underpinnings of the research study were and outlined the research design. This chapter also provided information on how the researcher acted as an instrument fully immersed in the research process and detailed how the data collection, analysis and ethical consideration steps were undertaken to ensure that a truthful, risk-free study was conducted. The findings of the study were then discussed at much length, over eight descriptive sub-sections, to provide focused answers in relation to the research questions. Finally, the findings were looked at through the two theoretical lenses, to interpret how they could be applied to the experiences of the elderly, as related in this study. Limitations of the current study, as well as further research considerations were then addressed to conclude the paper and stimulate readers to reflect on how research regarding the elderly can be furthered in South Africa; from topics of thought that came to mind as the researcher was carrying out the present study.

## Chapter 11: Acknowledgements

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