CULTURALLY SENSITIVE PALLIATIVE CARE FOR NATIVE SENIORS: A CASE STUDY

Culturally Sensitive Palliative Care For Native Seniors: A Case Study

by

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Submitted to McMaster University in partial fulfillment of the requirements for the degree Master of Arts in Anthropology

May 1993

Abstract

This thesis is based on fieldwork done in a native palliative care institution, band run and staffed by native caregivers, located in a expansive native community. The purpose of the present study is to understand how an individual's sense of Self can be affirmed in an institution providing 'culturally sensitive care', defined as interactions and activities that enable the individual to preserve a strong sense of culture, community and family. A strong sense of Self should be reflected in the best possible state of physical, psychological and spiritual well-being given the chronic condition of the individual.

Acknowledgements

There are a number of people who have made significant and timely contributions to this thesis and it is difficult to determine with whom to begin.

I would like to thank those people at 'Kingfisher House' with whom I shared an 'understanding'.

Dr. David Counts has guided me and always provided constructive, yet gentle criticism.

Dr. Michael J. MacLean provided me with not only his own previous experience in this area of research but supported me through the rough times.

I would like to thank Dr. Wayne Warry who inspired my initial research in this community. Wayne provided invaluable insight into to the bureaucratic obstacles that arose during my research.

And finally, my family, Richard and Nora who provided the means to my end.

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I. Introduction

Introduction and Literature Review

This thesis is based on fieldwork done in Kingfisher Lodge a native palliative care institution, band run and staffed by native caregivers, located in a native community. The purpose of the present study was to understand, through active participation and through the eyes of other participants, the way in which this special culturally-sensitive community promotes a life-affirming sense of personal and cultural self in the face of inevitable death.

Perhaps one of the most important questions to be asked about the Kingfisher Lodge experience is how many aspects of this culturally-sensitive approach to care might be successfully transplanted to other mainstream or minority institutions. Two studies suggest that seniors from aboriginal culture suffer from a loss of a sense of self as well as depersonalization and depression in these culturally homogeneous institutions (Schultz and Helander, 1988, Truscott, 1990). When a sense of shared culture is absent, the individual may experience not only a loss of group identity or community, but a diminution in the sense of Self.

Canada is currently experiencing significant social changes related to the gradual aging of its population. The so-called 'baby boomers' are getting older, and as they do, academics are directing more attention to the nature of aging and to the plight of the aged population. There are more seniors in our society than ever before, and thanks to improved health care and changing lifestyles they are living longer. But a

longer life does not necessarily mean a life free of disease and illness.

The population of seniors who will live longer will also require chronic care currently provided in part by long-term care institutions. The quality of care provided in such institutions, and the quality of life experienced by residents, is now being discussed and debated (Muller and Koenig, 1988; Timko and Moos, 1991). Today, most health care institutions are based on the biomedical acute-care model, which treats all infirmities as purely physical or biological challenges to be dealt with using the (admittedly formidable) armamentarium of modern medical science.

The biomedical model sees the physician/caretaker as warrior, battling against the forces of nature that lead inevitably from aging to death. After a century or more of medical triumphs, we are used to this view of the aging individual as a battleground between the forces of medicine and the natural decline of biological functions. We should remember that it was not always been so; there was a time when care of the aging meant exactly that (Bates, 1992; Rosenberg 1992).

Centuries ago, illness, aging, and death were thought of not as physical disorders amenable to medical and scientific treatment, (since science was incapable of dealing with them), but as problems involving the care of 'souls' in need - a personal problem of reducing suffering and alleviating inevitable pain. The concept of 'care' encompassed the whole person, with the physical and psychological needs of the sufferer inextricably linked (Porter, 1987; Bates 1992; Rosenberg, 1992; Illich 1976).

With the development of biomedicine (and the supporting philosophy of Cartesian dualism), disorders of physical being became separate from disorders of the psyche, for example, pain, suffering, and loneliness. Biomedicine and its representative the physician became responsible only for the purely mechanical body and the cure of its ills, while spiritual advisers retained the responsibility for the cure of souls and their

needs.

Our modern hospitals evolved from church-run almshouses or institutions for the poor and the untreatable chronically ill who required care. With the discovery in the 19th century of the microbes responsible for infectious diseases such as tuberculosis, almshouses were replaced by private and public or state-run institutions whose mandate was to cure. (Rosenberg, 1992)

The cure mandate served to objectify disease, mental illness, and aging. The marriage of the natural sciences with medicine meant the separation of affect and rationality. This led to the depersonalization of disease and illness - the individual with a medical disorder was treated as a 'case'. Only the physical needs were considered. (Rosenberg, 1992). Estes (1989) notes the effect of the biomedical mandate of curing on the aged. Aging (once labelled by medicine as a problem of disease, decay and decline) became the fuel that powers the biomedical machine.

With the transformation of the treatment of disease and aging from one of caring for a person during the inevitable changes and decline into death to a struggle - an 'agon' - between the forces of nature and the skills and techniques of biomedicine.

From the point of view of biomedicine it becomes desirable to curtain off from view those cases that cannot be 'cured'. The incurable are labelled and shipped off to what Hockey (1990) calls "old peoples' homes" that deal explicitly in hiding aging and especially death. The medical profession cannot cure the chronically ill, so they are marginalized, and, if possible sent off to long-term care facilities where they are not a constant reminder of failure in an acute care facility that deals in action and cure. (Illich, 1976; Stein, 1990)

With state support of hospitals, health funding depended on achieving cures; the incurable were shunted aside, factored out of a system that had to answer to

a new mandate - cure. Social welfare programs were brought into existence to deal with the untreatable marginals - like the aged. (Rosenberg, 1992).

This attitude toward illness, aging, and death now pervades the lay public as well as the medical profession. We hide the sick and elderly, and avoid confronting the biological reality of death. According to Estes (1989), the media and the lay public in Western culture have internalized the role of biomedicine in dealing with the problem of aging. The aged population become consumers bent on plying themselves with medical services and technology which in turn gives way to psychological need and dependency (Estes, 1989; Foucault, 1973). Seniors themselves, like their families and friends, have internalized the view that managing aging means managing illness. Accepting this reality tends to mask the fact that aging is a process that takes place in a cultural context that gives it meaning.

Demographers warn of increasing numbers of aged who will drain our health and social systems dry (Wilson, 1992; Fitzgerald, 1987; McDaniel, 1986). The older population who, due (ironically) to biomedicine, may be living longer will be blamed for this problem. Estes (1989) states that public policy is initiated to address this impending crisis and encourages the outlay of funds to support research, social and health programs and a mega-industry that promises to delay the physiological effects of aging. This focus on reducing the process of aging to a series of medical problems has served to overshadow the interests of social scientists in studying the social, environmental and lifestyle conditions of the aged population. Such research might alter the biomedical view of aging that seniors themselves have unthinkingly accepted - a view that helps account for the structure of contemporary health-care institutions for the aging, and for the atmosphere within them.

Social scientists who are part of a countercurrent argue that we cannot reduce a process as complex as aging to a set of simple biomedical phenomena. (Antanovsky, 1988; Foucault, 1973; Estes, 1989; Kastenbaum, 1977; Holzberg 1981). If we are to examine the elderly from a holistic perspective, the two disciplines that will be most obviously involved (and combined) are gerontology, which focuses on the cross-cultural invariants of aging, and anthropology which focuses on the cross-cultural differences in aging.

Long-term care for ethnic elderly people

As Simone de Beauvoir noted, "Old age can only be understood as a whole: it is not solely a biological but also a cultural fact." (1972:20) Aging is a psychological process that takes place in a social arena Holzberg (1981). According to Holzberg, gerontologists have not sufficiently studied cultural factors that are often considered to be the exclusive domain of the anthropologist. Cultural patterning and the internalization of values that shape both the group and the individual are a means of physical, psychological and biological adaptation. Holtzberg considers the important role in aging that may be played by 'ethnicity', defined as "social differentiation based on cultural criteria such as a sense of people hood, shared history, a common place of origin, language, dress, food preferences, participation in particular clubs or voluntary associations, etc."(1981:115) She argues that ethnicity "creates a sense of exclusiveness and self-awareness that one is a member of a distinct and bounded social group", and can provide "a potential corrective alternative enabling individuals to better cope with the physical and psychological constraints of decreased biological vitality". (ibid)

When a sense of shared culture is absent, the individual may experience not only a loss of group identity or community, but a diminution in the sense of Self.

MacLean and Bonar (1983) examined life for ethnic seniors in a mainstream facility in Montreal Canada where a multi-ethnic society is known to exist. The authors suggest losses of community, culture and family on the part of elderly members of ethnic minorities in long-term care institutions informed by the majority culture. According to MacLean and Bonar this sense of loss may lead to the degeneration in the physical and mental well-being of the ethnic elderly individual.[1]

Schultz and Hellander (1988), examining the care given native elders in long-term care facilities distant from family and community, and staffed by non-native caregivers unaware of native culture argue that the cultural deprivation experienced by native elders in such institutions led to "severe shock, leading to withdrawal and depression, even death." They argue that the absent culture plays "a crucial role in the social, medical, psychological and spiritual needs of all elderly Indians." (1987:75)

Cultural deprivation apparently means more than just sharing the presence of others from the same cultural background. Shield (1988) studied a Jewish nursing home in Pennsylvania were she hoped to find a sense of community and cultural ritual. She found instead liminal individuals who had been subject to deculturization or homogenization by the biomedical model. "Social and emotional supports decrease while body-preserving mechanisms are maintained." (1988:217) Homogenizations seemed to be a staff perspective because the elders seemed to go through this liminal stage alone, rather than as a coherent group or community. Shield found little participation on the part of the surrounding Jewish community and relatives of the residents in the everyday life of the facility.

I recall my first position as a volunteer at a large long-term care facility in an urban area. This facility drew frail older people from a wide catchment area. It took two years before I came to know the residents with any familiarity at all. The

residents to whom I was drawn were those from minority backgrounds. I began to learn how the regimen of the facility ran roughshod over small but significant symbols of their cultural identity. Keko, of Japanese origin, would carefully set out a Shinto shrine on her night table for me, and by the next morning the staff had tucked it away in the drawer. More than Keko's cultural heritage was hidden by the staff; I did not find out that Keko had died until I pressed an administrator for her whereabouts. Her death as well as the cultural and ethnic foundations of her life were hidden in this mainstream facility.

The Shield study suggests that it was not enough merely for seniors to have their own culture about them. There was no cultural sensitivity in the institutional context, and no sense of community among the residents, even though they shared a common cultural identity.

What more may be necessary is hinted at by Myerhoff (1986) in her study of a group of elderly Eastern Jews in Venice, California. Despite social lives centered on an Jewish adult center, they were isolated, invisible to the rest of the community, and losing both self-esteem and a basic awareness of who they were. There was no younger generation to hear their life histories, since most of their progeny lived elsewhere. Myerhoff argues that for very old people who have to deal with failing physical abilities, social isolation is very serious. "When both the outside and the inner world deprive us of reflections - evidence that, indeed, we are still present and alive, seen and responded to - the threat to self-awareness can be great." (1986:267)

These elderly Jews, in their 80s and 90s, transcended their invisibility by creating and internalizing reaffirmations of their culture. Myerhoff helped them to construct an identity that could be projected to the media and the lay public. They took it upon themselves to paint a mural and stage a parade to let the world know about who

they were. These elderly Jews had lived through the Holocaust and been party to a plot to eradicate their culture. Their reaffirmation of culture was a combination of symbols that was a collage of past, present and future.

Ethnic seniors have been studied by anthropologists to glean information about the internalized values shaped by the physical, psychological and social adaption to their environment (Counts and Counts, 1985; Sinclair, 1985; Dominy, 1985; Amoss, 1981; Foner, 1984; Kagan, 1980; Keith, 1977; Vatuk, 1990). Studying individuals who have managed to maintain their personal identity through ethnic groups is a start toward understanding how chronic care individuals can maintain a sense of self.

What are the essential differences between Myerhoff's proud and united Jewish elders and the isolated and demoralized elderly described by Shield (1988), MacLean and Bonar (1983), and Schultz and Hellander (1988)? In a broad and important sense, it is the presence of culture. What constitutes culture or ethnicity for seniors, especially seniors in a long-term care facility? For MacLean and Bonar (1983) the important aspects or categories of ethnicity are three: community, culture and family. The absence of these affected the physical and psychological well-being of ethnic seniors in a long-term care facility.

Interdisciplinary Approach: A Return to Holism

The Role of Gerontologist-anthropologist

Research gerontologists adhere to the myth that is perpetuated in these institutions which, according to Hockey (1990), involves the hiding or masking of

death and the couching of chronic illness in negative metaphor. This lent credence to the separation of the gerontologist and the research object that often was "the results of declining physical functioning such as incontinence, brain damage and ulcerated legs (which) are unpleasant for one human being to witness in another." (Hockey, 1990:15) Hockey suggests distancing of self and objectifying the gerontological research protected the researcher from acknowledging his/her own feelings about aging and death.

Hockey suggests that, like the anthropologist in an alien culture, the gerontological researcher enters an equally unfamiliar area - our (their) own feelings about the inevitable processes of aging and death. Hockey argues that the masking or objectification of aging and death is a defense mechanism against 'Other' that may elicit affect in the researcher. Affect is the ingredient in research that keeps the relationship dynamic rather than "static through the depersonalizing categories of power holders."(1990:14) These power holders who subscribe to the biomedical model create the metaphors that serve to marginalize the aged population. Similarly Estes (1989) warns of the power these metaphors wield in terms of defining a 'reality' of aging and death that even the aged population have internalized into their own personal value system.

Hockey (1990) sees rational biomedicine as creating and defining just such a reality: A particular view of aging and death that is objectified, and removed from the subjectivity of self. Biomedical health-care professionals can objectively describe and quantify what they do in dealing with aging. However, more holistic and affect-oriented caretakers can say little about what they do. They say they 'care for'; 'make so and so happy'; and 'provide unconditional love'. Hockey says they transcend the distance between self and other.

The purpose of the present study is to understand how an individual's sense of Self can be affirmed in an institution providing 'culturally sensitive care', defined as interactions and activities that enable the individual to preserve a strong sense of culture, community and family. A strong sense of Self should be reflected in the best possible state of physical, psychological and spiritual well-being given the chronic condition of the individual.

This thesis is based on fieldwork done in a native palliative care institution, band run and staffed by native caregivers, located in a expansive native community. The name of this facility, of the community in which it is located, and of individuals involved in the study have been changed, as have any details that might lead to the identification of those who deserve confidentiality. The name chosen for the facility is Kingfisher Lodge, located in the native community of Kingfisher.

The primary data-gathering method for this research (discussed more fully in the Theory and Method section) was participant observation - the most common ethnographic method. The goal was to gain a fuller understanding of the lives, activities and feelings of the residents and staff through active involvement in their community. The theory and method used in this study were finely tuned to understand the fit between the individual's self and the indigenous culture. Participant observation allows the ethnographers to participate by proxy. They are given a symbolic or other status within a community, and are able to participate because they have been 'adopted' so to speak. In this study my relationship was not one of adoption or honorary kin but that of volunteer, teacher, and fundraiser.

Having a job to do helped me understand the fit between the individual and culture through participating in the everyday life of Kingfisher Lodge. I was able to

absorb myself in the finer details of how the facility was actually run and how each day unfolded for those who lived and worked in it.

I was able to place my own mainstream view of marginalization of aging and death in comparison to other or the native view of aging and death. This allowed both myself and the people I worked with to negotiate and to I think, understand, both the mainstream interpretation of 'care' and the indigenous interpretation of care.

Constant negotiation with the consultants allowed me to understand their view of the fit between the individual and culture. A simple statement like "let me see if I've got this right" would allow me to restate the 'narrative' that had just been given to me for interpretation or modification by the narrator.

This applied approach to ethnography allowed me to put as much into the community as I expect in return. Often the negotiation took place between myself and an individual rather than as my capacity as a worker. Reciprocity between myself and the elders meant that I needed to talk and sometimes they needed to go shopping or to a community celebration.

The mutuality of the relationships thus established leads to the negotiation of a shared narrative that at once embodies and expresses the reality of life at Kingfisher Lodge as it is experienced by those who live and work there. This approach is very appropriate for research that has as its goal an investigation of Self, as experienced by others. Thus much of the remainder of this paper will express the reality of Kingfisher Lodge as the author - "I" - experienced and came to understand it.

Introduction to Kingfisher Lodge: The First Visit

I discovered this facility after spending six months in a very large long-term care facility doing research on the cultural diversity of the residents. My original research began with investigation of homecare services which were to become the way of the future in long-term care. I believed that ethnic seniors could best preserve their sense of self through culture, community and family by remaining in their communities among their relatives and friends.

My exploration of homecare led me to the community of Kingfisher, where Native Homecare Services had been in operation since 1986. Fran Stevens, a retired nurse, had allowed me to monopolize her time asking questions about the community and the seniors who lived there. I asked about rehabilitative services and Fran said you must talk to Leanne over at the nursing home.

Two years before my research began I walked in unannounced to the 'nursing home' - Kingfisher Lodge. I found my way to the first open office door and peeked in. 'Hello' Wendy said and for the next two hours I was led through what Wendy described as Kingfisher Lodge.[2]

This is a palliative care facility with 50 residents and a long waiting list. Care here is different. The residents come in and we know they are not going to leave and most importantly they know they are not going to leave. We do not hide death like they do in other long term care institutions. I went to a conference where I met one of Kubler-Ross' colleagues. I brought him back and gave him a tour. He seemed very impressed. Leanne and I go to other facilities on tours and we stop to talk and touch patients and its seems as if we are holding everyone up. No one else in the tour seems to stop and chat to the people who live there [in the nursing home]. Things are different here.

When taken on a tour of Kingfisher Lodge, I noticed most of the building was under repair and that the residents seemed to be in their rooms seeking shelter.

The two corridors other than the administrative corridor were lined with private and semi-private rooms occupied mainly by elderly women. The rooms had wonderful views of trees and lots and lots of land. The windows were all wheelchair height for easy spectating. The washrooms were large enough Wendy said for "wheelchairs to do a wheely!". Wendy apologized for the renovations which were going on. Men were busy painting, and plastering in this particular wing of the building. As we walked up the corridor Wendy pointed out the 10 x 7 colour portraits of the residents with their names smartly outlined on the bottom. These portraits were on the walls right outside the residents room. I thought to myself, *this is great, what better way to find your room than have your own face staring right back at you.*

As we got back to the nursing station and the front doors, I noticed a large recreation room. "***Ah***" Wendy said "***this is another renovation site, the carpet has been taken up and replaced with tile. The residents aren't used to the carpet. They don't have it at home.***" We talked about how with a restricted gait it is easier to shuffle on tile than on carpet.

So, the tiled recreation room had six recliners in it facing us with 6 elderly female residents facing us. I thought, the ladies look a little bored today, then remembered that Wendy had made reference to the absence of the rec director due to illness.

We returned to the administrative area, where some nurses were sitting around chatting, and I picked up my coat and made my way out. For the next year I fulfilled my course obligations and continued my work as a research assistant. I knew 'things' were different in other biomedical facilities that housed the aged, but I began to see the differences Wendy had pointed out during our chat. I felt Wendy and I had, in the space of two hours exchanged a dialectic that would haunt me until I could find a

reason to return to Kingfisher Lodge.

Still working on my other obligations I began to research the Kingfisher community. What type of health and social services had preceded this innovative palliative care facility?

History of the Facility and Its Community: Especially With Respect to Health Care

The native elders of Kingfisher Lodge share a turbulent past. Prior to the arrival of Europeans in Canada, medicine and the welfare of the elders were the responsibility of individual kinship groups. With the encroachment of the Europeans on native land many kinship groups broke up. In the late 19th century, the band was moved onto its present reserve. Domestic issues created by the move became the domain of the Confederacy, governed by a Council of Hereditary Chiefs selected by the clan mothers. After 1924, the federal Department of Indian Affairs (DIA) forcibly replaced the Council of Hereditary Chiefs by a Council of elected chiefs. For the past fifty years, native community life has been strongly informed by the conflict between those (supported by the DIA) who favored acculturation, Europeanization, and Christianity, and those who held to traditional cultural ways, symbolized by the Long House, the original site of native self-government.

This conflict has also been apparent in the community's response to health care issues, which have been a prime concern since Europeans arrived with many new diseases that affected the native community. Among the Long House faction, herbal remedies and spiritual practice, handed down from one generation to the next, continue to be observed on the reserve. Beginning before the turn of the century, the DIA, through its Department of Medical Services, imposed a number of white physicians on

the community, for which the elected band Council was required to pay. This was perhaps the beginning of the Council's loss of power over health and welfare services.

In 1914, the Council hired its own physician. A white man raised on the reserve, Dr. Dodd reached out to both traditional Long House and non-traditional Christian natives. Modern health care became a viable alternative to those who would not have used the services of a non-native physician or the reserve hospital, built in 1927.

Dr. Dodd retired in 1950 just after both medical and social welfare services changed significantly. Until 1950, the Council subsidized much of the on-reserve health care. But in 1945, complete responsibility for native medical care was assumed by the Federal Department of National Health and Welfare, as part of the government's goal of completely assimilating the native population of Canada.

Non-native physicians continue to practice on the reserve today, but the hospital closed in 1968. The hospital building became a nursing home but closed in 1983 when Kingfisher Lodge opened its doors as one of the first on-reserve chronic care facilities in Canada.

An understanding of the history of Kingfisher Lodge further increased my desire to learn how the staff and residents in this facility had come to maintain a continuing sense of community and culture. As a gerontologist I had been frustrated by the marginalization of ethnic seniors who I found to be bright, warm individuals. I had become quite disillusioned with the bureaucracy which seemed to stand between chronic care and the seniors who were to benefit from it. Things seemed so different at the Lodge. I began to reflect on those who I had met here who seemed genuinely interested in the welfare of seniors. Two people came to mind - Fran and Wendy.

Initially Wendy and I did not exchange titles. She could have been the

receptionist and I could have been a sales clerk at an orthopedic shoe store. I felt drawn to her genuineness and eagerly looked forward to meeting with her again. A year later I called her and asked if I might come out and pay a more committed visit. She had given me so much in terms of her philosophy of care and life at Kingfisher Lodge and I had not given back.

I realized this time I should introduce myself go through the proper channels and commit myself to a project (which turned out to be over a year of research). I called and Wendy remembered me right away. A little while later I sat in Kingfisher Lodge facing the administrator - Leanne. It took five minutes before we were immersed in why we liked working with elderly people. Something exciting was beginning to happen; emotive responses, genuine on both our parts was drawing us into an intimate dialogue.

It was important for her to tell me that 'we are different here'. She told me, just as Wendy had, that this is a palliative care facility where death was a common occurrence.

II. Theory and Methods

Transparent Theory And Methods of a Self-fulfilling Prophecy- Ethnography

Anthropology: Interpretive or Descriptive?

Anthropological research is often seen by its practitioners as a choice not between the subjective and objective, but between the descriptive and the interpretive (Rosaldo, 1989). But interpretation factors into both descriptive and interpretive anthropology. As long as humans study their own species there can be no completely detached objectivity: What we are, what we think, and what we interpret are all a part of own personal history. Before we even begin to consider the role that academic theory plays in the interpretive process, we must first consider our own personal theories. These are all the more relevant to interpretation since, like the water in which a fish swims, they are transparent to us. (Rosaldo, 1989).

The notion that there can be description without interpretation, or without theory or preconceptions, assumes that description is a purely objective process, uninfluenced by the individual's subjectivity. This is a viewpoint that makes little sense. Every individual sees the world through a personal 'filter' that includes preconceptions about what it is important to notice, and a set of needs, fears, and interests, that make some aspects of the outside (and interior) world more significant than others. Renato Rosaldo (1989) said it took him fourteen years and the death of his wife to finally understand

the rage that Ilongot headhunters experienced at their own losses. He acknowledged that he was a young middle class student who had entered the field naive to his own transparent theory about what he perceived. This is an observation not unique to Western psychology: Samhkya Yoga, an Indian philosophy, proclaims that all knowledge but intuition passes through the senses (Zimmer, 1969). This perceptual filter is culturally tailored to each and every one of us who experience culture in our own way. It is the unconscious self that we ourselves do not know. This internal model of reality will surely determine what is observed, just as it will have an impact on the interpretation that an anthropologist would put on the data collected.

Ethnographers subscribe to objectivity so as not to bias their findings and descriptions of a culture. Looking through the anthropological lens was thought to provide an objective crystal clear view. But this purported objectivity helped to institutionalize an imbalance of power which allowed the ethnographer to retain a personal filter and ask shallow questions that elicited equally shallow answers.

The personal interpretation filtered quite nicely through this crystal clear lens of the ethnographer. On one point, however, anthropologists were correct: the anthropological lens was crystal clear - so much so that they themselves could not see it. In jest (I think) Rosaldo (1989) suggested the value of psychoanalysis to the ethnographer about to leave for the field. Perhaps we should consider the importance of self knowledge to all those who want to weave a intuitive narrative.

The Warp of Intuitive Narrative:
The Rogerian Use of Self

We come into any social or ethnographic situation with a personal filter between ourselves and our subjects: The needs, fears, wishes and preconceptions we hold about

ourselves, others, and the social world. We always enter into interaction with others as a person - a self, or ego.

Since the Self cannot be completely put aside when we enter the field, ethnographers require a methodology that allows us to recognize our inherent and transparent theories and biases. Rogerian theory may suggest such a tool.

Rogers agrees that we cannot interact with others objectively. When we attempt to be objective, we ignore the effect of our own preconceptions and emotions in interactions with others. (Corsini, 1992). In trying to understand others, what we should do instead, Rogers argues, is to be consciously subjective and personal: We should react to and empathize with the other person, so that our feelings and emotions are fully experienced. We should interact with the other person not as an emotionally distanced observer, but as an empathic and understanding confidante. While language and behaviour may not be universal, it seems plausible that emotion is. Therefore the ethnographer and consultant who have entered into a shared interpretative relationship can find commonality through emotion.

Rogers stresses the importance of 'genuineness' in our relationships with others - that we should be fully human in our dealings with others, including full awareness of our feelings. This accomplishes two important goals.

First, it ensures that we are more aware of what we feel about the other person. Our personal reaction to him or her is openly in our consciousness, so that it is difficult for us to deny that it is our subjective feeling. Knowing what our feelings are, it will be easier for us to take their role in any interpretation into account.

Second, it helps ensure that in interactions with others we present ourselves as real people, seeking to know and understand the lives of others. People are less likely to be open in discussing their lives and feelings with us if they sense no empathic

human response, but only a dispassionate interest in 'the facts'.

For Rogers, the relationship between the individual and the culture in which s/he lives is both supportive and antagonistic. In addition to expressing human nature or human-ness, culture places limits on the individual's ability to fully express individual humanness.

According to Turner (1988) and Geertz (1973), culture is a social construct that controls and organizes human behaviour. Rogers argues that human behaviour is culturally controlled in part by withholding affection and respect (positive regard) from those who violate cultural norms. Surely this process is universal.

Over the course of personal development, the individual will have internalized cultural values: prescriptions and proscriptions which, if followed, will allow him or her to be positively regarded by others (Rogers, 1951). Whenever an emotion or impulse is inconsistent with these internalized values, the individual experiences incongruence (anxiety), and the offending emotion or impulse is denied conscious awareness.

The ethnographer's assumption that we can take at face value reports of feelings and attitudes from members of other cultures is inconsistent with much that we have learned about the ability of human beings to keep memories and feelings out of conscious experience if conscious awareness would make it difficult for us to retain respect and status in our families or larger cultural communities.

Rogers argues that in an environment in which the individual is respected and valued unconditionally, s/he will be able to express and experience hidden feelings and emotions, and to be themselves more fully.

One goal of interpretive anthropology is to understand the relationship of the individual to culture, and the impact of culture on the individual; to understand how the

individual feels in a variety of culturally-relevant situations. If one role of culture is to set conditions on the individual's behavior and emotions, then we should expect, says Rogers, that feelings contrary to cultural norms may not be available for conscious expression and understanding. To uncover such feelings, we should provide an environment in which an individual understands that the respect accorded him or her by the interpreter is not dependent on the specific ideas or feelings expressed - that it is unconditional. Under these circumstances, the individual may reveal to us feelings that are contra-cultural in the broadest sense - not just contrary to the specific values taught by parents, but contrary to the values held by the culture as a whole.

Universals that Lead to Differences

Once you have peeled back the outer crust of the ideology of culture and its restrictions you are left with the emotive self that experiences phenomena individually. This removal or bypassing of the conditions of worth makes both the subject and the ethnographer equally vulnerable. There is no longer an imbalance of power; moreover there is the potential for a Rogerian 'understanding'.

In such a situation, the cultural mask may be partly dropped, and culturally sanctioned responses partly replaced by more personal ones. Our subject trusts the relationship that has been achieved. Rogers stresses the importance of 'genuineness' in our relationships with others - that we should be fully human in our dealings with others, and that includes full awareness of our feelings. The balance of power in this 'tacit' allows both people involved in the dialectic to feel.

In order to fully appreciate how a culture informs and directs the behavior of its members, it may be necessary to examine the interface between what is individual and what is cultural in the life and behavior of a person or persons within that culture. That

which is the cultural 'figure' in behavior stands out in most dramatic relief only against the 'ground' of what is universal in human experience. The functions, means and ends of culture may become most apparent when we can see the paths by which individual human feelings, needs and wishes are metamorphosed, transformed, deflected or denied by the norms of collective culture.[3]

Moreover, much of the internal pressure for cultural change, to the extent that they exist, may be in part an indication of the reaction of individual human needs against the homogenizing effects of cultural norms. Likewise, one might conceptualize differences between cultures in beliefs and rituals in terms of differences in the ways they have reacted with and against human universals: Both those universals that tend to draw individuals together, the centripetal forces of human nature, and those whose tendency is fragmenting and centrifugal.

In order to see cultures and cultural differences from this perspective, it is necessary to touch upon each culture at those points where friction exists between cultural particulars and human universals. This, I would argue, is the level of the individual's reaction to and against the cultural frame within which s/he is forced to play out the ur-drama of satisfying and gratifying their own needs.

By casting our ethnographic light on this interface, we thus illuminate both what is universal about the human response to life and culture, and what is different and unique about each culture's response to the often conflicting claims of satisfying the personal and maintaining the collective.

Difference as Tension

There are undoubtedly many points at which such intra- and inter-cultural tensions can be observed. One such multiple interface occurs when an indigenous

culture is surrounded by and embedded within a larger, dominant culture. Under such circumstances, a study of the tensions between the two cultures, and between individuals and the demands of culture, may be exceptionally revealing, figuratively providing a 'seismic record' of the interplay among the underlying dynamic forces.

On a native reserve in Canada (as on many other reserves) squats a nondescript red brick building. A simple sign announces that it houses the government's offices of Health and Welfare. Next door stands an impressive newer building, modern-looking even though constructed almost completely of cedar. This is Kingfisher Lodge, a palliative care facility for native elders. Kingfisher Lodge is at the interface between a number of inter- and intracultural forces and tensions.

First, they represent a native facility embedded in the larger and surrounding world of Euro-Canadian culture. The staff and residents, mostly female, experience the tensions of a community of women in a male-dominated world. They also experience the discontinuities between the modern and the traditional roles of women within native culture. Finally, the institution itself embodies a regime of care that is significantly at variance with the biomedical model that dominates both Canadian medicine and the relationship between the government health care bureaucracy and the native health care system.

I am here at Kingfisher Lodge to talk to its Administrator, Leanne Green. In my attempts to understand her, the facility she directs, and their place in the larger bicultural context they inhabit, I will be applying the Rogerian methodology. Once I as ethnographer and she as consultant (the traditional 'subject') are on an equal footing and equally vulnerable, emotions can become the common ground for a shared experiencing that goes by several names: a tacit, an intuition, or, in Rogerian terms, an 'understanding'. On the basis of these shared understandings, a dialectic may be set up

to interpret a narrative accepted by both parties.

Narratives allow people the world over to tell stories and share emotive experiences with people they have never met. Novels or myths evoke emotions that transcend language and cultural relativism. Narrative allow us to cry with our characters, to rage with them, and in some sense, for just a moment, become one with them. It is my hope that together Leanne and I will construct a narrative of her life and work that will represent our shared feelings and understandings.

Resistance: Caring not Curing

The entrance to Kingfisher Lodge was a lovely cedar-framed walkway. The cedar beams overhead were covered with plexiglass and the sun shimmered down between them. The doors were great carved wooden slabs with wheelchair-accessible handles. Leanne was not there this day, however Wendy, the Director of Nursing, took me on a grand tour of the Lodge.

We entered the administrative area, where some nurses and residents were sitting around chatting, and returned to Wendy's office. She spoke loudly and very clearly when she said "We run a *palliative* care facility here. Death is nothing to hide from children or the rest of the community". I was shocked and surprised that Wendy would speak openly of death and dying within in the presence of the residents themselves. But I came to realize that this openness toward death, and their attitude toward the dying is one of the central ways in which the Lodge differs from mainstream facilities for the aged. This difference, this focus on the process of dying, was to emerge as a central theme in all my discussions with Leanne and the staff.

In mainstream Canadian facilities like the Lodge, death is a subject that is avoided in conversation and in caring procedures (Truscott, 1990). These mainstream

institutions are called long-term care facilities, and concentrate on 'curing the disease' of aging. It became apparent as I listened to Wendy, that she did not agree with the treatment that the seniors received in mainstream facilities.

On a later visit, the same attitude was apparent in my first conversations with Leanne. It took no more than five minutes before we were immersed in why we liked working with elderly people. I sat for hours engaged in discourse with this matriarch of a small native community. Our dedication to the aged and hers had preceded mine by decades, was an 'understanding' that transcended objectivity. Sometimes I began a sentence and she finished. At other times she began a sentence and I finished it. I felt what I saw in her face. It was pain and we each hastened to comfort the other. Often it was her levity that helped us deal with our discomfort, and I felt good about my ability to do the same. Something exciting was beginning to happen. A new synthesis had entered our conversation. Emotive responses, genuine on both our parts drew us into an intimate dialectic.

In discussing the home, Leanne echoed Wendy's words: 'We are different here'. She emphasized, as Wendy had, that Kingfisher Lodge is a palliative care facility where death was both a common occurrence and a community as well as a family ritual. The children must experience death and take it in stride. When a resident begins to decline, they are put in the infirmary where nurses and staff can keep a closer eye on them.

The staff, whether medical, maintenance, clerical or administrative keep a vigil. Someone is always with the resident. Like many other staff members, Wendy will often go home feed her family and come back to sit with the elder on her own time.

Leanne began to tell me about those who had died.

Leanne talked about her namesake, another elder who was moved to the

infirmary. Leanne spent time with her and asked her how she felt about dying. She admitted she was scared. Leanne said she talked to her and maintained physical contact by brushing the hair from her forehead. Leanne went home that night wondering if she would find the lady still there in the morning. Carmen, a nurse, was clearing away breakfast as Leanne entered the room. Leanne was told that her namesake had eaten a great breakfast. As Carmen turned to leave the room Leanne told her to look around. The elderly lady took her last gasp and died. Leanne says they seem to be very up and eat a great meal before they die. They have a good day. Then they die.

When I asked Leanne if some were afraid of dying, she said yes and told me about Lisa and Mrs. C. Lisa, the Recreation Director, had just lost her own mother two weeks before Mrs. C became very weak. The staff had gathered in Mrs. C's room in the infirmary to say their farewells. Leanne said to Mrs. C "Look who is here to see you", and she named the staff members who stood by. Leanne said "Then in walked Lisa". Leanne pointed out to Mrs. C. that Lisa had come and the pain it must cause her having just lost her mother. But she cares about you, Leanne said. This seemed to still Mrs. C's fear.

Mrs. M. also seemed frightened about what was happening as she was dying. The nurse in attendance asked what she should do. Leanne said "Do what you think will help". The nurse took the frail women in her arms and held her. Leanne said she stood behind so as to see the elderly woman's face. She said she looked so much at peace as she drew her last breath in the nurse's arms.

I started to say that its hard to tell whether someone is gone. Leanne finished the sentence by saying sometimes when you think they're gone - they move or open their eyes or say something. We were being genuine, both of us. The basis for this understanding was caring, loving - feeling for those whom we had comforted. Perhaps

our cultural elicitors of this love had been different but the phenomenology of that emotion was the same.

The Matriarch and the Role of Women

After Leanne and I had found an understanding, I gradually learned her story.

Leanne grew up in a mix of two cultures. She grew up on a farm with two sisters and a brother. Her face, almost always bright and radiant, glowed even more when she talked about the discipline that was a constant in her household. ***"But when we got home from school homework was first before supper, and after supper - dishes - then back at it. Saturdays we each had our assignment. Mom and Dad would go out for the groceries; when they came back every thing was to be 'spic and span', baking done for the weekend and supper ready."***

Leanne started to work at the reserve hospital as a medical records clerk. She described very modestly how Mrs. Paterson the administrator had begun to groom her for bigger and better things. She always complimented her work and gave her incentives to do a good job. Leanne dropped clues constantly about the impact her mentor (matron) had on her. Her otherwise cheerful demeanor darkened as she recalled vividly the death of Mrs. Paterson. A wave of grief washed over me as I listened to Leanne.

Leanne took over the administrative position Mrs. Paterson had occupied for many years. In 1968 the hospital became a nursing home, and remained as such until Leanne took over in 1979. There were many stressors that were part of being an administrator. Leanne had to obtain a designation for Long-term Care and Management. The building itself had been patched here and there to meet the nursing

home code of the provincial government. ***"A lot of times that is what it comes down to. Sometimes you feel like you would like to see things change and the way to do it is to effect them. The old thinking, it was a real stigma when we started the nursing home business - old peoples homes-the poor house."*** Leanne felt this wasn't traditional thinking because everyone lived together in the Longhouse. But this patched and worn government building was not a Longhouse. Leanne added the new building to her wish list in 1977. It opened with her elbow grease and determination in December of 1979.

Leanne described how her assistant Joanne was her right arm. As Leanne found more free time afforded her by Joanne, she optimistically became involved with mainstream-reform committee work. " I sat on several committees" she said, as her face grew serious for a change. As she talked about the bureaucratic gymnastics that took place in mainstream long-term care she looked tired. "The fact is" she said "you don't seem to get anywhere. I think I'm better off here spending time with my people".

I acknowledged my interpretation of what I thought of Leanne: She was a matriarch. "Women have had a great deal of power in our culture", she said. I began to read about Iroquois women. Leanne would have been called a matron should she have lived during the pre-contact and early contact period of culture. The history of Iroquois nation establishes that they the Iroquois nation was were matrilocal and matrilineal in the pre-contact period. (Randle, 1950; Shafer, 1941; French, 1985). They remained so until acculturation permeated the Longhouse communities and left nuclear families in its wake, and until the government introduced a variety of changes leading to patrilineal influence.

Iroquois women were brought up in a secure matrilocal environment, where they were given positive regard for being women. Girls were loved and permissively treated, not disciplined, and given responsible jobs at what was considered (by the Europeans) a very young age. Girls always had a maternal role model, for there were many women to take over if necessity required the natural mother's absence.

According to Randle (1950), "An Iroquois woman never sees herself as a Hero, always as a Heroine. Masculine accomplishment is not her ambition, and in her daydreams and fantasies she sees herself succeeding in typically feminine pursuits - nursing or teaching, a mother or wife on whom children and husband rely and depend, influential and beloved, a grande dame around whom offspring congregate" (1950:180).

"Occasionally, women were outstanding members of the community and their exceptional talents were recognized and rewarded .... once in a while a woman who had gained the grateful recognition of her people by acts of unusual heroism or patriotism was made a chief, but in such a case it was an honorary chieftainship, a so-called Pine Tree Chieftainship" (Goldenweiser, 1922:80)

Although the librarian at the Iroquois Cultural Centre assured me that all women were equal, and that to depict one person as a heroine was strictly a Western tradition, much of the pre-contact and 18th century ethnography listed matrons as having prestigious positions in the community (Shafer, 1941). There were matrons of festivals, of cultivation and planting, of harvesting, and of mutual aid societies. Women had control of the agricultural economy and of the dissemination of food. (Morgan 1904, Parker, 1913, Goldenweiser, 1914, Hewitt, 1932).

According to Shafer (1941) women of the matriline, or *ohwachira*, were divided into two types of representation - <u>secular</u> having to do with politics, and <u>religious</u> with

ceremony. Women participated in medicine though women's, and secret medicine societies to safeguard the health of the community. They are now similarly involved today, as they are employed on the reserve in social service and health care professions from where the power is wielded.

Shafer notes that Iroquois women were involved in some ten secret societies (eg., Chanters of the Dead, The Dark Dance, The False Face Society...). She goes on to say that it is the same sex of the opposite moiety of the deceased who looks after funeral preparations. I took note of this passage and remembered that Leanne had said the first female funeral director in Canada had begun right next door on the reserve.

It was not until the contact period that woman were to learn that little positive regard was given to women in a Western patriarchal society. They were once secure when their husbands left them, because their matriline would support both her and children and also choose a new husband for her. According to Randle and several others divorce was common (Beauchamp, 1900; Morgan, 1904; Parker, 1913; Goldenweiser, 1922; Hewitt, 1932; Richards, 1957; Brown, 1970; Tooker, 1984; Wagner, 1989). Men either fulfilled the duties of hunting and clearing of land or they were turned out. Nothing much changed the cocoon-like sense of self worth a female child received from the women of her Longhouse clan. Randle claims that a mother with child and lacking a mate was not a moral problem as it was (and often still is) in the mainstream culture.

Randle argues that when the process of acculturation began, men were more disturbed than women. Made to farm unfamiliar lands and live in isolated nuclear family groups without the support of the Longhouse clan, Randle suggests that Iroquois men were forced into competition with their white brothers in the outside market economy. Most women on the reserve remained family- centered and less exposed to

the whites.

Today, the ways of the West have put them in the same position as the rest of Canadian women - having to battle in court for their child support, which nine times out of ten Leanne says they do not get. Leanne had told me that most of the women who worked at the lodge were single mothers, receiving no support. Leanne says "A lot of my people live in single parent families - no support other than what they get here. If there is another parent they quit their job so they won't have to pay child support. Sometimes the two work together - when the wife gets a better job the marriage breaks up. The man says 'I can't handle the independence of the woman'. The man doesn't have any backbone, he is weak".

The single mothers of Kingfisher Lodge managed well. They often brought their children in with them and they went around and visited the residents. I often tripped over rows of tiny little pink and blue boots as I left the lodge late in the afternoon.

A hundred or so years ago, Hewitt (1990) claimed women ran community events as well as kept a watchful eye on the welfare of the community. The treasury was a great interest to women as was the land tenure and burial plots of their ancestors. Today on the reserve, social service positions are giving women much status, since that is where the employment is. Leanne and I talked about the women's shelter, the home support, the public health nurses, the child welfare and the private home nursing service. "All run by women, now that you mention it", Leanne says.

In some senses, Kingfisher Lodge today reproduces in microcosm the situation of Iroquois women several centuries ago. Then they were powerful figures, heavily involved in a society that valued them as women. Together they shared responsibilities for child-rearing, and care for the sick and aging. Contact with European culture and its patriarchal system, meant that acculturation brought with it a diminution in the

status of women. Today, the women are once again together - in the Lodge, not the Longhouse. It is the elderly women (most residents are women), the staff, (who were almost entirely women), and the children of the staff gathered once again under one roof supporting one another.

Leanne is a part of what Kingfisher Lodge is today. The building, the staff, and most importantly the type of care are very much a manifestation of her dream. By getting to know Leanne we begin to understand the context of Kingfisher Lodge and those who spend time there. It is only fitting that the method of interpreting and exploring culture, community and family is developed initially with Leanne.

III. Results & Discussion

Kingfisher Lodge: Empirical Results of a Vision

Marcus and Fischer (1986) argue that a nearly universal political economy has substantially homogenized the face that individual cultures present to us. What we see at first is the veneer of Western acculturation. They argue that culturally distinctive rituals are now less prevalent than in years past, and encourage the exploration of individual personhood as a basis for discovering cultural differences.

It was through a shared and mutual acceptance that I moved toward an understanding of self and other at Kingfisher Lodge. I will describe my journey into the lives of others at Kingfisher Lodge from the beginning. It is a journey from the outside in, during which the strange became familiar, and the familiar became understood.

Kingfisher Lodge is an impressive building of brick and cedar, set on expansive grounds. A long cedar walkway, sheltered by a translucent plexiglass and cedar roof, leads to the front entrance. Courtyards surrounded by gardens border the walkway on either side. Each year, Leanne plants the first garden and teams of staff and residents plant some fifteen other gardens. More gardens and a gazebo are arranged at the back of the building. Windows are dotted with birdfeeders and a scarecrow stands in a vegetable garden. A large screened porch runs the length of the one of the wings of the building.

The front doors are huge carved slabs of wood and 'welcome' is painted in

'Indian language'[4] on the entrance window. Inside the wooden doors is a lobby where Sam sits and smokes in one of the chairs arranged beside the picture window facing the main street. Other residents sit along the bricked wall that is partially covered by a large blanket with the image of a brave woven into it. The chairs face the gift showcase, full of baby shower gifts, stuffed animals, and handicrafts for sale. The door to the recreation room separates the gift counter from another glass case of gifts, clothes, and toys.

To the right of this glass case is the dining room, its fireplace bricks hung with a bunting dress. Two kitchens adjoin the dining room, one where the serious business of meal preparation takes place, and the kitchenette where staff, residents, and volunteers prepare meals for various occasions. Off the right side of the dining room is a sun room.

Directly across the lobby from the main doors is the recreation room. The first door off the recreation room is a small office shared by Wendy the Director of Nursing (DON) and Lisa, the activity co-ordinator. The second door is the 'administrative office', shared by Leanne, the Administrator, and Joanne, the Assistant Administrator. Another door leads to a warren of rooms: the laundry, kitchen, garage, staff and shower room, photocopy room. Opposite the entrance to the recreation room is a glass wall with double doors leading onto the sunporch and giving access to the courtyard. To the left of the glass wall are the infirmary and nursing station.

These rooms are the hub of Kingfisher Lodge. Their official functions became clear only after some time at the lodge since staff and residents used them for a variety of purposes.

The 'dining room', with recliners gathered around the fireplace and lots of native artwork, seemed to be the social or recreational centre. The frailer residents

congregated here and many of the scheduled daily as well special events took place here. Upon closer examination I noticed the main kitchen was separated from the dining room by a glass wall. I thought this was a great idea, since I had always wondered why kitchens were so often kept out of the view of the eating public. When one is not doing the cooking one loses control over the food. At least if someone drops your food you know about it at Kingfisher.

The lobby seemed to be the spot for resident smokers, those who were waiting to come or go, and a resting place between the room wings and the dining room. For the staff, it was a place where their children often played and where they sat to 'shoot the breeze' with residents. Visitors seemed to head through the lobby and into the recreation room, unless they stopped to speak to someone in the lobby. A year after I entered Kingfisher I learned that the lobby was supposed to be a reception area.

In the residential home in which she worked, Hockey (1990) noted that the matron (the only nurse on staff) controlled all comings and goings of people in the home from her office was at the entrance or reception area of the home.

In the mainstream homes I visited during my research, the security systems ranged from electronic devices to security guards. The large reception areas were equipped with a receptionist, a security guard and electronic surveillance. All visitors had to be identified in two of the large institutions by a tag. The smaller institutions relied on electronic combination lock doors.

The reason mainstream facilities maintained this security program was to ensure that 'wanderers' or cognitively-impaired residents did not leave the facility. However every patient was always accounted for. Heads were counted and lists were provided to other staff members who 'signed' patients out of their rooms for activities.

At Kingfisher, it is not clear whether any true reception area exists. Most new

visitors come to Wendy's office first, while regulars go straight to the person they have come to visit. No one at Kingfisher screens the 'traffic'.

The 'recreation room' was the heart of Kingfisher Lodge. It contained three long tables, one near the nursing station, the other two arranged end to end across the length of the room. The nursing and care staff, often joined by residents, took their breaks at the table closest to the nursing station, and held shift change meetings at the other two. Leanne, Lisa, Wendy, Penny and the nursing staff ate lunch at the two tables, which also hosted residents' council meetings, or residents who sat there to read the paper or to chat. Clearly there were no 'territorial rights' for either staff or residents.

The infirmary, nursing station and residents' rooms all connected through the recreation room. It seemed you could get to every area of the home through the recreation room. The infirmary had two doors, one opened onto the recreation room directly across from Leanne's office, and the other lead to the nursing station. Leaving the recreation room via the nursing station one entered another small lobby that contained a washroom and the whirlpool baths. There were always a few folks here, gathered around the washroom. Some were waiting to use it and others were there simply because this was where they preferred to sit.

Two wings extending from this small lobby contained 20 private and 15 semi-private rooms. One (named after Dr. Dodd) faced the entrance and was home to the more ambulatory residents. The other (named after Mr.Cooper, another prominent citizen of Kingfisher) housed the frailer residents. The arrangement placed residents requiring more nursing attention closer to the nursing station. Some residents who had grown accustomed to their rooms were allowed to stay rather than move when their nursing needs changed.

As a building, Kingfisher Lodge is 'state of the art'. The Kingfisher Yearbook

for 1987 proudly notes that "This totally unique building, designed to conserve energy, heat, light etc., has 22,700 square feet of floor space comprising 20 private and 15 semi-private resident rooms, each with its own bathroom, individual clothes closet, access to television, telephone and temperature control." But what makes Kingfisher Lodge a home rather than just a building, is its staff and their relationships with the residents.

Identifying Selves: Raising the Sediment and Coming Clean

Kingfisher Lodge houses 50 residents, attended by approximately the same number of staff, and a changing group of volunteers from the surrounding community. I would like to describe each one of them, and how I came to know them. Since this is impossible, I will settle for describing a (admittedly non-random) sample. Each one sparkles with his or her own sense of self and adds to the sense of community, culture and family at Kingfisher.

The Staff

Leanne.

As the Administrator, Leanne played a prominent role in the Methods section. In many ways Kingfisher Lodge reflects Leanne's sense of who she is; understanding how Leanne's sense of self mediates the fit between culture, community and family is crucial to an understanding of Kingfisher Lodge. Getting to know Leanne led to a an understanding of contextualization and realization of her personal dream. Through a

common understanding with Leanne I began to comprehend life at Kingfisher Lodge. Leanne made narrative come alive with her own emotion and experience.

Leanne attributes much of the success of Kingfisher house to her staff. ***"We have a staff of 53 - 30 full-time and 23 part-time. We have 50 residents. This is a high ratio of staff to resident care. Other facilities Lisa and I have toured had an institution with 275 beds and one person in the laundry. We have two people - one person on full time days, and someone to fill in on that person's day off. Then they rotate so that one person works a four-day night shift."*** In addition to laundry staff there are registered nurses, registered nursing assistants, and health care aids who work eight hour shifts round the clock. The daily staff are activity co-ordinator, dietary consultant, dietary team, maintenance staff and housekeeping. Leanne maintains the staff are 'special'. She considers herself a good judge of character and maintains that she 'knew' who would 'care' for the residents. Apparently by normal standards of staff turnover (Truscott, 1990) Kingfisher has an extremely low turnover rate. The Kingfisher yearbook published in 1987 pictured familiar staff faces that had been with the nursing home from it's inception in 1968 and are still with Leanne.

Among the staff, four individuals stand out as 'key players': Lisa, Wendy, Joanne and Penny. Wendy was the first person I actually met and inspired me to come back, so I began to observe Wendy and initiate an understanding with her. Joanne took awhile longer to get to know. She is the administrative assistant and it will be clear, why, she is. Joanne has intuition and intelligence that enable her to maintain a very subtle sense of humour that takes a while to understand. Therefore I should like to unfold my understandings with Wendy, Lisa, Joanne and Penny the first people whom I came to know or revealed to me who they were.

Wendy

My initial impression of Wendy was not that of head of a biomedical team. Most Directors of Nursing in other facilities I had worked in spoke about their medical role and how it interfaced with the objects of their role - the patients. Wendy spoke about people, and about caring for people who were going to spend their last days at Kingfisher Lodge.

Wendy supports institutional care for frail seniors, since she believes the quality of such care is higher than that of home care. She told me how her mother, doing respite care, had called her at three in the morning. The very frail elderly woman seemed anxious and her mother was confused about what drugs to give her. The family had left Wendy's mom in charge with no instructions. She thought that overworked women might abuse or lose their good relationships with relatives. "***Here***", she said, "***our shifts change every eight hours. People can yell and scream all they want. We love them and take care of them better than a tired woman could.***" Wendy wanted Kingfisher to remain a home for seniors. She was proud of her skills as a geriatric nurse and explained that it had taken her and her staff years to learn how to provide palliative care.

Leanne told me Wendy was exceptional when it came to care - she had intuition. ***"Wendy knows before someone gets sick. She knows them."*** One particularly dreary Monday a staff member snapped at me (rightfully so, because I was probably in the way). Wendy was there and immediately picked up on my affect. She told me ***"this has been a particularly bad day. A resident has been sent to emergency where he waited six hours to be seen and returned on oxygen, with an IV, and a Foley catheter."*** There was an exchange of words between Wendy and Penny and the ambulance attendants about Kingfisher's inability to provide the oxygen and IV. ***"We***

took him back." *I asked if other homes would. She said* ***"No. The hospital knows we will take them back. They probably needed the space."*** *Why was he sent in the first place?* ***"His lungs were filling and Dr. D. thought he should go. This man is 90. Dr. D. goes in for the heroics you know."*** *Wendy said that* ***"when someone suspects death no one wants to take the responsibility. Some physicians believe that if they ship the dying off to the acute care facility they will have made the last-ditch effort. Not everyone does this here,*** *Wendy says.*

Al probably would not have made it through the last weekend if the IV had not been used. It took a few days, but Al did die. Wendy did predict things. I asked her how she knew. She couldn't tell me, but gave me the names of five people who would not make it past the next few months. Four of them did die. Leanne said that she "knew people"; she had a rapport with them that let her sense the subtlest change in their condition.

Wendy had more than intuition and strong caring skills; she was a friend to the residents. While doing footcare Wendy talked with Donna about her son and a current problem. When Wendy was busy with office paperwork, residents would ask where she was. When Wendy went on her first real vacation, she left the nursing home without her umbilical - the pager. The most difficult resident, who suffered from organic brain damage, asked about Wendy every day. When Wendy returned, she left her still fully-packed van and came into the home. A crowd gathered and it was as if a celebrity had returned.

As our cumulative understanding grew, I came to see that Wendy cared deeply for each and every one of the residents, and suffered risk to her own personal health in fighting for what she felt was appropriate care. When we later negotiated my interpretation of herself as a profoundly dedicated caregiver, she seemed unaware of

the extent of her competence and dedication.

Lisa

Lisa, the Activity Co-ordinator, shares an office (and several relatives) with Wendy, who is her cousin. Lisa's other relatives at Kingfisher include two aunts (one a nurse, the other a volunteer), a mother-in-law (with housekeeping), and two sisters-in-law (one a resident, the other the assistant administrator); her mother was a volunteer until her death last year. Lisa has worked with Leanne, Wendy, Penny and Joanne for fifteen years. A few residents have been here just as long. According to Leanne, Lisa started out with 700 dollars years ago to start an activity program and has developed it into a going concern. Lisa knows the residents well, and has her own understanding with them. They know her well, too.

For Lisa as for Wendy and Leanne, Kingfisher is not simply a place of employment where ritual separates staff from residents (Hockey, 1990). Lisa lives in a new house without running water, therefore she and her two sons come in to shower at the home regularly. Her sons are regular fixtures at the home. They settle in at the home and move about chatting with residents.

One day after planting a garden, Lisa, Wendy and I sat while the children (both Wendy's and Lisa's) raced around watering the garden and themselves. Dennis came out in his geri- chair. Danny (Lisa's two and a half year-old) toddled out and talked to him while climbing up his chair. Lisa said if they could just stay that age - no fear, no discrimination, she didn't have to finish. I knew what she meant. It was a perfect picture worth a thousand words. ***"That's why I like to bring him here. In fact seems like everyone brings their kids."***

Lisa and I had shared similar family backgrounds and seemed to understand each

other in a very short time. She wanted adults to be as accepting and innocent as the children she brought in to Kingfisher Lodge. Only the best was good enough for the residents. She worked very hard at having the community and others understand aging. Right here - what was happening at Kingfisher Lodge was reality.

Penny

The day Al was delivered back to Kingfisher without notice and hooked up to oxygen and IV, Penny was in the middle of the ruckus with Wendy. Penny seems to be Wendy's 'right arm' in the nursing department at Kingfisher. Apart from Wendy, only Penny had a pager to summon her to deal with emergencies. Her name is as common on the lips of the residents as Wendy's. Penny and Wendy have worked together for nine years to 'educate' physicians on their method of palliative care. Residents who move toward the final throes of death are moved to the infirmary where the vigil is started. Both Penny and Wendy have been entrusted to order the appropriate measure of IV morphine and later notify the attending physician.

Penny is a confidante and friend to the residents. Millie had taken a bad fall the night before I dropped by her room to see why she was not at the residents' council meeting. She said she didn't know what she would have done without Penny. Penny sat with her for a long time after she had checked her over and given Millie something for the pain of the large lump on her forehead. Millie also consulted Penny on matters of shopping for clothing, room decor and special favours for her friend Gail across the hall.

Penny was dedicated to the comfort of the residents. Care encompassed according to her becoming an active participant in the whole life of the residents. Leanne saw Penny in a similar way: understanding and comforting residents until they

had taken their last breath.

Joanne

"She's my right arm" Leanne said of Joanne. At first Joanne seemed a little distant, but I soon discovered in her the same dry quick wit that Leanne, Wendy, and Penny possessed. If you needed to know or do anything in the home, you asked Joanne. Even though she was the assistant administrator, she was also in the caregiving business.

Marilyn, who is blind and suffers from brain damage, was sitting having her cigarette, with Joanne supervising. Joanne knew that Marilyn hadn't met me, and gently worked me into the conversation she and Marilyn were sharing. Joanne had grown up with Marilyn, knew her friends and family, and constantly placed Marilyn in a historical context she understood. She teased Marilyn about her good looks and how lucky she was to have so many young men after her. Joanne talked about Marilyn's daughter and what a good mother she had been. I watched Joanne bring Marilyn from her often depressed state to a cheerful self-oriented person. Marilyn chatted away about her friends and family filling in details for Joanne as she went. ***"Marilyn lives in the past,"*** *Joanne told me,* ***"and I love to talk to her about gossip that I didn't even know about."*** *Joanne was part of that past and had a link with the person who Marilyn was and still is.*

Joanne knew only one facility - Kingfisher Lodge, and thought all homes were like it. Joanne didn't care to venture into other nursing homes; for her Kingfisher was reality. Knowing residents - their history, their families - seemed the only way to run a palliative care facility.

Leanne and the others described life or reality at Kingfisher as they were a part of

it, that is to say, as their selves were an integral part of what went on. Having done research in many institutions, I find that people in similar positions describe their functions in terms of the institutional philosophy as laid out in the brochure. For example, in both a municipal and a provincial institution caregivers with positions corresponding to those of Wendy, Penny, Barbara and Lisa gave descriptions of care based on the biomedical model. Self did not factor into the daily lives and care of the residents of these homes.

The Volunteers

Amy

Amy is Lisa's aunt, and I first met her when she recruited me to sing hymns. I dutifully sat down and realized they were being sung in Mohawk.

She has been coming to Kingfisher for years, taking residents out to field trips and leading activities within the home. Like other volunteers, Amy uses her own car to take residents out on trips. Amy helped residents in and out of their wheelchairs into the car with ease than only came with experience. She took me under her wing and explained each resident's best side and the easiest method of transport into a car.

Amy kept an eye on spouses of residents who were still living in the community. She reported when Thora's husband stayed out too long in the fields and looked unwell. Amy takes her volunteer work very seriously. She loves the residents and always maintains their best interests first.

Danny and Gary

Volunteers come in many ages. At two and a half, Danny is probably the youngest. He can push wheelchairs, passing cookies and reaching articles for those

whose hands are dysfunctional with arthritis. He sits on laps, inspects yard sales, and gives out hugs free of charge.

Gary is a teenager who can make minor repairs to wheelchairs and transfer residents from wheelchairs to cars.

There are many more volunteers from schoolchildren to preschoolers to seniors in the community. People who drop by for a visit are never in a hurry when a favour is needed. There are also groups of volunteers who visit Kingfisher which I should like to include under the daily life and special events sections of this paper. It is important that these people are contextualized in what goes on at Kingfisher on a daily basis.

The Residents

Millie

Millie was one of the first residents I met. I was listening attentively to a meeting about what activities to plan for the day care children who would be spending time this summer at Kingfisher. Ideas were being batted back and forth and from behind me I heard in a barely audible voice "we could tie them up."

Millie is a delight. She is very bright and has an ample sense of humour. She was very mobile and independent when she was younger, with a career that allowed her to travel and drive brand new cars. Her cars seemed to be her hobby. Now she jokes about her aging and decreased mobility.

Millie's regrets are not about her lack of independence but rather about family. Millie worried that she had not done enough for her family. Millie lost her own son, and devoted herself to helping her sister with her large family, acting as everything from a wet nurse to a provider. Her nieces were very important to her. She spoke

often about her husband and how he had cooked for her and respected her independence. As a widow she lived next to her brother and sister until her CVA. She loved her house and tears filled her eyes when we would drive by it.

Getting to know and eventually understand Millie was a reciprocal process. We had a great deal in common when we began to compare life histories - granted her's was somewhat longer than mine. Many of our experiences were related to our femaleness. We commiserated and slowly we began to understand each other's vulnerabilities.

I think the most wonderful thing about forming an understanding with another woman is discovering all over again how much we all have in common. The ability of both Millie and I to laugh then cry about life's vignettes lays groundwork for unconditional positive regard.

Millie had her stroke when she was 49. ***"I didn't look after myself. Didn't take my pills. Only when I got scared. I had high blood pressure."*** I asked if she smoked ***"Only when I drink - don't drink alone and don't smoke alone" When you are in Detroit and you don't know anyone a bar is where you go to socialize. I was lucky my speech wasn't affected. My hand will sometimes hurt but that is about it."***

When I first came in she said she was going to run away. I said are they not treating you right. "***Oh no***", she said, "***they are wonderful. I know them all. Just forgot to make my bed so I called Penny and told her even in a hotel they make your bed. I worked for the Statler the best hotel in Buffalo. We had to make the beds so they were very tight here they fluff them up. When I first came I got up one night and got all dressed and was going to go out in my running shoes to my nieces on the sixth line. I don't know why but Penny talked me out of it. Last night my change bank - the turtle - fell off the shelf and scared the daylights out of me. Penny came***

in and settled me down. " She seemed very grateful. She talked more about her first husband whom she divorced because ***"I wanted to be a divorcee. He was been in the armed services and was not native therefore I lost my status. I divorced him just before he returned to Hawaii. Darn and he had promised to take me there. I saved to go herself but decided I had seen palm trees and the ocean - it wasn't worth the money. My sister's family needed the money. I married Mr. Brown who was non-status but a friend was kind enough to help us get our status back. He said he would put the house in my name."***

Life for Millie was as it had always been. "***If you know the folks around you that's all you need***". Millie spoke about knowing other 'Indian' people when she worked in the city. This cultural identity meant these people were 'all right' and should be invited home for a drink.

The strong sense of cultural identity is a positive bond between residents. A new arrival is not new. Knowing someone made it easy for Gail, a resident who had just moved into Kingfisher Lodge and said she felt quite at home. Millie said ***"I know her, so she's okay".*** 'Knowing' someone was also possible through a mutual friend. Millie said she did not know Mia, but a friend did so she was 'okay'. Mia was suffering from Alzheimers and could become very confused. Millie said she knew Mia didn't understand but it was good to sit with her. Millie usually had someone in with her; it didn't matter if they were cognitively impaired or blind - she knew them and it was okay.

Gail

Gail is very quiet, and not as mobile as Millie, who has taken it upon herself to watch out for Gail. The day after she arrived at Kingfisher Gail was sitting in on

Wendy's senior's college class on the use of drugs. Gail had been to the hairdresser, and was wearing a lovely house dress with a blanket to match. She told me her daughter sews a lot for her. Gail's family was always visiting and taking Gail out on trips. They had been reluctant to let Gail enter Kingfisher until they realized that the slightest movements were very painful for her. Their hope was that the staff at Kingfisher could alleviate the pain.

Gail and Millie have known each other from childhood and seem a well matched pair of friends. Gail's large family include Millie in all their family gatherings. Millie, not having children of her own, responds by taking Gail along to church and Longhouse dinners. Millie speaks up for Gail when she needs to use the facilities or when her pain is worsening. Millie explained that they shared a lot due to their incapacities. "We think alike - since we have the same problems. When we go to Gail's daughter's we agreed we eat and chat and then when we wanted to go to the bathroom we'd come home." Both Millie and Gail tire quickly, and both know each other's limitations. They love their outings, but share an understanding that they will retire to their naps when they need them.

Gail suffered a great deal, yet her pain never interfered with her pleasant demeanor. I recall making the rounds one day checking to see what everyone would like to order for a scheduled luncheon. Gail was struggling to swing her legs up on to the bed. As I helped her I could see the pain in her eyes but she chatted to me about the pros and cons of the roast beef special.

"It's hard for my son to see me in this pain. I can't really do anything about it except change my thinking. When I'm busy the pain goes away. My children bought me this special bed that I can get in and out of and move myself. I spend time with older people here who I have know all my life. We talk about when we were

young. There's that fly again. Do you know that if you put salt on a fly, it will stun him - put him right to sleep. We used to do that when we were young."

Nettie

Nettie and I met on a luncheon excursion. She was walking right on into her second century of life. Her steps were slow and deliberate when we first met, and ten months later she was introduced to a walker (even though she preferred not to use it).

Nettie is the epitome of contentment. She knows Kingfisher Lodge is where she wants to be. "I like to go out - but I like to come home and nap in the sun room." Everyone respects Nettie's claim to the sun room except a church group which holds prayer meetings which Nettie has to attend because they are in 'her' sun room.

At first Nettie seemed so tiny and frail. I worried about helping her in an out of the car. Nettie knew I was worried about hurting her. We were a team for luncheon excursions. I would help Nettie in and out of the car and steady her as she insisted on walking under her own power with out a walker.

"I appreciate you keeping it warm in the car for me, you know. Don't worry so much, I won't break - at least I haven't yet, and I've been around awhile. Tell me about you. You are always asking about how I feel. You know I feel better if I have my onions. I like lots of salt on my onions - actually I like lots of salt on everything. We used to grow fresh onions - spring onions when I was young. The garden was full of vegetables. Seems like the garden at Kingfisher gets started too late in the spring. You have to grow the seedlings inside, then put them out in the garden."

Nettie is traditional in her lifestyle and respects the Longhouse way of life. She speaks 'Indian language' and often sang me a song or two and teased me when I did not learn the words fast enough. Nettie likes to remember the language her mother had

taught her, and enjoys those times when staff and residents speak to her in her own language.

Erna

When I met Erna, she was arranging vegetables on a dip tray and muttering about what she should do with a can of corn. Erna has a lot of medical problems but leads an active life in spite of them. As president of the resident's council she 'runs the show'; her picture appears in the local newspaper at least once a week. Erna hadn't always been this active. She was embarrassed about her health at first and limited her socializing as a result. ***"Now I don't know why, I love to take part in community and home events. I'm stubborn you know, always have been. I was just as stubborn about not coming out of my room a while back as I am about getting things done around here now. You say you don't think I stubborn -I am.***

My son was an alcoholic too. He drank until he finally killed himself. I don't talk it about it much - but you are right. What can you do when you have tried everything. You wonder why they drink. "

Erna always maintained her facade of obstinance. We talked lightly about life and why people did the crazy things they did. When I opened up about my family, she began to tell me the story of her son. Once again this female quid pro quo exchange bore the fruit of unconditional positive regard.

Erna is bright. As a classic anthropologist bumbling about in the field I committed the usual social *faux pas*. Erna understood and graciously extended her services as a social mentor. She made light of my brutal learning experience and provided entertainment for many of the others at Kingfisher. She did this with such finesse that I eventually had most residents helping me with what actually were

personality flaws I had always carried around with me. Erna knew I took great delight in making people laugh and would play the straight person for me every time.

She would catch me on matters that I presumably should have known more about being the product of higher education. I thoroughly enjoyed our philosophical discussions and found myself sifting through books to answer her cascade of questions.

Erna has two daughters, now both retired. She had two grandsons one of whom she raised. He is now 39 and has not missed her birthday once in all those years. Her family visited often and they were very important to her identity. She talked about their lives with a great deal of pride and always knew what was going on in the family.

Erna also knows what is going on in the neighbourhood where she spent most of her life. Neighbours drop by and "tell me the gossip" she said. She prides herself on knowing not only what is going on in her family, community and culture but knowing a little bit about everything. Erna is like a sponge; she reads widely and makes it her business to learn about new things.

Nina

You can't meet Erna without meeting Nina: Nina and Erna are buddies. Each afternoons at about three, Nina and Erna read the paper. I learned much about their lives and their view of the world during these paper-reading sessions. Erna has a very dry sense of humour that creeps up on you, and Nina was forever teasing me. Nina jokes about the painful parts of her past. She spent her youth in a residential school, which she believes jaundiced her view of life.

Nina remembers mostly the good times she had with her pets at residential school but becomes bitter when she recalls the punishment that was so generously doled out. When she attempted earlier in life to practice her indigenous ways and customs she was

castigated by some friends and family members. At Kingfisher, Nina is now able to enjoy her cultural identity. She told me how important 'Indian medicine' was and took me to see her scrapbooks of native memorabilia. Now life for Nina was good. She was able to express her true self among those who knew that she had a tough life.

Nina and I connected through our shared love of animals. I would listen to her stories about her pets that perhaps kept her time at the residential school from being totally unbearable.

"That old raccoon would wash everything I gave him to eat. He knew me as well as I knew him. Our people have a special relationship with the animals. He would sit on my shoulder when I walked. I had a pet squirrel who I raised from a baby. Then there was a crow. He was very smart. People don't realize how smart birds are. When I was still at home before my mother got TB [tuberculosis] I would always bring home some kind of animal. My mother died of TB but I didn't get it and lots of the other kids at the school did. It's no wonder they got it. The way they were treated. I didn't learn anything there."

It is important for Nina to remain part of the larger community. She likes Kingfisher Lodge, since living there gives her the option of being able to participate in the both home and community functions. Nina was about the most mobile resident at Kingfisher. She worked hard to raise funds for the home with the mobility she had. Despite her active and generally genial demeanor, Nina fears the effects of Alzheimer's, and often remarks on the behaviour of those at Kingfisher Lodge who suffer from it.

Olive

Olive has been at Kingfisher for 15 years. She had been a hairdresser and is the mother of two children. Olive loves clothes, shoes and has to have her hair just so. She suffered a CVA relatively early in life and she is confined to a geri-chair, her speech severely impaired. Despite her speech impairment, Olive points and motions with sounds until she gets her point across.

Olive is a very sociable person, and loves to spend time in the recreation room - the heart of Kingfisher Lodge. Olive loves to give out compliments and make people feel at home. She made me feel at home shortly after I came to Kingfisher on a regular basis. Very seldom is Olive in poor spirits - you can see the twinkle in her eye.

Olive always has to be colour co-ordinated down to the nail polish. Staff often teasingly complained upon returning from shopping trips trying to hunt down a shade Olive has admired. On days when Olive was elsewhere in the home having a bath or tending to other necessities I would set out looking for her. Her company always made a day so much more pleasant. If I were sitting doing paperwork, Olive would read a magazine and poke me when she saw a sweater or pair of shoes that took her fancy. Olive has the same effect on staff and residents alike; she seems to dole out caring as she received it.

Olive misses nothing. On one occasion, I was put in charge of a visiting group who stood waiting in the recreation room. Sitting behind a long table in the recreation room, I could not see what was going on below waist level. Olive, laughing so hard that tears rolled down her face, was motioning toward Grace, a resident who is severely cognitively impaired. My eyes and Olive's met when it dawned on me what she was communicating. Grace was beginning to lose her drawers. When I finally

remedied the situation Olive rolled her eyes as if to say "its about time, lady".

Grace

Grace had been at Kingfisher longer than any of the other residents. Millie told me her life story. Grace had been taken in by Millie's aunt some years ago after leaving another home where she was badly mistreated. She had very little in the way of material belongings and got by on a scant disability payment.

Having saved Grace from embarrassment by catching her drawers in the 'knickers of time', I felt I had returned the kindness she had shown me. When I sat at the long table with papers spread about Grace would move from chair to chair around the table checking the goods on the table (mostly for food). A few residents would bark at Grace for disturbing their magazines or cigarettes on the table. They would often say ***"grab it or she'll get it".*** The first time Grace came over to inspect my papers and books someone yelled ***"look out here comes Grace".*** I turned to Grace and said *"Grace I need these papers but you are welcome to this book".* She carefully turned the pages for the next hour hovering behind the chair next to me. Grace knew who did not like her and she made sure she annoyed them.

After I had been at Kingfisher for a few months Grace had a terrible fall. One day I walked in and there was Grace with a new walker from the staff.

Donna

Donna was very quiet, and I waited until she responded to my efforts at friendship. She suffers a great deal from arthritis and some days is confined to bed, unable to get into her wheelchair. She tries everything from 'Indian medicine' to magnets to relieve the pain.

Donna is a little unsure of herself. She is very traditional and a little self-conscious about making trips beyond the community. Donna's apprehension about venturing beyond the community and enjoying herself is due in part to her feelings of responsibility toward a dependent (though adult) daughter. Her daughter becomes very anxious when Donna laughs and enjoys herself with others, so Donna refrains from participating in relationships that take time away from her daughter. When Donna was finally convinced by Lisa, Wendy and other staff members to come out to a function she thoroughly enjoyed herself.

Donna is witty and bright in her own quiet way. It gave me tremendous pleasure to be the recipient of her subtle sense of humour. Donna's sense of humour and undaunted spirit are well known to the other residents. Nina especially likes having the room next to Donna's. Wisecracks are exchanged from room to room when the mood hits either Nina or Donna.

A Typical Day at Kingfisher Lodge: Tuesday, June 8, 1992

It is 8:30 in the morning. Amy, Erna, and Nina are standing around discussing the play about the early days of the native community put on by the children of M.C. Roy school. I had missed the dress rehearsal put on for the seniors in the community. The seniors saw it first to judge its authenticity and remember the early days. Nina passes comment on the residential school days and offers her opinion on her experience.

At nine Wendy begins her senior's college medications course in the recreation room. Fifteen residents sit at the table listening to today's topic - An Introduction to Medications and the Aged. Using examples from each person sitting around the table,

Wendy explains how drugs worked differently in the metabolism of older individuals. Next she outlines the policy of Kingfisher Lodge - that of getting by on the least amount of medication possible. ***"We work with doctors to curb the drug intake of each one of you."*** *She describes the 'therapeutic window' in lay terms, and explains how morphine is metabolized differently depending on kidney function.*

She explains why the drugs are taken different ways for example ***"if a resident like Winnie who has less saliva than some of you needs a medicine. We give it to her in applesauce."*** *Wendy goes on to describe the medicine used - the blood thinner Warfarin - noting that it is also used as a rat killer.* ***"Some folks can not swallow at all and tubes will have to be used."***

She told them that medicine does not know why digoxin works and does not know the effects on the other organs. It works so some of you are taking it because there is no choice but Nina had been weaned off it.

Millie pipes up and names a doctor in Detroit who told her she was taking too much crap - put her in the hospital and took her off it. Wendy explains to Erna why she took Gravol after her gall bladder surgery.

Special short needles are used because of the lack of muscle mass in older people. It is explained where they got the shots like the thighs or leg tops that are the last to lose fat.

"Antibiotics are dangerous. They are getting stronger and stronger." *Wendy goes on taking questions and listening to everyone's concerns. In between she explains carefully why everything is done. She emphasizes that Kingfisher Lodge is different from other nursing homes in their daily regime. Others are on the BIN (twice a day) regime, while Kingfisher uses the four times a day regiment. "Some medications should not be taken together. Rather than just give you two drugs that don't work well*

together just for our convenience, we organize everyone's regime to four times a day so this does not happen."

*"**Sleeping pills have an adverse effect on our people. They have an opposite effect on the folks here. So we feed you before you go to bed rather than give you pills.**" Wendy notes that often pain is a concern for sleeplessness and Tylenol can be given. Wendy describes the effect a sedative had on her son to illustrate the adverse affect of sleeping pills on native people.*

As the meds course draws to a close, Millie makes a point of saying goodbye to Gail, who had spent her first night at the lodge and slept well in her own bed with her own furniture. Wendy asks her if she had been taking sleeping pills; she says yes. Nina says since being here she refuses them when she goes into hospital. I recall Leanne saying nurses would even crawl into bed with the residents so they would fall asleep. Gail is a little tired and dozed a bit. Wendy is alerted to her cough and sputum, asking if she is all right. I asked her how she was; she said fine.

Danny has been to the dentist and comes in with Gary (Lisa's son) who is staying with him because Danny doesn't want to go back to the day school with freezing; he is afraid they will laugh at him.

Wendy has placed the barbecue next to the swing chair, both of which will be raffled off to raise funds for the Kingfisher Lodge handi-bus. Lisa opens her order of toys and things for the day care kids. I help price everything while Wendy's office space is reduced to two feet.

At noon, the staff busy themselves feeding the residents (more than half) who require hand feeding. Many residents require food served as puree which means the caregiver doing the feeding usually adds lots of seasoning and butter to make up for the consistency. Residents who are ambulatory wheel themselves, and those who are

walking are assisted. Today everyone is seated in their own spots having pork chops, peas and fried bread or scone.

The staff eat lunch after the residents have been fed. Today, the nurses, kitchen staff and administrator eat Chinese ordered from next door. A few residents join in. Penny says she isn't feeling too well. She is tired, and I think concerned about the passing of Helen Gray, who had became ill while Penny was on duty. Helen had been taken away by ambulance, and Nina said she seemed in pain. Amy said she had pneumonia, but the drugs she was on masked the symptoms.

Lisa showed me Helen's picture, set between two candles in a little shrine-like arrangement to let the residents know that she had died. Everyone was a little down about Helen's passing. Wendy had announced it at the meds course, though most everyone there had seen Helen leave in the ambulance.

Mia, a resident who suffers from Alzheimer's seems to be having a particularly good day as we exchange greetings. She says she is going out to the sun room.

Both Lisa and Wendy are having a bad day. I recall this same mood when Leonard died. Lisa is having a tough time at home, and is run-down. She went into the afternoon hymn sing with Amy and Blanche and came back to her office crying because her mother used to do the singing and it was her piano and voice on the tape. She says she doesn't know why she still gets so upset when she hears her mother's voice on tape. I said perhaps when times were tough at home her mother would be the natural place to turn - unconditional love. She shows me a picture of her mother and her four sisters. Amy, one sister, is a volunteer and has been here all day bustling about. Sharon, who owns the craft shop which had been owned by her grandmother, was the aunt who most resembled Lisa's mother. This was a strong family network - her mother and her mother's mother had been in the craft business.

After lunch about 1:30 - 2:00 there is a crowd around the two central washrooms. Residents who are immobile are returned to their rooms for toiletting. Around 2:00, before going into the hymn sing, Olive motions that she needs to go to the bathroom.

Seventeen folks come out this afternoon to the hymn sing. Blanche is very pleasant. She went around and personally took everyone's hand and said goodbye. Even Nettie was in from the sun porch. I come in for the last song and get in trouble for not contributing my voice. Nettie laughs and pats me on the head. They finish, and I talk to Nina and Erna about the school play.

I give Nina the monkey I had just purchased and notice that Jonathan is removing his pants. I tell Amy and she suggests I tell a nurse. When I come back, Nina and my monkey are gone. I stalk into Lisa's office and announce in mock anger that Nina has made off with my monkey. Nina is always game for a prank or a good story about her youth. Some folks at the lodge feel Nina can be an entirely different person. I listen to what is said about Nina, but consider the relationship we have established to be of prime importance.

After the afternoon activities, residents usually take a nap before supper. The supper menu is perused before folks retire to their rooms. Thea, Grace, and a few other women like to doze in the recliner by the fireplace in the dining room. Millie usually starts out watching the 'Y & R' (a soap opera) and drifts off. Donna and Gail like to stretch out on the their beds while napping to relieve the pain in their legs. Erna and Nina read the paper; mostly Nina reads and Erna naps.

The nursing shift changes at three. The new shift spends an hour or so going over the previous evenings and mornings charts of all the residents who have required care. By the time the nursing staff are half-way through their meeting Grace and Olive have awakened and listen in for the latest news on the other residents.

Today many staff, volunteers and residents chat about Helen and how she seemed to be so well up until she was taken away by ambulance. Amy said she was a neighbor of Helen's husband who spent days out in the fields in the hot sun. She said he should come in and rest and told him so. Blanche knew him as well. They would go and visit him today.

About 4:30 the non-nursing staff leave to pick up their children from school or daycare. I leave soon after.

The daily routine of seniors in facilities can be stereotyped and trivialized. Often what we do not understand we stereotype. It is important in the preceding and following section to narrate the complexity of daily life at Kingfisher Lodge.

A Typical Week at Kingfisher Lodge

The month of June began with the deaths of Robert Wright and Helen Gray. Residents worried about Helen's pain. How she died seemed to be particularly important. A good death is to go in your sleep without pain. Both Wendy and Leanne say the majority of residents do die this way.

The second week in June began with Monday's morning indoor gardening section that Russell taught. Later at ten there was bowling in the recreation room. Often bowlers are called during their game for their morning bath; sometimes it was a blessing if your average was low. Everyone was handicapped according to their ability and everyone cheered for the others.

Monday afternoon, mental aerobics is scheduled at 2:00. Mental aerobics, exercises designed to engage thinking processes and keep minds alert, is based on a book of exercises ordered from an large variety of 'how to books' for entertaining the older people. All are designed for the mainstream culture. I suggested to Lisa that she

might write a book of her own with more culturally appropriate exercises.

Tuesday has been described above

Wednesday is a good day - Bingo first thing after breakfast. Just about everyone who is ambulatory was there for Bingo, except Erna. "I don't like it never have", she says as she sits in her room watching the birds dig into the fresh seed in her feeder. It makes for a long morning for Erna who is up and six and watches the sun come up. She likes this time of morning because it is so quiet.

I was working in the recreation room, drafting letters to government agencies for funding for the handi-bus. The residents and community have already collected over 26 thousand dollars and I was trying to get an agency to match their contribution to reach the goal of 54 thousand dollars. Olive was taking her tea and treats (fruit, cookies, cake), which came around every morning at 10:30. She insisted I be given a cup of tea by Susan who was providing refreshments to staff and residents. Olive always asked, even though she knew I like my Coke. Olive dozed off looking at my government lists and Grace came along to 'supervise' my work by inspecting the paper.

Olive and Grace disappeared into the dining room when lunch was announced. I continued to work until Nina came up behind me and scared the daylights out of me. Leanne killed herself laughing and I asked for digoxin and to lie down in Nina's bed. Nina reads me jokes while I do my work. Then she went into Bible Studies with the Anglican minister who had come into Lisa's office earlier and said he was leaving his church, and would have to discontinue his visits. It is difficult to get outside churches to visit the home. He said he would deliver communion before he left. He agreed to bring his wife and baby when he came, at Lisa's request. He was asked to talk about Helen's death.

After the bible study group, I put the bibles away. Clara wouldn't let me put hers

away, so I let her keep it. This seemed to annoy Nina, who said I was very trusting. ***"They lose more bibles by letting people like Clara hold on to them."*** *She and Erna came back to the lunch room to talk about the agencies I was going to write to.*

Nina complained about Grace. Grace closed my file folder and I asked if she could leave it open so I could write and she left it alone. I'm not sure she likes Nina. Nina just doesn't understand that these people do not choose to be this way, it is beyond their control.

Erna and I chatted about everything. I asked her what she did when she were young that her mother thought was dumb. I said I wore patches on my butt. I asked if she listened to swing or ate goldfish. ***"No", she said, "I brought home a white woman."*** *I laughed. Then she said she brought home her husband that was enough. We talked about religion and couldn't understand why folks fought over it. Nina asked the minister (she said everyone liked him) why there were so many denominations. He said he would get back to her. Nina wanted to know about the Mormons and the Mennonites. Nina said there is one God - why fight over him.*

Nina turned to the death column and read that Helen wouldn't be having a funeral service. She had asked that all donations go to Kingfisher Lodge.

Thursday began with a facials demonstration by Mary Kay, and everyone getting beautiful. Lisa was all dressed up and Erna was outside her office. They were both waiting for a tour to come through. These were a collection of people to represent Canada in Germany at some sort of gourmet chef contest. One of them was a lady from the community. They were two and a half hours late. In the meantime I had brought a book and was explaining the Mennonites to Nina. Lisa asked Erna and I to cut out circles to fit on the ribbons for the family picnic while we waited. Erna is very quiet but she talks a little more when Nina is not around. She talked about her

birthday and that her grandson now 39 had not missed one. She said that one daughter had just retired from a department store and another from an industrial firm. They brought her fresh strawberries from their garden this week.

Erna and Lisa went to greet the tour group, which had finally arrived and was gathered in the recreation room. Lisa introduced Erna as the president of the residents' council. One of the young men in the group wanted to know the price of two of the Indian statues, so I got the keys from Erna to show them to him. He thought they were too expensive. When I returned Pearl suggested I keep an eye on Nina's grapes and juice, as she would be up shortly. Grace had been an angel busily folding paper. I kidded her about the fashions and included both her and Olive in the conversation. Nina entered and began complaining about Grace. I told her Grace hadn't touched anything.

I left briefly to talk to Wendy. When I came back Nina said Grace had taken the cardboard and wouldn't give it up. Grace knew who she liked and didn't like. Nina told us several times about the Women's Club. They had a good lunch and played games. Wendy was 'busy with her toenails': She was doing pedicure today. George was having his done and you could hear his blood-curdling complaints all over the Lodge.

As we worked away on our ribbons, Sally joined our group. She was visiting from another community. She jumped into the conversation that Erna, Lisa and I were having about the handi-bus sharing deal offered from the government. Sally said their community would also like one.

About 4:00, Lisa told me I was on her team for the garden competition. Each team consisted of two residents and several staff members. In addition to Lisa and me, our team included Wendy and Nina. Nina quit, so we engaged Sam (who would only do

it if Lisa asked) and all of Lisa and Wendy's kids. "We will do it at six", Lisa said.

Wendy had bought fifty dollars worth of plants with money she had got from Joanne. She had brought along her own peat moss, and hauled some succulents, snap dragons, geraniums, and wild flower seeds to fill in the holes so we wouldn't have to weed. ***"Last year it looked sparse",*** *she said but this year it looked packed because the mums were still there.*

We started about six-thirty on the garden at the left of the South drive. Sam came over at Lisa's invitation and planted the succulents. Melanie came over to her mom and pointed to Sam's work boot, firmly planted atop a succulent. Melanie was very quiet but equally concerned about the poor plant - seemed like a sensitive little thing. With her usual tact and sense of humour Wendy said " ***SAM! you are standing on one!"*** *Sam silently went about his business.*

The kids were having a ball. They planted where they liked. Danny was putting them where Lisa told him to. Gary, on the other hand, was at first soaking me with the squirt gun, then he got the hose and began to soak himself. Lisa said she knew he would do this by the way he had changed into the clothes he had worn swimming.

Gary soaked Russell who came about 7:00 and said he had been here at 6:00 and found no one so he went back to his sister's house. I didn't even know he was on our team. Gary soaked all the other kids and me again. He watered Leanne's garden which was right below the Kingfisher Lodge sign.

Leanne did not compete. Lisa said jokingly one year Leanne's husband sabotaged their garden by rototilling it under. Last year Joanne's garden looked like it had died and suddenly came back to life.

We retired to the coffee room. Lisa and Wendy had coffee, the kids had chips, and Russell just visited. Wendy's cousin Matt, a nice young fellow who was going

'power skiing' at the beach the next day, came in and told us about his collection of girlfriends. Auntie Wendy was teasing Danny who was running in and out side through the sun porch.

On Friday, I arrived later than I should have for the garage sale. The morning sun was warm, and there was a cool breeze. The tables were all set up and the residents were lined up under the redwood walkway at the front. Gary was making snow cones and selling Danny's toys and his sister was helping him. Nina was selling raffle tickets, and all the prizes were outside. Mary was seated next to Nina, and beside Millie who was selling Nevada tickets.[5] *Erna was at the head of the dishes and 'whatnot' table and acted as cashier. Several other residents came and went along the walkway up to the door.*

Toni, an energetic volunteer, was in charge of the clothes. She had baked a dozen pies which she brought to distribute to the residents and staff. Many asked why they weren't for sale. She reminisced with Millie about the fox collars and trips to the reserve and back to work at GM in Detroit. Dressed to the nines they hitched a ride in a coal car back to work one night. "We kicked up our heels didn't we Millie. We were two fine looking ladies." Millie had started to say she had no make-up on this morning. "Always have and will be a fine looking lady Millie George", Toni said.

It was busy at the start. Millie saw her nephew. Clara's nephew said hello to her even though she stared straight ahead and said nothing as usual. He came right over again and looked into her eyes. Nina saw a relative or two and many friends. Everyone seemed to know everyone.

It was as much a social event for the residents as it was a fund raiser, but they did raise a lot of money, as everyone bought raffle or Nevada tickets. It is easy to see why the community can raise money to meet their needs. Millie would say " ***the buck***

stops here - spend your money here. When you know someone they just come over to chat and buy." Many young women came and bought clothes for their kids. There were tables set up on the right of the lodge on the road selling crafts.

Next door the community firefighters were holding a barbecue to raise money. Lisa was taking lunch orders for residents and volunteers participating in the yard sale. She said "we have to support each other's fund raising events in this community. " All the residents outside had barbecue. The nurses and staff also went over and supported the cause.

Olive was out in the sun all morning, first clutching her snow boots then her lunch. I asked Leanne about Olive's fascination for shoes. She said when she first came all she would wear were those boots - knee high. Now her foot may have to come off because it will not heal. Wendy took Olive in, and Lorraine, either a special friend or relative, gave Olive a half-eaten ice cream. All Olive had to do is point and she got it.

I took the money while Erna and Millie ate their lunch. Millie doesn't demand, and is pleased with whatever you do for her. She talked about her diamond earrings which her niece had sold when Millie came here. She had bought some drapes for her nephews rooms. She also bought clothes. Nina bought an electric broom and some things for her family. She said yesterday that her son was coming to take her some place fancy for lunch this weekend. I think she bought some things for his family.

As 2:00 approached Lisa, Gary (one of the handymen), Russell, Toni and I began to sort what was to be kept and what was to be discarded. Yard sales are monthly in the nice weather at Kingfisher. As there will be three more sales this season, unsold goods will be stored. It was hot so Mary had gone in, but Erna and Millie stayed, and Nina asked me to sell tickets while she stretched her legs.

I was tired after a day in the sun and working at the yard sale and some of the residents had remained after I had left. Other monthly events often required more stamina by residents, staff and volunteers. Stamina was something I was learning to develop.

Monthly Events

At Kingfisher Lodge, scheduled outings involve the extensive coordination of many volunteers, whether family or community members. At Kingfisher, volunteers must carefully transfer residents from their wheelchairs to the car. Wheelchairs must be folded and stored in the rear seat or trunk. The procedure is reversed on arrival anywhere. Most other nursing homes have their own handi-vans which allow residents to be mechanically transferred to or from the ground. This requires no more than one or two volunteers per 20 residents. Lisa boasts that Kingfisher residents always have one volunteer each to assist in transfer, eating and toiletting. A registered nurse always travels along with a group on an outing to meet any emergency.

Once each month, this train of cars brought residents and volunteers to a luncheon with four other nursing homes at a local inn. Each home in turn takes responsibility for the luncheon's theme. Recent luncheons had themes involving 'dressing in bright clothing' or singing songs together. When Kingfisher's turn came, they chose as their theme the native heritage of their home and community.

A fashion show featuring local beauty pageant winners in community-designed and made buckskin fashions drew oohs and aahs from the other home residents. Native drummers and native soft-shoe dancers in buckskin garb accompanied the fashion show. Each table was given a drum made by children from Kingfisher's daycare centre. Seniors were invited to attend the week-long celebrations of First Peoples

Heritage, and made to feel a welcome part of a culture and community that had drawn on many volunteers to put on this extravagant show.

Yearly Events

Kingfisher Lodge conducts many yearly events, including a boat cruise on the river, a trip to the circus, fishing trips, the family picnic, and the geri-olympics.

The boat cruise, attended by family, staff and volunteers as well as residents, is a favourite. "***It's expensive. I suppose that's why other homes don't do it.***" says Lisa. "***The residents love it. They love the water, the entertainment, and the meal.***" For Millie, the cruise brings back fond memories of the many times she and her husband had taken the very same cruise. This year Nina nearly had to be dragged from the boat after it docked.

A major event in June is the family picnic, held on the Kingfisher grounds. Invitations are mailed or given to all family members, each containing a recent photograph of the resident relative. Most invitations are given to staff members and residents who pass them along to family in the community, but some are mailed to relatives in the United States.

In July residents take part in a week-long series of heritage events organized by the larger native community. A pageant, pow-wow, soft-shoe dancing, drumming and many other events celebrate the First Peoples' heritage. The general public come in droves to watch the championship dancers. Community elders view this spectacular event from a special roped off area beneath a shade tree. Nina and Donna teased me for a week for losing Sam, who decided that he couldn't see well enough sitting with us, and went over to visit with the dancers.

The geri-olympics are held in August, and involve competition between a number

of nursing homes. The residents of Kingfisher started this event, and Kingfisher house is full of pictures of winning residents sporting t-shirts in fluorescent colours with 'Kingfisher Lodge' emblazoned on them.

The fish fry is held in nice weather in a large park area down by the water. Smelt are battered and fried in large vats of oil. Members of the community bring a potluck spread to complement the fish. Many residents were brought two and three meals at a time by family and friends. The young people spent their first time in the long food line to serve the elders. When every elder had a plate the younger people stood in line for themselves. The residents loved the fish, and indigenous dishes and 'Indian cookies' went fast. I lost count of how many platefuls Olive and Henry ate. Henry was with his wife and son and I don't think I've ever seen him so happy. By 3:00, I was getting tired but Henry was about to leave with his family to do some shopping in a nearby city.

I have worked with seniors with chronic disabilities in many settings, and have never enjoyed community events and the friendship of people more. I experienced warmth and a genuine understanding with the people I came to know at Kingfisher Lodge. In other institutions, volunteers such as myself often work merely as caretakers, and may adopt a paternalistic attitude toward disabled seniors. On the other hand, as a stranger in a culturally distinct community I might also have been treated with disdain and paternalism by its members. But the residents of Kingfisher Lodge, like Nina and Donna, have both guided me and helped me. We were friends who laughed ourselves sick usually over my foibles. My regret is that I cannot still spend my time with a community of people I found to be very much in touch with their sense of self in relation to cultural identity, continuity of community, and proud of their status among their family.

From Self To Pattern: Why We Are Different

Family

Leanne told me that under the Confederacy, the Iroquoian people were a matrilineal society. In addition to nurturing and guarding the community's children, the women - who picked the Chief under the Confederacy - watched them for signs of their prowess as providers, their capacity for leadership and for charity. Women remained secure when their husbands left them; their matriline would support them and their children and choose new husbands for them.

Under Europeanization and assimilation, the bonds of clan and family that tied Iroquois women together began to weaken and even to break. Like Canadian women, they suffered from high rates of desertion and divorce, and found themselves battling (often vainly) in court for child support. They lacked the family support that had been the mainstay of traditional society.

Today, the women are once again together - in Kingfisher Lodge, not the Long House. It is the elderly women (80% of the residents), the staff, (almost entirely women), and the children of the staff gathered once again under one roof, supporting one another. Leanne, the Administrator, described a visit to the facility by the Minister of Health, who had asked where all the men where. The chief who was leading the tour said they were where they should be - staying out of the day-to-day running of services on the reserve. The Chief continued by informing the minister that ***"women have always run things around here - we are the figureheads"***.

Family and community ties are both strong and important. The staff of Kingfisher Lodge are related to one another and to the residents. Family members drift

in and out to see their relatives. The word 'visit' seems formal for the time they spend at the facility. They come in for coffee with a child or two in tow - men as well as women. Family know the staff and spend time chatting with everyone and spending time with their resident relative.

When someone asks you what 'hen house' you are from, you tell them whether you are from the bear clan, or the wolf or the turtle. Kinship relations (referred to by residents as blood relations and affines) are still important. When I asked Millie about a new resident she knew all about her. I asked if they were related and she said no, but the lady we were discussing was her husband's aunt.

Dora comes in to feed her father quite frequently. She spends time with the staff and gets comfort from them in sharing family problems. She wonders if it is better that her father dies than live in his frail condition. The staff talk to her informally over coffee. She smiles and seems relieved to have shared her burden with the staff.

Once a month the residents go out to lunch with groups from other nursing homes. Family come to Kingfisher Lodge to pick up their mother, father, husband or wife and drive them to a hotel dining room in a nearby city. Doris, a resident who is very frail and spends a great deal of time in bed, makes a special effort to go with her husband for lunch when he comes to pick her up. The other groups are chaperoned by volunteers and the other activity directors. The Kingfisher Lodge group seem much frailer than the other diners who quietly eat lunch. However the sing-song that follows lunch reinforces not only the fact that these people are native but that they are a community, and that many of the frail seniors are there because family members make a special effort to not only provide transportation, but feed and support their relatives. The Kingfisher Lodge group shout out that they would like an Indian song or two. I

drove back to the facility with two native ladies who held their own sing-song in the car in "Indian Language" as they called it. It was Mohawk and the words were cheerfully interpreted for me.

Today, as in the past, both grandmothers (Christian as well as traditional) still raise their grandchildren in many households. The list of Kingfisher Lodge residents who raised their grandchildren is a long one: Erna raised her grandson, and brags that he has not missed her birthday in his thirty-nine years. Nina, raised her granddaughter; Millie breast fed and raised her niece. Babies come to work with their grandmothers who work at the home. One staff member states her daughter now twelve has chosen to go and live with her grandmother who lost her own daughter at a young age. Among the people of the community this is not seen as a burden but rather a reciprocal arrangement. The grandchild is often with the grandmother to help her with her chores. This arrangement also affords a working mother freedom for her own career.

Respect and intimacy came from children, grandchildren, and the children of the staff. The schools had volunteer programs, day care children came over with toddlers that the residents played with. I do not recall ever being at Kingfisher Lodge and not seeing a child. The most vivid memory I have is of Simon a gentleman who suffered from Parkinson's Disease and was no longer able to talk or walk with out help. Simon sat out on the porch one night with a two year old firmly attached to his lap. The little one sat for a long time just looking into Simon's eyes.

"It is good for children to spend time with their elders" Lisa the Activity Director says. Her two and half year-old son comes in and climbs up on the laps of the elders and sits contentedly. Her older son, aged 13, is a regular volunteer. He is an experienced wheelchair transfer person as well as an excellent guide for the elders'

fishing trips. When her boys are there along with Lisa's three aunts (one a resident, another a nurse the third a volunteer), her cousin (Director of Nursing), her sister-in-law (the Assistant Administrator), much of her family is together.

Wendy, Penny and Lisa have worked at the facility for fifteen years, in many respects they are family to each and every resident. These women spend every day with the residents and know them intimately. Before I began my observation I was told by a confidante that these girls had 'intuition', and knew when someone was not well. Wendy would say even before a resident showed visible signs of pneumonia that she was ailing. The resident would be moved to the infirmary and a 24 hour vigil maintained by staff. Family would be summoned and even though facilities were cramped would also take up the vigil. The staff - medical, maintenance, clerical and administrative - keep a vigil. Someone is always with the resident. Wendy will often go home, feed her family, and come back to sit with the elder on her own time. Many other staff members will do the same.

In the midst of the family life of this community, death is a common visitor, and very much a part of this community's culture. The traditional people in the community take the body to the Long House and distribute the material goods of that person's life. The administrator's sentiments are ***"We want our children to take death as an everyday experience. We do not hide it. When our elders come here they are not going to leave - they will die here. It is a mixture of traditions sometimes. A Christian resident's family will also observe the 10-day death feast". Death is natural and the staff urge the outside doctors to let residents die as they wish. Dying as you wish is not an easy task in today's biomedically controlled institutions. The administrator, Wendy, Penny and Lisa all form a common front against the doctors' heroic attempts to save a life that should fade to a graceful end. "We give them what***

they want. If they want to stay here and die we do our best to make their last few hours or days easier. We have had clan mothers pass down their position on their death bed. Most importantly we do not hide death from the other residents - they pay their respects even before the body is removed. The reception after the funeral is often held here at the lodge. Everyone brings food - we have the room. This was their home" asserts Lisa.

In describing religious beliefs in the Lodge, Leanne told me "we have Long House and Christian here - both as staff and residents. It makes no difference to me. We accommodate all customs". I was there for the Feast of the Dead at the passing of a resident attended by all residents as well as the family of the deceased.

When we spoke, Leanne, Wendy, Joanne and I spent a great deal of time talking about the death process. The family and staff both participate in the vigil. After the death of the resident, staff guide the family through the process of making funeral arrangements. All arrangements can be made right from Kingfisher Lodge. Richard, the funeral director is next door and will come over and discuss plans anytime. The residents pay their respects to the family and the deceased at Kingfisher. Even the care of the resident's body is 'different'. A staff member remains with the body until it is out of their care."

Grieving is a ritual carried out as much by staff (who are family in some cases and surrogate in others) as by family. Leanne explains that most families thank the staff for their help during and after the death of their relative.

Culture

Daily Life: Language, Rituals and Habits

Apart from the matrix of family ties that bind the staff and residents of Kingfisher Lodge together, the smaller details of everyday life and interactions also provides a common, culturally-based core of shared acts and experiences.

For example, regular meals often include the same traditional foods - corn soup, fried bread (scone), and wild game - as residents ate through much of their lives, and family, friends, and staff bring treats in from home. Fishing rods for summer fishing trips hang on the recreation room wall. The residents attend community events such as fish fries, wild game dinners and pow wows.

One important shared detail is the language - or jargon - that is understood by all members of the Kingfisher community. ***"Many residents return to their mother tongue, a common occurrence among the aged of all cultures. We understand and can converse, but in mainstream homes ... One lady wanted a drink of water and she said so over and over in Cayuga. This went on all day. The staff were going to rehydrate with IV when her daughter came in and told them she wanted a drink of warm water".***

Mohawk is often mixed in with English at Kingfisher Lodge. A couple of residents now speak only Mohawk, though they once spoke English. A greeting here, a little story there, and everyone acknowledges their mother tongue. I am learning songs and 'passable' Mohawk, because the residents feel I should know such a pretty language.

Native language is important in any culturally-sensitive facility, however there are residents who cannot speak and some who cannot hear. At Kingfisher Lodge

the staff have often known the residents for much of their lives. Lisa said "I know what they are saying - they don't need to talk". Certainly she does. Olive, who was crippled by a CVA twenty years ago, sits with the staff every day and participates in their conversations. She motions with her hands, uses her eyes, and generally uses whatever is available to her to communicate.

The young women speak in a rich feminine dialect. They speak of their own craft businesses, their children, and of men who are either 'okay' or too weak and must be turned out. The elder women speak of the grandchildren they had raised, their gardens, and working alongside their men in the fields or in the barn. They share a jargon in which 'Canadians' refers to people who live outside their community, and 'the snake pit' is universally understood to mean the residential school (closed now for 20 years, but still fresh in the memory of staff and elders who were forced to attend).

Very early in my participatory observation I noticed that all residents were called 'grandma' or 'grandpa'.[6] Mia suffered from Alzheimer's Disease. She would often work very hard at removing the arborite from the tables in the dining room. Susie, an R.N., had been informed of her demolition work by another resident and went over to Mia and said "grandma, come for a walk with me outside." Connie, who also had Alzheimer's, would let herself out the front door of the home - the only door that did not have an alarm - and stroll around to the back door where she would come in and set off the alarm. Usually Mary saw her and dashed after her; when she caught up with Connie, Mary would say "Grandma, you forgot to wait for me".

Much of the language used in Kingfisher Lodge, and much of the daily routine, naturally centres on health care. Everything possible is done to make sure that residents fully understand their conditions. As part of the 'seniors college program', Wendy, the Director of Nursing, gave courses in diseases, medications and the

physiology of aging. When the residents were informed about the technicalities of their physical condition, explanations were worded in layperson's terms, enriched with local metaphor or analogy.

The seniors ask questions and tell stories of other institutions where they were "inundated" with drugs. Millie had to dry out when she came to Kingfisher Lodge, ***"she was totally disoriented from the amount of meds she was on"***. Nina said that the Indian medicine works much better on her high blood pressure. ***"I don't like those pills the doctor gives you. They don't always work."*** Many of the staff agree that "tranquilizers and other meds have a different effect on our people. Tranquilizers are not needed - we provide food and warm conversation until our elders drift off to sleep. Wendy announced at one class meeting that she had tried a particular medication and ***"thought she was going to die". "I can't give this stuff to you - its too harsh."***

Although there is a mix of traditional medicine and biomedicine, the staff work with the community to maintain family preference of indigenous or biomedicine.

The director of nursing and her staff constantly run up against the doctor's orders for medication and his heroic attempts to prolong a life that could just fade gracefully away. The staff in many cases have been subject to the same bureaucratic health-care carousel as their elders. They have suffered from the same diseases. Wendy tells the elders that Indians are more susceptible to diseases of the Euro-Canadians. ***"We get a more severe case of chicken-pox or measles. I have seen many cases where the children are very ill and completely covered with pox."***

A common statement from residents and staff is ***"we do things different here"***. *This statement means that much of the bureaucracy involved in a mainstream care facility is not involved in the day to day activities and administration of this native*

facility. ***"The benefits go right directly to the resident. Money is raised by the resident's council and community for items that the residents want, not what the ministry of health wants."***

Cultural knowledge keeps a community together and preserves ritual and everyday behaviour. Knowledge so far has been discussed in terms of people and events. Material culture involves artifacts that are concrete symbols of a culture that re-enforce meaning or stored cultural knowledge.

Material Culture:

In addition to the daily life within it, both the setting and decoration of Kingfisher Lodge have been designed to bring a sense of shared community to the residents and staff. Leanne says perhaps for some it is odd for the elders to gather in one building. "We are the people of the Long House and communal living is our natural way". She explains that the home was specifically built in a rural area. This is particularly important for those here who want to scream and yell and do as they please. According to her, many mainstream facilities medicate to keep their seniors quiet.

Bunting dresses, figures of braves woven into tapestries, and other crafts hang everywhere in the home. Both the young and the old quilt, bead, and do leather craft. Wendy sits sewing her moccasins at lunch and chats to a resident. The central meeting area or recreation room has a wall where fishing rods hang for the traditional summer fishing trips.

It is interesting to note that Chester who often sings for them does not wear his headdress when he comes to Kingfisher Lodge. He wears it when he goes to other places. Erna says ***"he does not need it here - we all know he is an Indian".***

Material culture can be very subtle, and for an outsider like myself it takes a while to learn what symbols represent culture. Erna always has on one of her treasured turtle pins. She is from the turtle clan and has been collecting turtle jewelry all her life. Millie collects turtles, period. She had bowls, pins, pictures and clothing all bearing turtles. Erna has a bear hanging on a chain around her neck so that she can be identified as one of the bear clan.

Community

Shield (1988) and Markson (1979) argue that when a senior enters an institution, a new community is created, and an old sense of community is lost. 'Community' invokes images of geographical location, roles, status, and the interaction of individuals. In some sense a community is a stage where actors act according to their status and negotiate their roles. The residents of Kingfisher Lodge are still very much a part of the whole community. The social rules and values that MacLean and Bonar (1983) claim are lost in a mainstream institution are intact for the native seniors. The elders continue to act on the same stage as the younger community members.

The sense of community begins with the attitudes of the staff. Shield (1988) talks about a hierarchy among the staff in her study of a nursing home. At the mainstream homes I was in, staff wore name and position tags. The staff at Kingfisher Lodge do not wear these tags and the division of labour is not readily identifiable. Nurses, kitchen staff, and administrators eat lunch together, generally carried on a daily banter of quips and gossip. Uniforms are worn by nursing staff most of the time, however, the kitchen and maintenance staff often wear uniforms as well.

When aides or nurses are busy residents who need supervised smoking or need to be fed are brought to the activity area where the administrative offices are.

The administrators or the Director of Nursing would sit in and supervise. However it is not obvious who the administrators and aides are as they wear no tags. Care seems to be everyone's job.

Mildred is past her 100th year and cannot see or hear. Mildred's community is important to her - she spent her life helping those who lived in it. She knows her way around the facility and constantly asks people if she is home. Sometimes she asks to be taken home to her community, other times she offers others a ride. I listen to Mildred and she talks about her community as it once was. It is important for her to have others around her who remember the way it was.

Marilyn, who also very much dwells in the past, depends on those who were a part of the community's past. Millie tells me about two women she absolutely cannot abide. One is now living here at Kingfisher Lodge and they have already locked horns. Millie says of the other "she and I do not get along - never have. It goes back to my father's side of the family". Continuity is not always positive. Feuds that existed for years before the residents entered the home are intact in the home.

Leanne tells me nicknames are very common in this community. The residents agree when I ask them about the town characters. Rolly was known to wet his lips quite frequently in the town watering hole. Rolly was hospitalized and was to be transferred to Kingfisher Lodge for chronic care. Leanne and Wendy went to fetch a 'new resident'. Wallace Flowers was the man's name. Now Flowers was a common name in this community but who was Wallace? As Wendy and Leanne passed the folks in the sun room looking for Wallace they stopped to chat to Rolly. "Ah the charge nurse says, you've found Wallace!" Leanne and the rest of the residents had no idea who Wallace was. This man they had known all their life was 'Rolly'. The other day Erna, Nina and I sat talking about Rolly. Erna said ***"he doesn't want to let go."*** *Rolly*

had been moved to the infirmary as he was now dying. Leanne echoed Erna's words ***"he was always so full of life and now he won't let go".*** Rolly was wheeled out in his bed everyday to the sitting area where the residents congregated. He was pale and very weak but he was there with those who he had shared his life with.

Children of the community are very important to the elders and the staff of this facility. A new baby in the community was brought in for the elders to admire. A discussion ensued about who the baby looked like. Was it the mother, the grandmother or a sibling?

Children, staff and residents participate in gardening competitions, volleyball, family picnics, crafts, bingo, and in the more serious cultural practices of mourning and death feasts.

The political and religious affiliations are brought along into the facility. The traditional people and the those of the Christian faith are working together in the community and the seniors' home is no exception. The traditional community worked hard to raise money for the residents handi-van. The various other organizations insisted that money be raised for the elders and their needs.

The residents were not at all passive in this fund raising drive. They had been holding yard sales in conjunction with the community, selling tickets for raffles, barbecues, and fifty-fifty draws. The residents' council is not a passive group of figureheads. The residents of Kingfisher Lodge had raised $21,000 toward their handi-van. They sold tickets and held events and the community supported them. When another organization like the volunteer fire department had a barbecue the residents bought their hamburgers and hot dogs. Raffle tickets were a common site as some community group was always trying to raise money.

One Friday in July, it rained from dawn until dusk. This was the Friday

that the community volleyball tournament was held to raise money for the residents handi-van. Staff from community services such as Child Welfare and Day Care brought the little ones along in the rain to watch their caretakers play the Lands Research Team. As the tournament progressed the mud deepened. Participants slid, slipped, and fell in the mud and played to the soggy end. Inside, the residents worried about the younger ones who were so determined to brave the rain and raise the money. There were no quitters or whiners, only a community that was pulling together for a cause.

The residents of Kingfisher Lodge live with the group of people they grew up with. The community is growing but in a familiar way. Seniors are moving back into the senior townhouses that have been built beside the Home. These people who have moved home spend a great deal of time volunteering and reminiscing with the residents.

The Indian Singers come once a week. The children come to dance and Chester and his blue grass band come to sing and talk about the "good old days". Mohawk is mixed with English in greetings and casual conversation.

Everyone seems to know everyone else and their business. Gossip is exchanged regularly to keep staff and residents abreast of the latest news in the community. *Everyone knew within an hour that Wally had not brought his wife back to the nursing home because he had gone out to check his fields and sunk his 1/2 ton truck in the mud. Residents and staff alike had been out for lunch on this particular day and someone had spotted Wally in his field. Cherylanne said she stopped to see why Wally was sweating and wiping his brow by the side of the road. Well, he had turned off the road to check his oats with Doris his wife who was confined to a wheelchair and gotten stuck. The maintenance men had taken Chad's four wheel drive back to get Wally and Doris out of the field.* ***"Seems they went parking"*** *everyone kidded. Doris burst*

through the doors of the facility some time later in her wheelchair and shouted ***"that man"****.*

One day a fire was announced over the local police and emergency channel on the scanner kept at the nursing station. When the location was given everyone got in on the discussion on who's house it was. Penny thought it was the new house, Erna thought it was the one in behind it and so went the conversation. Finally someone agreed to go and have a look.

Knowing

One of the common themes that emerges from a consideration of the role of family and community in maintaining a culturally-relevant atmosphere at Kingfisher Lodge is that of 'knowing'; sometimes in the sense of personal familiarity, and sometimes in the more implicit sense of cultural understanding and unspoken awareness.

The strong sense of cultural identity creates a bond of 'knowing' between residents. A new arrival is not new. Gail had just moved in to the facility and said she felt quite at home. Millie said "I know her, so she's okay". Millie worried about Gail the second night as she heard that a storm was brewing; she knew storms frightened Gail. Millie said she would sleep in Gail's chair that night to see that she was okay. According to Leanne, it is not uncommon for staff or family to crawl into bed with a resident who could not get to sleep; native women of her band often slept with their grandchildren, and in Kingfisher Lodge they often miss the comfort of someone else in bed.

'Knowing' someone is also possible through a mutual friend. Millie said she did not know Mia but a friend did so she was 'okay'. Mia was suffering from Alzheimer's

and could become very confused. Millie said she knew Mia didn't understand but it was good to sit with her.

A similar bond of familiarity exists between staff and residents. A staff member may be related to a resident or they may be familiar with their community affiliation. The director of nursing and the administrator spoke of 'knowing' residents all their life. Leanne remembers always seeing Donna in church, before she came to live at Kingfisher Lodge. Staff, residents, and community members share this first level of 'knowing'.

Knowing extends beyond words. As Bruner points out "experience does not just come to us verbally but also in images and impressions" (Bruner, 1986:5). At Kingfisher Lodge there are residents who cannot speak, some who cannot hear, and others who are difficult to understand. Often, the staff have known them for much of their lives. Lisa says "I know what they are saying - they don't need to talk". She related a story about her husband being in hospital in the intensive care unit. He was unable to speak - yet Lisa carried on a conversation, getting him what he wanted and understanding the emotions he was feeling. He later asked how she understood him so well. Lisa said "You forget what I do everyday - when you know someone well, you know what they are saying".

One is initially on the first or 'familiar' level of knowing a person, but on a higher level one can intuit more about him or her. The administrator of the lodge uses the example of her approach to the hiring of staff members. She says she simply 'knows' whether an applicant will provide loving and empathetic care for the seniors who live in the lodge. ***"These people", she says "have stood the test of time and have been with me for many years" - confirming what she calls her knowing or natural instinct.***

The director of nursing and the charge nurse know the residents intimately - they have know them all their lives and have become even closer to them in the lodge. They know when someone is ill even before the physical symptoms become pronounced. They know when someone is "not themselves".

'Knowing' is the basis for another theme that emerged in my understanding of the community - the role of the family as status equalizers. In mainstream facilities that I studied, staff do not know each other except as a result of their professional relationship. A collection of strangers, who wear tags to denote their status, provide care for the residents in these institutions. The status of the resident who is in the staff's referential world of meaning may be reduced to that of 'patient'. This power imbalance can be detrimental to the seniors' personal sense of worth. At Kingfisher Lodge staff do not wear badges - staff are relatives of the seniors, staff are daughter and sisters to each other. Staff and seniors maintain the same status in the Lodge as they have in the community at large.

Cultural continuity is not only present through community but through family. There is no power imbalance people know each other. Seniors at the lodge maintain a strong sense of personal worth and an empowered self through cultural identity and knowledge through continuity of community and maintenance of extended family.

Wendy talks about residents she has cared for at Kingfisher for over ten years. She says ***" you know when they are in pain, or when they are a little under the weather - or more seriously when they want to die. We work so hard to get their medication just right, to control discomfort, and to get everyone in the very best shape they can be."*** Wendy, Leanne and Penny knew when someone was not themselves. This intuition is based on a very intimate relationship between caregiver and senior.

Intimate relationships are common between residents as demonstrated by the friendships between Millie and Gail, Erna and Nina, Donna and Nina. Millie knows when Gail is tired or in pain. Erna knows when Nina talks about her childhood, she becomes bitter and anxious. On the other hand Donna knows Nina's sleeping habits so well that she begins her 'one liners' when she hears Nina tossing and turning in her bed next door.

Knowing allows staff members and residents to rely on one another. Staff may be caregivers for a senior who is physically handicapped, while that same senior provides social support for the staff member. Wendy has given pedicare to Donna while Donna has given Wendy advice on how to deal with her children.

Seniors also help each other in many ways. Perhaps each resident experiences a sense of personal independence from the belief that other residents depend on him or her. Even though severely physically handicapped, a resident may be able to provide care that compensates for another resident's inability or vulnerability - whether it be physical, social, or psychological. Although each resident may be dependent to a greater or lesser extent on caregivers, they can maintain a sense of personal freedom and independence through knowing that they are, in turn, needed by others. A vital sense of personal worth was obvious among the seniors who told me about their ability to sense and meet another's need.

Interpreting Culture, Community and Family: Emergent Themes

Before going into the field I learned as much about native culture as can be found in historical narratives and monographs. Once in the field the elders breathed life or individual cultural knowledge into a history I had only read about. The past is very

much a part of what the elders of Kingfisher Lodge are today.

In the face of shifting health care policies, elders tend very much to rely on an eclectic mix of traditional health practices and biomedicine. Culture has equipped the elders with a code for survival and in some sense their roots as natives have perhaps helped them to survive residential school and a tumultuous past. If culture equips one with the means for survival then the constant attempts at assimilation have made life a rocky path to traverse. The difference now is that their home is run by people of their own community who have also trod the same path.

Once again the theme of women sharing birth, daily experience and death is present in the home. Cultural knowledge of the past is shared by both young and old. The exchange of native language and customs is comforting and familiar to the elders. There is a combination of female experience and language along with indigenous language.

The elders can provide rich cultural lore about the Long Houses, tiny missionary churches, and the residential school, all of which still stand. The children still bring their lacrosse gear to the home which prompts tales of healing rituals associated with lacrosse games. The staff still work on leather and bead work that the residents learned when they were children. Signs in the community bear the 'Indian language' and the local radio station and newspaper prompt running commentary from the elders. Material culture is within a few steps of the elder's rooms at the home and spreads out to the perimeter of the reserve. In one sense, the word *reserve* carries the negative connotation of isolation: It keeps Natives in and others out. In another sense, however, it has also served to *preserve* among Natives a strong sense of community.

Since many of the residents are related to each other and staff, roles such as nurse, administrator, aide and nutritionist are not as prominent as they are in

mainstream homes. People are not so much known for what they do, but rather for who they are. When the death vigil begins it does not matter who sits with the elder - someone is always with them. Wendy, Penny and Lisa spend each day with the elders and in many ways may know them better in their latter years. They sense the approach of death. It is like each and every resident is related to these three ladies. When someone dies the next few days are not good days for Wendy, Penny and Lisa, they are off their usual 'course'.

Although it has been a arduous struggle to preserve cultural knowledge the sense of community has remained intact. The sense of community has served to preserve the traditional ways. There is no arbitrary division between the community and Kingfisher Lodge. The home is where the elders live because they need care which cannot be provided in their previous house. The elders retain the same standing on the community stage. They continue to act in their roles as mothers, grandmothers, and most importantly the repositories of cultural history.

For Olive, Mildred and the rest of the residents who dwell in the past those who can relate to them are their social lifeline. Those who *know* are trusted and belong in the community. *Knowing* provides the elders with a cultural and community identity.

IV. Conclusion

Developing an Understanding of the Cultural Community of Kingfisher Lodge

My relationships with the staff at Kingfisher house were characterized by both candor and genuineness. Leanne, the Administrator, stood back and let me venture into the daily lives of the residents and staff of Kingfisher Lodge. The Rogerian method seemed to best reflect the understanding that had developed between Leanne and myself. It was not until ten months into my work there that she smiled and said "you wouldn't have gotten where you are now with questionnaires."

Leanne's standing back and letting me introduce myself slowly to others in the home was at first unnerving. At other institutions in which I had done research I had been given the official administrative tour, and introduced to others with an implicit administrative seal of approval. This time I was on my own. I offered to do what ever it was volunteers were expected to do. I worked as a fund raiser. I ran senior's college seminars. Gradually, more people recognized that I wasn't just going to appear one day and be gone the next, and began to speak to me. The more of myself I revealed to individuals the more they revealed to me. After a year I believe I had a understanding with Leanne, Lisa, Wendy Penny and Joanne. After a year I had just begun to understand some of the residents. Only when I had come to be friends with the residents did I reveal very personal things about myself. The residents responded with the same genuineness and candor as Leanne. The unconditional positive regard of the Rogerian method worked both ways. Once I had offered positive regard it was

returned.

The closeness that I developed with some of the residents made me privy to many details that will remain in my memory and not on paper. The results I have written so far have been the product of this closeness. I feel that mere words cannot adequately represent or convey the true meaning of the themes of cultural knowledge and identity, continuity of community, and family as status equalizer.

I cannot make claims that go beyond what I have come to negotiate and understand from the people at Kingfisher Lodge. I did not ask questions and walk away with answers that were not discussed reformulated by the person doing the answering. Therefore I cannot say that these are my data - these understandings are instead the way those at Kingfisher Lodge see and understand themselves as individuals as a cultural community.

What Makes This Facility Work?

The continuity of a sense of community that follows each elder into Kingfisher Lodge provides the conditions for a strong sense of cultural identity, community status, and personal worth, or Self. The elders at Kingfisher Lodge are still a part of a social support system that provides the opportunity for deep, positive interpersonal relationships.

The children of the current generation learn freely about their language and culture at reserve schools. Much of the history comes from the mouths of the elders. Children come to visit the elders to learn not from books about Pan-Indian culture but about their community as their elders lived it. The play the school children put on for the community was rehearsed in front of the elders from Kingfisher Lodge to ensure its authenticity. The happy times, but also the cruel and sad times, in the lives of the

elders were portrayed for the whole community. The residents can rely on life-long friends to keep them company in their golden years. The customs, the people, and the rules have not changed. Even the elders who suffer cognitive impairment are remembered for their contributions to the community in their younger years.

The relationships between staff and residents are complicated. Strong friendships and family relations bind both young and old. From the youngest babies who are brought in for the admiration of the staff and elders to Mildred, who is 103, intimate bonds are everywhere. According to Markson (1979) there is a need for respect and intimacy provided by the care family members give.

Marcus and Fischer (1986) suggest there is more to ethnicity than a cognitive assessment of two cultures. "Ethnicity is something reinvented and reinterpreted in every generation by each individual. Ethnicity is a part of the self that is often quite puzzling to the individual, something over which he or she is not in control. Insofar as it is a deeply rooted emotional component of identity, it is often transmitted less through cognitive language or learning (to which sociology has almost entirely restricted itself) than through processes analogous to the dreaming and transferences of psychoanalytic encounters." (1986:173)

'Knowing' as The Underlying Theme of Cultural Sensitivity

There are two levels of 'knowing'. The first is knowing as familiarity, represented by the mutual and reciprocal awareness the people of this community share. Familiarity involves a holistic appraisal of how a person fits into one's worldview. The second level of 'knowing' - knowing as 'intuiting'- can best be understood as involving affective, precognitive and 'visceral' reactions of the self to an other.

Knowing - both as familiarity and as intuition - seems to underlie the themes of

continuity of community, family as status equalizer, and cultural knowledge and identity. Knowing (as intuition) may also be fundamental to caring, a characteristic most commonly associated with women. Through my own understanding of staff such as Wendy, Lisa, Joanne and Penny I saw the intuition that these woman possessed.

What is the importance of this process of knowing? At Kingfisher Lodge it is part of the sense of community and the number of people who are related to one another. Wendy and Leanne can contextualize the lives of the seniors who live at Kingfisher. If Olive, Mildred or Marilyn who are all cognitively impaired had only been known through the ten or so years they had been at Kingfisher, they would have only been able to express a part of who they are. Olive had been a hairdresser, married with two children and then suffered a CVA. Leanne knew Olive before she entered the facility. "You see people in the community every day, and then one day they come to stay with us here" said Leanne.

I believe that familiarity leads to the intuition that Leanne, Penny, Lisa and Wendy have. Wendy comes to know each resident's health very well. She and her staff spend the time trying different treatments and care. This monitoring of well-being is subject to Wendy's intuition. It is a holistic precognitive appraisal of a person. She senses when 'something is not right', and this intuitive feeling elicits the staff's vigil.

Facing Death: Palliative Care vs Biomedicine

The knowing, intuiting and caring that are so much a part of life at this Kingfisher Lodge are very apparent when it comes to dealing with death. In the management of dying, the staff of Kingfisher Lodge have a clear perspective: As both Leanne and Wendy told me, "this is a palliative care facility, not a long-term care

facility". This unshakeable position is often at variance with the approach taken in mainstream institutions, and has often brought the staff into conflict with mainstream biomedicine, and even with the professional training as nurses which both Wendy and Penny had received. Their activities at Kingfisher Lodge seem to many 'regular' nurses to be outside the pale of professional nursing skills. In interviews with ten intensive care and cardiac unit nurses, all argued that 'you lose your skills in nursing homes or geriatric care'. (Truscott, 1990).

The palliative care provided by the staff of Kingfisher Lodge is often at odds with a biomedical model that has little to offer apart from the special expertise that can lead to cure. When dying is inevitable, and cure is impossible, there is little left for the physician to do, but much left that genuine, sensitive caring can accomplish.

As Roy (1986) so eloquently says, "Dying .... is that very unique moment of living that calls for genuine person-to-person contact, for communication that expresses the unique person one is , not just the trained professional one happens to have become." (1986:4)

The tension between biomedicine and human caring is nicely illustrated in a physician's letter to a medical journal, cited by Norman Cousins: "I am not interested in charming or entertaining my patients or winning popularity contests. I want to give them the benefit of my special knowledge and ability. If I myself were seriously ill, I would have no difficulty in expressing my preference for a physician who is capable of making an absolutely correct diagnosis and who would know what exactly is to be done..." (Cousins, 1988:1610).

Physicians from the mainstream community outside Kingfisher adhere to the biomedical model. As Wendy says ***"We have one [doctor] trained - he's good. We do what we have to and then let him know."*** There still is an attending physician at Kingfisher who "is heroic" and engages a prolongation of life in hospital if the family will agree. According to Toscani (1991) caring is service. Physicians who cease to command authority over health are reduced to one power, that of refusing to perform a

medical action. Relinquishing this unique power the physician has nothing to offer but care, and becomes a passive service provider; the person receiving the palliative care is put in the position of authority.

Roy (1986:4) argues that helping people to die with dignity means recognizing that biological life is not an absolute, not the highest value. It means recognizing that a moment arrives when technological attempts to prolong biological life may interfere with higher personal values and should give way to other forms of care" . Toscani (1991) argues that palliative care is the only really effective alternative to euthanasia: "A patient who is lovingly cared for is certainly less inclined to ask for death than a lonely, suffering despairing person." (Toscani, 1991:36)

The residents of the Lodge have benefited from staff's resistance to mainstream practices. A caring community of women provide warmth and a sense of dignity to elders who represent a minority culture manifesting a revitalization of native values. Aging and death are not problems, they are as natural as Mother Earth herself. Leanne said ***"we are the people of the earth .... things of the earth agree with us".***

My many conversations with Leanne were rich with stories about those who had come to stay, and ultimately to die, at Kingfisher. She seemed both wistful and content about giving them the best care possible in the last bit of time they had left. Leanne knew the fear of death; she saw it on the faces of those she had held until they had drawn their last breath. The cultural means of comfort may be different but the fear of death is universal. I have seen it and have felt the contentment of consoling the dying. Death is a natural phenomenon for both Leanne, her staff, and myself. I knew her concern was genuine, for we had shared a love of another human being enough to comfort them and try to quell that fear.

According to Shield (1988; Health Services, 1986; Illich, 1979) death is very

much hidden in many mainstream long-term care facilities. In a large facility where I did a year's internship in gerontological research, the palliative care team was called in only during the last six weeks of life. I wondered how much fear had built up while the patient was being treated with the aggressive acute care model, suddenly to be confronted with a palliative care team who will try in six weeks to provide empathetic care and alleviate the fear of dying.

Palliative care at Kingfisher Lodge does not begin when technology is disengaged, but as soon as a frail senior moves in. Everyday life at the home for a dying person is as it always was. There is a special kind of continuity to this process. Leanne, Wendy and I had talked about how difficult it was to tell even in the final stages of the dying process when someone was going to die. The residents who fade gracefully away do so in a very ordinary fashion. The fear of death Leanne and I talked about seemed to be allayed by this acknowledgement of its inevitability.

Questions That Remain

A number of questions remain concerning the relevance of the Kingfisher environment and experience to the larger world of geriatric care. For example, one might ask how much of what Leanne and her staff have accomplished at Kingfisher Lodge is due to the fact that residents are immersed in a culturally familiar environment, and how much simply to the provision of empathetic care, based solely on shared human emotions, and essentially culture-free. Answering this questions would require comparing mainstream institutions that deal in a similar form of empathetic care - hospices - with other more biomedically-oriented acute care institutions. One might also wish to examine the experience of elders in other

culturally-sensitive facilities.

It might also be argued that Kingfisher Lodge is able to provide satisfying holistic care because they are a small facility. Perhaps large institutions are more likely to engage in the 'warehousing' of frail seniors. Interestingly, the available literature suggests precisely the opposite conclusion. Both Monahan et al (1981) and Wiehl (1981) reported that residents of larger facilities were more satisfied with staff support and the social milieu than their counterparts in smaller facilities. More recently, Timko and Moos (1991) also found this to be true of the larger facilities in their studies.

Timko and Moos (1991) also noted that the level of nursing care required by seniors in long-term care facilities was inversely related to their social adaptation to the institution: The more care frail seniors needed the less socially adapted they seemed to be. Could it be that the complex network of positive interpersonal relationships Kingfisher Lodge is due to the fact that, compared with other institutions, these elders require less care, and are therefore better able to develop social networks? This cannot be the answer, since over 80% of Kingfisher Lodge's 50 residents require total nursing care.

Timko and Moos (1991) do identify one factor that may contribute to the social ambience at Kingfisher Lodge. These authors noted that, compared to males, female residents in long-term care facilities tended to express themselves more socially, to organize their own daily activities to a greater degree, and to initiate more choices in the running of the nursing homes in which they were living. Being female and being in a nursing home meant more social interaction. Approximately 80% of the residents of Kingfisher Lodge are female, and this may play a role in shaping its social atmosphere.

Perhaps one of the most important questions to be asked about the Kingfisher Lodge experience is how many aspects of this culturally-sensitive approach to care

might be successfully transplanted to other mainstream or minority institutions. One clear possibility is to inculcate the view of the Kingfisher staff that palliative care is not a last resort to be adopted only when death is imminent, but a process that begins with the admission of chronically ill seniors.

The present study, as a subjective exploration of a specific native institution, its staff and residents, cannot answer these questions, many (if not all) of which require a different methodological approach. The purpose of the present study was to understand, through active participation and through the eyes of other participants, the way in which this special culturally-sensitive community promotes a life-affirming sense of personal and cultural self in the face of inevitable death. The importance of cultural uniqueness to Kingfisher Lodge, while unquantifiable, cannot be overstated. As Murphy (1989) observes, culture is not simply a part of us, rather it shapes who we are as a whole person. Culture reinforces our self-identity and strengthens our will to exist. It is "the matrix into which we are born, it is the anvil upon which our persons and destinies are forged." (1989:14)

Although it may be quantitatively difficult to separate the culturally-unique elements of this community from those that are universally human, there is a strong sense of cultural continuity and solidarity at Kingfisher Lodge. Above all, there is a sense of the loving concern and respect for those who have contributed all their lives to their family and community, and have now come to die among them. Unspoken, but never unheeded, in this process is the respect that native culture accords to the elders. As an Iroquois matron would say, "always forget yourself for the old people, always honour the old." (E. Pauline Johnson, 1913:80).

Notes

[1] According to long-term care policy in Canada, 'ethnic' means any culturally distinct minority. Research in the field of gerontology considers aboriginal people to be an ethnic minority. See also the statement by native women concerning ethnicity in Canadian Women's Studies (p. 5).

[2] All direct quotations from staff and residents are taken from notes compiled during fieldwork in Kingfisher Lodge. When these quotations are more than a few words in length, they have been placed in bold italic print. When my own thoughts or conjectures are taken from the field notes, they are indicated by simple italic print.

[3] It might be argued that the approach advocated in this paper in some sense abandons the study of culture for an examination of the universal humanity of the individuals within it. Similarly, Freud was criticized for studying the abnormal and the troubled personality in order to understand the normal and healthy. In some senses, the same criticism could be applied to an examination of culture through the tensions between cultural patterns and proscriptions and the specific, and perhaps universal, emotional reactions of an individual within that culture. Freud's response to his critics is relevant here. He argued that when a gem shatters, the breakage takes place along lines of stress and cleavage that existed in the intact stone. Thus the way in which the gem shatters reveals its original internal structure in a way that no examination of the intact stone could possible accomplish.

[4] The term 'Indian' is the word used by staff, and residents. 'Indian' language is the indigenous usage of the community. To arbitrarily eliminate this word because of my personal views of politically 'correct' language would be a violation of the trust thay have placed in me to tell their story as they told it to me.

[5] Nevada tickets are a form of legalized gambling that the Residents' Council uses to raise money.

[6] "These women who we call grandmother wouldn't always be our 'blood relatives.' Some of them wouldn't necessarily even be biological grandmothers. They were nonetheless teachers who had a great impact on our lives." Williams, (1989), editorial Canadian Women's Studies, Volume 10 (2 &3):3. The term grandmother can be seen as a paternalistic jibe in mainstream institutions. This is

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