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THE EFFECTS OF UNEXPECTED, FORCED RELOCATION ON ELDERS LIVING IN THE COMMUNITY: THE ROLE OF CONTROL

by

Judith Katherine Curran

B.Sc.N., University of British Columbia

THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS in the Faculty of Education

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SIMON FRASER UNIVERSITY

March 1993

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The Effects of Unexpected, Forced Relocation on Elders Living in the

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ABSTRACT

THE EFFECTS OF UNEXPECTED, FORCED RELOCATION ON ELDERS LIVING IN THE COMMUNITY: THE ROLE OF CONTROL

Beginning in late 1988, land redevelopment in the Kerrisdale area forced many older people to move out of their apartments. The unexpected relocation caused them untold grief, stress and loss of control.

This study examines the effects of this housing crisis on 16 elders living in the Kerrisdale community. Eleven of the participants were involved with Concerned Citizens for Affordable Housing, a group emerging from the community to address the crisis.

A questionnaire guided the focused interviews. With one exception, the interviews were conducted in the participants' homes.

This study examines the meaning of health, home and community to the elders. It reveals the impact the housing crisis has had on their lives and lastly, for those participants involved in the Community Development process, it determines the meaning to them of that process.
The results indicated that health to the participants meant independence and having choices: the primary relevance of the community meant being 'like a family' or 'home': the effects of the crisis included insecurity, powerlessness and loss of control: and the meaning of involvement in a community development process included a need to understand the issues surrounding the crisis, as well as to develop strategies with which to address them.

The study supports the literature that stresses health and a sense of control as being dependent upon appropriate, affordable housing, and the bedrock of social support existing in community. The study demonstrates that unexpected, forced relocation significantly challenges older people's natural abilities to cope. The resulting shock and irrepressible grief for some, represents permanent loss of control and ultimate dependence. As health and control are inextricably linked, the elder's lives are harshly compromised.

The study also demonstrates that for those elders who were able to participate in the community development process, the restorative effects of their involvement enabled them to regain a sense of control through making a difference in their community and affecting changes in social policy.
Acknowledgements

My sincere thanks to the 16 elders and their neighbours in Kerrisdale who have taught me the meaning of community, reciprocity and 'looking out' for other people.

I thank my advisory committee, Marvin Wideen and Stuart Richmond for their ongoing support and belief in me, as well as for their understanding of education as a process.

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CHAPTER ONE
INTRODUCTION

The home is cherished by most elders. It is a familiar place supporting maximum autonomy and control. Most older Canadians want to remain at home.

Key Words: Health, Control, Community and Community Participation

Background

It began in December 1989, in Kerrisdale. The tenants living in three-story, walk-up apartments were told they had two months to move; their apartment buildings had been sold to developers for redevelopment purposes. The shock was deafening. Older people, in their eighties, had no idea how or where to begin packing, let alone how to find a home to which to move. The apartment managers reported that those elders without family or friends asked them to assist. The shock experienced by the older people over the unexpected loss of their homes, caused them untold stress, grief and loss of control.

Over the next months, as people scrambled to cope, neighbours watched helplessly, as some of the people they knew became ill and on occasion, went to hospital. Others observed two or three of their independent, more frail neighbours slowly accept the persuasive argument that they indeed could not cope on their own any more, and should accept care in a Long Term Care facility. Neighbours would be seen shaking their heads and exclaiming: "This is killing her". In fact, many believe that this situation has taken, prematurely, the lives of two or three
individuals.

This scenario repeated itself in the Kerrisdale community over the next 14 months, until more than 350 units (homes) were vacated by their tenants. It is estimated that fifty percent of these folks were older people. While the apartments were old, they were the older people's homes.

As eviction notices were handed down, a concerned and determined community group sprang up. These elders not only were upset at what was happening to them and to their neighbours, but also were frustrated with their seeming impotence to address the crisis. The sudden, forced relocation of these people from their homes and environment brought to light and reinforced the significance of community to people. It was this situation that led me to undertake the study, the portrayal of the impact of the loss of appropriate, affordable housing on 16 elders, 10 of whom were forced to move. The background to this study is connected to communities of yesterday.

In the beginning, we speculate, people lived in tribes and communities where they related directly with the land. They knew and understood their basic dependence on nature for their life's provisions. The outcomes from this relationship included not only an enhanced sense of unity and mutual support among people, but also a caring for one another in their quest for survival. At least this is the romantic view that we carry in our minds about early tribes and communities.

In today's post-industrial, technological and highly mobile society, people are removed not only from the traditional sources of meaning of life such as the harvest and exchange of
food stuffs, but also frequently from one another. The necessary value of human interactions may be hidden by the values and outcomes of a capitalist society. These human issues include not only interpersonal relationships, but also people's natural interconnectedness with their immediate surroundings, environment and community. People, and their physical and emotional needs for survival, tend to be overlooked by the 'economic machine', ever hungry for profit. People may become caught in the winds of change, powerless to foresee and/or deal with the potential outcomes.

Writers such as Peck (1988) and Lukes (1972) argue that people living in a highly technological culture, often experience feelings of alienation, isolation, loneliness, loss of control and diminished self-esteem. People state they feel disconnected from their community, experiencing diminished intimacy and support from within their traditional neighbourhoods. Lukes (1972) argues that alienated man is dehumanized through conditioning, constrained to see himself, his products and activities as well as his fellow man in economic, political, religious and other categories. These terms may contribute to feelings of isolation further alienating people from one another.

Peck in A Different Drum (1988), comments that people today thirst for community as a way to live most fully. Hartog (1980) states that total isolation can lead to death without physical cause. People's need for community has not diminished and the structure, purported to have existed years ago continues to hold value for people today. Interesting similarities exist between traditional communities and the Kerrisdale community with whom this study is conducted, and whose culture this study seeks to
In this work, I am concerned particularly about alienation and isolation and their relationship to people's feelings of powerlessness and loss of control. In today's culture, people's terms of reference have become blurred or lost, not only to themselves but also in relation to one another. They may not believe that their behaviour can produce the results that they necessarily seek (Lukes, 1972). Politically, people may feel that they cannot affect the actions of government, discovering themselves pawns in a bureaucratic society, the values and decisions of which they may not support.

Politicians, while democratically elected, often become removed from the concerns of the masses, and their decisions may to reflect the values of the powerful few. As Lukes (1972) described earlier, people tend to see themselves trapped in economic, political or religious boxes, unable to connect with one another let alone government.

On the other hand, community is viewed as the friendship and acquaintance networks replacing some of the traditional function of family in today's world. It re-establishes people's connectedness to their roots and can bring them more closely in touch with the sources of life. Community evokes feelings in the person such as "Here is where I belong; These are my people; I am home". People experience enhanced power within their reference groups, testing their ideas, taking risks and providing and receiving feedback.

Consequently, in a society, where opportunities for meaningful involvement and mutual caring are diminished, community and a
sense of belonging become increasingly necessary and important for people, to ensure them quality of life and a sense of control over their life. This research examines the effects of loss of control on the health of older people involved in a housing crisis. Health, in this paper, is viewed as a function of control.

Interestingly, the people in this study, prior to meeting one another, felt very connected to and supported by the community from which they were being forced to relocate. A primary reason for their choosing Kerrisdale as their home, was to feel connected to that which was familiar to them. While some experienced more 'support' than others, even those who lived with degrees of isolation and alienation, stated they enjoyed quality of life in this community. The next section describes the relationship between education and community development.

Education and Community Development

I take the perspective in this paper that people not only need meaningful involvement and a sense of control over their lives, but also ongoing challenges and opportunities for new learning as the world changes around them. Throughout life, adults find themselves in situations which call for adjustments and it is often at these junctures that education is stimulated. Elias (1980) states that education is a process whereby adults learn to become aware of and evaluate their experience. Through this process of ongoing, enhanced awareness and analysis of life's circumstances, elders are strengthening their personal sense of control, thereby maintaining their equilibrium.

Paulo Freire's (1972) educational philosophy for critical
consciousness emphasizes individual and group process, reciprocity and mutual support; these in turn provide a framework for community development. Community development is the process whereby individuals and communities identify the issues that are important for them and then together develop and implement strategies with which to address these issues. Through this supportive process, implemented from the people's perspective, individuals and communities work and learn together, understanding and dealing with their reality.

Freire's philosophy and methodology have relevance for groups concerned with issues such as oppression, liberation, consciousness raising as well as community political and social action (Elias, 1980). They represent a process which combines education and socialization. Freire's Pedagogy provides the opportunity through group process for people to know and understand their environmental circumstances, and empower themselves by developing strategies with which to deal with their situation. Through this process, older people dispel some of the myths of aging, taking control of their lives, while at the same time working towards enhancing the lives of others in their community.

The Aims of the Research

In this two part case study, I interpret the meaning 16 older people placed on their experience of a housing crisis. The situation was unprecedented, unexpected, and consisted of forced relocation and/or exorbitant rent increases for a segment of the population.

Part one of the research provides a snapshot of what life is
like for people as they grow older, and portrays their interrelationship with their community. It goes on to deal with the realities of unexpected, forced relocation and/or unprecedented rent increases and the impact of these on the health of the older people. The study documents and synthesizes older people's subjective experience of an unexpected and uncontrollable housing crisis and what this crisis means to their health, sense of control and future.

The second part of the research examines the community advocacy process in which a group of seniors engaged to assist them to deal with the housing crisis. This section of the research describes what the members' involvement in Concerned Citizens for Affordable Housing (CCFAH) meant to them. It investigates the meaning to the participants of their involvement in this process as they attempted to regain control and redress the injustice. Their involvement together, not only on their own behalf but also on behalf of those persons who were unable to participate, clearly had a variety of implications on their health and ability to cope as well as an influence on the actual outcomes of the crisis.

Rationale

I have several reasons for undertaking this research. Firstly, on a personal level, the situation presented itself. I was working with the elders in this community and wanted, from their perspective, to examine closely the effects of the housing crisis on them. Neither security of tenure nor affordability had ever been questioned previously in this community. Stability was almost guaranteed. The anguish of many elders, coupled with the seeming decline in health for some, begged
further analysis.

Secondly, on the practical side, the potential existed to learn something from this situation. Here was a naturally occurring retirement community, with a higher than average population of elders, some of whom were being unexpectedly forced to relocate.

In taking the theoretical position that health is a function of control, and in responding to the newer definitions of health which recognize the personal value to people of having a sense of control over the factors which influence their lives, it seemed important to examine the relationship between health and control in the context of a real life event as it unfolded amongst people in the community.

Again, on the practical side, this study may help the people involved in the crisis. The process and findings of the research provide the opportunity to illuminate the realities for elders, not only of community life, but also of forced relocation. In order to fully understand the impact of this crisis on older people's health, and attain credibility in addressing situations of this nature in the future, it seemed necessary to both determine and describe what actually happened to the elders in Kerrisdale. It was also important to study the effects of this housing crisis through their perspective, validating its effects on them specifically in relation to their ability to remain in control and independent in the community.

The elders had purposefully moved to Kerrisdale to live out the remainder of their lives, and many had been there a long time. Their roots and social support networks were well established. Since meaningful involvement and a sense of control are
essential ingredients of health for older people, it seemed necessary to study the effects of forced relocation on health.

Additional justification for this research relates to the dearth of literature regarding unexpected, forced relocation of middle-class older people from their homes in their community, which appears to be a growing phenomenon in large cities. I have been unable to find any documentation of unexpected, forced relocation of middle class elders within the community. Available literature and research document the effects of relocation on elders moving into and between care homes as well as relocation into a prepared seniors' housing situation.

A fourth interest in this study rests with the community advocacy group, comprised mainly of elders, which emerged during the crisis (some of these people were forced to relocate). Together, they began a social and political process which continues today. These people consistently have fought not only for themselves, but also for their neighbours who were unable to speak for themselves as they were being forced to relocate. The group has demonstrated the positive effects of mutual support, coupled with social action. The process served as a rich resource as the elders sought to address the issue.

A salient and unique feature of this study rests with a newly emerging group of middle class elders, who identify themselves as Vancouver's 'Hidden Poor'. The group is comprised primarily of women. Most are single, many of their spouses having died. All have lived, worked and paid taxes in Canada, most or all their lives. Many of these families have made personal contributions to the war efforts. These folks not only have been evicted from their homes, but also are unable to find
appropriate, affordable accommodation in their neighbourhood, or indeed within the City of Vancouver. Until now, they never questioned whether or not they would be able to afford a roof over their heads. Until now, they prided themselves on their autonomy and independence.

The practical significance of this research is that it may contribute to the development of social policy which recognizes the significance of the relationship between housing and health. This could avoid unnecessary hardship and health care costs associated with the effects on older people of unexpected, forced relocation. This knowledge may influence government and developers to respect people's basic rights and needs before and during future, contemplated redevelopment.
Key Concepts

The concepts relevant to this study include the meaning of control, health, social support and community and health promotion.

Control in this study refers to an individual or group's "ability to cause or influence intended outcomes through selective responses which result in a desired sense of effectiveness". (Baltes, 1986, p. 298).

In this thesis community is interpreted as a group of people who share a set of common values and beliefs, and in the case of this study, live within a defined geographical area. The community provides social, cultural, and physical resources to the elders (Bjaras, 1991 p. 200). An interdependence exists among the members as well as a thriving underground support network. People also live there who are alone and may or may not feel connected.

Health, defined in relative terms, is "the extent to which an individual or group is able to realize aspirations, to satisfy needs, and to change or cope with the environment" (World Health Organization, 1984). Health in this context is viewed as a resource for day-to-day life, not an end in itself. Health refers to an individual or community's well-being and quality of life. It implies access to appropriate, affordable housing, adequate income and transportation. It also means people having friends, social involvement and a sense of control over their environment and life.
Health Promotion involves the process whereby individuals and communities identify health issues that are important for them, and together develop strategies with which to address these issues. It is a means to enhanced control.

Community Participation, while similar to health promotion, involves a social process whereby individuals and groups actively pursue identification of their health issues, making decisions and establishing mechanisms with which to address them (Bjaras, 1991).

Limitations of the Study

The first limitation relates to the concept of control. While I asked the participants specifically about control at the end of the health discussion, I did not ask the same question at the end of the discussion of their involvement in CCFAH. Although the issue of control was implicit in many of the participants' responses, I could have pursued it explicitly.

A second limitation relates to my professional position with the community. The question could be asked: How did your being a nurse, and so well known to the group, affect the responses you got? Frequently, when people know you are a nurse, they respond with issues that relate to illness and disease. Interestingly, in this study, I did not find this to be the case. In fact people seemed to forget that I was a nurse and often asked me what I was.
Thesis Overview

Chapter one began by discussing the problem in general. It includes a description of the meaning of community and a brief overview of the relationship between community development and education. This was followed by the aims of the research, and a description of the key concepts. This chapter concluded with the study's limitations.

The second chapter, an overview of the literature, is divided into three sections, and relates to the issues articulated by the participants during their interviews. The first section provides a review of the literature on control, the second section an overview of the factors influencing control, and the final section, a description of the relationship between control and growing older.

The third chapter focuses on the methodology utilized. The primary approach is qualitative using a semi-structured format with open-ended questioning. The purpose of this anthropologic-style interview is described. Justifications for the data-gathering technique (personal interviewing) and the nature of the sampling are described in detail.

Chapter four begins with an introduction to the Kerrisdale community. This is followed by a description of the relationship between the Seniors Wellness Program and the community and the unfolding of the housing crisis. It concludes with the introduction of the 16 participants.

The fifth chapter contains the findings from and analysis of the personal interviews relating to part one of the study. Also
included are my personal impressions of the individual situation.

Chapter six describes part two of the study which relates to the Community Development process. Following an overview of the activities and outcomes relating to this process, the findings and analysis are presented. The chapter closes with the summary, conclusions and recommendations.
CHAPTER TWO
LITERATURE REVIEW

Section one of the literature review provides an overview of the theoretical aspects of control. The second section deals with factors influencing control. Section three looks at the concept of control and aging, describing what it means to grow older, and the potential implications of loss and relocation on elders' sense of control.

The Concept of Control

The concept of control, was fundamental to this research because the nature of the housing crisis rendered people powerless to do anything to retain their right to remain in their homes. The situation, beyond their control, had definite effects on their wellbeing, health and ability to cope. The inextricable link between health and control in the face of forced relocation revealed itself among the older people as both a liability and an asset. On the one hand, many older, more frail people's coping skills were overly challenged, rendering them incapable of managing, while on the other hand, those elders who were able, rallied together, took control and developed a community process with which to address the crisis.

Four aspects of control pertain to the findings of this study: real control; perceived control; environment and control; and health and control.

15
Real Control

 Collins English Dictionary defines control as "the power to direct or determine". Baltes describes control as "the ability to cause or influence intended outcomes through a variety of responses, and results in the effects desired by the individual or group" (Rodin, 1986, p.141). Piper and Langer state that "control is synonymous with predictability, hence certainty" (Piper and Langer, 1986, p.76). Real control, therefore, means people making things happen the way they want them to. People have control when they are able to alter their environment through a response they have made.

Perceived Control

"Perceived control", on the other hand, is the extent to which people believe they have control. Research in the area of control suggests that the belief that people can affect outcomes relevant to their life is of paramount importance to psychological and physical health. This has been shown to be true regardless of whether or not such belief, in fact, reflects the reality of control (Langer, 1982).

Perceived control involves a person expecting to participate in making decisions, and then engaging in actions in order to obtain desirable outcomes. One aspect of perceived control involves a sense of freedom of choice. Being aware of opportunities to select preferred goals results in the person, through their decisions and actions, having a sense of control over the outcomes (Slivinske, 1987).

Consequently, a perceived sense of control becomes an
expectation that a person can exercise personal choice, resulting in a definite and positive role in sustaining life. Consequently, an increased feeling of control in the face of threat leads to an increased ability to predict and discriminate events, which is stress reducing (Rodin, 1979). Perceived control differs from real control in that perceived control is the belief or perception a person holds that the decision they make will affect the outcome they desire. It generates and sustains hope. Real control, on the other hand, involves choices prescribing specific outcomes that become reality.

A personal sense of control is intensified through effective group process whereby the individual's power is increased or magnified to effectively achieve outcomes they may otherwise be unable to achieve themselves (White and Janson, 1986). As people experience enhanced control, they discover a sense of personal and collective mastery over the environmental issues which dominate their lives.

In summary, real control means having the power to change things the way a person wants, whereas perceived control means having the belief that there are different choices a person can make that will alter the environment in a desirable way. Both are important to health. However, real control is the primary and necessary goal.

**Environment and Control**

An important aspect of control relates to the environment in which people find themselves. The environment has a direct effect on people's ability to maintain a sense of control and in fact, has the power to induce helplessness. People can believe
they are incompetent, even though they may have no direct experience with uncontrollable outcomes (Langer, 1982). On the other hand, people cannot feel much control over that which is unfamiliar, yet they can exercise control by making the unfamiliar, familiar as long as the environment promotes that possibility (Langer, 1982).

An environment that encourages control is one that encourages present, ongoing education, mastery and independence. Therefore, to ensure maximum control, physical and psychosocial environments must be constructed providing the opportunity for people to be self-determined, engaging in process oriented control (Piper and Langer, 1986). Thus, an environment promoting control is one that affirms people's values and beliefs and in which people take risks, building on their strengths and skills. The following describes the interrelationship between control and health.

Health and Control

The World Health Organization in 1986, defined Health Promotion as "the process of enabling people to increase control over, and to improve their health" (Achieving Health for All p. 6). This broader definition considers the influence of environment and a support network on people, as well as the impact of life events such as retirement, widowhood and relocation. As a resource for everyday living, health depends on "people being ensured adequate income, educational opportunities, appropriate, affordable housing, a safe environment and a supportive community" (Go to Health, 1991).

Rodin (1979) noted that Adler in 1930, described the need to
control one's personal environment as an intrinsic necessity of life itself. Understanding the role of control is crucial to understanding the newer definitions of health, inequities and the relationship between socio-economic status and health (Green 1991). When we talk about having control over the determinants of health, again, we are talking about 'real' control.

Real control is necessary for people to be able to make healthy choices. Green (1991) states that "people who believe they can control their own lives are more likely to take action to protect their own health" (p.2) Issues regarding control are especially important to health "because there is extensive evidence suggesting restrictions in control are often stress-inducing, robbing people of their power" (Slivinske, 1987 p.180). People without control are people without power. There is therefore, a crucial interrelationship between power, control and health.

Historically, health has meant access to clean water and freedom from infectious diseases and illness. In the 1970's and '80's lifestyle issues such as physical exercise and nutrition were deemed important. In 1986, the Ottawa Charter for Health Promotion described the fundamental conditions and resources for health as including peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. This broadened the determinants of health and moved the concept from an individual focus (victim-blaming) to include a broader socio-ecological basis.

Milio (1986) states that "health is the response of people to their environments which allows them to go about their daily activities without personal restrictions which can be prevented"
Thus, the inextricable links between people and their environment constitute the basis for a new, socio-ecological approach to health including recognition of the health-giving benefits of enhanced individual control.

If health is the response of people to their environment, and control is the ability to influence intended outcomes, for purposes of this paper, health and control are inextricably linked. Their interrelationship is connected to people's ability to make choices and determine outcomes that they believe will positively affect their lives and enable them to maintain their health.

In summary, health includes physical, emotional, environmental, economic and social aspects, each of which is contingent on the control people have and/or believe they have over factors affecting them. Health is determined by and dependent upon a person having a sense of control. Both the ability to control one's life and the belief in that ability are primary components of health, and are health-enhancing in their own right.

Factors Influencing Control

Overview

As noted earlier, positive outcomes are associated with increased control, and self regulated control is positively reinforcing. Findings show that interventions which increase the individual's sense of control, (eg. providing choices) lead to increments in performance (Hultsch, 1990). Enhanced activity levels provide opportunities not only for mutually shared, supportive activities (role supports) but also for making an
impact on the environment, thereby gaining a sense of personal effectiveness and control (Ziegler, 1983). Having choices is a component of this process.

When people make choices they in turn develop the belief or perception that events are controllable. In demonstrated studies, when people who are permitted to make meaningful choices or engage in some accomplishable portion of a task, their performance improved significantly. Such effects were mediated by an increase in the perception of control which in turn strengthened their motivation, and ensured healthier outcomes (Perimuter, 1986).

**Basic Human Needs**

Abraham Maslow, a proponent of human need theory, identified a hierarchy of human needs based on their power or strength and necessity for survival. They are prioritized through five levels including physical, safety, belonging and love, esteem, and self-actualization. Human need theory supports the notion that people are integrated, organized entities, motivated through their need to meet these basic requirements (Yura and Walsh, 1983). Of primary relevance to this study is Maslow's first identified level of human requirement. He believes that people are primarily motivated by their need for air, food and shelter.

People are dominated by these physical needs and deprivation of them reduces all other needs to lesser priority. In other words, these physical needs are viewed as the most influential of all needs because if a person were lacking for food or shelter, that person would have less control and would be
personally more at risk than if they were lacking in self esteem, love, self-actualization or knowledge etc. In fact the very health and existence of the person would be in jeopardy. Consequently, food, water and shelter are fundamental to people's health, and people strive to fulfill these needs first. Therefore, accessibility to appropriate, affordable housing is a basic necessity of health and sense of control. Home is essential to health.

The Meaning of Home

The meaning of "home" and community to older people is fundamental to their sense of security, safety, independence, and sense of control. Home has meaning because it provides validation for the integrative dimensions of older people's identity and self-image (Rutman and Freedman, 1987). It meaningfully links their past with the present. It means comfort, familiarity, security and independence. Home also represents a place or space that belongs to elders. It is a private place, existing within their surrounding social network.

Life-time collections of furniture, art and gifts give deeper meaning to their physical environment. They play an important role in maintaining personal identity in later life through expressing meaning about the elders to others, and in symbolically maintaining links with friends and family. These objects may lose deep personal meaning for the person if moved to a new environment.

Most older people state they are attached to their 'homes' because the environment is familiar and they have a sense of
mastery, competence and control. Home provides the opportunity to socialize, to entertain and to be close to and maintain contact with family and friends (Rutman and Freedman, 1987). Home, a repository of family memories, carries the scent of past ceremonies, feasts and celebrations. As Maslow prioritized shelter, it is a basic necessity of life itself. In sustaining health, it both enhances and maximizes a person's sense of control over their environment, providing a springboard for interaction with the broader community.

The Meaning of Community

Many elders have lived a long time in and are inextricably connected to their community. The community provides the basis for their independent living and defines their quality of life (Rutman and Freedman, 1987). While studies indicate that elders often live in older structures that are of lower quality than other dwellings in the area, the elders themselves report being satisfied with their housing, even though it is classified, by objective assessments, as 'unsatisfactory' (McPherson, 1990). Familiarity and satisfaction with the surrounding neighbourhood, are more important to elders than the quality of the physical structure in which they live.

Irving Roscow (1985), in a Cleveland study of seniors living in three different kinds of housing, found that those elders living with other elders made the most friends. Those living in a 'normal' neighbourhood with approximately 12% older people befriended not the younger people but others their own age. Consequently, elders with other seniors around more readily expanded their circle of friends. For elders living mainly with young people, their circle tended to contract.
Among older people there is a strong and consistent relationship between access to transportation and life satisfaction. In order for older people to maintain their independence, and to engage in social interaction, private or public transportation must be available and accessible. If it is not, elders may become isolated and housebound. Accessible, public transportation is associated with independence and enhanced control (McPherson, 1990).

The Meaning of Social Support

"If you cut a tree at its roots, the tree dies. It is the same with people, if you cut off their roots, they die." (Fred, 1989)

This section focuses on the role social support and social networks play in supporting older people to maintain their health. While there is extensive social support theory and research, the following represents an overview of its relevance to health and sense of control to older people.

Social support is generally viewed as the web of social relationships that surround a person and the characteristics of these social ties. It is viewed as a primary coping resource (Babchuck 1989, Lehman, 1982). Hyde (1988) noted that social support is usually conceptualized as a communication process. Gottlieb (1985) attempted to blend various findings by stating: "Social support can be tentatively conceived as the feedback provided via contact with similar and valued peers" (p. 66).

Minkler (1985) noted the buffering effects of social support as enhancing the body's natural defense mechanisms. While the precise mechanisms remain unclear, social support plays a
'mediating' function in times of stress and 'short-circuits' the illness response that often follows major life events (p. 305).

The informal support system is a helping network that serves a variety of possible functions for elders. These include: dealing with illness; provision of companionship; support of independence and competence; coping with and adjusting to stressful events; informal assistance; enhancing well-being; enhancing quality of life (McPherson 1990).

Terry Sloss (1989) in her study with women noted the significance of contentment as a desired state of mind, encompassing ongoing personal growth as well as independence and a sense of connectedness. It also includes ready access to a repertoire of stress coping and threat reducing resources including close relationships, self confidence and memories.

Relatives, friends and neighbours constitute a rich natural resource for most people and one that is especially valuable in time of need (Lehmann (1982). Generally, people choose friends whose attitudes and values are similar to their own, and who enjoy the same leisure activities (Babchuk & Anderson, 1989).

Research has shown that the quality rather than the quantity of social support provided by a person’s primary group buffers the consequences of their exposure to stressful situations (Hyde, 1988). The size of the friendship network is smaller for widows over the age of 74 than it is for their married counterparts (Babchuck and Anderson, 1989). Consequently, one friend may represent an older person’s access to choices and independence.

Krause (1987) noted that social support helps to reduce the
deleterious effects of stress on emotional disorder primarily by bolstering the self esteem of older adults. One hypothesis holds that social support affects psychological well-being indirectly through self-esteem. A second hypothesis suggests that social support may influence health by increasing a person's sense of control.

The informal support system provides greater help than the formal support system. Long Term Care, a Provincially funded program, is intended to provide support to older people in their community for as long as they want to be there. Indeed the relatively small percentage (less than 10%) of older people who do receive home support, suggests that a large amount of support is provided in the older person's home by family, friends and neighbours (McPherson 1990).

Albrecht and Adleman (1988) noted the importance of 'weak ties' in the provision of social support. These are significant, as they provide compensatory support during periods when people's stronger ties are disrupted. Some people may deliberately avoid strong ties as a result of personal beliefs in independence, self reliance, and the desire for an eccentric life-style. Also, weaker links denote lower expectations, hence are more easily reciprocated. Also, they may liberate people when their circle of intimate relationships proves too confining (Albrecht and Adleman, 1988).

McPherson (1986) discusses a common pattern observed amongst middle class elders. They have a tendency to interact more with friends and colleagues outside the family, whereas older people in working classes tend to have stronger and more frequent interaction with kin.
In summary, social support is essential for an older person's health, well-being, personal sense of self and sense of control. It is the earth surrounding the roots older people establish in their community, which nourishes both their body and their spirit. To better understand the intricacy of the social support structure, the next section examines social interaction as a phenomenon in its own right. This social psychological perspective falls within the tradition known as Symbolic Interaction. This perspective assists in understanding the structure and meaning of the human interaction.

Symbolic Interactionism

While the dimensions of this study do not allow a detailed analysis of the relevance of the interrelationship between Symbolic Interactionism, social support and control, it would be remiss not to pursue in greater detail the mechanisms involved in social support through social interaction.

Mead developed his social psychology on the premise that people evolve within social groups and through social interaction. This process involves communication which in turn provides the opportunity for maximization of self-development.

Symbolic Interaction holds that people act toward things on the basis of meaning, and that meaning arises out of the social interaction a person has with others. The person then sifts the meanings through an interpretive process and behaves on the basis of that meaning (Blumer, 1969).

Mead described the nature of meaning as comprising participation
and communicability. Meaning arises from the interaction between two people whereby the same thing is aroused, in and with each other. This mutual participation results in communicability. People mirror each other's images, reinforcing what it is they espouse and enhancing their own understanding (Bruyn, 1966).

People, interacting with one another, assimilate what the other is doing and adjust their thinking and behaviour to suitably fit the circumstances. Mead suggested that this process involves interpretation of symbols, and that there are two levels of social interaction:

1) the conversation of gestures (nonsymbolic interaction) as in waving the hand
2) the use of significant symbols, taking the person into account (symbolic interaction)

In nonsymbolic interaction, people respond directly to one another's gestures. With symbolic interaction, people interpret the other's gestures and act on the basis of the interpreted meaning. Thus, human interaction becomes a "positive shaping process in its own right" (Blumer 1969, p.64).

It follows that the people interacting, necessarily take each other's roles. They have now formed an understanding of their behaviour through the perspective of the other person (Marshall 1986). They interpret the meaning of the action and their behaviour reflects their own intended meaning. Implicit in this mutual role-taking rests the essence of communication. People are capable of change through this process, usually engaging in the search for new meanings when the old ones are unsatisfactory (Lauer & Handel, 1983).
Expanding this phenomenon to groups of people, Blumer (1969) noted that social action takes place within the process of social interaction. When confronted with a situation, the individual interacting and communicating with himself, assesses it, determines his plan of action, and acts. A group given the same situation, engages in self interaction through discussion and debate to interpret, to analyze and to cope.

The group situation consists of two concurrent processes whereby people not only are defining each other's perspectives, but also through self-interaction, are redefining their own perspective (Blumer, 1969). Group life becomes an ongoing process of fitting together behaviours through definition and interpretation. This dual process, establishes patterns of mutual conduct, creating opportunities for change (Blumer 1969).

Within the diversity of individual perspectives, joint action and cooperation take place because of the ability for people to absorb multiple and constantly intersecting views of the group. As people interacting with one another come to share the others' perspective, there is a basis of identity which contributes to the cooperative process in which they are involved (Chappell, 1986).

Joint action represents not only a horizontal connection of the participant's activities but also vertical linkage with previous joint action. Hidden in the joint action is a set of meanings which has its own life, sustaining the joint action. This is the social process of group life. This process creates and sustains the rules; it is not the rules that create and sustain the group life (Blumer, 1969 p.80).
The reciprocal influence of this interactive process can have a neutralizing effect on power structures, equalize the power base and enhance levels of control between individuals and among groups of people. It also provides continuity with the past, while offering the opportunity for new understanding and learning to occur in both the present and future.

Cultures organize themselves around symbols and community symbolism is comprised of an intricate web of interactions that may well have meaning only for those people who comprise that community. A wave, look, or gesture, produces an intended outcome that is expected and understood. This interpretation has meaning for the person doing the interpreting, reinforcing who they are and enhancing their sense of personal control. As people behave on the basis of meaning, articulated through symbolism, control is manifested through their lifetime understanding and interpretation of the familiar symbols and resultant, learned and expected outcomes from their gestures and behaviour.

This sub-culture provides the nourishment, meaning and support for older people to function independently and interdependently well into their later years, without formal assistance. Symbolic Interactionism is particularly relevant to this study as it explains the hidden depth of connectedness and meaning people have to their communities resulting in feelings of enhanced control over their environment.

Popular Education

Freire's process of Popular Education is to Community Development as Symbolic Interactionism is to social interaction
and support. Popular Education is a way of magnifying the participatory process whereby people strengthen their control through critical thought, creative expression and collective action (Barndt, 1989). Popular Education is based on a process whereby the participants empower themselves and take control of their own learning. Through this process they become aware of alternatives in their lives, make informed, healthy choices for themselves, and take control of their situation.

Central to Freire's approach to literacy is a "dialectical relationship between human beings and the world on the one hand, and language and transformative agency on the other" (Giroux, 1988, p. 153). Literacy, in this context is a necessary foundation for cultural action for freedom, a central aspect of what it means to be a self and socially constituted agent. Freire's model supports dialogue leading to understanding and action which is then analyzed and evaluated before further action is taken. This action involves a collective struggle to challenge the existing social relations which determine some of the basic components of social life, such as access to housing, income, etc. Freire states that empowerment occurs when oppressed people come together and initiate collective action (Zacharakis-Jut, 1988).

Saul Alinsky's (1971) North American model aligns itself with Freire's popular education method of community control and individual and group freedom. Alinsky's approach to community development is predicated on a view that people with low-incomes in communities are powerless and disenfranchised, as compared with the rest of society. His approach identifies a process whereby people with a shared interest or concern, collectively identify the issue, mobilize resources, plan action strategies
and through the process, realign power within the community. This philosophy dedicates itself to the development of internal, community leadership.

The purpose and character of a people's organization is educational. Alinsky believes in creating conditions and climate in which the people want to learn, the learning itself being essential to their own life. His model supports the reality that if people are educated, "tyranny and oppression of body and mind will vanish like spirits at the dawn of the day" (Alinsky, 1989, p. 155).

Alinsky (1989) noted that: "For real radicals, 'doing their thing' is to do the social thing, for and with people and they do this by starting where their world is at, and that means working in and with the system" (p.vii). Any revolutionary change must be preceded by a passive, affirmative, non-challenging attitude toward change among the mass of people. To Alinsky, experience is the integrating of the actions and events of life so that they arrange themselves into meaningful, universal patterns (Alinsky, 1989).

Alinsky (1989) noted that successful attainment of goals is much more meaningful to people who have achieved them through their own efforts. The efforts of the learning process are part and parcel of the achievement itself. Attaining the goal is never an end in itself. As Alinsky noted: "It is living in dignity to achieve things through your own intelligence and efforts" (Alinsky, 1989. p. 174).

Alinsky also commented: "The real action is in the reaction", and for both Alinsky and Friere, the reaction must be defined by
the people as they study, learn and investigate the issues that are causing their oppression, and move on to develop agreed upon strategies with which to address their issues. The methodology of pedagogical processes builds on and strengthens the social support and symbolic interactionism theories of human behaviour and interaction. It also addresses the necessary developmental processes of older people through providing the opportunity for them to interact, meet new people, learn new things, and continue to make the necessary, meaningful contribution to their world.

**Education, Personal Development and Control**

Sharply contrasting with the view of older people as an economic and social burden is the emerging concept of life's later years in society being an opportunity for broadly extending productivity. It includes recognition of the vast network that does exist in communities amongst elders and the tremendous resource that this represents. A new concept of later years as a productive and meaningful life-stage, "is not only today's necessary vision, but also tomorrow's imperative" (Morrison, 1968, p. 344).

Ebersole and Hess (1990) note the positive correlation between self-directed learning and the perception of meaningful life, self-concept and self-perception of health. Education may serve as a means of sustaining health and improving quality of life in later years.

Increasingly, older people are living longer and have a need to
continue to learn and remain involved in the world and with other people. This process provides them the opportunity to continue making their contribution and to share their perspective with younger people. Through the process, elders build their identity into their later years, and assume their obligation to preserve a free society for the subsequent generations (Moody, 1968). This educational process is not only health promoting, but also control enhancing.

Health Promotion and Control

The Ottawa Charter for Health Promotion (1986) states that "people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health" (p.1). Today, with insight and increased technology, we recognize the benefits of a Health Promotion model for Community Health, acknowledging interrelationships among environmental factors, income, personal responsibility and community control.

The World Health Organization defines health promotion as "a process whereby individuals and groups maintain or increase control over their health" (1986). Health promotion mechanisms include self-care, mutual aid and environmental change, each of which include components of education and communication. In 1986 WHO issued a Charter for Action addressing five key issues:

* building healthy public policy
* creating supportive environments
* strengthening community action
* developing personal skills
* reorienting health services
Consequently, the focus of health promotion, is social action for health. It seeks to create and support conditions which enable people to have control over their health. If conditions conducive to health are to be achieved in an equitable manner, all sectors of society must be involved and mobilized. Knowledge alone, without adequate, supportive systems and facilities is not enough to engage people in action. Environments and policies supporting health are essential in enabling people to live a healthy way of life. (Ottawa Charter, 1986)

Community Development

As one of the primary strategies in implementing health promotion, community development involves partnerships with community members to identify and prioritize health issues and develop strategies with which to address these health issues. Rifkin (1986) noted that through this process, individual and community control, strength, self-sufficiency and well-being are built.

Communities working together to recognize and address their collective health issues, develop ongoing social interaction whereby participants in the interaction, become a part of each other, learning not only their part, but also the part of the other as perceived and experienced. As independent individuals become a functioning collective, power and control as well as community competence emerge (Goeppinger, 1982). This Community Development model, akin to Freire's Popular Education approach to community empowerment and Alinsky's community organizing, also embraces the social support and Symbolic Interaction perspectives referred to earlier.
The Role of the Community Organizer

The process of developing social forces inevitably means significant changes in the attitudes, philosophies and programs of the constituent community agencies professionals and local people (Alinsky, 1989, p. 186). The process starts from the people's experience. Freire described the role of the facilitator as that of participant, not an expert who 'knows the answers'. She must forget what she knows in order that the people themselves learn (Freire, 1972). The facilitator's role is to work with the group to identify the information they already have, and together figure out what people need to know more about and how to get it.

The role and function of the 'outsider' as organizer is by invitation, based on the facilitator gaining credibility in the community and being granted what Minkler (1985, p.306) called a "license to operate". Alinsky (1989) stressed the need for the outside organizer to maintain a low profile in order to facilitate the emergence of community leadership and control. The perspective of the organizer is enhanced and her chances of being accepted improved, as she comes to understand the meaning of the symbols constituting communication within that community.

Alinsky (1989) noted that the organizer should view individuals and groups in terms of their total social situation and remain within the people's actual experience. Communication for persuasion and negotiation means getting a fix on both the individual and group's main value or goal, and holding course on that target (Alinsky, 1971).

The organizer does not tell the community what to do. Rather,
she uses creatively loaded questions, leading from the rear and facilitating the process whereby the community enhances its control over both the issue and the process. The organizer believes in people, confident in their ability to do something and that while they may accept that organization means power, they must be supported to experience this idea in action. The outcomes will include confidence and hope (Alinsky, 1971).

The organizer must be able to communicate and convince the people that, if they find a way to join together, they will have the power to affect the shape of their world. They will then begin to act with anger, purpose, hope and control (Alinsky, 1971). This newly emerging role for the community developer has exciting implications for Community workers and public servants.
The Role of the Health Professional

To respect the philosophical beliefs described above, professionals must re-look and re-think their methods of engaging with the consumer. In order to attain and maintain meaningful and relevant involvement with people in their community, addressing the issues that they see as important, the traditional, 'dominant expert' approach needs to be shifted to the described collaborative, dialogical and reciprocal process.

The health professional's role includes posing questions relating to the real situation in order to assist the participants in arriving at a more critical view of their reality. It also includes supporting the enhancement of the elder's skills in community organizing, policy advocacy, political decision-making and other forms of participatory democracy (Labonte, 1991). The result is a "synthesis of roles through communication and dialogue of the educators' knowing and the learners' knowing" (Freire, 1985 pp. 54-55). The reciprocity contained in this model of communication is crucial to this study for it ensures equal control and a shared power base, signifying mutual respect.

Labonte, in his fifth principle for sustainable development talks about empowering equally and that empowerment requires an increase in access to decision-making by less powerful individuals, groups and communities (Labonte, 1991). The community development process, supported by an acceptable community developer, enables elders to support collective pressure for access to decisions which affect their lives.
Control and Aging

A 56 year old man, three years into his retirement commented: "The day you retire, society puts you on the shelf, and you are no longer of any value".

Societal Attitudes and Values

The alienation and isolation experienced by society in general and referred to in Chapter One, may be reflected at a deeper level among our elders. In the pre-industrial era elders naturally commanded respect. They were valued for their wisdom, insight, and their contribution to life. Today, they experience alienation from the very society that once revered and supported them. People, upon retiring, are often 'put on the shelf' and considered 'has beens'. They are no longer regarded as valuable and contributing members of our society.

In addition, society's image of aging is often negative. Growing old in North America, can be perceived as a sad experience, fraught with loss, poverty, loneliness, sickness, and dependence. Consequently, many older people themselves deny their aging process. Societal attitudes, prejudices and treatment of our elders jeopardize their dignity, integrity and self respect.

McPherson (1990) suggests that the onset of dependency, diminished social status and self esteem in the later years is due, in part, to social, economic and political decisions which define and label older people. These include public policies such as mandatory retirement, and government funded pensions. Dependency in older age, therefore, is linked with socially constructed political and economic forces.
Our vision is shifting as elders teach us that they share the same human needs as all people. These include the need for acceptance and recognition, to feel useful and to learn new things. With increased life span and fuller life experience comes a heightened interest in health promotion and enhanced quality of life. Opportunities to learn, teach, play and work are growing and more older people want:

1) to know and understand themselves and their world better,
2) to make sense of their vast life experience and
3) to enhance their control and take an active part in decision-making both for themselves and the larger community.

What Does Growing Older Mean?

Older people are you and I, either now or in a few days, and birth to death represents a lifelong, developmental process. Erik Erikson (1986) describes life stages through which people pass and with which they must come to terms for their personal growth and development. He maintains that older people face internal crisis in later years, dependent on the resolution of previous developmental tasks.

Erikson (1963) noted two processes as key inner themes of late adulthood. The first, "generativity", identifies the need for elders to share with future generations their view, which incorporates a broad sense of integral concern for the well-being of the world and its people. They are concerned that today's children receive the necessary guidance instilling environmental and personal respectfulness.
Older adults need to be needed and to be productive as well as creative in establishing and guiding the next generation. The research shows that the opportunity for older people to engage in meaningful activity, with the appropriate support to do so, is one of the key factors to their health and wellbeing (Kahn, 1983).

The second older adult stage, Erikson identifies as "ego-integrity", meaning the achievement and acceptance of a sense of personal wholeness and continuity with the past, present and future (Erikson, 1963). This integrity, developed through older people's culture becomes the "heritage of their soul", and death loses its fear and sting (Erikson, 1963, p. 268). Wisdom is the outcome, with the person having a sense of completeness and personal control.

Older people are a heterogenous age group, most of whom cope well and live independently in their communities. Marshall (1986) states that their community involvement enables them "to continue to endow their world with meaning and to have no choice but to do so as long as the opportunity exists for this process to continue". (p. 5). Matthews states that aging should be viewed "as a career involving activity, participation, and purposefulness, and that it evokes dynamic responses to its issues" (Matthews 1986, p. 236). More successful and healthful aging occurs when "older people are able to remain useful and enjoy a sense of purpose" (Rodin 1979, p. 172).

Older People and Control

Factors affecting elder's health and control include:
the process of aging, the community and environment, social
support and relocation. Today, the beliefs and customs on which the older people base their integrity are almost nowhere in evidence, and older people have few places to share their values and opinions. (Russell, 1973). This results in a loss of continuity and self esteem. Atchley (1989) noted that the Continuity Theory of aging recognizes the importance for elders to integrate their history with their present circumstances of change, with minimal upheaval or disequilibrium. This theory respects people's need for goals, developmental direction and an enhanced sense of control.

As noted earlier, public attitudes are shifting, however, elders continue to suffer negative stereotyping as a homogenous group, marked by an increased dependence on others and having problems as well as being a problem. Other myths about aging include the view that older people have insurmountable health problems, experience a decline of competency and productivity, and deplete the economy (Prado, 1986, Rodin, 1980).

This ageism in turn negatively influences a person's perceived competence, and feelings of responsibility (McPherson 1990). People's perception, coupled with their actual physical decline, may result in lowered self esteem and advance the aging process (ibid). As self esteem decreases, belief in one's ability to exercise control over the environment also decreases (Rodin and Langer 1980).

People 'give up' if they doubt they can do what is required of them or if they are unable to cope with the changes in the environment. The psychological and social coping mechanisms used in the past no longer seem effective or available (Ziegler, 1983). The outcomes of this situation include self-
blame, diminished self esteem, physical symptoms and the need to control other people. (Green, 1991; Cohen, 1990).

Ziegler (1983) noted studies implemented with the assistance of older people in institutions, as demonstrating the positive influence of enhanced sense of responsibility and control on the health status of elders. Rodin & Langer (1980) has also noted that many 'aging problems' may be the result of environmentally induced loss of control. Increased opportunity for interaction with others and for participation in decision-making processes, are contributing factors to an enhanced sense of control, which positively affects the elder's morbidity and mortality (Minkler, 1985).

Ziegler (ibid) also noted that institutionalized elders, with simple environmental adjustments that increase their sense of control, showed a significantly higher survival rate eighteen months later as compared with elders receiving neutral communication. It is postulated that even while actual control is inhibited, older people may feel competent and in control when associated with 'powerful' others (Parmelee, 1990). The following sections describe areas relating to this association and critical to people's maintenance of independence and control.

**Loss of Social Support**

Maintaining a sense of loving mutuality in old age is often difficult and painful, as older people may be forced to confront isolation imposed by the death of a lifelong partner, family members and/or long time friends (Erikson, 1986). Compounding this reality, health and socio-economic status exert powerful
influences on older people's ability to associate with others, in order to maintain their reciprocal relationships (Berkman, 1983). Financial readjustments due to decreased disposable income and increased living costs are a reality for many older adults and relocation may be a necessary decision based on changing housing requirements or diminished financial resources (McPherson, 1990).

These natural life events may ultimately have an impact on the personal autonomy and independence of older people, and may erode a person's integration with their community and ultimately their sense of control. This reality, coupled with societal attitudes, emphasizes the elder's vulnerability to loss of self esteem, personal dignity, sense of competence and real control. These levels of 'environmental press' may place the older person in the position of a reduced capacity to cope. (Mc Pherson, 1990)

Jim, a man of 87 years and a veteran of the second world war, is a volunteer in his community. He commented of his recent inability to paint any longer: "I have lost my serenity". When asked what he meant by this, he explained: "Well, age magnifies our feelings and our response to what happens in life". Was Jim expressing a reality for elders that their traditional coping mechanisms may not be as readily available to them?

Women and Poverty

As women increasingly comprise the majority of the older population and are the largest group of participants in this study, a brief overview of their issues is relevant here. McPherson (1990) states that the impoverishment of older women
is socially constructed and imposed. Many older women, have few if any pension benefits, and frequently are ineligible for survivor's benefits when their spouse dies. When they become ill, they seldom have a spouse to care for them. Poverty, from this feminist perspective is a woman's problem, as older women are devalued and powerless in an oppressive, male-dominated society. This situation is magnified for widows who live a long time. Consequently, women may be more vulnerable to loss of control, than are men in their later years.

Health

"Health to me is being able to do what I want to do, when I want to do it". An elder - 80 years.

Health is important to older people. One of the outcomes of the research based on the Health Promotion model has been to challenge the myths that elders are frail and incapable of doing things or participating in social life. While physical functioning tends to decline, social and psychological functions often show little or no change. Intellectual changes are slight and rarely affect a person's cognitive ability to deal with the challenges of everyday life (Steuart, 1985). Martin (1987) has documented that the functioning of older people is more affected by their perceived well being, their sense of control over life situations and their social networks than by any real disease. Consequently, most older people are healthy, active and mentally alert (McPherson, 1990).

However, older people do experience physiological changes as a function of age which render them more vulnerable to the effects of stress and loss of control. In general their homeostatic regulatory mechanisms (eg. immune system, recovery rates) are
less effective (Ziegler, 1983). Consequently, the relationship between control and health holds for all ages, however, it increases as a function of chronological age (Ziegler, 1983).

Dr. Lynn Beattie, a Geriatrician in Vancouver, described in conversation "The Bits" syndrome. This phenomenon occurs naturally as people grow older. As she stated: "many elders encounter a 'bit of this', and a 'bit of that', not any one thing being a major concern. However, the cumulative loss renders the elders more vulnerable to loss of control and less capable of functioning as independently or coping as well as they once did. As long as all losses combined do not render people 'out of control', they are able to maintain health and control. However, once the losses overload older people, they are unable to accommodate, thus compromising both their sense of control and health. Relocation compounds this phenomenon.

Effects of Relocation

The relocation research has focused primarily on older people's relocation from home to institution, moves between institutions and relocation from home to congregate or specifically designed seniors' housing. There is a dearth of systematic research relating to the impact on people's health of independent relocation within the community (Ferraro, 1982). To date I have been unable to find any research which focuses on middle class, older people, unexpectedly forced to relocate within the community at large.

Dimond (1987) noted that: "The social ties to people and to the community are the most powerful reason for the older person's
unwillingness to make a residential move" (Dimond, 1987, pp. 449). Ferraro's (1982) research has shown that the majority of older people usually move due to declining health and that because of the frailty of their health, the move causes further health decline. Interestingly, his results also showed that whether or not the person chose to move does not necessarily lessen the adverse effects of relocation on the health of elders. His work also indicates that the decline in health among those who moved is due not only to environmental change, but also the stress and sheer work of moving.

While findings are inconsistent, many investigators have found that relocation has negative consequences for older peoples' mortality and morbidity, including increased depression and decreased activity levels and life satisfaction (Dimond, 1987). There are also investigators who have found no negative and debilitating effects attributable to relocation and these are determined by the degree of choice elders have, the nature of their new location, the support they have in implementing the move and their cumulative life's circumstances (Dimond, ibid).

Eisinger (1986) noted in her work that age, environment and health are critical variables in determining older people's physiological response to relocation. She also noted that "disease may develop or be exacerbated by continual exposure to stress, and that death itself may stem from non-organic causes'. The reality that some older people do die following relocation may be attributable to 'transplantation shock'. (p. 18) Eisinger stated that depending on the person and the circumstances, stressful events may possibly have a cumulative, negative effect on the whole person. As she stated: "stress, anxiety and
depression are all interrelated and relocation stress may trigger these emotive conditions, resulting in shock to the system" (p. 20).

Voluntary Relocation and Control

In their research, Rutman and Freedman (1987) found that older people wanted and needed to see the relocation process as one over which they had choice and control and if they had this, they did not feel as stressed. Once relocated, the participants in their study claimed to miss little about their former homes once the initial adjustment period had passed. Dimond also noted that better outcomes can be expected when relocation is voluntary rather than forced (Diamond, 1987).

Involuntary Relocation and Control

Studies of involuntary relocation from home to home suggest that older people experience a decrease in general activity and life satisfaction, and that individuals with poor health before their move are generally more susceptible to the stresses of relocation (Dimond, 1987).

McPherson (1990) commented that involuntary relocation, with inadequate preparation, can be a traumatic and stressful event. This 'transplant shock' reaction may be related to higher mortality rates among those who are involuntarily moved into or between institutions (McPherson, 1990). Brand and Smith (1974) in their study among 68 elders forced to relocate into a Seniors Housing Project within the community demonstrated that: "life satisfaction was less affected for men than women; people in poor health had lower life satisfaction; and those relocated
were less active and had fewer social contacts" (pp. 336-340).

Dimond (1987) in her longitudinal study, described the ways in which older people adjusted to a forced relocation within their community, after living in that community for 20-30 years. The first evidence these folks had of the evictions were the notices handed to them at their doors. They had a year in which to move. Their homes were small, old and run down, and for those who lived in apartments, their rents were very low, and the buildings shabby. However their community was closely knit, friendly and people gathered at the post office to visit.

Dimond (1987) found worry to be a significant correlate of health at each of the three time periods in this study. Worry was also associated with low self esteem, low life satisfaction and illness. She also found that involuntary relocation represented a loss for older people triggering a grief response. This response may include diminished health and self esteem, increased worry and a sense of loneliness.

Dimond (ibid) also found that women seemed to be at greater risk than men of negative consequences from moving. The women in this sample experienced more worries and poorer health than the men before accepting the relocation. Also, people who were married or had intact social support after the move did better than those who were single or more isolated.

Dimond's (1987) study demonstrated that residential relocation represents a significant adaptive challenge to most older people. Familiar routines are disrupted, meaningful social relationships may be altered, and emotional attachments are severed or strained. Schneider (1984) noted that bereaved older
people may also be more reluctant to form new attachments which seem to require increasing amounts of energy. They are also less likely to seek help for other than physical symptoms.

Olds (1988) in his paper concerning the 1986 Vancouver Expo downtown hotel evictions quotes Mary Hill: "the likelihood of death or illness is increased by involuntary relocation, (due to) the depression and hopelessness that accompanies that kind of change. Study after study shows that... All change involves stress, but these (Exp0 evictions) precisely combine the three factors that are dangerous to the elderly: the relocations are involuntary; they are sudden, without any preparation; and they bring about a major change in the environment" (p.113).

Olds (ibid) in his documentation of 300 persons evicted in the Downtown Eastside prior to Expo 86, noted that while some of the evictees' general well-being did not deteriorate after moving, a larger group felt negative health consequences.

Ho (1989) noted in his research into the impacts of the Kerrisdale housing crisis, that while the effects of relocation stress are not easily quantified, the psychological and emotional impacts are very real. Friends and neighbours, familiar with the seniors who had been displaced or worried about being displaced, clearly observed depression, mood swings, withdrawal and an increased frequency of illness among them.

Elders' response to the effects of unexpected, drastic change is different from that of younger people due to their physical changes, their rootedness with the community, their fixed, limited pensions, and their social support network. A difference between a sapling and a mature tree is "that when a
sapling is bent, it bounces back; whereas when a tree is bent, it breaks". (Raymond, 1992).

In summary, unexpected, forced relocation represents a significant loss to older people and the loss is magnified and more difficult to resolve when they are unable to prepare for it (Schneider, 1984). Elders have experienced more loss by virtue of the length of time they have lived, therefore, are more vulnerable to the loss caused by relocation and their grief is multiplied (Schneider 1984). The tension, worry and grief for elders, produced by unexpected, forced relocation coupled with the natural personal and environmental conditions experienced by them at this stage of life, render them most vulnerable to loss of identity and self esteem, social isolation and alienation, loss of control, physical and mental distress, and even death itself. Women tend to be affected more harshly than men, and as well have less income and education with which to cope.
Summary

This literature review has provided a glimpse of the meaning of community specifically to older adults through the window of the concept of control. In today's complex, economically driven, world, land and housing often are viewed as commodities, to be converted to profit, with little regard for the existing, seemingly invisible, human life-world. Unlike communities of years ago, where people were mutually supportive and more in control of the decisions which directly affected their lives, the people affected by redevelopment today have no control over the decisions which can dramatically and uncontrollably affect their lives and health. Feelings of alienation, isolation and loss of control are the consequences.

In addition to describing Maslow's prioritization of shelter as a basic necessity of human life, this literature review has also revealed that environment and community also represent people's life support systems and are essential to health. They sustain control, enabling people to influence intended outcomes through a variety of responses. This process strengthens individual and community motivation, through building on people's strengths and skills.

Maintaining a sense of control is influenced by many factors including physical capabilities, perceptions of what people can and cannot do, by society's and individual's expectations of people and also by the environment in which people live. Perceived control is also essential to health, in that people's belief in their ability to be able to do something enhances their chances of actually doing it.
People, usually choose their place of residence based on their culture, values and expectations. For elders, home and community provide a hammock of trusted support which enhances a sense of personal control. As they experience physical and emotional loss, their friends and family often provide the informal and invisible support that becomes necessary in order for them to maintain their independence. The community represents group life, enhancing self-esteem and independence, and providing the security for opportunities for new learning and reaching out.

Social networks and support are sustained through communication both between individuals and in groups. Meaning emerges through the interaction which gives rise to self and mutual understanding. People mirror each other's images and engage in mutual role-taking. The reciprocal influence of this interactive process neutralizes the effect of power structures, enhancing the opportunity for new understanding, risk-taking and
enhanced control.

Most older people choose to 'age in place', in the 'control centre'. If relocation is a necessity, elders cope better when they have a choice and are in control of that choice. Unexpected, forced relocation harshly challenges older people's sense of control. The extreme stress and anxiety coupled with existing loss for older people, renders them extremely vulnerable to physical and emotional illness. Their ability to maintain and/or realign control is contingent upon their financial resources, support network, personal health and housing options in the community. Some people are able to maintain a sense of control and cope while others are not. The literature provides data only for those persons who were able to engage in research. The elders who 'disappear' were not represented in the studies.

Education and community involvement not only provide the opportunity for continued growth and development, but also enable older people to continue to engage meaningfully in life, enhancing their control. Popular Education recognizes the need for equality among individuals and communities, and supports people's understanding of the nature their circumstances. It describes the process whereby people working together, define their situation, and develop strategies with which to address the issues that are important to them. This educative process realigns the power base and increases people's real control over their lives. It also mirrors the linkages between health and control, demonstrating the power of social support, education and meaningful involvement, as mediating factors necessary to life.

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The 'outside' facilitator in this process must gain acceptance by the community in order to work collaboratively with the people. A reciprocal relationship develops over time, the mutual learning of which enables both the individual and group to build on their strengths and skills. Control and health belong with the people and their community and are supported through education, meaningful involvement and freedom of choice.
CHAPTER THREE

METHODOLOGY

Qualitative Research

Those who have written about Qualitative research describe it as based on context sensitivity, the belief that the particular physical, historical, material and social environment in which people find themselves, has a great bearing on how they think, feel and act. (Smith, 1987). The primary aim of this form of research is to explicate meaning in the search for truth. Its validity "rests with the extent to which the research informs, illuminates and penetrates our conception of the world" (ibid. pp. 175).

Most older people have established secure roots into the communities in which they live. The community to which people have brought their history, supports a health-giving way of life that has accrued meaning for the older people, over time. This research design uncovers the deeper meaning to them in order to determine the real effects on elders of unexpected, forced relocation.

This research takes its framework from the perspective of the older people, a few of whom over the period of two years, commented repeatedly: "this situation is beyond our control". Consequently, the study, focuses primarily on the role that control plays in the elder's lives, and their perceptions of control as they talk about their experience both of the housing crisis and of their involvement in the Concerned Citizens for Affordable Housing (CCFAH).
Ethnography

Ethnography, probably the most basic form of social research, is a process of exploration used by anthropologists (Hammersley, 1983). Through ethnography, valuable, non-judgemental, descriptive accounts of people and their culture are generated. Its reporting reveals the routine ways people make sense of their world in their everyday life (Hammersley, 1983). Ethnography can provide meaning that gives form and content to social processes. Ethnographic research is not programmed, consequently, its practice is replete with the unexpected. It may also facilitate the process of theory construction as personal interpretation and meaning are illuminated in the process of establishing truth. (Hammersley, 1983 p.1).

As ethnographer in this study, my role evolved through my working with this community of older people. As Seniors Wellness Coordinator, my task was to listen to the health issues deemed important by the older people, and then work with them to develop strategies with which to address their identified health issues. Through this process, the older people have taught me much about what mattered to them as well as what their cultural values and norms look like.

More specifically, the ethnographer is engaged in a process of participant observation and is involved overtly or covertly in people's lives, for an extended period of time. She watches what happens, listens to what is said, asks questions and collects whatever data are available to shed light on the lives of people and relevant issues impacting on their life. My role as participant observer is a key element of this process.
Role and Function of the Participant Observer

The participant observer is a researcher who is more or less active amongst a group of people, asking questions, engaging in formal and informal conversations and interacting at strategic moments and around specific events with those persons involved in the research (Davis, 1988). She seeks to discover the nature of their socio-cultural reality, their shared human reality.

Her attitude is one of interested curiosity and matter of fact inquiry directed towards understanding meaning from the participants’ perspective (Bruyn, 1966). Bruyn noted that meaning is directly connected with the common sense realities as well as communication symbols and their interpretation which the observer seeks to explore. Therefore, 'meaning' best expresses the nature of the subject matter (ibid).

The participant observer's role requires, at the same time, that she be detached yet personally involved, in order that objectivity be attained through accurate, subjective interpretations of other people’s reality. She is a normal part of the culture and life of the people being observed. This provides the opportunity for broadening the theoretical basis of analysis (Bruyn, 1966).

For example, once the CCFAH had formed a cohesive working group and established themselves, they began to design and implement strategies that they believed would assist them to address the housing crisis. They both expected and invited me, in my role as health professional and facilitator of this process, to be there and support their initiatives. Indeed, most of the time I was on site, observing what they were doing and assisting
where appropriate. They never hesitated to phone me to discuss issues and perspectives, and this worked well most of the time.

Three of the older people affected by the crisis were invited to meet with the Premier and the press in the walkway to one of the apartments scheduled for demolition. I was in the bushes across the street, observing the process and taking photographs. I knew that the 80 year old, severely arthritic, Russian woman, leaning on her cane, while describing her eviction and impending move to those listening and watching, was wearing her nightgown under her aged fur coat. She was willing to tell her story, but felt too tired and frail to dress as she once would have. Many elders in her position would have found this situation too overwhelming.
Phenomenology

Phenomenology is an inductive, descriptive research approach concerned with everyday knowledge from the perception of the person (Basch, 1987). It emphasizes the subjective meaning of personal experience of reality for the experiencing person (Ryff, 1986). Descriptions and analyses of reality are made according to the individual's unique frame of reference. This interpretive perspective, emphasizes that reality itself is socially constructed through defined and interpreted activities of people. Through this approach the researcher may gain an in-depth understanding of the meaning and interpretation of life events for the individual and how these contribute to a sense of control (Ryff, 1986).

The researcher, to understand with as little bias as possible the other person's reality, must free himself of judgements or preconceptions. The researcher's knowledge, as far as possible, is put 'on hold'. By doing this, the researcher neutralizes his perspective and is better able to hear what the person is really saying. He even may be able to put himself in the other person's place. This then leads to the possibility of new understanding and new learning.

In order to generate the desirable data for purposes of this in depth understanding and new learning, the focused interview structure was utilized.

The Focused Interview

The focused interview takes a non directive approach to interviewing. This approach provides the opportunity for people
to express themselves about matters of central significance to them and diminishes those issues or perspectives deemed important by the researcher (Merton, 1946). Uncovering what is on the participant's mind, rather than what is on the interviewer's mind frames the participant's responses in their context, not forcing them to fit a framework the researcher has in mind (ibid).

With the focused interview approach, the people interviewed have participated in an uncontrolled, but observed social situation. This situation then is previously analyzed by the researcher and through content analysis he has arrived at a set of hypotheses concerning the meaning and effects of determinant aspects of the situation. It is on the basis of this analysis that the researcher designs the interview schedule. It contains the major areas of inquiry and identifies the relevance of the data to be obtained. (Merton, 1946).

In preparing the questionnaire (Appendix A) for this study for use as a guide when interviewing the participants in their homes, I responded to the reactions of the older people in their crisis, taking the issues that they were indicating to me as needing further investigation.

I used a semi structured question format, endeavouring to leave the atmosphere open to as broad and informal a discussion as was possible, while remaining within the focus of the study. For example, one question asked was: "What does this community mean to you?" While attention was focused on the issue, there 'was a blank page to be filled in', so to speak, by the participant. (Merton, 1946).
For example, during the interviews, my relationship with the people who had come to know me in their community seemed momentarily changed. We were in a different context, focusing on more serious, in-depth, personal issues. Instead of focusing as a group on the housing crisis 'out there', we were now looking at the reality for these individuals as persons. The questionnaire provided the structure which enabled the interview to take a semi-directed, objective, yet personal track. My opinions and perspective were not necessary to accomplish the work that we had come together to do.

While there were two or three occasions, mostly towards the end of the session, when the participants solicited my perspective, I was mainly in the position of listening and clarifying what they were saying. On a few occasions I found myself to be corroborating with the older people as they revealed their circumstantial pain. Through this, however, the blank page filled with the perspectives of the older people.

For example: I had made the assumption that the Kerrisdale community had significance for the older people because their friends lived here. However the participants' responses to the question of the meaning of this community to them revealed something quite different. The majority of the participants indicated that their friends indeed lived somewhere else or that they did not have many close friends but that this community best fit their notion of 'home'.

They did tell me that people are friendly, they smile and wave with you as you pass in the street, the shop keepers are obliging and interested in your welfare and you get to know them in a personal fashion. There is a 'respectful distance' among
many of the older residents as described by the participants, while at the same time there is a feeling of mutual support, neighbourliness, and 'home'. Interestingly, this phenomenon may resemble the role of the participant observer: intimate distance.

There were times when I was asked my perspective regarding a particular situation. The following exemplifies the approach I used in order to gain further understanding of the participant's perspective. This situation related to the issue of control and health.

Participant: "Well I think I'm the kind of person who likes to have control. I don't like to not know where I'm going and what I'm doing. I like to have a certain amount of control. Do you think that affects health?"

Interviewer: "Let's look at it in terms of housing. How did the housing crisis affect you?"

Participant: "I was very angry, very angry. I was angry that I was being forced to do something that I didn't want to do. It was not my choice, I didn't move from my choice. I was very angry.

Interviewer: "You feel you had to do something that was beyond your control. the situation affected you that you had no control over?"

Participant: "Yes."

The following section describes my relationship with the community.
Community Methodology

The Participant Observer

As noted earlier, I have been involved with the older people in this community for over six years. As the housing crisis unfolded, my relationship with the elders, became more intimate, and focused. I have been observing the community's response to this crisis since its onset in 1989. As a health professional, I facilitated the process whereby the participants in this study worked together identifying and developing strategies with which to address the phenomenon that was occurring in their community. Unofficially, this process became the group's Health Promotion Program.

As a participant observer I had been part of the life activities and shared the sentiments of this group of people in face to face relationships (Bruyn, 1966). I became a normal part of their life and culture yet attempted at the same time to remain 'detached' in my role as a health professional and resource to the group.

Data Gathering

For over two years there have been weekly information and planning meetings, the emerging minutes and field notes from which provide insight to the issues and documentation of the group process. This data provides a rich background to the study.

There has been extensive media interest and coverage, the articles of which provide story-form over time. Participants in
this study have been interviewed not only by the media, but also by other researchers. This information also enhances the picture not only of this community but also of the process.

Participant Selection

The sample for this study is comprised of 16 elders each of whom rent, or once rented, apartments in the Kerrisdale community, and who lived within one square kilometre.

Within the sample there exist two different groups of people. The eleven elders in the first group were actively involved in CCFAH, five of whom continue their involvement today. Of these eleven persons, eight were forced to relocate. The second group is comprised of five persons, none of whom has been involved with CCFAH and two of whom have been forced to relocate.

The first group is comprised of seven women, each living on her own, as well as two couples. The second group consists of five elders who were known to members of CCFAH and approached by them to participate in this project. These persons have not been involved with CCFAH, however, expressed a willingness to participate in an interview. There is one couple in this group. The remaining three persons are women living on their own in their apartments.

No attempt was made to select a random sample for either of the groups. The seniors who were involved with CCFAH were easily identified and as many as would allow an interview, were interviewed. The seniors not involved with CCFAH, the second group in the sample, either were known to members of the first group, who approached them and asked if they would participate,
or were known to the researcher and asked if they would participate. Basically, anyone who was living through this housing crisis, and willing to participate was interviewed.

The significance of the diminished sample numbers rests with the fact that many older people who were approached to participate either were too stressed with the circumstances to be involved, or were too frightened by perceived repercussions if they put themselves in a position of being identified. Others declared their basic shyness in speaking out.
The Focused Interview Process

The actual interviewing took place between January 1990 and January 1991. The participants chose their location of preference for the interview and all but one were interviewed in the privacy of their home. This provided the opportunity for open, indepth discussion as well as privacy and intimacy. The woman who preferred to come to office cited a disorganized apartment as the reason for her decision.

People signed a written consent (Appendix B) to authorize use of their discussion in this study and were guaranteed anonymity. Their permission was requested for tape recording of our conversation. Tape transcription ensured accuracy of the dialogue, enhanced meaning and guaranteed natural emphasis and expression. All participants agreed to the use of a small tape recorder. In some situations, the recorder disrupted the naturalness of the conversation. In the majority of instances, however, this mechanical intrusion diminished as the interview progressed.

The interview process took between 1 1/2-3 hours. The participants guided me into their world through the informal setting, one in which they felt in control. My approach with them was consistent, using the semi-structured format. The open-ended questions I posed were meant to guide, and not limit inquiry. They reflected the issues about which people had been expressing concern, and are as follows.

1) What does Health mean to you?
2) How long have you lived in this neighbourhood?
3) Have you friends and family here?
4) What percent of your monthly income do you spend on rent?
5) Has your rent increased over the past year?
6) If yes, by how much?
7) What does this neighbourhood mean to you?
8) How has the housing crisis affected you?
9) What has your involvement in CCFAH meant to you? (for those involved with CCFAH)
10) Have you been involved in any way with the housing crisis?
11) If yes, how and with whom?

I used a combination of standardized and reflexive interviewing techniques (Hammersley, 1983). Depending on the circumstances, and the personality of the person being interviewed, my approach moved from being directive to non-directive, depending on the function that that particular question had to serve. Hopefully, we were engaged in a conversation with a purpose (Chenitz, 1986).

As I asked the person a question, I would consistently clarify their meaning in terms of a concept I had in mind for interpretation. For example if a respondent said: "Health to me means being able to do things for myself", I would respond with: "Does the word independence capture what you mean?" And the person would affirm or clarify my interpretation of their message. I endeavoured to be an active listener, interpreting facial expressions as well as changes in tone and level of voice.

Clearly, with practice and over time, the interviews conducted later in the study were more relaxed, and less amateurish than those at the beginning.
Data Collection

Observations and recorded notes were collected over the period of a year, before the formal interview process was started. I transcribed the taped interviews as close in time to the actual interview as possible, injecting my own perspective, thoughts and observations. This captured emphases, intonations and meaning, and provided the opportunity for a telephone call to clarify the interpretation of an issue or phrase. I also wrote notes during the interview process, remarking on the person's being and surroundings.

Data were collected using a semi structured interview format with an open-ended questionnaire. I then categorized the data generated by the participants, into issue sections and further itemized this information into categories. For example, the participants were asked to describe what Health meant to them. The data they generated included five major categories and in order of quantity and number of times mentioned, are as follows: Independence and Choices, Physical Wellness, Feeling Well, Attitude (Wellness), Emotional\Mental Contentment and Control.

Data Analysis

The analysis of the data is compared to the literature findings contained in Chapter two, and viewed through the window of control. As I perused the data, I was looking for related themes, patterns, puzzles and surprises as compared with the traditional assumptions made about elders and the Kerrisdale community. I was also aware of the participant commitment to this study as people would keep adding interesting bits "for
your paper". Those bits were most relevant. Consequently there existed preliminary analysis and progressive focusing, definition and redefinition of 'reality'.

Limitations

The nature of the displacement situation produced intense fear and vulnerability among many elders, and they were reluctant to be interviewed. Fear of retribution by apartment managers, publicity, and being labelled a 'dissident' all contributed to the 'narrow' sampling. The sample then consisted of those persons who felt comfortable telling their story, and these people represented a very small number relative to the size of the community.

Some would say these elders were 'strong' to begin with and consequently the study may be seen to have its own bias. While the study perhaps left representativeness in doubt, it drew its strength from the responses of the participants who felt they could participate (Hammersley, 1983). My position with and acceptance by the participants, coupled with their concern for the community at large, made it easier for me to gain access to the level of information that would provide an in-depth picture.

A second limitation relates to potential experimenter bias. I, as a community health nurse, had an expectation of determining the effects of the crisis on the individuals being interviewed, and their responses may have been influenced in the direction of that expectation. Experimenter bias becomes the self-fulfilling prophesy in which our actions bring about the conditions we believed would occur (Lofland, 1971).
A third limitation rests with this 'snapshot' of a single moment in time during a major life crisis for elders. A longitudinal study with interviews at 6, 12, 18 and 24 months would provide a much enhanced picture of the REAL and long term effects of forced relocation on middle-class elders (Lofland, 1971).

**Ethical Considerations**

The study was described in detail to the participants, and to ensure anonymity, all names have been changed.
CHAPTER FOUR
INTRODUCTION TO THE COMMUNITY

Kerrisdale

Kerrisdale, an older, middle-class neighbourhood, is quietly nestled on the west side of Vancouver. Among its many apartment buildings sit a mixture of individually owned, medium-sized homes. A variety of stores, shops and businesses line the main street and the Kerrisdale Seniors' Centre sits one block away.

The high density of apartment buildings, second only to the West End, ranges from smaller, older, three story walk-ups to the more modern 12 - 15 story highrise. As might be expected, the older, three story walk-up apartments rented for less money, consequently housed a higher proportion of older people.

Over the past 30 years this neighbourhood has become the unofficially accepted 'retirement centre' for people living in the Shaughnessy, Kerrisdale and Dunbar areas. It has evolved into what today would be similar to a "NORC", a 'Naturally Occurring Retirement Community'. Older people also move to this location from the North Shore, White Rock and Burnaby etc.

Thirty percent of all Vancouver's older people live on the West Side and 33% of these people reside in Kerrisdale. Consequently, the population of seniors over the age of 55 numbers 3,940. A large proportion of the older renters have lived in the neighbourhood for 20 - 30 years.

Until very recently, the 'culture' and tradition for many
retired people living on the west side has been to sell their homes when their family has grown and moved away, and move into a rental apartment. Older people in the Kerrisdale neighbourhood, view apartment living as being the natural progression from their family home. Consequently, many older people in Kerrisdale have called these apartments their home for the past four to thirty years.

Features of apartment living from the older people's perspective include convenience, less maintenance and increased independence. Apartments are easier to maintain and provide the freedom for people to come and go without the care and concern of private property. Moving to an apartment also frees up what is unnecessary space for the older person at this stage of their life, to accommodation and land for young families who can make better use of the property. Consequently, apartments are 'home' and a man's or a woman's "castle". The next section provides the background to the formation of CCFAH, the advocacy group in Kerrisdale.

**Seniors Wellness Program / Adult Health Promotion**

As a result of the relationship between the Seniors' Wellness Coordinator and the elders in Kerrisdale, the housing crisis was identified and addressed. The following brief background to the program provides the context.

The Seniors Wellness program was implemented in 1985 by City Council at the elders' request. It embodies a Health Promotion / Education approach, utilizing a Community Development strategy in implementing the process. This design has freed up the community and the role of the health professional to develop
partnerships in designing and implementing programs that are relevant and valuable in addressing the health issues that are important to the older people defining them. Therefore, the emerging health issues differ from the ones the professionals traditionally thought to be important.

The community based program provides the opportunity for older people to deal with health issues that are important to them. They not only participate in health discussions and exercise programs, but also meet and establish new friends, reach out to other older people in their community, as well as design and develop projects which address issues relevant to the quality of life for all seniors.

The philosophy of the program respects the experience, knowledge and wisdom older people have gained over a lifetime. It also recognizes the value of ongoing education, challenge and involvement as contributing factors to health. The program regards older people as a resource to themselves, one another and the larger community. It respects the integrity, dignity and autonomy of older people, working with them to deal with the realities they encounter in growing older, both as individuals and as members of our society. The process of this program is essential to its success and is described as follows.

The Role of the Facilitator / Seniors' Wellness Coordinator

The philosophy of the program allows the professional to work with people in the community in a resource role, responsive to the issues and concerns that are relevant for the individuals and groups. The Senior's Wellness coordinator acts as facilitator and resource person to the community group. She
facilitates the process whereby the participants build on their strengths and skills, expanding their knowledge and understanding of issues that are important to them. With delicate insight, she challenges not only the growing edge of the group, but also the growing edge of the individuals within the group. She role models her approach with people, through decision making, collaborating, communicating, delegating responsibility, and making mistakes.

Concerned Citizens for Affordable Housing (CCFAH)

As the Seniors Wellness Coordinator, I was working with the Kerrisdale Seniors Outreach Committee, consisting of five older people. This group was interested in older people living in the many apartment buildings surrounding the Kerrisdale Seniors Centre who were uninvolved in their community. A major challenge was connecting with these persons in a non-invasive manner. The apartment managers seemed a natural entre. Consequently, in November 1988, the Kerrisdale Outreach Committee sponsored an evening coffee party for all the apartment managers in the neighbourhood.

The result was an attendance of 13 persons, five Outreach committee members and four apartment managers with their spouses. Following introductions, the managers discussed the issues that concerned them regarding the older tenants living in the buildings for which they were responsible. They also learned about resources in the immediate community. At the end of the meeting, the managers requested that this dialogue be implemented on a monthly basis and that they would bring their friends. It was agreed that the next meeting would be in January 1989, and the managers were asked to bring with them, an
older person who was one of their tenants.

Of the original four participating managers, only two returned for the January meeting. They brought two older tenants with them. In addition were two new managers. The lengthy introductions prescribed the agenda for the meeting, as evictions and housing became the consuming issue of concern.

Since the November 1988 meeting, three apartment buildings within the same block had been sold. It was rumoured that several other 'three story walk-ups' were slated for sale and subsequent demolition. The returning apartment managers and one of the other building managers were caretaking buildings which had been sold.

The topic for this evening had been dependence and independence in older people. However, the critical question was: "What do you want to do about the situation you have just described here tonight"? Immediate discussion included comments such as:

"We cannot ignore what is happening in this neighbourhood."

"Older people are being evicted from their homes and given 2 months to find something else. They seem to have absolutely no control over what is happening."

"Someone has to speak on behalf of the older people as many are too frail to speak publicly for themselves."

"Some of the older people I know, just want to move into a nursing home. It is too much for them to find a new place."

"One older lady has just about stopped eating."

At that moment, it was decided unanimously, that the appropriate response to this housing crisis was to hold a public forum,
inviting not only the community, but also Municipal, Provincial and Federal politicians and public officials. The appropriate date became: Sunday February 26, 1989, 2:00-4:00 P.M. The remainder of the meeting was consumed with the sharing of responsibilities and the organization of weekly meetings for purposes of mutual support, planning and coordination. Immediately, this combined group of older people, comprised of apartment managers, concerned tenants, and members of the Kerrisdale Outreach committee joined hands, and began what continues to be a concerted and progressive movement to address the issue of the lack of appropriate, affordable housing for elders, not only in the Kerrisdale neighbourhood, but also in the City of Vancouver. The next section introduces the elders.

Introduction to the People

The sample consisted of three couples and ten individuals. Two of the couples and seven of the individuals were members of CCFAH and comprise group one. The remaining couple and three individuals comprise group two.

The couples, when given their choice, preferred to be interviewed together and in their home. This arrangement presented the challenge of separating the thoughts and feelings of one person from the other. Before commencing the interview we discussed the strategy of my questioning first one person regarding an issue and then the other. This structure would ensure that the thoughts and ideas of each partner were accurately heard and recorded.

The interview, at times became enriched and more of a focus group discussion as spouses sparked thoughts and emotions in
each other. In two of the three situations, while discussing vulnerable topics, it was apparent that each partner did not feel free to articulate what was on their mind. For example, a spouse, when discussing the meaning of health to him, stated he could go no further or he would upset his wife. Consequently, interviewing the couples together clearly influenced both positively and negatively, the nature and depth of information gleaned for the study.

When the interview was terminated and the tape recorder turned off, many of the elders seemed more at ease, and the tenor of the discussion changed. I am unsure whether this represented stress and tension connected with the interviewer, or was a response to the mechanical device.

Several of the participants found portions of the discussion emotionally painful. Some cried as they talked about the housing crisis. Others wept as they related distressing childhood events or tragedy that befell them during their married or later years.

My primary concern was to establish as intimate an environment as was possible, building on the relationship that already existed between us. I wanted the participants to discuss with me, as sensitively and clearly as they could, their perceptions of the housing situation affecting them. Their subjective feelings, and perceptions are the heart of this thesis, and central to understanding the role of control in health, housing and community life. The next section describes the individual participants.
People Involved with CCFAH

ALICE

Alice is 80 years old and has lived in the Kerrisdale area for 55 years. Three years ago she sold her home in Dunbar, a sister community, where she had lived for 50 years. She moved to an apartment in Kerrisdale where she had worked in one of the shops for over 20 years. She wanted to stay near the community:

"Because there was no where else to go from Dunbar. Over one half to three quarters of the 200 people at the meeting the other night are from the Dunbar area, and they retired over here when the apartments were built. This was the closest to where they lived all their lives. You wanted to be close to what you were familiar with. This is home."

One year ago Alice was forced to move from her apartment in Kerrisdale where she had lived for two and one half years. She found accommodation in a nearby high-rise where her former apartment manager was the new caretaker.

Alice had a rental increase of $250.00 per month and was now paying more than 50% of her monthly income on rent. Privately, in order to accommodate her increased expenses, she assumed the duties of the apartment manager while he was out of the building. One day a week she would respond to inquiries and be available to tenants if they needed assistance.

Alice has a heart condition, consisting of a very enlarged heart and hypertension. As she says:

"I think I've had illnesses but ignore them as much as possible, I don't dwell on being sick. I've always believed in working hard, and being very, very active. I've loved life. I have a heart condition now, probably because I've moved pianos and carried furniture up and down stairs. When my doctor discovered I had a heart problem I said "Oh I just
carried 2 heavy chairs up the stairs this morning. But I take my pills and it seems to keep it under control. I never stay sick very long. I think a lot of that attitude, I don't have time to be sick, I'm making teddy bears.

Alice was born on the East Coast, and as her aunt later related to her, a premature baby who was neither weighed at birth nor protected in any special way. As Alice says:

"But if you survived, you survived, and I survived. So I think I was born either with the will to survive, or the strength. I had a tough childhood in a way. My mother died when I was 8 and my grandmother, who hated my father with a vengeance, took one brother and myself, and she was 72 when she took us, and she lived until I was 14 and she was very hard on us. You kept your nose to the grindstone. When I was 23, I saved enough money and would you believe, I came by Greyhound bus from Ontario with no money. My dad was here and my step mother and I had 2 younger sisters, and I only intended to stay here six months. Well, I didn't go back for 25 years".

On arriving in the west, Alice met and married her husband. They had two children. After they were grown, Alice's husband died and she managed the family home as long as she could. She is surrounded by friends, and her son, who she sees regularly. He lives in Richmond. Her daughter lives in Revelstoke and they visit back and forth. When the interview was finished Alice made tea and served home-baked Christmas Cake.

AGNES

Agnes is an 85 year old woman who has lived in Kerrisdale for over 39 years. She lived in the family home for 29 of those years, when a heart attack prevented her from maintaining it any longer. Her husband had died. After two moves between apartments in the same community, she settled into an apartment in Kerrisdale and had been there 5 1\2 years when she received
her notice in 1989. Agnes now pays 100% of her monthly income on rent, her rental increase after the eviction being $275.00 per month.

It was crucial to Agnes to remain in Kerrisdale, regardless of the rent, because as she said:

"I like Kerrisdale because it's a nice district. What I mean by that is the behaviour of the people is very good. You know you haven't got this rough gang sort of thing. I like the gardens. Nature to means a tremendous lot because I grow stuff... and oh the sunsets are beautiful in the summertime. I was content here".

Agnes commented that because of her failing health, she couldn't get out as much or do the things she used to. Therefore, because she is less active, she does not have to eat as much or travel and these two lifestyle changes will enable her to reduce her monthly costs.

Agnes was born in England and moved to New Brunswick with her new husband. They moved to Saskatoon, and there raised their children. Agnes has a supportive daughter who lives two blocks away, and her daughter-in-law also assists her on a regular basis. She has two other children, both living out of town.

Agnes was an active member of CCFAH until her move at which time she states:

"I think having to move is at the back of my back trouble. I'm sure of that because it didn't bother me before that. There's a tremendous amount of stress. The fact that I had to move was a big shock because I never expected to ever move again".

At the end of the discussion and with a twinkle in her eye, she announced that she will continue to make 'Granny's Buns' for as long as she is able.
JANE and FRED

Jane and Fred were raised and married in England. In 1965, when they were both in their forties, they came to Canada with their three children. The family settled in Edmonton, Alberta. Gradually the children moved away from home, heading west to settle on the coast. Jane and Fred often visited their children in Vancouver. Jane especially, dreamt of Fred's retirement so they could move and join their grown family. As she says:

"Gradually over the years the family moved and they all came out here (Vancouver) and of course our one desire was to come out here. Firstly, because our family was here and secondly because this was where we wanted to be. And Kerrisdale was the choice spot of all we'd seen".

Fred took early retirement in 1986, and sold the family home of 21 years. He and Jane moved to Kerrisdale where two of their children lived. As Fred says:

"We liked Kerrisdale because it had got a lot of what we missed coming to Canada from England. There is a certain amount of snobbery inherent in our feeling to it because, the people there although they will very often tee you off, you know that they're not going to push you off the sidewalk, they're not going to be rude, and this sort of thing. It is a classy place."

Fred explains what he means by class:

"Class to me is a very rare sort of thing now-a-days. Its the natural sort of gentleness that you would hope you would portray if you were as good as they were. Its the feeling that you have of the people's feelings. I think I've said gentleness and gentleness really is at the bottom of class generally".

Jane described Kerrisdale thus:

"It was coming home for me. When I got there I thought: 'this is it'. Coming from England and the area we lived in, and going to the Prairies was a big shock".

They rented an apartment in Kerrisdale for three years and then
were told they had to move. They have now lived in North Vancouver in a rented apartment for one year. Joyce sums up their new location as follows:

"We should be happy, we should be contented here, but we're not. Leaving Kerrisdale has had a bigger effect on me than all those years of having to live in Alberta. When we came here, that was our dream. That's what we worked for. This was home. We'd no idea all this was going to happen. Kerrisdale had been like that for years and we didn't know it was going to change".

Fred and Jane were spending 34% of their monthly income on rent in Kerrisdale and as each turned 65, pensions and the rent in North Vancouver favourably lowered that amount to approximately 30%.

Fred at age 65, is constantly seeking new challenges and new adventures. He not only spearheaded the CCFAH prior to his and his wife's eviction and continues to be an active participant, but also has spearheaded a political movement to address an impending housing crisis in his new community. He now participates on City Council's Social Planning Community Strategy Committee.

Jane has a long distance relationship with CCFAH, as she interestingly supports her husband, and agrees with the community initiative. Jane served tea and homemade sweets at an agreed upon intermission during the interview.

BARBARA
Barbara is a 64 year old woman who has worked for the last twelve years to support herself. She raised her two children in the Kerrisdale community, and both continue to live near by and support their mother. Barbara has lived in Kerrisdale for 29 years, and in her new apartment for three months. She was
Barbara states that she feels extremely fortunate. Her son's mother-in-law owns a home in the Kerrisdale community and the basement was used by her son when at university. When learning of Barbara's situation, she decided to renovate the lower floor and rent it on a permanent basis to Barbara. This has worked exceedingly well. It mans that Barbara has not had to leave the area, although 47% of her income now goes to pay the rent.

Born and raised in England, Barbara moved to Ontario with her husband. Unhappy there, they planned to move back to England, however, her husband found work in Vancouver, and out the family came. As Barbara says:

"Someone who was working with my husband found somewhere for us to live in Kerrisdale with 2 children. And I was immediately impressed, and always have been by the village atmosphere here. I mean architecturally it is not like an English village, but community-wise it is. It always has been. It's a place where you can walk into the village, say hello to people, know all the shopkeepers, feel you belonged. When you come from 6000 miles away from home, and all you have is your husband and children you are very aware of the fact that you have not got much back-up, you haven't got an extended family. So somewhere like Kerrisdale becomes very much a part of your daily life. That's very much how I was brought up in England".

Barbara focused on what shaped her independence today, her upbringing, moving, working and the importance to her of Kerrisdale as a community like 'home'. She also talked about the housing climate and positive efforts and outcomes of CCFAH.

Barbara has been involved with CCFAH almost since its inception and she anticipates becoming more so, once she retires in a few
months. When the formal interview was completed she served tea and we relaxed and talked some more.

FRANCIS:
When Francis, 57 years, and her husband and two children first came to this country, they lived in the Mount Pleasant neighbourhood. After ten years of hard work they bought a house in the Kerrisdale community where they lived for eight years. Francis and her husband separated, and Francis now lives in an apartment in Kerrisdale and has done so for six years. Her daughter lives in Kitsilano, and her brother in Port Coquitlam.

Francis has a small business she operates from her apartment in order to make ends meet. Her rent absorbs more than half her monthly income and she worries about being able to afford to continue to live in this community.

She states that she feels prejudice wherever she goes, but that in Kerrisdale, there is safety even if the people are unknown to her. She states:

"If somebody wants to hurt you, in the street where you are walking, somebody wants to hit you, when they think anyone in this community will see and report, or do something, they won't touch you".

Francis is proudly independent, and prefers not to have to rely on others. She organized a social interest group in her community to which all seniors were invited. She also was a participant on the Seniors' Outreach committee for the Kerrisdale community. Francis withdrew from CCFAH early on in the process because she became discouraged. She felt the group was not being heard by the people who could make a difference.
ROSE and ARTHUR

Eight years ago Rose, 75 years and Arthur, 78 years sold their family home in Winnipeg and moved west to be near both their children and their grandchildren. They had lived in Winnipeg for over 23 years, where Rose owned and operated a homemaker agency, and Arthur worked in business.

This couple were forced from their apartment in Kerrisdale after living there for only eight years. Their new apartment, to which they moved a few months ago, is close by. Rose says of the new situation:

"We thought that when we settled in here, this would be home, but we've had such difficulties here. For everything we have to answer to our apartment manager".

They had been friends with the building manager in their former apartment, and in fact continue to see his wife and him on a regular basis. They are paying more than 30% of their monthly income on rent with the rental increase of $200.00 per month in their new location.

Rose and Arthur travel to Arizona each winter to be with their son and his family and children. They do not know how much longer they will feel capable of making the trip.

Rose's health, after receiving the eviction notice, began to deteriorate, and she was hospitalized on two occasions. This couple had extreme difficulty finding an apartment in the same community, and once they did, it seemed nothing went right with either it or the move. The new apartment was dirty and many things did not work properly. They found that getting assistance with the difficulties seemed next to impossible. They were both active members of CCFAH for over a year, however,
Arthur's failing health prevented him from participating any longer. Rose was not comfortable participating on her own. Both people pride themselves on their independence.

At the conclusion of the interview, we sat at the dining room table and Rose served tea and a variety of sweets she had both saved and bought.

MARY

Mary is a 75 year old woman whose first husband and 'real love' went overseas in 1941, one month before their first child was born. During the four years that he was in the war, Mary would scan all the stores for chocolate, which was 'scarce as hen's teeth', and send him the parcels weekly. He never saw his daughter. He was killed in 1944.

Mary married again several years later and bore two children. One day, while she and her husband were travelling to see Mary's first daughter graduate from UBC, they were hit broadside and her second husband was killed almost immediately. She is six times a grandmother.

Sixteen years ago, with her children grown and gone, Mary sold the family home in Burnaby and moved to an apartment in West Vancouver. She lived here for 14 years. After a particularly serious bout of flu, her children persuaded her to move closer to them in Kerrisdale, where she has now lived for just a little over two years. She talked about her move:

"My children wanted me to come over this side and I was really ready to move. But when I did move I was a basket case. I sat on the chesterfield, and I just looked at this place and I said "we'll never get all those boxes unpacked, there's not room for all that stuff". And I just sat and cried. Carol said, 'Oh Mother, Stephen will do all the things that have to be
done that I can't do. We'll have everything all straightened out'. It wasn't the apartment that upset me, it was I guess...I didn't know I was going to be like that".

Mary spends approximately 75% of her monthly income on rent. She receives a small subsidy to supplement her income and her family support her, when she worries about being unable to afford the rent and/or eviction.

Mary was very involved with CCFAH almost from the beginning and then had to stop participating because she began to feel too much stress and pressure. She has physical concerns and these were beginning to aggravate her. As she said:

"If I don't feel well, I get depressed and my immune system starts breaking down. That's what happened to me just a while back after we had had all those demolitions and I had gone out to them at seven o'clock in the morning. I don't think that's what did it, but when I went to the last one over here, I just stood there and...there were tears. I just couldn't believe that this was happening. It was devastating and of course I was worried about this building going down".

Mary discussed, with relief, the visible improvements taking place in her apartment building. The new cable throughout the apartment building, and finally, new taps in her suite. These had to be indications that the present owner was going to keep the building.

She also indicated her great concern for both young and old who were being forced to relocate, often outside their community.

"And I spoke to several older ladies in their 80's, and one especially got into a panic. And a friend of hers said there was a suite available over on Granville and she moved immediately. And when I saw her the other day she said: 'You know I am so unhappy over there. I am away from all my friends and it's so
noisy there. I'm not able to go out around and look for apartments'".

IRENE

Irene has lived in the same apartment in Kerrisdale for 24 years. Here, she meticulously cared for her husband, who in his prime at 35 years, contracted M.S. and had to give up a most successful teaching career. They moved to Kerrisdale from Dawson Creek to be near good treatment facilities, and in a climate and environment where her husband could best maintain his independence. He died 18 months ago from the ravages of the disease, and Irene has been readjusting her life back into the community. She was a founding member of CCFAH.

Her home is comfortable and new carpets cover the floors. Until recently they had remained bare to accommodate the wheelchair. There are two new paintings decorating the living room walls.

She estimates that her rent consumes approximately 25% of her monthly income. Irene feels that her husband's pension has provided her with a comfortable income. She is currently able to manage the annual $50.00 increase in her rent.

As a child, Irene experienced poor health, however, now feels healthier than she did then. She has the ability to express her wonderment about how death will present itself to her, while at the same time not fretting about it. A stressful worry which her husband's death relieved was that of potential forced relocation due to eviction. Both she and Dave watched and listened as the apartment building next door was sold and demolished, and they wondered how they could possibly engage in
such a process, if it came their turn, with Bill so incapacitated.

Irene has lived longer in Kerrisdale than anywhere else in her life. She calls it 'home'. She appreciates knowing the people out and about on the streets, and enjoys her friendly contacts with the merchants. She never uses her car for local business. She prefers to walk to the Seniors Centre and other destinations. She has some family in the city, and visits other relatives in Dawson Creek.

Irene withdrew from the CCFAH after approximately one year. She found the other member's shock and dismay at their evictions too emotionally connected with her feelings of loss of her husband.

KATE
Kate, a 59 year old woman living on her own, took early retirement from her teaching career to deal with physical symptoms resulting from both cancer and two, harsh car accidents. Her father, with whom she felt close, died and left her mother a widow at the age of 38. Her mother then raised Kate and her brother on her own. Kate's brother, with whom she does not feel close, lives in the United States. A cousin who is her closest relative, and used to live in her neighbourhood, has now moved further away within the Lower Mainland. She has friends close by.

Kate has lived in her apartment in Kerrisdale for well over 20 years and states she is not a 'mover'. Currently, she is concerned about her ability to be able to continue to afford her monthly rent. It has just increased by $147.00. Her total rent
now consumes more than 50% of her monthly income. Her cousin is trying to persuade her to move out to Clearbrook, however, Kate does not want to go there. Kate herself is pondering North Vancouver, however, the bridges are a deterrent for her. As she says:

"I'll make the decision when it comes. But always at the back of my mind is 'Where am I going to be living'".

Kate is courageously independent, with a strong sense of social justice. She describes situations throughout her life that demonstrate her ability to be different and to support the plight of those less able to defend themselves. If she believes in something, she takes a stand, sticks to it and puts her whole heart into it.

Being the first girl to deliver newspapers in Vancouver, at the age of eight years, she managed deliveries and collections of 67 papers. While she often feels she stands alone, Kate appreciates the efforts of groups such as CCFAH. She states that her involvement gives her courage, enabling her to get involved and to be part of a group which is working towards a specific goal.
Participants Not Involved with CCFAH

AL and SUSAN

Both AL and Susan are retired from Civic programs, having worked in communities across the country. Susan grew up in Kerrisdale and attended university in Vancouver. AL was born and raised in Ontario. They met after the war and married in Toronto.

They have two daughters, one of whom resides in Vancouver, the other in Winnipeg. They make an annual trek to Winnipeg to visit with their daughter and grandchildren. Susan and AL are independently involved with activities in the Kerrisdale Seniors' Centre, and Susan has art interests with the University Women's Club. Both volunteer in their community.

Since their move west from Winnipeg eleven years ago, they have lived in their nicely furnished apartment in Kerrisdale. They moved to this location not only to be close to their daughter, but also to attend to Susan's mother who lived three blocks away. She died one year ago at the age of 99 1\2 years.

The Kerrisdale community is very familiar to them. AL, who has cataracts and cannot see well enough to drive, finds this community convenient and easy to negotiate. They comment that the people here are trustworthy and that there is a general feeling of security.

Susan and AL pay over 50% of their monthly income on rent. While they feel this is excessive and forces them to forgo other things, they are appreciative that at least their pensions are indexed and thus far able to keep up with the rent increases.
Basically, their discussion focused on their contentment with their spacious apartment and their working lives. They say that the housing crisis hasn't affected them per se, and that they desire to remain in the Kerrisdale community. We had a drink together at the end of the interview.

GRACE

Grace is 73 years of age and has lived alone in her Kerrisdale apartment since her husband died one year ago. She and her husband moved there five years ago after selling their Kerrisdale home of 35 years. David's Parkinson's Disease had reached the stage where the three stories in the house, combined with the hilly streets made mobility next to impossible for him.

Grace cared for him until he died and is now confronted with annual rent increases of $100.00 per month which her pension will not support. She pays 66% of her monthly income on rent.

Grace is in the midst of packing to move to Parksville where she has a couple of friends and has bought a small house. As she says:

"Had the situation in Kerrisdale not been the way it is, I don't think we would have ever considered it, not ever seriously, because we have lived here...well my husband was in the Air Force, and we were married overseas and we came to Kerrisdale in 1944. The kids were born here, went to school here, our friends are here, you know, the people that own the shops become friends. They become the kind of friends you go to their birthdays, their celebrations and they come to yours. It's a community".

Grace has three children, one in Vancouver, one in Prince George and the third in Kelowna. She developed Rheumatoid Arthritis ten years ago, and has made significant lifestyle adjustments to accommodate this condition.
She taught school in North Vancouver, accomplishing her Education degree when she was 40. As Grace says:

"Imagine going back to school at 40?" She attended one of the Kerrisdale community meetings to address the housing situation, however her feet told her she would be unable to be an active participant. She has followed the actions of CCFAH through her friends in the community.

She continues:

"The thing that I feel for some of the women in this building that I have gotten to know, is that they have never worked. They don't have Canada Pension... they don't have a pension. They have what their husband's... you know they sold their house maybe 10 - 15 years ago for $40,000.00 and that's their capital and they're really in a panic about the rent. And they say to me: 'Oh I hope I can manage to hold on'."

In her interview, Grace focused on the political realities in B.C. and similar policies in England and how we could learn from other countries. She talked about the social injustice of what is happening, not in terms of herself, but in terms of those persons who are unable to speak for themselves.

ANNIE

Annie was born in Regina of honourable parents. She described them as upstanding and hard-working. However, she states that her mother was severe. The family moved nearly every two years for much of her life. She states she found this a very unsettling existence. She has a sister in West Vancouver whom she does not see. Annie has one son and visits with him monthly.

She has lived in Kerrisdale off and on since she was 16, and has occupied her present apartment, situated within a high rise, for over 16 years. Two years ago, she sold her Kerrisdale house, which she had rented out.
Her rental increases are $50.00 each year, and she estimates that she pays approximately 25% of her monthly income on rent. The building is well managed and the tenants know and trust the owner who they deem to be fair.

Her apartment is cozy and inviting and she proudly displays a miniature doll house fully outfitted with her hand crafted creativity. She showed me her photographs documenting the changing face of Kerrisdale as she follows the phenomenon with a sense of historical interest.

Annie is most independent, and is involved with two seniors centres in other communities. After retiring from full time, elementary school teaching, she has made new friends and volunteers in the community. She appreciates the aesthetic nature of Kerrisdale, with its trees and flowers and well kept gardens.

Annie states she has not been affected by the housing crisis in Kerrisdale, and that change is an inherent fact of life. She states that writing signs and protesting demolitions does not change anything. Her suggestions include support groups as beneficial for those people who are having to cope with moving. She also suggests that seniors link together in moving to places like Clearwater where life may be more affordable.

MARGO

Margo, 80 years of age, has received notice to vacate her apartment, as the building has been sold and the land scheduled for redevelopment. She has lived there for 16 years and has friends both in the building and in the surrounding community.
Three years ago her brother and family moved from this community to White Rock.

Margo estimates that she spends 50% of her monthly income on rent. The rents in this building have been the same for the past 14 months.

Margo is a professional woman having worked and taught both at U.B.C. and in the health care system until her retirement. She finds life challenging and not only meets those challenges head on, but also advocates for other older people who are unable to do so for themselves.

While Margo has not been actively involved with CCFAH, she has spearheaded initiatives in her apartment building, bringing people together to ensure the best possible outcomes from the evictions. She has been particularly concerned about two older people, aged 88 and 96, who live on her floor. They are being encouraged to accept long term placement in Care Facilities, even as they live independently in their homes.

As she recounted:

The developer says: "Old Mrs. Bracken knows what she's going to do," and I said, "No she doesn't, her son may think he knows!"

She commented that the older people are afraid. As she says:

"It's that you're all in the same boat and you don't know what you're going to do".

Margo's commitment to other people and her willingness to protest the evictions as an injustice has attracted both media and public attention. She talked about the stress this situation has created for her:

"These young people are not worried, you're not at 30
or 40. I wouldn't have been worried then either. Your mental attitude changes as you grow older. As I said to my 80 year old neighbour, Frieda last night... "you're becoming meeker by the day" and she said: 'Right'. I said: put in your hearing aid and listen, you're getting so meek you won't open your mouth"!

Margo searches in her neighbourhood to find new accommodation. One 'deal' has already fallen through, however, she continues her pursuit to find a place she can call 'home'. As she says:

"Certainly somebody who's lived here 28 years, does not expect to be ousted and given a notice that they are going to be evicted".

The interview ended with a reporter knocking on her door.

The next chapter discusses the study's findings and analysis from part one of the interviews.
CHAPTER FIVE

FINDINGS AND ANALYSIS - PART ONE: THE EFFECTS OF THE HOUSING CRISIS

This chapter describes the participants' responses to and the analysis of the research questions relating to Part One of the study (questions 1, 7 and 8, as cited in Chapter Three). With the exception of question nine, which is discussed in Chapter Six, the remaining information is included in the individual descriptions and narration.

The findings reflect the elders' perspective between the years 1989 and 1990. They spoke most about what the neighbourhood and their involvement with Concerned Citizens for Affordable Housing (CCFAH) meant to them. Their reported perceptions of the personal impact on them of the housing crisis, ran a very close second to these two categories.

To start the interview I spent some time adjusting to the situation and engaged informally with the participants. At this time people frequently began talking animatedly about the housing crisis so I turned on the tape recorder. This provided the opportunity to focus the interview.

The data is recorded and analyzed in the sequence in which the questions were asked, consequently, the findings begin with the participant's responses to health. The responses to each of the three questions have been categorized into themes, ranked from most to least talked about aspect of that issue. For example, the participants when discussing health, talked about five or more different areas relating to health. The most talked about
aspect was independence, hence that is the first category discussed. The data analysis follows each finding category and is related to the literature contained in Chapter Two. While the categories may overlap, each is considered for its own merit, in order to understand the import of the issue to the participants. Let's turn to the findings.

What does health mean to you?

The predominant, naturally occurring health issues as defined by the participants, were independence and having choices. At the end of discussion on health, I introduced the issue of control as another possible way of regarding health, and asked the participants what they thought. Generally, they identified with control as relating to health. It could be said that I shaped or influenced the views of the participants regarding this issue. Interestingly, one participant noted that we take control for granted, until we realize we have lost it.

Three of the respondents, ensuring they did not forget anything regarding health, had made notes prior to the interview, and referred to these as they discussed their views with me.

The five areas of meaning relating to health as identified by the participants include:

* independence, choices
* physical wellbeing
* mental and emotional wellbeing (contentment)
* attitude
* control
Independence and Choices

"I think it [health] is when you're independent because you don't get around very well without your health.... And I'm glued to my car... if I didn't have my car.... well, next year I'll be 80 and that's why I didn't want to move from Kerrisdale, because I know I can walk to 41st Avenue".

"Health means being well enough to continue doing all the things that I enjoy doing".

These quotations reflect the opinions of all participants in the study. Fifteen of the sixteen participants, articulated independence as the primary component of health to them. The remaining participant discussed the issue indirectly through her reference to physical disabilities preventing her from engaging with life the way she would like to be able to.

Another aspect of independence articulated by many of the participants related to their ease in doing for others. As one respondent said:

"You like to do for others but you have a difficult time asking them to do things for you."

Analysis

Independence was described by the participants as "being able to do the things you want to do, when you want to do it". This supports the health and control literature relating the determination of desirable outcomes as health enhancing (Rodin, 1986). It also reinforces the literature relating to control and health, that people make better choices for healthy lives when they are in a position of maximum control (Green, 1991).

The participants chose to live in Kerrisdale so that if, for example, they could no longer drive, they could continue to be
independent. This confirms the literature noting the significance of the environment in influencing a sense of control (Piper and Langer, 1986, Ziegler, 1983).

People expressed their distinct uneasiness with having to accept from or be dependent on other people. Personal dignity and self-respect are closely aligned to a sense of control. Being able to help others reveals the importance of meaningful involvement with other people as a component of health. The process enhances self esteem.

Milio (1986) noted that health is the response of people to their environment that enables them to go about their daily activities without personal restrictions. Consequently, the participants are expressing maximum health, in their articulated desire and ability to reach out beyond themselves and support others in their community.

Physical Wellbeing: 'Feeling Well'

"If your health is good, whether you have money or not, you can still enjoy life, but if your health is not good you can't. It's number one priority."

This quotation reflects the sentiments of fourteen participants who commented that good health and feeling physically well were essential ingredients of what health means to them. However, implicit in what the remaining two people articulated, was also a sense of feeling well. As one of these persons said:

"I wasn't well when I was young quite a lot of the time, so I'm healthier now. I can walk faster and get joy from it, be comfortable with it and I can last longer...hours without getting tired. I really am healthy now."

Another participant reinforced physical wellbeing thus:

"You know, when I had rheumatoid I came down bango, in
1982 and it affected my feet and hands very much. I had always played the piano, so the first thing I couldn't do was play the piano. And I used to sit and look at that piano and think 'Oh will I ever play it again'.

A revealing comment regarding physical limitation impeding social interaction is captured by this participant:

"Well I have Menniers' Syndrome, and it's been really bad and as he (the doctor) says I've got to learn to live with it. There's nothing that can be done and that really upsets me. I can't hear if there are several people in the room".

Three respondents from group one, each of whom was feeling particularly well at the time of the interview, referred to their fear about impending illness due to their age and stage of life. As one said:

"I really am healthy now, But on the other hand at this age I start thinking about which thing will hit me".

Another woman coping with chronic illness and enjoying a particularly lengthy period of feeling well commented:

"Well I'm just at the stage right now where I'm almost frightened that I'm not going to continue to feel like this."

Two participants, one from each group, also articulated health as freedom from worry, and not being a burden to anyone.

Analysis

The participants confirmed the importance of physical wellbeing to health, however, articulated their feelings of vulnerability during the later years. Their perspective supports the literature citing threats to physical health through disease processes as being direct threats to independence and sense of
control (Rodin, 1986).

Their responses also confirmed what Dr. Beattie cited as the "Bite Syndrome". Due to physical compromise and losses in general, elders are more vulnerable to stresses, and worry that 'something' may cause their systems to become over-loaded, threatening recovery.

Respondents talked about being able to manage on their own and having the necessities of life within reach of their physical capabilities rather than emphasizing the limitations imposed by physical illness or disability. Independence was emphasized within the framework of physical limitations.

While all of the participants, in varying degrees were coping with one or more chronic health disabilities (eg. arthritis, hypertension, heart disease, depression), for no-one did it dominate their life. Instead, they emphasized a feeling of wellbeing and independence as they lived with their condition. This freedom on a daily basis, contributed to their wellbeing. Health was viewed as a resource for everyday life, offering quality of life within the context of physical limitations. These findings reinforce the newer, broader definitions of health (Milio, 1986).

What the participants described for themselves, as they lived in a stable and supportive environment, was that in the face of disease, people can continue to feel a sense of control, enhanced through their ability to make choices and determine outcomes that they want, even though these outcomes may be refined.
An interesting aspect of three of the participant's responses included their articulated fear of the potential for impending doom. They worried that at this age and stage of life, their health would change and that they could find themselves in more dependent circumstances and with diminished control. This reinforces the literature supporting familiar environment, enabling people to maximize their real control through making choices that will positively affect their quality of life (Rodin and Langer, 1980)

It also reinforces the literature regarding physical changes, signifying the vulnerability elders may feel with the potential for increased physical compromise and their body's altered sense of response-ability. This fear is a threat to their sense of control. It has been said that older people fear dependence more than they fear death itself.

**Mental and Emotional Wellbeing, Contentment**

"Health to me means security which brings about contentment. I suppose it's all related but I think your mental state of mind is the most important thing. If you're worried, concerned, very insecure, then in its turn, it's going to have an effect on your health. I'll just sum up by saying that health to me is contentment. If you're content, comfortable in your own mind, normally you can handle things".

This quotation, represents the expressed sentiments of nine participants and demonstrates the essential holistic nature of health, incorporating mind, body and spirit. It also points to the issue of control, that as a sense of security and ability 'to handle things', as in being able to determine outcomes that you want, exist for a person, so they are able to say they are healthy or enjoy health.

The following quote illustrates the shift in the definitions of
health.

"You know, when I was a kid, health meant just the physical thing. You've got a broken leg or arm, that sort of thing. But as the years have gone on, and especially doing the counselling work before I retired, and now at the crisis centre, I realize a greater component of health is the mental side as well."

Analysis

Security, freedom from worry, peace of mind and contentment were key components of health. As elders experience loss through altered physical changes and loss of friends and family, they experience increasing threats to their equilibrium and ability to remain in control. This aspect of health strongly supports the literature that accrued loss for many elders does exist, and that this causes greater concern in terms of maintaining and equilibrium.

Health was connected to being at home and feeling content. Control was ensured if contentment (peace of mind) was available, because "you can handle things". This confirms Sloss' (1989) findings identifying contentment as a desired state of mind, which also confirms the elders' definition of health as including mental and emotional wellbeing. Consequently, a feeling of contentment as expressed by the older women, bears strong connections to feelings of personal control.

Attitude

"I have a very enlarged heart and high blood pressure. But I take my pills and it seems to keep it under control. I never stay sick very long if I have anything you know. I think a lot of that's attitude, I don't have time to be sick. That's what I told my doctor when she told me I had a heart condition, I said: 'I don't have time to have a heart condition, I'm making teddy bears'. I just had my 79th birthday
3 weeks ago, but I do think it's a state of mind (health) with a lot of people and I try to ignore it" (illness).

This quotation reflects the articulated beliefs of approximately 75% of the participants. The elders feel that physical changes are merely annoyances, causing interruptions to remaining independent and getting on with the important things they have to do in this life, such as visiting with friends, or making things for craft sales.

Another person articulated a different attitudinal perspective regarding the meaning of health to them:

"Health's a two-sided thing. It's probably the most important thing that you have and want when you're getting older, and it is a feeling of wellness. That's health. You know you can have all the money under the sun, you can have all of the toys that people want but if you haven't your health they will mean nothing.

While this quotation does not reflect what other participants articulated, it does reflect the philosophy of many in the way they live their lives. Money, at this stage of their life, is a means to survival, not necessarily an end in itself.

Analysis
While mental and emotional wellbeing and attitude are inextricably linked, these two categories have been separated because many respondents in group one referred either directly or indirectly to the issue of mental outlook or attitude in relation to their perceptions of health. Individuals' attitudes and beliefs are very important. The way people think about their health may or may not offer hope, a perceived sense that they have some control over their environment.

There seemed to be two facets to the identified relationship
between attitude and health. The first related to the participants' living with whatever disease process affected them and accepting the limitations of the disease without allowing it to control their life. The second addressed the notion of understanding the import of being healthy.

The significance of attitude as a component of health confirms the new literature citing health as a resource for daily living, rather than merely being an end in itself (Epp, 1987). The elders belief in their ability to engage in activities regardless of physical limitations became a resource enabling them to remain independent and in control in spite of physical loss. This reinforces the literature on the significance of perceived control (Rodin, 1979).

Personal control is the justification for the participant with the heart condition to push the piano across the floor. Consequently, attitude reflects a person's belief in their ability to influence intended outcomes, regardless of their disabilities. They seek medical intervention, however, their independence and need to remain in control refuse to allow them to 'give in' to a physical condition.

Control

"It is control....It is control. But if you're ill you lose...I mean you don't lose it knowingly, you lose it subconsciously."

As the participants finished expressing their views on the meaning of health, I asked them their thoughts about the newer definitions of health which include people having a sense of control over their lives.
All respondents in both groups, two tentatively, the others vehemently, agreed that a strong connection exists between health and a person having a sense of control over his or her life. A participant in very good health tentatively commented:

"Well, yes...I don't think you actively look for that control, but you realize when it's been taken away from you and that's when it becomes important. And that's our situation now (with housing). That control was taken away from us very suddenly when we realized that, hell, this isn't our home for life kind of thing".

Seven respondents, four in the first group and two in the second, responded strongly to the interpretation of health as a person having a sense of control over their life. Examples include:

"HAVING CONTROL IS A GOOD DEFINITION OF HEALTH, because when my arthritis flared up, well, we were brought up to do things for ourselves, and my hands were so bad my cousin had to open the car door. She had to strap me in, and she had to shut the car door. I couldn't do any of those things. I didn't feel that I hated to ask her, she would anticipate. She just automatically did it so I didn't feel...but I think if you were in a position where you didn't have someone like that.... you were having to ask somebody all the time...."

Loss of control and diminishing physical capability through a disease process such as arthritis, signify a physical inability to accomplish necessary tasks, consequently this participant had to rely on others. She recognized the potential for uncomfortable dependence and loss of control if she had had to ask all the time.

Another participant articulated the issue of control and health in these words:
"Well I think I'm the kind of person who likes to have control. I don't like to not know where I'm going and what I'm doing. I like to have a certain amount of control. I was angry that I was being forced to do something that I didn't want to do. It was not my choice, I didn't move from my choice".

Analysis

Eight of the 11 participants in group one responded to the notion of control not only in terms of capability of independence and a sense of responsibility for themselves, but also in terms of the housing crisis and their feelings of powerlessness. This same interpretation was supported by the two participants in the second group who also were being forced to relocate.

There was a difference among the participants when the issue of control was introduced. Those persons experiencing forced relocation, regardless of whether or not they were involved in CCFAH, related more passionately to the connection between health and control. This supports the literature on control that in order to maintain health, people must have choices, and not be forced to do things they do not want to do, without due process and input from them (Piper and Langer, 1986).

People need to have a sense that they are able to determine the outcomes that they decide are important, and that they have a choice. This provides them with a sense of control and enables them to prepare and make decisions based on the best possible choice from their available options.

The participants also affirm the notion that control is connected to health. While no one spontaneously described
health as being related to having a sense of control, the concepts, attitudes and activities they did describe clearly related to having a sense of control.

The import of control may be hidden or taken for granted. As Maslow noted, people's decisions and actions are driven by their basic needs for food, air and shelter (Yura and Walsh, 1983). Consequently, if these are denied, people may experience an enhanced understanding of the threat to their sense of control, due to the primacy of their need. The findings confirm the literature and the relationship suggested in this paper, that health and control are inextricably linked. The participants realized their loss of control, when in spite of their actions, access to appropriate, affordable housing in their community was denied.

Health to the people in this study supported the literature in that health was taken beyond the physical condition. Health to the participants meant independence in their ability to respond to environmental factors affecting their health (Milio, 1986). THIS IS CONTROL. The intricate web of connectedness between emotional, mental, physical and social wellbeing, impinges on a person's sense of control and their belief in their ability to control the outcomes they want.

In summary, the highest recurring responses regarding the meaning of health related to people having a sense of control over their life. This is reflected through their comments relating to independence, and having choices as well as responses to the prompt of health as connected to control. Clearly, health to the participants also includes attitudes and emotional, mental and social wellbeing. For women it means
contentment and peace of mind, enabling them to cope with life and feel in control of their situation.

What Does This Neighbourhood Mean to You?

The elders spontaneously generated the largest quantity of data in their responses to this question. Throughout this portion of the discussion, the participants naturally referred not only to their physical location (home) but also to the community at large.

The average age of the participants in group one is 70 years, and in group two is 73 years. The total number of years the entire sample has lived in apartments in Kerrisdale is, 169.5 years. For group one this translates to, 103.5 years and for group two, 66 years. The total number of years in an apartment is approximately equal for both groups (Graphs 1&2).

Fifty percent of group one moved to a rental apartment in Kerrisdale from the family home they sold in that neighbourhood. All of these persons have one or more children in or in close proximity to this community. Of the five remaining participants, four moved from the Prairies specifically to be near family. The final person relocated from a small community in the north because of family sentiments for Kerrisdale and the accessible location for her disabled husband. Seven of the 11 participants in group one had been forced to move, one has moved since and the remaining three continue in their apartments. Of these three, one lives in a high-rise, and the remaining two in a three-story walk-up.

Of the participants in group two, two have moved and the other
three plan to stay where they are. All of those choosing to stay are renting apartments in the newer, highrise buildings which appear to be under no threat of redevelopment.
The four primary categories of meaning relating to the neighbourhood which the participants identified include:

* a sense of community, as in being amongst family
* freedom and independence
* safety and security
* a sense of aesthetic value and space

A Sense of Community, as in Being Amongst Family

"The kids were born here, went to school here, our friends are here. You know, the people that own the shops become friends. They become the kind of friends you go to their birthdays, their celebrations and they come to yours".

In Kerrisdale, friendship and community integration knew no bounds. Whether residents or shopkeepers, all were important components of an extended family. This quotation represents the depth of feeling that all participants feel about the Kerrisdale community. The highest number of naturally recurring responses in the sample related to people's feelings of Kerrisdale as 'home'. Eighty percent of the participants in group one and 33% of the participants in group two instinctively described their community as feeling like home; that their reason for living there was akin to being amongst family.

A couple, having lived in Kerrisdale only a few years, and forced to relocate to a community quite a distance away, reinforce again this notion of family:

"We were like a family. We all knew each other and we were all very friendly".

In the following example, a long term resident not only supports the notion of Kerrisdale as home, but also clarifies how
Kerrisdale evolved as the community in Vancouver which naturally grew into a place where elders chose to retire when they sold their home.

"Well, I moved to Kerrisdale because it was home". There's no where else to go from Dunbar, and I think that of the 200 plus people who came to the public meeting the other night, I would hazard a guess that at least 1/2 - 3/4 of them are from the Dunbar area. They moved over here when the apartments were built and they wanted to retire. This was the closest to where they lived all their lives. It was here or down Granville South or along 10th Avenue, was where people looked for places because you wanted to be close to what you were familiar with.

Three participants, all originally from England had similar comments:

"We liked Kerrisdale because it had got a lot of what we missed coming to Canada from England. We know Kerrisdale. It was a typical, little British town. They even put the cobblestones at the one end"!

Another woman, who had moved across Canada commented:

"It's a place where you can walk into the village, say hello to people, know all the shopkeepers and feel you belonged. When you come from 3000 miles away and all you have is your husband and children, you are very aware of the fact that you have not got much back-up, you haven't got an extended family. So somewhere like Kerrisdale becomes very much a part of your daily life".

The following comment was made by a participant who has lived in the Kerrisdale community a relatively short time, yet when she needed support, it was there for her.

"I went through a period when I was very, very lonely, and yet my neighbours were just fantastic".

Coupled with this is the belief that if you were in difficulty, someone would be there to support you. The following comment illustrates this feeling.
"Even if they [people] don't pay attention to you, others think it's a community that is together. Everyone is friend, but not close".

The next comment relates to the underlying nature of "hidden" community life, the full interpretation of which may be visible only to those who live there.

"There is a certain amount of snobbery inherent in our feeling to it because you know the people there are not going to push you off the sidewalk sort of thing. It is a classy place. Class to me is the natural sort of gentleness that you would hope you would portray if you were as good as they were. It's the feeling that you have of the people's feelings. Kindness comes into it as well, an awareness of people and their feelings and what they're all about. People caring for people".

Captured in the following quotation and articulated by all participants is the significance of the ritual of shopping in Kerrisdale.

"We all came to Kerrisdale to shop, (from Dunbar). The average person especially when I started to drive, you came over here to shop, so I'm so familiar with Kerrisdale. And I think that's important.

Analysis

The participants felt passionately about their neighbourhood. Clearly, Kerrisdale, a geographical space, was their community as defined by its residents' common history, values and codes of identified meaning. The 'culture', values, and aesthetics of this community were congruent not only with what its residents grew up, but also with their perceptions of what they wanted to look like today. Whether born and raised in Europe, England, other parts of Canada, or British Columbia, Kerrisdale
resembled 'home' to them.

As noted in the social support literature (Rutman and Friedman, 1988; McPherson, 1990) roots provide stability and control, and to return either symbolically or in reality to one's roots is to seek that stability and sense of control for life's later years, where trusted 'family' can support and sustain its members.

In Kerrisdale, the deeper symbolism through interactions such as a hand wave, provided the elders with a mirrored image of themselves through the friendly greeting. This deeper, unified symbolism, ensured the elders understood one another. The expected behaviour reinforced the elders' identity, signifying acceptance, familiarity, safety and friendship. This supports the literature noting social support and Symbolic Interactionism as communication processes enhancing meaning, maximizing self-development and equalizing power among people (Hyde, 1988; Blumer, 1969; Bruyn, 1966). This provides an enhanced sense of personal control.

An interesting paradox existed. While several participants stated they felt they were amongst family they also stated that they had few if any real friends in Kerrisdale. For example one couple commented that they do not make friends easily, however, that living in Kerrisdale meant: "We were like a family. We all knew each other and we were all very friendly". This expressed, deep sense of connectedness and identity, whether or not people had 'friends' in Kerrisdale again confirms the literature noting the significance of community and people's informal support network including the kinship they felt amongst 'their own kind'. The participants in this study confirmed that both strong and weak ties play key supportive roles in elders' lives.
Another interesting aspect of this same issue emerged. Many had family living outside Kerrisdale and while they saw them from time to time, they valued highly their relationships with 'friends' in and around Kerrisdale and in fact 'saw' them more frequently. This supports the literature (McPherson, 1990) noting the importance for middle-class elders of friends and colleagues.

For many elders the shopkeepers in Kerrisdale became their friends, knowing and understanding who the people were and what they wanted. They became the reason for many older people to go out on a daily basis, for some fresh air and exercise as well as social contact. If someone became ill, often the merchant or hairdresser would notice the person's absence and inquire of others regarding that person's well-being. A phone call would soon clarify their circumstances and if additional support was needed, the grocer for example would arrange to have the required food-stuffs delivered until the person could resume their normal activities.

Hairdressers would make home visits, providing necessary support to enable the older person to maintain their dignity and independence as they coped with illness. These findings strongly support the social support literature noting the value of the buffering effects of community for elders (Minkler, 1985). This hammock of support enhances the elders' sense of control and independence, enabling them to re-establish their equilibrium.

Another valuable source of trust and support was the apartment
manager. With the loss of family and friends elders, as they became increasingly frail in this community, were able to accept support from their apartment manager. They had come to know this person over time as a constant in their life and trusted him and often his wife. This source of support reinforces the findings that for some elders, the informal non-kin, relationships are life supporting.

The underground, invisible, support network in Kerrisdale was second to none. When a person became ill or returned from hospital, they usually had neighbours in their apartment building on whom they could proudly rely to support them as they regained control. As needed, neighbours shopped for one another and generally looked out for each other's well-being. These findings support the literature (Albrecht and Adleman, 1987; Minkler, 1985), describing the significance of social support. Older people will say: "It is not easy to make deep friendships as you grow older".

Clearly, the historical familiarity of this community coupled with the informal support network, provides its inhabitants with an enhanced sense of control, indeed to the level where in many situations, the government subsidized programs often remain unutilized. People care for one another and with a richness and quality beyond what the formal system might provide.

**Freedom and Independence**

"It's flat, people with walkers, wheelchairs and canes, and things like that, they can go and do their little bit of grocery shopping, go to the bank, there's everything here. They don't have to go uphill, or downhill or anything. It's just a perfect place for older people. I wouldn't like to see all old people and I don't believe in highrises being full
of all older people but it is a perfect place.

This comment reflects the sentiments of all participants as they commented on the location and 'nature' of Kerrisdale as supporting their freedom, independence and autonomy. As described earlier, Kerrisdale is situated on a relatively flat piece of land. There is a rhythm to life in this naturally occurring retirement community. As one participant stated her experience also reflecting the feelings of others in the study:

"I had a heart attack and that prevented me from doing any gardening. The doctor forbid it. So then I had to sell the house and move into an apartment. I walk to IGA for lots of things, like milk for instance, and I shop for specials"

Another respondent, having moved to Kerrisdale from another province, and who had other housing choices made the following observation. It coincides with the reasons the majority of people in the study moved to an apartment, that of freedom from responsibility and less upkeep.

"We really didn't want the responsibility of owning property. We did own a little house over on the Island, but when we came here to retire we wanted to enjoy it. We really didn't want the responsibility of owning a house and all that it entails. We just wanted to be able to go out, lock the front door and have nothing else to worry about and go away for a couple of months".

And from participants in the second group, the same theme:

"My husband had this cataract operation and he's limited. The shopping and the community centre are close by. Even if I couldn't drive, there is transportation close by".

And from another participant who does not drive any more:

"There is everything in the area, you don't have to go downtown and if you do, you can go on the bus. I can
walk everywhere...I walk 4 or 5 miles a day”. The geography and amenities of this community support maximum independence for people as they grow older.

Analysis

The natural phenomena over time of Kerrisdale evolving into a Naturally Occurring Retirement Community (NORC), demonstrates its high degree of compatibility with the issues that sustain life for older people, economically, socially, physically and culturally, and geographically.

The individual apartments of most of the participants were set within three story buildings rather than large highrises, enhancing opportunities for people to 'bump into' one another more frequently, reinforcing 'friendship' ties. The style of apartment facilitated social interaction; people got to know their neighbours. Apartments were well situated within walking distance of the welcoming village, and the area is flat.

The Seniors' Centre was located in the heart of the community, with activities, meals and opportunities to socialize and meet new friends. People did not need a car in Kerrisdale, and the buses intersect regularly. Older people could walk about their neighbourhood daily, could catch the accessible bus downtown, transfer to the ALRT, and go to Surrey if they so chose. This community accessibility enhanced personal independence and a sense of control.

Kerrisdale's flat terrain accommodates white canes, scooters and people who walk and drive slowly. It seems life slows down
through Kerrisdale, supporting maximum independence and enhanced sense of control. Older people are able to move about freely and at will, and feel in control of their life.

The study's findings support the literature noting the capability of the environment to affect the level of control people feel they have over their lives (Rodin and Langer 1980). Community accessibility is essential to the health and sense of control of elders, for it is through access to meaningful interaction that personal identity is confirmed.

Safety and Security

"We 'KNOW' Kerrisdale"

A sense of security and safety ran a close second to freedom and independence as the naturally recurring response by the participants to the meaning of Kerrisdale. An 80 year old woman's perspective, reflects the feelings of many people in the study.

"I like Kerrisdale because it's a nice district. What I mean by that is the behaviour of the people is very good. You know you haven't got this rough gang sort of thing".

A woman who came from another country adds to the depth of trust and level of feelings of safety elders feel in the Kerrisdale community.

"Even if others don't care, or see you as a foreigner, that still helps looking from other side, from a stranger. If they want to hurt you, in the street where you are walking, somebody wants to hit you, when they think anyone in this community will see and report, or do something, they won't touch you. But if they know nobody cares about whatever I do, nobody will go to help her, therefore they will do whatever they want".

It is recognized that most elders fear going out at night and
usually refrain from doing so. The following comment illustrates belief in Kerrisdale as a safe place to live.

"I can walk down 2 lanes here at night, to see my friend. Sometimes she'll phone up and say 'want a coffee' she lives on Elm Street, and I'll walk down 2 very dark lanes, and feel very comfortable doing it".

Analysis

A strong belief existed among the elders that Kerrisdale people cared about their neighbours, and would intervene in a threatening situation to protect one of their own kind. This scenario demonstrates the depth of perceived commitment people have for one another, as well as the belief that the 'others' in the community will 'look out' for one another's personal well-being. These findings again support the literature noting the ability of the environment to induce feeling of power and control, or to induce feelings of helplessness (Rodin and Langer, 1980). Clearly, the Kerrisdale environment supported a sense of control and mastery in the elders to the extent that they were able to reach out and support one another.

The elders felt free to go out, and while unusual, some even risked a walk at night. This risk-taking is essential to elders' ongoing sense of mastery, self esteem and control. This supports the literature that ongoing challenges in a trusting environment promote personal wellbeing and an enhanced sense of control.

A Sense of Aesthetic Value and Space

"Where you have to live, to have space is very important."

A total of eight respondents, fifty percent of each sample,
spontaneously commented on their appreciation of the aesthetics, and sense of space in Kerrisdale as demonstrated in the above comment.

They also noted the specific design of apartments for spaciousness and freedom of movement. For example, a respondent from group one commented on the feeling of spaciousness:

"I like my space. And that's why I like this building. I haven't got the best view, but I can look out the windows".

A woman, interviewed shortly after receiving her notice to relocate, and contemplating where she might move, commented:

"The one thing about these senior's places (in other locations), I've looked at them, I've gone down to Steeves Manor and I went to that new one over on Main St., and it's the size of the rooms that got to me. You know, I'd have to get rid of a lot of things...my hobbies...but... if that comes and I have to do it, I have to do it.

And a participant from group two commented:

"We are very fortunate to have an apartment such as this, moving from a house with a fair amount of room. You don't feel squashed in".

An aspect of the beauty of the neighbourhood appreciated by the participants in the study is reflected in this comment.

"Here people grow trees and have beautiful gardens. I guess you feel that energy".

Analysis

Moving from the family home to smaller apartment quarters requires many adjustments which may threaten an older person's sense of control. Many familiar memories are left behind along with memorabilia and hobbies unable to fit in a smaller area. This represents not only personal loss, but also diminished
opportunities for social engagement, each contributing factors to increased isolation and diminished control.

Frequently, elders are forced to spend more time indoors, hence the quality of their immediate environment becomes a greater priority. Light, a view, and the needed space to continue with meaningful hobbies all support health and general wellbeing.

The findings relating to the nature of the neighbourhood illumine the social support and 'meaning of home' literature. The smaller, less formal apartment complexes afford the opportunity for older people to enjoy a small garden plot, keeping them in touch with the earth, the seasons, and providing the opportunity for physical exercise and an interest beyond themselves. It also enhanced the opportunities for social interaction as people walked by on the street. The necessity of supporting these activities is crucial to maintaining physical, mental and emotional health as well as independence and control.

Another feature of this community is its brightness. The sun shines on Kerrisdale, creating light. More often than not, people have good views either of scenery or a well-kept garden. As older people walk about, this beauty, lifts their spirits, takes their minds to places of rest, and enhances their well-being.

Coincidentally, twenty-five percent of the sample had their origins in England and indeed found Kerrisdale to be a near replica of their 'old home town'. Even the cobblestones were a familiar reminder of what 'home' was all about and rooted the people in traditions with which they were accustomed. These findings support the literature noting the importance for
elders of continuity with their past. It enables them to deal with the present, maintain their ego-integrity and enhance their control (Atchley, 1989).

In summary, this study finds in support of the environmental factors as determinants of health, that the elder's health and sense of control were dramatically affected, influenced and supported by their environment. The significant meaning and sense of security in Kerrisdale which supported elders to maintain their independence while at the same time coping with the losses associated with aging, afforded them enhanced control over their health and environment.

Affordability

During the first half of each interview, the issue of rents and rental increases was discussed. Consequently the participants did not spontaneously articulate affordability as a feature of Kerrisdale. However, the following remarks made by one of the participants during the discussion offer a perspective:

"I looked out the window today and said to my friend: 'just look, all those smaller low rise apartments; you can't tell me that people live in those that have enough money to go and buy a nice condo'."

The great majority of older people were able to afford to live in Kerrisdale because the rents, particularly in the three story walk-ups, were modest. They ranged anywhere from $375.00 to $550.00. For an older person receiving basic pension, this left approximately $300.00 - $500.00 for food and other necessities.

At the time of the interview, everyone was paying 30% or more of their monthly income on rent. Of the 11 participants in group one, 6 were paying 30%, 2 were paying 50-60%, 2 65-75%, and
one, 100%. Of the five participants in group two, one was paying 30%, three over 50%, and the last person, 60%. Consequently well over half the sample were paying markedly over the recommended 30% of income on rent (Graphs 3&4).
PERSONS NOT INVOLVED WITH CCFAH

% OF TOTAL INCOME SPENT ON RENT

GRAPH 4
Analysis

Kerrisdale was an affordable neighbourhood for many elders. The rents, over time, particularly in the three-story, walk-ups had remained unusually low. People on basic pensions felt they could afford to live there and still enjoy quality of life.

However, those persons living in the three story walk-ups felt particularly vulnerable because it was these older, run-down buildings, that were being sold to developers for demolition and land redevelopment. Renters in the more recently built highrise buildings had security of tenure, as these buildings were not at risk for redevelopment. Generally speaking, they also had higher monthly incomes with which to negotiate the increased rents. Consequently rising costs did not represent the same threat to control for those elders with higher incomes. Their sense of control was not compromised like that of their neighbours receiving basic pension. Clearly, income is a primary determinant of health and has the power to affect people's sense of control.

These findings support the literature noting socio-economic status as a determinant of health and sense of control (Mc Pherson, 1990). The participants demonstrated that their environment, both personally and through community, promoted maximum independence, accessibility and affordability. These factors guaranteed maximum control enabling people not only to look after themselves, but also to reach out and support one another.

How Has the Housing Crisis Affected You?

"I don't know where I'm going to go. I'll make that
decision when it comes. I'm going to start looking...and...I'm hoping what's going to happen is it's all just going to fall through...because the recession is coming, it has to...."

This quotation reflects the shock and denial felt by all the participants in the study who were forced to relocate. Responses to this question generated the largest quantity of data in the study by the participants in group one. The prioritized categories of responses include:

* mental and emotional stress
* loss of independence and control, powerlessness
* physical effects
* lack of consideration and respect
* loss of affordability
* positive outcomes

Mental and Emotional Stress

"I'm not a weeper, I rarely, rarely cry, and I remember when I knew I was going to have to move, walking from room to room bawling my eyes out. And I didn't do that when I left my house that I'd been in for 50 years!"

"I was very angry, very angry. I was angry that I was being forced to do something that I didn't want to do. I think housing is something you accept as a basic of life and when they take it away from you, you are angry, very angry, upset, very frustrated".

"It's the ANGER. IT REALLY IS....I've never been as angry, not necessarily at what they're doing to me but what they're doing to people as a whole".

"I don't think it affected me physically. I remember the real mental anguish I felt that I was going to have to move, leave this place, that I'd just gotten everything settled into that I liked so much. I was just devastated, I really was. I surprised myself, that I felt as badly as I did. But it was frightening, I think I felt frightened, panicked".

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These quotations, each made by a different person, reflect the sentiments of all those forced to relocate. As noted in the first comment, choosing to leave the family home of 50 years and in fact doing so, were less stressful than experiencing forced relocation from a chosen, retirement apartment.

A woman in her eighties reaffirms the issue of control in her comment:

"The fact that I had to move was a big shock because I never expected to ever move again. I was content where I was, I had a little garden down there (on the apartment property). I was content, that was my home.

And as another respondent in group one, commented:

"I have never had a problem sleeping but just this morning I wakened at 4 o'clock, and I came out to the living room. Then I went back to bed for a couple of hours. It's not unusual now but it was unusual a year ago. Now I can't settle to anything". I can't enjoy what we have. What happened to us with the housing...in that short time (in Kerrisdale) has had more effect on me, mentally..my health..than all the years living Alberta waiting to come here".

A couple, forced to move out of the neighbourhood and who had relocated in a new community commented:

"We've been on hold. This is a beautiful apartment but we haven't done half of what we usually do here. I built things on our balcony at Kerrisdale. I haven't built a damn thing here."

Other comments heralding signs of the anxiety and tension are illustrated in the following comment made by a couple coping with the unexpected relocation.

"I really think it's all mental. We've had a lot of tension between ourselves. We've had more arguments in this past year than we've had in, I think, all our married life". 
A woman, who for 20 years cared for her husband who lived with M.S. and was confined to a wheelchair illustrates the level of anxiety the housing crisis evoked for her. While she was never actually forced to relocate, the situation in the neighbourhood, for her was extremely stressful because of her husband's physical condition:

"Well before he died, it really worried and bothered me. It would have been a horrible job to move John, and to where? He died a year and a half ago, so it hadn't come to this crisis. But this building next door sold and was torn down and that started us worrying because he was very frail, and we didn't know what we were going to do."

A couple who were away when their eviction notice was delivered described their process this way:

"When we returned to Vancouver at the end of April, we had to start running around looking for an apartment. It took us quite a while to find an apartment. The neighbour across the way let us know whenever she saw them putting a sign out and she would let us know. We would go over immediately and would find the apartment had already gone. Moving was traumatic. The first mover didn't show up. It's extremely difficult even with good movers....moving is a nightmare.

The following statement, made by a male participant generally reflects the feelings of the men in the study.

"Well to be truthful it hasn't bothered me nearly as much as it has bothered my wife. Oh I'm not happy about the whole situation at all, but I just have to live with it".

One participant, living with cancer, describes her feelings about the added stress of the housing crisis. She verbalizes for others who are also living with physical and emotional concerns, the unnecessary, added burden the unexpected, forced relocation has placed upon people.

"It's added more stress to it (my life), because I already had these injuries and the cancer and they're all related to stress and this has added more to it. It's affected my peace of mind. I think you have to
be secure. I feel secure as far as knowing what I want and I feel secure in doing what I do, and I feel secure in any organization or any group that I am affiliated with, but always at the back of my mind is where am I going to be living?

A member in group two, who was forced to relocate due to the high cost of rent, reflected another aspect of the emotional impact of being forced to relocate.

"Well, I think it was...it hit me personally, maybe more than some other people because I've had enough bumps in my life at different times to be aware that you can be out on the street and you could have your furniture moved out there. And I don't like this sort of thing...it's not the way I was brought up and I'm not used to it and I don't think certainly as a senior or as an ordinary citizen that you really have to be in this position".

The following comment was made by a participant not involved with CCFAH regarding the effects of relocation as being lesser for younger people than older people. The group found that the effects on people whether young or old were dependent on many factors including health, income, personal coping abilities, social support, choices and previous life events.

"The young people are not worried, and at 30 or 40 I wouldn't have been worried either. Your mental attitude changes as you grow older...the future to any older person is pretty uncertain."

Some participants, active with CCFAH, encountered younger people who were most upset by their being forced to relocate. There were also those residents who watched younger people move with no apparent distress. Basically the younger people tended not to get involved with CCFAH.

An additional stress for people living in this community at the time, and as noted in the following comment, was sitting
watching the elders' homes being demolished with only a gaping hole was the reminder that numerous people, just months earlier, had called that location home.

"And in the paper there are nine buildings in this 2 block area coming down. AND THAT'S AN ADDED STRESS, WATCHING THESE OTHER BUILDINGS COMING DOWN".

Coupled with this reality was the knowledge that the vacancy rate was at the record low of 0.2% in the neighbourhood (Ho, 1992) and little better elsewhere in the city. The reality of anyone finding appropriate, affordable rental in the community was virtually an impossibility.

Analysis
It is necessary at this juncture to recognize that we may never know the effects of this housing crisis on those older persons who became so overwhelmed that they were unable to participate in the study. There are events in life, such as war, the crushing effects of which may induce premature aging.

A woman in her 80's said that nothing mattered any more because the stress, worry and the pain had become so overwhelming that she didn't care whether she lived or died. In fact, with her rent consuming 100% of her income there seemed to be little for which to live. As noted in the literature, helplessness and despair are functions of lack of choice and control and can adversely affect the will to live. People may give up and die. This situation aligns itself with the literature relating to the transplant shock reaction experienced by some people who are forced to relocate (McPherson, 1990).

Other people were afraid to speak openly at risk of being identified as a complainer or a dissident. They feared
retribution through threat of eviction, higher rent increases or loss of privacy. The media involvement while excellent on the one hand, proved a threat to many on the other, and they went 'underground'. It was these elders' situations that many in the community came to know, and some of these people then suffered fear and worry with them. Regardless, rumours and stories that quickly circulated throughout the community fuelled generalized fear among the elders.

Those participants who were not forced to relocate were not as affected by the crisis in their community. They stated their sadness for those persons directly affected, and remarked that they personally were experiencing few if any effects. As noted in the health and control literature, their ability to choose and determine outcomes which they wanted was not compromised, consequently their sense of control was intact.

The two men in group one each commented on the lesser effects on them of the housing crisis than on their wives. They reported not being as emotionally upset by the crisis as their spouse reported being affected. Also, traditionally, the wife has used, and been more connected to the home and the community. This confirms the literature finding negative effects of relocation greater for women than for men (Dimond, 1987; Brand and Smith, 1974).

Anxiety and stress affect people's ability to cope and maintain control. The degree of emotional stress generated by unexpected, forced relocation and attendant rent increases, coupled with the natural losses of later years, were crushing for some, signifying total loss of control. The elders were unable to affect outcomes relevant to their lives at this point.
in time. Their choices were limited. As they attempted to relocate, they experienced rents too high for their income, or apartments unsuitable for their needs. These findings support the literature citing restrictions in control are stress-inducing and rob people of their power (Slivinske, 1987).

Shock was a major component of the stress. The literature notes that for least trauma elders must make or be involved with making the decisions and have time to prepare for the move (Dimond, 1987). These elders were thrown into the situation with no previous consideration; they had no control.

The human degradation of the forced relocation was yet another assault. Coupled with extreme loss of control, was the loss for the elders of their pride and self esteem. None expected to be forced out of their home.

The level of mental and emotional stress resulting from loss of control can be measured by the significance of housing as a primary human requirement of survival. Clearly, this situation, represented an extreme assault on middle-class, older people's health, because appropriate, affordable housing was unattainable. Consequently, the anxiety and stress were extreme.

Loss of Independence and Control, Powerlessness

"We'd planned to come here. That was our dream. This was home. We settled, we got a nice apartment. We'd no idea, well no one did, all this was going to happen. Kerrisdale had been like that for years. We did lose control and there is another thing too, it made me feel, for the first time in my life, and I never thought about this in Canada, never, you'd think about it in England perhaps, the class thing, it made me feel very much a second class citizen, because
people had done things to me, ignored me and my wishes and my thoughts,

"I feel POWERLESS, there is no control over it" (the evictions and redevelopment).

"We expected to live in this home for the rest of our lives. We have a comfortable home. We don't count, we have no say. All the years that we were good citizens didn't count. A total stranger could step in: It was like an invasion. I thought we were free".

These quotations reveal the participant's perceived feelings of powerlessness and loss of control, and are representative of the feelings of all the participants who were forced to relocate.

People, not only suffered unexpected relocation, but also the indignity of feeling that they were second class citizens. At another level, they totally lost control, because their perception was that others were in fact doing something to them. They were powerless to determine outcomes that they wanted and needed.

The following quotations represent the general consensus for all of group one.

"The thought of being evicted scares me right out of my mind. I cannot picture myself going out of this neighbourhood".

"Oh I think it's had a great deal of affect on the seniors in this building and because we communicate closely all of us, especially those of us on this floor, there's five of us, I think that again only enlarges the scope of the problem. It isn't that you're going to take their problem on your shoulders, it's that you're all in the same boat and you don't know really what you're going to do".

"Certainly somebody who's lived here 28 years, does not expect to be ousted and given a notice that they are going to be evicted. To them this is sort of a disgrace. And I don't feel you're disgraced in Kerrisdale in a good area where you live, but it's the fact of what they're doing..."
The following comments made by two participants represent their thoughts regarding potential loss of independence.

"If I had to move to any of those very small places, my hobbies would have to go by the board".

"I don't want a homemaker to come in here, I am fine."

For one person, the smaller living space represented a threat to familiar hobbies. For another, the forced relocation meant a diminished functioning level and fear of having to accept additional support to maintain her apartment. A third person already had moved.

A participant, from the second group described a conversation she had with a neighbour regarding a mutual friend. These elders were preparing to move following relocation notices:

"Mrs. Smith doesn't have to worry, she's got a daughter in Kelowna', and I said: 'Mrs. Smith will die in that apartment before she'll move to Kelowna'".

A participant from the second group, in articulating her thoughts said:

"When I saw these people who are older than I am, I thought, well my husband was in the second world war and his brother was killed, and I had a lot of friends who were killed and I thought we had a very naive attitude. It was like when they play 'O Canada' for the athletes in the games and they stand there and their eyes are filled with tears and they think 'Canada my Country'. It angered me, and I thought that here we are, Canadians being pushed out of our country, being pushed out of our housing for money because somebody has more money and can say 'move over, I've got money and you don't'. I thought it was a mistake on the part of governments, and it really
did anger me in that way."

There are widows who've been in this building 25 years and are now 85 or 90 years old. What would happen to them if they found out this building were sold or were told 'Well you could buy this apartment for $500,000.00'? I think these people really are in the situation where they don't have a choice and they're hoping something will happen."

All of the participants in group one echoed feelings of powerlessness, particularly those having been forced to move. Of the five participants in group two, the two who were forced to relocate, one due to high rent increases, the other due to forced relocation also felt loss of control.

The remaining three participants in group two reported some dismay at the demolitions and their impact on the lives of their neighbours. One in particular felt that change was inevitable and that older people should be prepared to move to Chilliwack, or wherever they could afford to live, and learn to get to know the community there. She created a project for herself, documenting the neighbourhood changes through photography and record keeping.

**Analysis**

The roots of the older people were being torn apart, and they felt powerless to do anything about it. The situation was beyond their control. Approximately five months into the crisis, city council implemented a by-law requiring six months notice for relocation replacing the traditional two-month notification requirement. It was discovered that even with six months notice, many older people were unable to mobilize themselves and prepare to move. The elders were in effect, paralysed, feeling they had lost all control.
As Maslow has identified, people's behaviour basically is driven by their prioritized needs for survival, and protection. As housing is considered one of the primary needs, the level of stress had to be overwhelming (Yura and Walsh, 1983). Responsible, proud, independent elders were victims of a massive assault on the sense of security. And for some, it may have been easier to 'give up' than face the alternative. A man and wife each died during the two months following receipt of their notice to relocate.

Many neighbours, aware of these situations, became distressed. Consequently, there existed generalized fear, disillusionment and fear of loss of control. The loss of the familiar, physical and psychological environment was an assault on the elder's security and integrity. As noted in the literature, continuity and linkage amid change, are necessary conditions for concluding that one's life has integrity (Atchley, 1989). Instead, many elders were in acute despair at the unexpected loss of their homes and roots.

Threats to independence represent threats to sense of control. Older people growing frail, find it more difficult to get about, and their immediate community is their life world. A distance of two blocks can seem to them like another world. To sever their contact with the place they call 'home' and to which they felt connected, is to place them in a position of having no control over their life. Isolation and death from lack of social support can result.

In summary, while the effects of forced relocation are a challenge to measure, the participants in this study have demonstrated the helplessness and despair resulting from
people's loss of control. The elders had few choices as they were being forced to relocate. Selye (1976) has documented well the effects of prolonged stress, and irrepressible grief as impacting significantly on the health and well being of individuals. While it cannot be scientifically proven that forced relocation, the ensuing stress and unconscionable rental increases, caused death, it is clear from self-report that the older people's feelings of hopelessness, fear and despair were good indicators of potential ill health that rested beyond their control, just as the housing crisis was beyond their control.

Physical Effects

"The one thing is, this worry and tension affects your arthritis. But when an issue or anything comes up and we start worrying, the anxiety comes again, then we both start complaining about aches and pains, which of course as you know is psychosomatic".

Generally speaking, this comment reflects the feelings of many of the participants in the group. This area of inquiry generated a relatively small quantity of data. Many participants seemed reluctant to acknowledge physical symptoms as relating to their forced relocation. The following is an example.

"I can't say for sure that the housing crisis has affected me physically because I've had so many things happen to me within the last 3-4 years. It was the cancer first and then the 2 accidents and then the other cancer again. They say stress can trigger cancer, I don't know. It certainly has bothered me. If I didn't have those two other things, the accidents and the cancer, I would say yes it probably would have added a lot of stress to my life".

The following is another participant's experience.

"Well, the stress just became too much for me. I began to get severe abdominal pain. Well of course when we couldn't find anything, I was both frightened and anxious. "The doctors were trying to find out some
physical cause of my severe abdominal cramps. I went into emergency three times. At one point they thought it might be my appendix and I was in hospital for three days, slated for surgery. This was just a few days after we had finally found this apartment and I was stunned when they started to talk about surgery because it would have meant running around and looking for an apartment all over again.

They found a polyp in the bladder and they arranged for admittance to the hospital (a second time). The urologist went in and they couldn't find anything. I just felt lousy. It was a bad stomach."

The story of an 80 year old, fiercely independent woman who insisted on doing most of her own packing reveals yet another physical aspect:

"I think having to move, is at the back of my back trouble. I'm sure of that because it didn't bother me before that. And it's the position you see...the bending over, the pain is awful. Plus there's a tremendous amount of stress".

This woman commented that she had found it necessary to change doctors and that she was taking more medication for sleep over the past year.

Another participant from group one, who had not been forced to relocate, commented on the effects of the housing crisis on her:

"I got so I wasn't sleeping at all and my mind was going a mile a minute. I started thinking about crazy things".

This woman related that, over this past year, she has taken more medication to help her sleep, and that she has visited her doctor more frequently.

A participant from group one, about 3 months after her move, commented:

"I didn't think the housing crisis had affected my health, but looking back over the past year I think the problems I had with my muscles which I think is inherited to a point, but certainly I've never had it
as bad as I did last August, and that's when I had gone through not knowing where I was going. It was the stress. And my stomach was upset and apparently with fibromyalgia, stress can make it worse. Yes, I didn't sleep that well... it's hard to pin it down to anything specific. I just wasn't my usual.....I tried hard but I don't think, looking back, I was quite as ....now I feel great and I realize last year I wasn't feeling as good”.

Three participants in group one who were not being forced to move, expressed their anxiety and tension regarding the evictions and demolitions occurring around them. Their fear for themselves and pain for the other older people affected caused sleeplessness as well as exacerbation of physical symptoms (eg. Menniers' Syndrome).

Of the two participants in the second group who were forced to move, one found that she was anxious and depressed and making more visits than usual to her doctor. Three persons stated they made more visits to their doctors and/or took additional medication to assist them to cope.

The women were affected more than the men, and one woman was hospitalized with severe abdominal pain. She has subsequently participated in group therapy to support her adjustment to forced relocation. Four other women stated that they had stress related, physical symptoms such as not sleeping at night, and exacerbation of pre-existing physical conditions such as arthritis. Some of the participants were reluctant to connect their physical symptoms with the housing crisis.

Analysis

The participants stated their belief that the sudden shock and stress had caused illness among some of their neighbours (eg. a
They also stated they believed there were strong connections between physical symptoms they were experiencing and the housing crisis. It is known that mental and emotional well-being affect physical health and vice versa. The findings confirm the literature noting that disease may develop or be exacerbated by continual exposure to stress (Eisinger, 1986).

The findings also support the relocation literature citing the fact that the sheer work of moving is stressful and may contribute to declining health (Ferraro, 1982). As noted earlier, the participants, when describing the meaning of health to them, talked about their priority issues of personal autonomy and independence. They recognized first and foremost, that health to them means independence and doing the things they want to do.

Consequently, when eviction came to one woman in her 80's, in order to maintain a sense of control, and contrary to expert advice, she packed her own boxes. The consequences of this activity included harsh exacerbation of her 'old' back problems. A year later, when she could no longer physically get around due to her back pain, she had surgery and six months later was incredibly thankful just to have survived the relocation and surgery.

Four of the participants, in hindsight, one and two years after their relocation, have connected the physical symptoms they were experiencing at the time of the crisis with the crisis. Once the crisis was over and people had a sense of their control restored, they were able to acknowledge the symptoms they were experiencing both during and following the crisis.
Sleep disturbances, and exacerbation of existing conditions such as arthritis and Mennier's Syndrome were described as relating to the crisis. One participant's comment, however, that the flare-up of her arthritis was probably psychosomatic indicated her need to diffuse physical ailments as mental, emotional connection rather than a direct outcome of the stress she was experiencing from the crisis. Were people feeling vulnerable and to maintain their equilibrium that they were unable to acknowledge their symptoms as relating to the housing crisis?

In summary, the reported increased frequency of doctors' visits by five of the female participants during this time indicated the necessity for additional support, diagnosis and treatment of symptoms related to the stress caused by the housing crisis. The women sought support from their doctors for counselling, treatment of anxiety, sleeplessness and depression as well as actual physical symptomatology.

The need by some for sleeping pills and sedation indicates increased levels of stress and worry requiring supportive treatment. The findings confirm the literature on involuntary relocation citing worry as a significant correlate of health and associated with illness and grief (Diamond, 1987). The overwhelming threat to control of the elders over the environmental factors affecting their health, and housing in this case, caused feelings of powerlessness and compromised their physical health.

Lack of Consideration and Respect

In this section, issues relating to human dignity and basic human rights were raised by the participants. Many expressed
their anger at what was being 'done to' them without any consideration for either their rights as human beings or their personal dignity. For example, an individual in the first group commented:

"About self respect...they've taken a lot of respect away, and it's the first time I've ever felt like this. I feel that if I'm going to achieve first class citizen status again, I've got to buy something. It shouldn't be like that. I didn't fight a war that I was going to be forced into this sort of condition. If you don't buy you are nothing in other words.

It means that the people over there who are the 40% are looking down on the other 60%. And to a certain extent that is the outlook of "Oh, you're idiots" you know, for not buying... for not being in the position...or whatever. And I find that very galling. I hate people to look down on me. It's made me feel very much a second class citizen, because people have done things to me, ignored me and my wishes and my thoughts. My needs had no consideration, no compassion, no thought...just for a greenback. We are being put into this inferior situation. I went to that thing at the CBC the other night, you know, and there were all of these people up there, every one of them on the one side, with their own place, you know?... 'Yes, well we HAVE to do this for you' ...so bloody condescending".

A personal expression of the human indignity of this situation is made by an 80 year old participant from the second group. She assisted with the organization of meetings in her apartment building and negotiated with the developer for a fair agreement.

"Well, it hit me personally, maybe more than some other people because I've had enough bumps in my life at different times to be aware that you can be out on the street and you could have your furniture moved out there. And I don't like this sort of thing..it's not the way I was brought up and I'm not used to it. I don't think certainly as a senior or as an ordinary citizen that you really have to be in this position".

A participant in group two provided her practical, insight into the lack of understanding and action by the politicians when she
said:

"I find our politicians are not old enough to know what is happening. When you're 40 - 50 you are never going to be old enough to retire. You're healthy, you're working, and money isn't a problem. It's hard for you to understand that these people are on a fixed income, that no matter what happens they can't go out and earn another $10,000.00 a year. They're earning days are over. And I think that's very hard for young politicians to understand. And we have so many young politicians, and their parents are not even in that age group yet".

As spoken in the forgoing comments, thirteen of the participants clearly expressed their shock and dismay at the lack of respect this situation represented for the elders in our society.

Analysis

Housing is assumed to be a basic human right. The profound shock and dismay at the reality of this situation particularly among middle-class, elders was confounding, not only to the participants, but also to others in the community. Older people articulated that as life-long tax payers, whose family members had fought in the world wars, they felt assured protection against disasters of this nature. Also, as renters they were in the majority. Who was in control here?

Mistrust, coupled with intense anger and disenchantment with all levels of government, particularly the municipal government, prevailed among the affected residents. Until now, many people had assumed or trusted that the decision-makers were there for them as well as their interests. The outcomes, however, support the literature noting that people may often be viewed in economic and political terms and their needs may become blurred (Lukes, 1972).
People felt they had neither power to change the situation nor control over it. They did not feel respected as equal members of society. The outcome resulted in feelings of anger, diminished self-esteem and prejudice. The response of the participants confirms the literature relating to control as synonymous with predictability and certainty (Piper and Langer, 1986). Nothing at this point seemed predictable or certain in the lives of these people.

Financial Considerations

One participant verbalized the financial position of elders that reflects the situation of many older people and certainly the position of the people in this study.

"When you are older and you are retired what money you have in that bank or have invested or whatever, you use some of it, you have to use some of it. It's there to be used to be honest. But having used it, you know it's difficult or impossible to put it back".

For older people there is no extra income and often no indexed pension to compensate for the increasing cost of living. For them, their expenses must come out of the same, monthly amount of money.

"I do not have money. I have a little money, but I couldn't go out and buy a condominium no matter how, and I couldn't pay $1200.00 a month for rent. I'm not going to cut down on things that are important to my health but it (the rental increase) just means I don't go out for entertainment or dinner as much, and that I stay home and cook."

"I try my best and see what happens. I think I have to reduce my standards."

These two comments reflect the cutbacks that the elders were forced to make in light of the crisis. Generally speaking they were naturally thrifty, and unaccustomed to luxury or sophisticated entertainment. It has been revealed that someone
in Kerrisdale is assumed to be eating dog food, as the cans are seen in the garbage and no pets are allowed in the apartment building.

"Well I just hope I don't have to go into a nursing home because you see a nursing home will cost...but the one across from the General, it was $800.00, but I suppose it's gone up by now."

This comment was expressed by only one of the participants in the study, however, it reveals the undercurrent of fear amongst the frail, yet independent elders in the community. They fear not only losing their independence, but also their ability to afford accommodation. This basic anxiety renders frail elders highly susceptible to physical and emotional decline as they cope with the potential loss not only of their independence, but also of all that is familiar to them.

In order to earn the extra money to pay her monthly rental increase after she was evicted, one of the participants actually assumed the duties of the apartment manager one day a week in her new apartment building. Prior to the crisis, the elder's considered their rents 'affordable' even though they might be consuming 50% or more of the pension. However their quality of life in Kerrisdale met their needs, and diminished income did not seem a hardship.

**Analysis**

Kerrisdale had always been considered affordable. Generally speaking, the rents consumed up to half or a little more of an older person's basic pension of approximately $850.00. Older people grew accustomed to extending the remaining $300.00 or so over their traditional monthly expenses. While it is recommended that only 30% of monthly income be paid out for rent, the elders felt in control and able to cope. Their self-
esteem and pride were intact.

Shelter Aid for Elderly Renters (SAFER), British Columbia's financial housing assistance program, is available to persons with limited income. For at least one of the participants, this represented a government 'hand-out' and they resented being put into a position of having "to ask" for something. It robbed them of their pride and independence and they viewed themselves as 'welfare clients'.

Interestingly, the results of a survey conducted Sunday February 26, 1990 at the town hall gathering at Kerrisdale Community Centre, showed that the income of over 60% of the 300 persons who attended and responded to the questionnaire, was less than $20,000.00 per year.

Elders with fixed pensions, in the face of rental increases, experience diminished control. This constitutes a threat to their health. These findings confirm income as a determinant of health. The findings also support the literature citing women as being most vulnerable financially due to their diminished eligibility for pension benefits (McPherson, 1990).

Positive Outcomes

A couple who have relocated to North Vancouver and were in their new apartment approximately one year at the time of the interview made the following comments:

"There are some beautiful blocks around here. It's beautiful to look out the windows, especially with the cruise ships coming in. And when you've been here a little while, there are some tremendous people in this community.

I admire the council very much. And we know them,
that's the thing. We were down here for the Carol ships and I said Good evening and Merry Christmas to a guy and he shook my hand. Afterwards a friend said 'who was that', and I said: 'that's the Mayor'.

A participant from group one who relocated three blocks away from her original apartment commented:

"Now I am happily settled here. I enjoy this suite, this balcony, and of course when it's nice, I have a nice view over there of the ocean and Vancouver Island. And oh the sunsets are beautiful. As I say I am quite happy here, this is a nicer suite than the other one. Of course, it's worth more."

Her present rent is consuming 100% of her monthly income.

The following comments are from a participant who has recently moved following eviction:

"I must say that since I've been in here, I've never felt better. I've had no aches and pains in the last 2 or 3 weeks and I feel so much better. It's taken me nearly 3 months to put my furniture in and call it home, and I think that happened just before Christmas.

Analysis

These findings demonstrate that with time, some elders were able to adjust well to unexpected, forced relocation. The relief for some, that they survived the housing crisis and, like their furniture, in one piece, came as a great surprise and blessing. Once relocated, they were able to appreciate the attributes of their new location.

The participants who indicated positive relocation outcomes, experienced a number of supportive conditions. These included, good health, the support of family and/or friends, or the
ability to relocate within the same community. Each condition in its own merit, enhanced feelings of control. These findings support the literature noting, among other things, the importance of health status and social ties, on people's ability to adjust (Dimond, 1987).

The next chapter discusses the community development process in which a few community members engaged in order to address the housing crisis in their community.
CHAPTER SIX
FINDINGS AND ANALYSIS - PART TWO: THE COMMUNITY DEVELOPMENT PROCESS

This chapter begins with an overview of the activities, events, strategies and outcomes relating to the Concerned Citizens for Affordable Housing (CCFAH). These are summarized in Tables One and Two. Table One lists the activities in which CCFAH engaged, and also the actions which were taken by the City. Table Two provides an overview of the strategies developed and used by CCFAH, and the outcomes for the participants from these strategies. The information contained in the Tables is taken from minutes and notes recorded over the ten-month period beginning in February and extending through December, 1989.

Following the discussion of the Tables, the findings and analysis to question nine, the last question in the interview, are presented. The chapter ends with the summary, and the study's conclusions and recommendations.

Events, Strategies and Involvement

Table One lists briefly, in chronological order, the events organized by the members of Concerned Citizens for Affordable Housing. These began in February, 1989. While the list is not exhaustive, it does reflect an overview of the significant events in which the CCFAH engaged, as they tried to respond to the events occurring around them. These particular events have been selected because of their significance to either the members of the group or to the community.

For example, Table One begins with the Community Forum held in
Kerrisdale on Sunday, February 25, 1989. This event was organized by approximately 12 people, mostly elders, none of whom knew each other six weeks prior to the forum. Over 500 people showed up. Many had to return home as the local Community Centre Auditorium would hold only 260 people approximately. Seven of the nine city Aldermen attended, as well as Provincial representatives. The Forum was well publicized and the media provided excellent coverage. The accomplishment of this significant event by so few people, forged a mutual bond and sense of power among and between the members. This synergy exists today.

The corresponding actions in which the City engaged are described in parallel order to the events organized by CCFAH. These represent the major initiatives implemented by the City in response to the housing crisis at that time.

For example, in response to the forced relocations occurring in Kerrisdale, the city created a Housing Relocation Coordinator position as noted in Table One, May 1989. The role of this staff person was to assist people who needed help to find housing as well as to relocate. This person was also to document the redevelopment process, noting the numbers of rental units lost.

The City actions and the CCFAH activities did not necessarily bear any relationship to each other. They are presented in Table One merely as examples of the response process to the housing crisis by both municipality and the community.

Table Two describes the various strategies which CCFAH developed and implemented over time to support their community development.
process. It was these strategies, designed and initiated by the members, which resulted in the events described in Table One. In other words, Table One provides the context of what actually happened, while Table Two describes what the members of CCFAH actually did.

These strategies in Table Two were key to involving everyone in the process. They provided the opportunity for people in the community to become involved and make choices for themselves. This enhanced each member's perceived sense of control as well as group control.

For example, as noted in Table One on August 18, 1989, demolition strategies were an important activity of the group. One participant, a teacher appreciated challenge and change. By day she designed information stencils while by night she applied these to the boards surrounding the demolition sites. In the morning the community would waken to the next piece of relevant information concerning the redevelopment status of the neighbourhood (eg. the date of the next demolition).

Parallel to the strategies in Table Two, the corresponding outcomes are identified. These outcomes highlight the effects the strategies had on both the participants and the community process.

These two Tables set the context for and describe the events and strategies in which the members of CCFAH engaged. In order to understand the meaning that the participants ascribed to these events, I now turn to the findings which include the participant's responses to study question number nine.
Table One

<table>
<thead>
<tr>
<th>CCFAH ACTIVITIES</th>
<th>CITY ACTION</th>
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| **Sunday February 26, 1989:**<br>The Community Forum held at Kerrisdale Community Centre. The forum was planned and implemented by approximately 10-12 people. The crowd of 5-600 people, including City Council and Provincial MLA's, consisted mostly of elders. The purpose of the meeting was to talk with the politicians about the sudden loss of affordable rental housing in Kerrisdale and to work with them towards an appropriate solution (Appendix C).<br>**March 1989:**<br>CCFAH began weekly meetings to which the community was invited. Facilitated by the health professional from the local health unit, initial attendance was 15-25 persons, mostly elders. The purpose was to develop strategies with which to address the housing crisis as well as monitor redevelopment in the neighbourhood.<br>**Wednesday, June 14, 1989:**<br>Preparation for Demolition #1 Two apartment buildings scheduled for demolition were encircled with yellow ribbons to increase community awareness of the reality of the situation (Appendix D).<br>**April 25, 1989:**<br>City Action #1 - Demolition Delay. This move by City Council extended the required notice for relocation notice from two months to six months, providing more time for tenants to find other accommodation.<br>**May 1989:**<br>City Action #2 - Housing Relocation Coordinator position established. The goals of this project were two-fold. Firstly, to establish a tenant relocation service and secondly, to research the number of demolitions of rental housing in Vancouver from 1989 to 1990.<br>City Action #3 - Vancouver Land Corporation was formed by Council to build rental units on City-owned land for middle income seniors, singles and families.
CCFAH ACTIVITIES

Saturday, June 24, 1989:
A neighbourhood walk-about was organized by CCFAH and attended by 150 residents. Pamphlets communicating accurate information on the housing situation were distributed to the community.

Friday, June 30, 1989:
CCFAH arranged a meeting and ride-about with City Council. (Appendices E & F).
Demolition #1
THE FIRST TWO APARTMENTS WERE DEMOLISHED.

August 1989:
CCFAH decided not to incorporate, formal and instead elected a board. The group pleaded for a moratorium on all demolitions until an overall plan could be developed in partnership with the City and the community. Community events continued.

August 18, 1989:
Demolition #2. To advertise the event, a CCFAH member (known as "The Fence Phantom") painted messages on the board walls surrounding the excavation sites in the area.

Demolition Strategies:
Attendance at the sight by TV and radio reporters, 18 members CCFAH, members from Tenants Rights Action Coalition.

December 1989:
Goals and Objectives Development Workshop (Appendix G). A consultant was engaged to develop and implement the workshop with the group to establish goals and future directions.

CITY ACTION

Saturday, June 24, 1989:
Political community attended walk-about - Tom Perry, Darlene Marzari, Harry Rankin, Bruce Erickson.

June 27, 1989:
City Action #4 - RM3 Amendments passed. This alteration in the zoning schedule made it more difficult for the developers to build twelve story buildings in areas such as Kerrisdale. Obtaining a development permit became more complex, delaying redevelopment.

Friday, June 30, 1989:
Mayor and four Aldermen rode in cars decorated with yellow tape and signs in vehicle rear windows which read "Good Buy Kerrisdale" S.A.D. (Seniors Against Demolition).

Local MLA's attended demolition. MLA's supported CCFAH in delaying the demolition until refrigerators could be removed from the building.
Table Two  ONGOING CCFAH STRATEGIES AND OUTCOMES  
1989 - present

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>OUTCOMES</th>
</tr>
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</table>
| 1) Writing letters to politicians (Appendix H) | - Perfection of writing skills  
- Enhanced understanding of government |
| 2) Drawing up petitions | - Community support  
- Advocacy |
| 3) Communication with City Hall departments to determine and monitor the development arena | - Familiarization with the workings of city hall  
- Enhanced knowledge of the roles of civic departments |
| 4) Formal request to City Planning Department for a city planner to work with the Kerrisdale community (not granted) | - Analysis of political system and its ability to respond to issues identified by the community |
| 5) Consultation with other groups eg. Downtown Eastside Resident's Association (strong lobby group) | - Enhanced education and creation of partnerships |
| 6) Consultation with lawyers regarding human rights issues and implications of public demonstrations | - Education regarding legal system and human rights issues |
| 7) Attendance at and monitoring of housing initiatives | - Enhanced assessment and evaluation of skills  
- Prioritized important components of seniors' housing |
| 8) Monitoring of the neighbourhood (Appendix I) | - Enhanced awareness of surroundings  
- Increased risk-taking |
| 9) Regular attendance at community events to discuss the current status of rental housing, and to solicit new members | - Ongoing education of community members  
- Feedback loop for information and recognition for the work accomplished |
ONGOING CCFAH STRATEGIES AND OUTCOMES - cont'd
1989 - present

10) Creation of fliers and advertising tools e.g. bumper stickers "Demolitions Destroy Neighbourhoods"
   - Fundraising strategies and humour
   - Writing news briefs
   - Learning how to use the media creatively
   - Public speaking

11) Partnership with the media (Appendix J)

12) Partnership with several Master's students (One in particular provided accurate information with which the citizens could approach Government.)
What has your involvement in Concerned Citizens for Affordable Housing meant to you?

This question generated the second largest quantity of data in the study although only 11 of the 16 participants were asked the question. The following categories of responses are set out in the order of amount of data generated.

* Understanding the Issues and Appropriate Intervention
* Helping Others and Sense of Accomplishment
* Involvement and Usefulness, Support
* Discouraged and Angry
* Withdrawal

The two components of the first category included the group attempting to gain control of the situation by increasing their understanding of what was actually happening, and secondly, engaging in appropriate actions with government. For example, the intentional design and structure of the Community Forum, the first activity sponsored by CCFAH on February 26, 1989, and shown in Table One, was as a dialogue with council members to determine what was actually happening in the city in relation to redevelopment.

The second category related to peoples' desire and need to reach out and help their neighbours. This is noted in the activities of the group, when in March 1989, as noted in Table One, weekly meetings were established to develop a working relationship among members of the community.

A close third in importance, was the respondent's articulated
sense of mutual support in the face of this crisis, and personal feelings of usefulness.

Understanding the Issues and Appropriate Intervention

The most data generated by the participants related to their desire to understand the issues relating to the crisis. This included learning and understanding the underlying issues in order to determine what they could do to stop and/or reverse the situation.

All the participants responding to this question commented on one or more of these aspects of their involvement in CCPAH. Basically they had united in an attempt to right a situation that seemed unjust. The following quotation made by an 80 year old participant, reflects the global sentiments of everyone.

"I was hoping we would have the influence to get the City Council to stop the demolitions. That was what I was there for".

The reality of doing this is reflected in the following two comments which also express the feelings of the participants.

"It takes a lot of time to lobby these people and make them see what's going on. However, it makes you feel better."

"It's given me the opportunity to speak out how I feel about the mismanagement, I'm going to use that word, by our city authorities. The mismanagement of the finances of the city, to allow 60% of the city, the renting people of the city to be put in such dire straits as they are now, with almost no place to move to, rents escalating all the time and the city does almost nothing to stop it. That's why I am most interested in the Concerned Citizens who, in their own way, perhaps can do something to alleviate the situation".
A desire for increased knowledge and understanding of the issues was often the motivating factor mobilizing people to become involved. The following comments reflect the participants' reasons for attending a meeting, whether it was the initial large community informational event on February 26, 1989, noted in Table One, or subsequent, weekly CCFAH meetings which began in March 1989, also noted in Table One.

"I was very glad to understand what was happening, otherwise I wouldn't have understood. And I was pleased to have helped a little bit to start".

"I was so pleased we could meet with a group of people (CCFAH) who knew something about what was going on, and were not going to receive it passively. There had to be some resistance to this. They are a wonderful group of people".

Another elder, who was not forced to relocate, but who felt threatened and was upset by what was happening, verbalized her concern about the effects of forced relocation on all persons in the community. Her remarks mirror the feelings of all those involved in CCFAH.

"Well I felt as though I was doing my little part to try and see if something could be done about this terrible thing that was happening. For my own sake and for everybody. And as I say it just wasn't for the older people. I mean it was just like the young girl that was crying as we put the yellow ribbons around the trees and apartments scheduled for demolition. She was a young lady and said: 'That is my apartment, I lived there for 7 years. I liked the people and I was close to the bus, and I can only afford so much.'

Now there was a young girl and she wasn't an old lady or anything..... Yes, when I did that, even though I was very reluctant to do it, I did feel that it was about time I did something, that if I could be a body that could help to get them to do something about this...that's what it did for me. And it was good to hear what other people thought too."
And the following reflections of a 'younger' woman about to retire, whose comments reveal the level of distress and the need to do something, particularly on behalf of elders.

"I wish I could do more, a lot more, but I feel it's the only way of saying... trying to do something because I don't think this situation can go on and on.

As I said before, it's bad enough for me but I'm only in my 60s, you've got people in their 70s and 80s and we've got to help them. So it's probably given me a more positive approach."

The following comment reflects the cautious optimism that most of the participant's held regarding the outcomes from the group's working together.

"I think we're getting somewhere, I think they need to be hit over the head, even heavier, harder. I think we're getting somewhere. I think we were a small.... when we started it, but everywhere over the city now you've got all these groups and I'm sure at some point we're all going to get together "We're going to have to".

This comment also expresses the recognition that to be effective, joint action is necessary. This common feeling of the need to connect with other groups is reflected in the fifth strategy in Table Two, as the group consulted with the Downtown Eastside Resident's Association.

Analysis
The loss of appropriate, affordable housing in this community, became a health issue around which a community could organize. For those individuals, experiencing loss of control through forced relocation, focusing on a goal, with the support of others, enabled them to begin addressing the very issue that was diminishing their control. These findings support the literature on control and health, noting people's need to
control their environment as an intrinsic necessity of life itself (Rodin 1979).

While the participants had no input into the decisions that were affecting their lives, hence no real control, their establishment and control of a collective process provided them with the opportunities to develop strategies and make choices. This process enhanced their perceived control over the circumstances, and contributed to their feelings of being able to achieve the outcomes they wanted, i.e. intervention by government into the housing crisis.

CCFAH's initial goal was to increase the elders' knowledge and understanding of the significant issues. This became a mutually supportive, educational process, comprising dialogue and critical analysis of the circumstances. As noted in Table Two, number three, the group communicated extensively with both the Planning and Permits and Licenses Departments to gain information regarding redevelopment in this community. In order to speak out, people had to determine what it was they wanted and needed to say. This supports the Popular Education model as a process whereby people empower themselves and take control of their learning (Freire, 1970).

Critical thinking was made possible through participation in interaction. While the power structure set the context for the interaction, over time the power shifted through the emergence of a collective definition of the crisis. This supports the Symbolic Interaction literature, as the members of CCFAH necessarily took each other's roles. This mutual role taking was the essence of their communication and effective symbolic interaction. It also nourished reciprocal relationships
neutralizing surrounding power bases (within and outside the group), reinforcing both individual and group sense of control. In addition, the members of the group formed an understanding of their own behaviour through the perspective of the others within the group.

The public forum sponsored by CCFAH, initiated the process. It provided the opportunity and environment for communication, which resulted in increased knowledge and understanding of the circumstances surrounding the housing crisis. These findings support the literature noting the empowerment that occurs when oppressed people come together and initiate and implement collective action (Freire, 1972). These people empowered themselves and took control of their own learning.

In addition to this event providing a constructive focus and goal for the group, the process created the opportunity for positive social action. It was a time to publicly determine the political nature of the situation, and set priorities for the future. Individual and group empowerment emerged through this collective process. Also, the synergy of teamwork in planning the initial public forum inspired physical, mental and emotional endurance and energy. The process united strangers driven to address a crisis and work towards a common goal.

Helping Others and Sense of Accomplishment

"It makes you feel better... You can't sit on the sidelines and let somebody else do it for you. But I'm not really doing it for me, I'm doing it because I think there... I've turned out to be one of the lucky ones. I think a lot of people need help. And the other thing is they talk about senior citizens but you know there are a lot of people in my position who are earning... single women who are earning reasonably
good money at the moment and they can cope. But when they retire in 1 or 2 years time, their income is going to be cut because I think that the single woman, well the single man as well, but they probably earn more money but the single woman really gets clobbered. You don't earn as much as a single male doing the same job. Women are discriminated against and I'm no feminist."

This comment was made by a person who was involved in the process, and it reflects the altruistic involvement of these people.

The following quotations, from three different participants, reflect the experiential realization and understanding of the significance of the power a group can have. This was expressed in terms of the group's accomplishments.

"To know, if in a group, how much people can do".

"I think we've made some progress. I can't give you a measure or degree, but I think we've made some progress".

"I feel a great deal of comfort, the fact that something was being done, you were all working so hard and that something positive was taking place. We were getting somewhere. We were demanding attention."

As noted in Table One, on August 18, 1989, the attendance of the politicians and multi-media representatives validated the efforts of the group. Most people felt a sense of accomplishment even though, to this day, only 30 rental units of the lost 350 have been replaced. People were at least doing something, and supporting each other in the process.

Another participant, knowing her neighbour was attending an organized community meeting, agreed to attend and become more involved. Her comments reflect the rationale for many people becoming involved. As she said:

"So when the Kerrisdale meeting came up I said to my friend 'I'll go along with you. I thought, here is
something I can do. I can be part of a group and what they're saying is right. If I can do anything I'll do it. So it gave me courage, it wasn't anything I had to take on by myself or on my shoulders...I could be part of a group who was working toward a goal.

Two of the five participants in the second group and not formally involved with CCFAH, had been responding to the housing situation in their own way. Not only were they aware of CCFAH, but also they had attended a couple of meetings. One of these persons was prevented from being involved due to the severity of her arthritis. She offered the following comments:

"Oh I think it's always better if you are doing something for somebody else even though you might see you are not getting too far. I am involved through friends, and I know what's going on all the time. And I've gone to meetings...the first big meeting they had in Kerrisdale community Centre, it was so packed and we were out in that little hall and you couldn't hear anything."

Analysis

In Kerrisdale, people caring about people ranked highly as a neighbourhood attribute. The community development process provided the opportunity for members to become involved at a level with which they were comfortable, and with the supportive environment, reach out to their neighbours. This enhanced their self-esteem, created feelings of productivity and enhanced their own sense of control and ability to cope.

In addition, people not only were interested in joining this group, but also the group became known as a resource within the city. For example, strategy seven in Table Two notes the members' participation in housing initiatives and forums. It
was here that people provided their perspective regarding the housing situation and also learned from others the details of what was happening in the community, the Province and the country. This supports the literature relating to growing older and the need for people to maintain ongoing, meaningful involvement while at the same time being valued for their contributions (Ebersole and Hess, 1990; Moody, 1968).

As people worked together over time, determining what each other's interests were and what individuals wanted to contribute, strategies unfolded that enabled the group to address the crisis. People identified what they wanted and needed to learn to continue successfully with the advocacy\lobby process. Examples one and four, numbered in Table Two, include the writing of letters and the creation of petitions. This supportive, incremental, educational process enhanced the elders' self-esteem through providing challenges they were able to meet.

The process also supported the literature noting that a valuable way for people to express themselves is through their leaders (Alinsky, 1989). Clearly, this process served not only to recognize the natural leaders who lived within this community, but also to build on and develop natural community leadership. Members of the group looked spontaneously to one another for ideas and strength, and as necessary they would decide on external resources for additional support.

As noted in the literature, cultures organize themselves around symbols and meaning (Blumer, 1969). The CCFAH process was enhanced and strengthened through the existing, shared values and beliefs of the residents. Strengthened in their own beliefs
and supported by the group they were capable of accomplishing more than they would on their own while at the same time their individual capabilities were enhanced.

Within the structure of CCFAH, there was a role for every person, and a variety of appropriate tasks, as noted in Table Two, to suit the interests of the group members. Supporting the literature, the reciprocal nature of this interactive process equalized the power base, enhancing control among the members and sustaining the power of the group (Blumer, 1969; McKnight, 1987).

Involvement and Usefulness, Support

Moving to a deeper personal level of sense of satisfaction, eight of the ten participants in group one articulated their experience. Their comments reveal their perceptions of the necessity for meaningful involvement in the community as well as their sense of accomplishment with what the group was achieving. A dialogue between a husband and wife discloses the following:

Him: "For one thing it gave me a sense of worth. I knew that I could still do it".

Her: "It's done a lot for you really, hasn't it? It's given you quite a vent, an out.

Him: "It's saved me from exploding, and it's given me an interest.

Her: "It's given you an interest and working with this group has brought out your full potential. You really weren't realizing your full potential".

The next two quotations, made by the same participant, articulate the feelings of many in the group. While people did not seek approval or public recognition, and many had never
before experienced being in the 'public eye', if and when they
were recognized, their sense of self and self esteem rose
markedly.

"Friends of my son's had seen me on TV. He was on
holidays and said: "Isn't your mother's name
Bartlett?" and he said "Yes" and they said: "Well you
know, she's been on TV". So he phoned me and said:
"What's this I hear about you being on TV?" And I
said: 'Oh my goodness did you see that'? And he said:
'You know Mom, you've been a little radical in your
letters the last little while. Good for you, go for
it'. And a couple of friends of mine back in Brandon
wrote on their Christmas card that they had seen me".

This same woman at seven o'clock in the morning, while carrying
a placard at the site of an impending apartment demolition,
experienced her grown children with her grandchildren taking her
picture. This participant commented:

"Do you know, I think that was the first time my
children have seen me as a real person".

The opportunity, in a supportive environment, for people to do
things they had never done before, gave them a new understanding
of who they are. As noted in Table One, on August 18, 1989, the
demolition strategies provided the opportunity for people to do
extraordinary things.

Also, the group came to have significant meaning for the
members. The following comments reveal the mutual support all
participants articulated they felt through their participation
in the group.

"I feel that the support of the group is very
important to me. I think that I would be even more
stressed out if it weren't for the group. While we
were down south I wanted to discuss this with someone
when we received our rent increase and notice of
eviction. We were here when we got the yellow fliers
through our door that there was a public meeting in
Kerrisdale for the residents. I was so pleased to
receive that, because we could meet with a group of
people who knew something about what was going on and
were not going to receive it passively. There had to be some resistance to this. They (CCFAH) are a wonderful group of people".

"My involvement (with CCFAH) has given me courage. I feel good when I go out and help them. I'm not the person who is political. I go to the meetings because I feel there is justice being done...and my voice alone will not be enough, but with the voice of others it will add to their strength, and so it encourages me to see people who are concerned, not thinking of themselves as they are actually trying very hard to right an injustice."

And another participant's comments:

"Well, it affected my attitude in that I thought it was good. It's made me very elated, now that it is. At one time I wondered whether it was going to have any effect. I feel a great deal of comfort, the fact that something was being done, you were all working so hard and that something positive was taking place. We were getting somewhere. We were demanding attention.

A participant, forced into early retirement as she fought cancer, explains her involvement as an outlet for herself.

"I've got nothing to lose. "That's why I do those daring things. If they're going to put me in jail for painting on a fence when there are far more serious things happening out there, well let them go ahead. I'm exercising my right as a person who lives in a democracy."

I take a stand and I stick to it. And if I believe in it, I'll put my whole heart into it. But it's not for myself, this is the whole thing it allows me to get involved and to have a feeling of doing something. Because I am very limited as to what I can do. I have 2 kinds of pain - pain that I can live with and pain that is unbearable, and when the unbearable pains come, then I have to seek distraction of some sort."

"When we get self-centered depression sets in and going out for a walk, that's fine...that's OK but your mind is still going about yourself...so I try and get out of the house. And, I figure, this way I am sitting but my mind is being used. I'm listening to ideas, and if I don't listen, I'm afraid I'm going to
miss something... so that's the good part about it".

The preceding comments reflect one participant's ability to deal with her physical pain through involvement with CCFAH. Other participants suffering emotional pain of forced relocation, also found relief through the group process.

The following two quotations reflect the textbook overview of how society makes people feel on retirement.

"When you retire your potential dies as it were. You have very few outlets for it. Suddenly you are incapable. You're just an old, 'has-been'. My old boss in effect has said the same to me: 'One day you're somebody, the next day you're nobody'."

"Another thing, CCFAH has kept our phone busy. Our phone was never busy before and it's kept it busy. Really I ought to have two."

Analysis

McKnight (1987), noted that the essence of community belongs to people with diverse talents, working together through shared responsibility. Through this process of working together, members of CCFAH found a 'hammock of support' in the collective capacities of the group while the group shaped itself to the unique character of each person.

Over time, the members came to know one another through their stories, and it was these stories which allowed them to touch their common history and their individual experience, acquiring knowledge about the truth of the day, and determining a sense of direction for the future. Supporting the literature, this renewed their meaningful linkages with the past, and provided
continuity into the future in spite of the crisis (Atchley, 1989).

The strategies and events constituting the CCFAH process as noted in Tables One and Two, confirm Freire (1972) and Alinsky's (1971) beliefs that indeed, people working collectively, enhance their own power. CCFAH working together not only enhanced their own strengths and skills through regaining a sense of control in the process, but also developed a collective courage and belief in their ability to effect change. Their effectiveness was enhanced through the symbolism they communicated and reinforced in one another. Through symbolic interaction their communication, energy and sense of meaning increased their potential to create change, and develop a renewed sense of power.

It also created the opportunity for the development of new roles and responsibilities. Members became knowledgeable housing critics. As one member says: "We are the housing experts in the city even though we don't know very much." Alinsky (1971) states that "power is not only what people have, but also what 'the enemy' thinks they have. CCFAH have continually operated within their own experience, not outside it. Often, they were outside the experience of government, however, they were perceived to have power in their knowledge of the situation. As noted in Table Two, strategy three, the members became familiar with the civic departments and gained the information they needed to understand the community reality. This fuelled their energy and cause, increasing the group's perceptions of control.

Developers began consulting with the CCFAH regarding proposed development. They not only wanted to inform CCFAH of their
planned interventions on behalf of the elders being forced to relocate, but also to determine what would constitute appropriate, affordable housing for older people in Kerrisdale. This reinforces the literature (Kahn, 1983; and Erikson, 1986) regarding the contribution elders have to make to each other as well as to the community, and the necessity for society to recognize elders as an invaluable resource.

Also, as noted in Table Two, number twelve, the group has been interviewed by journalists and authors, taped for television programming and educational videos, and consulted by numerous students engaged in Master's and other programs.

**Upset and Discouraged**

Six of the ten elders in group one talked naturally about their frustrations with the housing situation, the seeming lack of response by government to it, and the community process in general. The following quotation reveals the general 'mood' of frustration with which most CCFAH members had to cope.

"I had high hopes at first and after that I realized that City Council wasn't listening...some of them were but the majority weren't. And it's the majority that rules."

Another participant who withdrew from CCFAH after approximately one year articulates her personal reasons for leaving. She describes how the distress of the members of CCFAH over the crisis, coupled with her husband's recent death was too much pain to bear.

"Well I think maybe emotionally I wasn't really healthy, because my husband had died recently. Discussion and argument are healthy, things get settled that way and work gets done, but I couldn't
Another participant who felt discouraged and ultimately resigned commented:

"I don't think they've got anywhere yet. I mean even those (politicians) who are promising they will make affordable housing, is just to keep the people from revolt against it. They promising everywhere. Did they build anything? No, so I got discouraged."

Power issues emerged from within the group and people became disillusioned, as noted in the following comment.

"And I get very upset when I see people who are using our group as a stepping stone. I don't like it. And that makes me very sad. I think we'll get somewhere if we continue along in the same manner and not get engulfed in other people's stepping stones."

Another participant and member of CCFAH who demonstrated at the demolition site reports this experience.

"There were several people at different times, mostly men who said to me: 'Well if you get turfed out of your building go buy yourself a condominium.' You know that's not funny."

Public reaction to the CCFAH process and strategies was often mixed. This participant was involved in CCFAH for about a year and then withdrew due to stress. In fact six of the eleven persons interviewed in group one, due to stress overload, have found it necessary to leave CCFAH.

One of these very active participants, who has Menniers' Disease explained her need to withdraw:

"Well I think with my ears going the way they were I think that was the thing that really bothered me
because I wasn't hearing what was going on and if you can't hear what's going on it's certainly not very pleasant. And I got myself I guess sort of run down. Also, I am not a good sleeper, and my mind was going a mile a minute thinking about crazy things" (Graph 5).

Graph five provides an overview of the duration of time the participants in this study actually were involved with CCFARH. It notes when they joined the group and when they withdrew. As noted, five participants to this day, continue as members.
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**LENGTH OF TIME INVOLVED WITH CCFAH**

179
Analysis

Over time, individual and group frustration fluctuated dramatically. The mood swings depended in part on the response of both the community and government to the crisis, and the seeming success or failure of the strategies the group was implementing. Clearly, the group was not achieving appropriate, affordable housing for the Kerrisdale elders being forced to relocate. Consequently, the members became exceedingly aware of their lack of real control over the situation. At times this reality became overwhelming, diminishing the group's ability to function and further compromising the group's sense of control.

While perceived control was enhanced through participation in the CCFAH process, real control was not achieved. People became frustrated as they discovered they had no power over the decisions affecting their lives. There seemed to be no ability on the part of government to intervene and respond to the people's perceived need at this time. The 'system' seemed unresponsive to the community, and people felt disappointed and betrayed. These findings support the literature noting that real control over outcomes affecting peoples' lives is the ultimate, necessary goal for health (Milio, 1986, Piper and Langer, 1986; Slivinske 1987).

For example, as noted in Table One, the second City Action in May 1989 was the creation of a Housing Relocation Coordinator position. CCFAH member's response to this action was discouragement because the vacancy rate was at an all-time low, and the rental increases in the neighbourhood were such that many elders could not afford the new rents, even if someone had been able to find them a place in which to live. The city's
response did not address the issues this community needed addressed.

Also noted in Table One is the third City Action in May of 1989, the formation of the Vancouver Land Corporation. Again the response of CCFAH was one of discouragement, due not only to the minimum wait of at least one year for these rental units to be built, but also to the market-driven costs of rent for these units once they were built. Many elders knew that their pensions simply could not tolerate market rents.

It was approximately at this juncture, that the members of CCFAH decided they needed to re-group and determine their priorities for the future. This was initiated through the design and implementation of a goal-setting workshop, as cited in Table One in December 1989. The workshop provided the opportunity for the group to step back and review their accomplishments, while at the same time establishing a renewed sense of direction.

This dialogical process restored a measure of hope to the individuals in the group, and new levels of communication emerged. The source of hope was rooted in people's desire to make the world a better place in which to live. As people worked together to develop new strategies with which to continue to address the housing crisis, they got to know each other better, while at the same time enhancing their sense of control over the situation. Consequently, through a dialogical process, the despair caused by the housing crisis, turned to a new phase of hope, leading to new challenges and enhanced empowerment. These findings support Freire's (1970) pedagogical process noting the ability of collective action and struggle to challenge the existing structures determining the basic
components of social life, such as access to housing.

The new challenges and shift in direction constituted a changing ability to engage with government against which the people felt so angry and by whom they felt so betrayed. This ongoing, educational process was fuelled by anger and growing expertise. People were influencing one another's approaches in working with government to address the housing issue. Members in the group trusted and learned from each other, becoming more critical of the underlying factors that were creating the loss of housing in the community and how to deal with these structural realities.

Summary

In summary, the people who came together to address the housing crisis in this community were united by a culture which reflected the values and beliefs most of them shared. Consequently, their process was strengthened not only by their common goal, but also by their system of meanings which shaped their world. Behind the facade of their objectively perceived joint actions were a set of meanings that had its own life, and which sustained the group's mutual action.

This social process within the group created and upheld its own rules, externally imposed rules did not create and uphold the group life. In other words, the group decided its actions, and the outcomes that were effected were contingent on what the group decided. As noted in Table One, March 1989, the weekly meetings provided the opportunity for this dialogical process which enhanced the group's and each individual's perceived sense of control. It also created opportunities for choice on an individual as well as a group basis.
The members' lives took on new meaning as they shared a common concern for themselves and their community, and as they engaged in a mutual learning process which supported their common beliefs and reinforced their power. As individuals they were powerless, however, as a group their power and enhanced sense of control enabled them to move forward, resisting racial and prejudicial incantations and their intended demise by some outside forces.

The group process also offered a constructive outlet and channel for people's real anger. It was a creative, evolutionary, dynamic process which supported opportunities for social support, personal growth, new learning and crisis management.

The initiatives undertaken by the people in CCFAH represented a type of social action that developed through social interaction. Individual members interacted and communicated with each other as they confronted situations, assessed them, developed strategies and acted. Moved to social action, the group engaged in self interaction through discussion and debate and proceeded to develop collective strategies, supporting each other in their implementation. This supports the literature that indeed social action takes place within the process of social interaction (Blumer, 1969).

As noted in Table Two, strategy four, the group requested a City Planner to work with the community to address the housing crisis. As their request was repeatedly denied, the members went back to their collective drawing board, internalized their reality and formulated new plans. Within this group, there were two concurrent processes. Members, while defining each other's perspectives were simultaneously, through self-interaction,
redefining their own perspectives, and engaging in new learning.

This certainly confirms Alinsky's (1989) contention that that experience is the integrating of actions and events of life so that they arrange themselves into meaningful patterns. In addition, these findings confirm that people live in dignity when they achieve things through their own intelligence and efforts. The CCFAH process restored a measure of dignity to its members. While the humiliation and stress will never be forgotten, the community development process restored people's self esteem and pride.

The group was organized with a vision of maintaining appropriate, affordable, rental housing in their community, and their actual planning in organizing, in spite of their fears for the future, provided a measure of inner satisfaction. The social, supportive nature of participation that emerged from the CCFAH process of planning and fighting together, converted a hopeless, demeaning situation to a process of educational growth and meaningful involvement.

They overcame their fear by looking ahead and trying to find out what lay before them, thereby making that of which they were afraid - known. For example, as noted in Table, on Friday, June 30, 1989 the CCFAH sponsored a neighbourhood tour with City Council. Several cars were arranged containing a CCFAH driver, and one each political and media representative. This opportunity to dialogue and exchange perspectives with those in 'power', revealed the reality of the situation, and CCFAH knew where they stood in gaining access to appropriate, affordable housing. Once the situation was understood, and publicly declared, the paralysis and fear subsided somewhat, and
Reciprocity became the glue that held the process together. The extensive mutuality that pervaded the group, created an environment of true equality. People's contributions were measured by their presence in the group, their willingness to work on behalf of others, their interest in learning and their ability to do what things they were able to do. Their contributions were not measured by specified outcomes. The outcomes were contingent on the combined efforts for which everyone was collectively responsible. The power of the group was magnified through this mutually supportive, empowering and dynamic process. While at times there was desperation, ego integrity was maintained.

It must be noted that the group's desired goal of the restoration of appropriate, affordable housing for people in this community has not been realized. CCFAH's real control over the crisis was never actualized, as their actions to this day have not produced the outcomes they need. However, they are coming closer to the decision-making sources, and increasingly providing their input where they hope it will make a difference.

The next section provides the study's conclusions which are followed by recommendations.

Conclusions

As a result of this study, I have first concluded that the home
is a primary vehicle through which most people attain and maintain their health and sense of control. It is a basic necessity of life. For elders, home represents memories, contentment, familiarity and stability. It provides continuity with the past while supporting ongoing engagement with friends and family, both now and into the future. To support maximum health, independence and sense of control, elders need to "Age in Place" among that which is familiar.

My second conclusion was that the community with its hidden support systems and intricate web of shared meaning among its members, represents the foundation for sense of control for the people who live there. This reciprocal environment supports elders to sustain health and independence as they grow older. Older people, like trees put down both superficial and deep roots into their community. These roots, serve to stabilize them against the winds of change and time, enhancing their control over their environment.

Another obvious conclusion drawn from the study relates to the trauma of relocation. Unexpected, forced relocation is devastating to most people and particularly to elders. Older people's lives are threatened as the overwhelming shock and loss of control may render them incapable of regaining their sense of control. Depending on individual circumstances, forced relocation may spell premature death for some and loss of control and quality of life for others. A few may relocate successfully.

A fourth conclusion relates to the role of control as a significant aspect of health. People, to attain and maintain health, must have a sense that they are able to determine
outcomes that they want, based on what they believe their needs to be. Perceived control involving expectation and choice, is a significant component of this process.

Based on the findings from this study, perceived control not only engenders a sense of hope, but also brings people closer to the decisions which affect their lives. This study has demonstrated, that one group of elders, while in the midst of a crisis, worked together to address the very issues that were causing their loss of control. Through the process, they regained their equilibrium and sense of control. This meaningful process enhanced their health through mutual support, and meaningful involvement. It brought them closer to influencing the decisions which were affecting their lives.

To nurture health, people must have increased input into and control over the decisions which affect their lives. Elders represent an untapped, rich resource to both society and community. Their wisdom, insight, and skill need to be recognized and used to build our bridge into the future.

The following section identifies mechanisms supporting enhanced individual and community control.

Mechanisms Enhancing Individual and Community Control

The following are suggested mechanisms whose implementation over time would provide the opportunity for increased individual and community control. The first mechanism relates to relevant, public policy. Public policy should reflect the issues identified by people in communities. All levels of government should create mechanisms whereby the public has more direct
input into and control over the decisions that are made which affect their lives. Government should listen to what the communities have to say, building working partnerships through dialogue.

As Milio (1986) notes, the health interests of people will be better served when policy options are put forward for open consideration through a decision-making process. The prospects for effectively addressing the challenges in developing health-making public policy, depend upon the degree the public is involved in the process.

In addition to this, enhanced partnerships between all levels of government should be developed (eg, Housing and Health), and local government should lobby on behalf of the real needs of its constituents.

A second mechanism is the need for effective housing policy. Appropriate, affordable housing and environmental issues should dominate the political agenda. Renters should be protected from the devastating outcomes of unexpected, forced relocation. Suggested policies should include:

- a Tenant's Charter of Rights, developed in partnership with renters
- definition of "affordability"
- an overall plan for developing communities
- a percentage of all redevelopment allocated to affordable housing

As costs escalate both for housing and support for elders, the imperative exists for collaborative partnership between governments and communities to enable elders to remain in their
familiar environment and 'age in place'. Many women and seniors already live below the poverty line and will continue to do so unless consideration is given to what 'affordable' means to them. Seniors must be supported to live in their own homes as long as they wish.

Another supportive mechanism involves investigation into the effects of relocation on elders living in the community. Relocation has primarily been investigated as a discrete event. Studies involving elders seen in their original setting and followed through as they relocate within the community are a rare exception. A longitudinal study into the effects of forced relocation is essential.

With hindsight people may be better able to state what they felt at the time and understand the real effects of the relocation process. The threat of losing control is more distant from them, and they are able to be more natural and open about their feared circumstances and the real effects the relocation was having on them.

Moving closer to the community, local organizations play a key role on the continuum of control. They should become more responsive to and representative of the communities they are intended to serve. To accomplish this they should build into their Mission statements, goals and objectives which include and involve the people in a collaborative partnership in defining and addressing the issues that are important for both them and their community.

Another mechanism enhancing individual and community control relates to the necessary changing Role of Professionals as
Public Servants. To ensure a more equitable power base, the education of professionals must take on new meaning. While their expertise in specialized areas such as health and education is an essential ingredient to the process, just as important is their ability to relinquish control, allowing the community and/or individuals to explore what it is that matters to them and together identify, develop and implement strategies which the community owns. Public servants in all walks of life must be educated in the understanding of dialogical process creating reciprocity and mutual respect.

The alienation existing today caused by people's loss of control over the decisions which affect their lives, dictates the necessity for dialogue between people in community and government. Through this process communities will identify and receive support in addressing the issues that are important to them. This process equalizes the power relationship between the community, the professional, and government at large, and people in communities will have more real control over the factors affecting their lives.

Post Script

CCFAH have received funding enabling them to implement a study. Their project "Lost and Found", is designed to assess the effects of relocation on the people who were forced to relocate from Kerrisdale. It will also determine how those people are coping three years later. (Appendix K).
APPENDIX A
FOCUSED INTERVIEW GUIDE

DEMOGRAPHIC DATA

1) NAME
2) ADDRESS
3) PHONE NUMBER
4) HOW LONG HAVE YOU LIVED AT THIS RESIDENCE?
5) HOW LONG HAVE YOU LIVED IN KERRISDALE?
6) HOW LONG HAVE YOU LIVED ON THE WEST SIDE?
7) WHAT PERCENT OF YOUR MONTHLY INCOME DO YOU PAY IN RENT?
8) A) HAVE YOU RECEIVED A RENT INCREASE IN THE LAST YEAR?

YES
NO

9) IF YES, HOW MUCH WAS IT?

FOCUS INTERVIEW

1) WHAT DOES HEALTH MEAN TO YOU?
2) WHAT DOES THIS NEIGHBOURHOOD MEAN TO YOU?
3) WHAT MADE YOU CHOOSE TO LIVE IN KERRISDALE?
4) A) DO YOU HAVE FRIENDS AND FAMILY HERE OR NEAR BY?

YES
NO

B) IF YES, WHAT DO THEY MEAN TO YOU?

5) WHAT EFFECT HAS THE HOUSING SITUATION HAD ON YOU?

6) A) HAVE YOU BEEN INVOLVED WITH ANY ORGANIZATION WORKING TOWARD A SOLUTION FOR THIS HOUSING CRISIS?

YES
NO

B) IF YES, WHAT HAS YOUR INVOLVEMENT MEANT TO YOU?
APPENDIX B

CONSENT TO PARTICIPATE IN RESEARCH

I agree to be interviewed on tape recorder by Judy Curran for the purpose of providing my views regarding the housing crisis and how this crisis has affected me.

I understand that this information will be used in a thesis she is preparing for her Master's Degree in Education at Simon Fraser University.

I also understand that my name will be kept confidential, and that any direct quotations to be used will first be approved by me.

Signed: __________________________

Date: __________________________
CONCERNED CITIZENS' HOUSING FORUM

Sunday, February 26, 1989

2 - 4 p.m.

Kerrisdale Community Centre Auditorium
(42nd Ave. West & West Boulevard)

RENTERS AND OWNERS ARE WELCOME!

Do you care about YOUR neighbourhood and being able to continue to AFFORD to live there?

If so, come to a discussion with City Council, your M.L.A. and invited guests ........

YOUR PRESENCE IS ESSENTIAL

Organized by
The Kerrisdale Outreach Committee
and
Concerned Citizens

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DEMOLITIONS ANGER SENIORS

By TOM TEVLIN

As salvage workers prepared two more Kerrisdale apartment buildings for the wrecker's ball last week, Vancouver council called for a draft bylaw that could allow a dozen more structures to slip through its fingers.

A handful of members of the Kerrisdale Concerned Citizens' housing group held a demonstration outside two older walk-ups on West 43rd Avenue in Kerrisdale Thursday. According to one neighbour of the development site, the scheduled demolition and the construction of a luxury mid-rise will be onerous on seniors.

"Moving older people is so hard," senior Kerrisdale resident Joan Rennie said. "You don't meet friends the way you used to - it's really devastating."

The buildings, both located on the 2100-block, are scheduled to be bulldozed sometime next week, after workers finish stripping them of their oak flooring and asbestos residue.

Waverley Development Corporation sales and marketing director Bill Sitter explained the asbestos problem is one of the reasons the buildings faced the likelihood of being condemned earlier in the year.

"They were both coming up for condemnation, both from a fire and health standards point of view," Sitter said. "He said the hazardous asbestos must be removed from the building before demolition to prevent the residue from spreading in open air."

Government guidelines dictate the substance, used as insulation in older buildings, must be removed in plastic bags and stored in toxic waste sites.

Sitter said developer Maple Holiday Park Ltd., a division of Waverley, will replace the two structures with a single 12-storey condominium mid-rise. He said he expects the suites, each of which would occupy a complete floor, to sell in the $1-million range.

"Hopefully it will allow people to sell their expensive houses, move in and not leave the neighbourhood," Sitter said.

The Concerned Citizens' group, which had been told to expect the bulldozer late last week, before the asbestos problem delayed the demolition, has been holding a vigil over the properties since Wednesday.

Protesters draped yellow ribbon throughout the site to symbolize the city's failure to move on preserving of the buildings.

The group is upset over last week's council decision to consider exempting 12 area low-rises from a recent demolition freeze. Papework for the 12 demolitions had already begun before council last April began a campaign to tighten zoning regulations in Kerrisdale.

Council, at the suggestion of Non-Partisan Association Ald. George Pull, voted Tuesday to give owners of the 12 buildings the right to demolish, provided two-thirds of the occupants had already relocated.

Some aldermen, however, were critical of that decision. "What they're doing with Pull's motion is rewarding developers who have been successful in driving their tenants out," Committee of Progressive Electors Ald. Bruce Eriksen said in an interview.

"They say they fought tooth and nail to stop the demolitions, and now they go ahead and allow this," Eriksen said, however, that an oversight last week saw four aldermen who had been absent from a public hearing on the topic, vote on the motion.

"They shouldn't have voted and the bylaw shouldn't even have been before council." The final amendments to the RM-3 zoning - the area where the demolitions are slated to go ahead - will be ratified during the next meeting of council.

Mickey Lachter, a victim of development evictions, helped string tape around 2115 West 43rd Ave., which is being demolished. Robert Klein photo.
By GLEN SCHAEFER
Staff Reporter

Angry Kerrisdale seniors are after the mayor to save their homes from the wrecker's ball.

About a dozen seniors took Mayor Gordon Campbell on a tour to show how developers are knocking down the walk-up rental buildings for expensive condominiums.

And some weren't convinced that the mayor was doing enough.

"It's talk, talk, talk. What are you doing now?" renter Helen Alexander asked the mayor during the Friday tour.

Alexander waved her arms at the bulldozers knocking down two buildings at 2112 and 2130 West 43rd.

"You had an opportunity to stop this," Alexander told the mayor.

"No I didn't," Campbell replied.

Tenants were evicted from the 18 units in two buildings months ago. The buildings are going to make way for 11 luxury condominiums expected to cost up to $1 million each.

Alexander's own Kerrisdale apartment at 5951 Balsam hasn't been threatened with demolition. But she said no building is safe.

Campbell said the city is pushing the B.C. government to toughen landlord-tenant laws so developers would have to pay to relocate displaced tenants. The city has already ordered developers to give tenants six months' notice before demolition.

Campbell also cited the city's plans for a $200-million-a-year housing scheme. Those units won't start coming on to the market before the fall of 1990.

"As long as you have rentals, the tenant is not secure," Campbell said.

Betty Tangve, who organized the tour for the Kerrisdale Concerned Citizens for Housing, said 30 Kerrisdale apartment buildings containing 640 units face demolition.

Among those under eviction notice are Mickey and Betty Lachter at 5790 Vans. Their building is coming down in December.

"We've been here eight years—we've set this up as our home," Mickey Lachter said of their two-bedroom apartment. "We're not destitute, but we're not in a position to spend $250,000 on a condominium."
Mayor Gordon Campbell and other council members went on a Kerrisdale demolition tour Friday and stopped at the former Clandonald apartment building at 2130 West 43rd Avenue. Here, the power shovel bucket slices through the last standing doorway. Peter Turner photo
APPENDIX C

OUTCOMES FROM THE C.C.P.A.H. WORKSHOP HELD
THURSDAY NOVEMBER 19, 1989

ALAN ETMANSKY - FACILITATOR

1) C.C.P.A.H. made the decision that we have twin goals:
   a) TO FOCUS ON SOLVING THE HOUSING CRISIS IN KERRISDALE
   b) TO ENGAGE WITH THE REST OF VANCOUVER TO SOLVE THE
      HOUSING CRISIS

2) The agreed upon FIVE POINTS PLAN is as follows:
   1) DEMOLITION FREEZE
   2) CITIZEN'S COMMITTEE FOR THE CITY TO DEAL WITH
      SOLUTIONS FOR THE HOUSING CRISIS
   3) REnt REVIEW BOARD WITH TEETH
      a) to control rents
      b) tenant's charter
   4) REPLACE LOST HOUSING STOCK
   5) COMMITMENT TO LONG TERM HOUSING PLANNING

3) RON'S philosophical and value attachments to the above
   include:
   1) TECHNICALLY FEASIBLE
   2) ECONOMICALLY Viable
   3) FINANCIALLY POSSIBLE
   4) SOCIALLY ACCEPTABLE

All these are on a neighbourhood scale.

4) APPROACH TO THE POLITICIANS:
   a) MASS DELEGATION TO CITY HALL
   b) ONE TO ONE LOBBYING WITH OLDER PEOPLE
   c) APPROACH M.P.'S AND M.L.A.'S AND ASK THEM TO ENDORSE OUR 5
      POINT PLAN
   d) FOLLOW IMPORTANT M.P.'S AND M.L.A.'S TO PUBLIC EVENTS
      i) find out where they are
      ii) decide who will go
   e) DESIGN AND SEND SPECIAL CHRISTMAS CARDS TO KEY POLITICIANS
   f) SANTA TO CITY HALL
   g) EMERGENCY MEASURE: VANCOUVER'S OWN EARTHQUAKE
   h) ORGANIZED LETTER CAMPAIGN

5) APPROACH TO BUREAUCRATS:
   a) MEET NEW DIRECTOR OF PLANNING AND SOCIAL PLANNING

6) MEMBERSHIP DEVELOPMENT:
   a) COMMUNICATE WITH REGULAR "NEWSHEET"

7) MEDIA:
   a) NEWS STORY ABOUT FENCE PAINTING (announce the 5 point plan for
      the neighbourhood)
   b) KRIEGER CARTOON
   c) TRY AND GET AS MUCH PUBLICITY AS WE CAN (Courier, Western
      News, Contact list)

8) COMMUNITY SUPPORT:
   a) EVICTED PERSON (similar to Sally Ann)
   b) APPROACH CHURCHES AND ASK THEM TO ENDORSE THE 5 POINT PLAN
      (also Unions, Legions, senior's groups, brownies, scouts,
      community centres, all political parties, Kerrisdale skating
      rink)
   c) CHRISTMAS DINNER AT THE COMMUNITY CENTRE
Kerrisdale Community Centre
March 29, 1989

Mayor
and Members of Council
City of Vancouver
City Hall
12th and Cambie Sts.
Vancouver, B.C.

Dear Mayor Campbell:

On 26 February 1989 several hundred persons attended a hastily convened community forum on housing. The urgency of the gathering was precipitated by the extremely active real estate market on Vancouver's "West Side". Members of council attending the forum will have noticed from the presentations and debate that a few hundred long term residents of the neighbourhood are facing the grim reality of having to relocate because the rental properties in which they presently live appear to have been sold for redevelopment.

A group of involved residents are meeting regularly following the February 26 housing forum. We are endeavouring first to assist seniors who are having to move, and secondly investigating, with limited resources, viable possibilities for affordable housing in the neighbourhood. Effective solutions to this housing crisis will not come easily, especially when the situation has accelerated beyond manageable existing urban planning regulations.

Therefore, the CONCERNED CITIZENS FOR AFFORDABLE HOUSING request Council, as responsible authority for land use controls in the City of Vancouver, to refrain from issuing Development Permits on lands where existing multiple family rental units would be demolished, forcing the occupants to leave either the neighbourhood or the City, to seek other rental accommodation.

It is anticipated that this temporary restriction on redevelopment of the RM3 zoned lands will allow Council, the 'Concerned Citizens', and other residents, time to participate in order to help formulate a prudent, as well as appropriate, residential redevelopment policy in the best public interest.

This letter is being copied to the provincial and federally elected representatives for the area, to let it be known that an unprecedented and critical issue on affordable housing, with grave consequences, has recently surfaced in their constituency.

CONCERNED CITIZENS
FOR
AFFORDABLE HOUSING
## Apartment Buildings Currently Planned for Redevelopment

<table>
<thead>
<tr>
<th>Project Address</th>
<th>Existing Rental Units</th>
<th>Proposed Condo Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 2110 and 2148 W. 38th Ave.</td>
<td>65</td>
<td>41 units</td>
</tr>
<tr>
<td>2. 2121 W. 38th Ave.</td>
<td>26 DEMOLISHED</td>
<td>13 units</td>
</tr>
<tr>
<td>3. 2256, 2278, 2294 W. 40th Ave.</td>
<td>41 DEMOLISHED</td>
<td>26 units</td>
</tr>
<tr>
<td>4. 2226 W. 40th Ave.</td>
<td>15 DEMOLISHED</td>
<td>10 units</td>
</tr>
<tr>
<td>5. 5890 Balsam St.</td>
<td>20 DEMOLISHED</td>
<td>10 units</td>
</tr>
<tr>
<td>6. 5850 Balsam St.</td>
<td>37 DEMOLISHED</td>
<td>20 units</td>
</tr>
<tr>
<td>7. 6020 Yew St.</td>
<td>12 DEMOLISHED</td>
<td>7 units</td>
</tr>
<tr>
<td>8. 2116 and 2130 W. 43rd Ave</td>
<td>18 DEMOLISHED</td>
<td>11 units</td>
</tr>
<tr>
<td>9. 5752, 5774, 5790 Vine St.</td>
<td>28 VACANT</td>
<td>28 units</td>
</tr>
<tr>
<td>10. 2120+2170 W. 44th Ave</td>
<td>97 RENTED</td>
<td>98</td>
</tr>
<tr>
<td><strong>Total (Known to date)</strong></td>
<td><strong>262</strong></td>
<td><strong>158 units.</strong></td>
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*Demolition in progress*

As of June 22, 1989
Tenants to block bulldozers to protest loss of rental units

By BART JACKSON
West-side residents upset about the demolition of rental housing are planning to block bulldozers that will tear down a three-storey walkup at 2130 West 43rd today.

"We're going hold up the bulldozers for as long as we can," said 75-year-old Mickey Lachter Wednesday. "I don't think they'll run over us."

But no one will risk their lives in the continuing protest against the demolition of rental apartments buildings to make way for luxury condominiums.

"We'll stop 'em for an hour or so," Lachter said. "That's all we can do."

The protesters, members of Kerrisdale Concerned Citizens, will be standing in front of the building at 2130 West 43rd — which they say is the oldest apartment building in Kerrisdale — as well as a neighboring apartment complex.

About 20 members of the group gathered Wednesday evening to drape the front of the two doomed buildings in yellow ribbons, symbolizing, according to protester Ron Stromberg, "the cowardice of city councilors."

But as they demonstrated, supporters Joyce Diggins gave them some hope.

She informed them that Vancouver council Tuesday approved the demolition of several apartment buildings that the group believed had won reprieves in a previous council decision to consider the opinions of tenants before issuing demolition permits.

Council decided Tuesday that developers would be allowed to raze 12 complexes that have demolition permits pending if those buildings were already out of three-quarters of their tenants.

"It seemed to be rewarding someone who got their tenants out very quickly," said Ald. Carole Taylor, who with Committee of Progressive Electors aldermen voted against the demolition.

The decision punishes landlords who were treating tenants with some consideration, Taylor said Wednesday.

She said she has heard estimates that nine of the 12 buildings have expelled three-quarters of their tenants and are therefore slated for destruction.

Diggins said "the city totally misled the group, telling members two weeks ago they would withhold further demolition until they presented council with a proposal on maintaining affordable housing in the area.

Eighteen suites are being demolished in the two buildings on 43rd where an 11-suite luxury condominium is planned.
Evicted seniors sought

If you were evicted from a Kerrisdale apartment building during the 1989 and '90 demolition spree, the Concerned Citizens for Affordable Housing want to hear from you.

A meeting is being held Oct. 20 at 7 p.m. at the Kerrisdale Seniors Centre for the more than 400 seniors who were evicted from their homes two years ago.

The group wants to contact as many of the evicted tenants as possible as part of a study into the effects of forced relocation on senior populations.

If you or someone you know was forced to move during the 1989 and '90 demolition crisis, you are asked to attend the meeting or to contact Peter Greenwell at 255-3099.

CCFAH "LOST AND FOUND"
RESEARCH
PROJECT

APPENDIX K

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Rodin, Judith. (1986). Health, control and aging. In M. M. Baltes & P. B. Baltes (Eds.), The psychology of control and aging (pp.139-166). New Jersey: Lawrence Erlbaum Associates.


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