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DISCOVERING A BALANCE: A GROUNDED THEORY OF HEALTH AND

WELLNESS AMONG ELDERLY THAI IMMIGRANTS


By


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# DEDICATION

I dedicate this work to my parents, Sanguan and Aree Perunavin, for their unconditional love, kindness, and support. Even when they were no longer present, their faith in me was always a source of encouragement.

I also dedicate this work to my grandparent, Yai, and my great-grandparent, Yai-Tuad, who were the first ones who taught me about aging and how to love and share happiness with others.

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ABSTRACT

The number of elderly Asian immigrants in the United States is steadily increasing. Like all elders, those from Asia need health services; however, little is known about their health care needs or how they maintain health and navigate the health care system in a new land. The purpose of this study was to develop a substantive theory of health and wellness maintenance processes among elderly Thai immigrants based on a synthesis of their verbalized perceptions of: (1) health; (2) the impact of the immigration experience on their health and wellness; and (3) strategies they used to manage the migration experience relative to health. Grounded theory, the methodology selected for this study, is a naturalistic and systematic approach to knowledge generation guided by the symbolic interaction perspective. As such, it focuses on the social context and interactional matrix of symbolic meaning and behavior from which basic social processes can be inferred.

The results included the core category of "Discovering a Balance", a basic social psychological process that consisted of three phases: *Learning the System, Becoming Self-Empowered,* and *Combining the Two Worlds.* "Balance" does not mean only "being stable".

Rather, "Balance" is a dynamic and intellectual process, always moving the individual toward the ultimate goal in life. "Discovering a Balance" represents a cyclical and dynamic process that aging immigrants use to gain a balance in their lives by using selective knowledge, skills, and resources from both Eastern and Western perspectives toward health and wellness maintenance. The process can reoccur time after time depending on experiences confronted by aging immigrants. Based on the data in this study, "Balance" can occur if elderly immigrants are surrounded by strong nurturing environments.

Understanding Asian elder's complex experiences of immigration and the maintenance of health and wellness as affected by migration, a major life change, is imperative for health care providers to assist them appropriately. Professional caregivers can offer more culturally sensitive clinical interventions to the elderly during and following the transitional migration process. More culturally appropriate health services can be expected to lead to an improved quality of life and decreased cost of health care.

CHAPTER ONE

INTRODUCTION

A descriptive research study was conducted among
Asian elders who had migrated to the United States, in
order to understand how they perceive their health and
well being, and how they manage the major life transition
of external migration. This study focused on Thai elders,
immigrants from Thailand, as an exemplar of non-English
speaking Asian immigrants, in the United States. The
grounded theory approach was selected as the method for
generating a substantive theory and discovering the
process by which the Thai elderly maintain their health
and well being during major changes in their lives.

*Asian Elderly Immigrants in the United States*

As in countries worldwide, the number of elderly
people in the United States is increasing. Additionally,
the number of elderly immigrants in American society is
also increasing rapidly. As a result of the migration of
the early settlers and subsequent migration continuing to
the present time, ethnic and cultural diversity have been
characteristic of the United States (U.S.). A report from
the U.S. Immigration and Naturalization Service (INS,
1995) shows the changing composition of the immigrant
population from 1820-1995 (Table 1.1). Today, with more

Table 1.1  Immigration by Selected Country of Last Residence: Fiscal Years 1820-1995*

| Year \ Country | 1820 | 1821-50 | 1851-80 | 1881-1910 | 1911-40 | 1941-70 | 1971-94 | 1995 |
|---|---|---|---|---|---|---|---|---|
| All | 8,385 | 2,455,815 | 7,725,229 | 17,729,563 | 10,371,451 | 6,872,195 | 16,341,228 | 720,461 |
| / year | 8,385 | 84,683 | 266,387 | 611,364 | 357,636 | 236,972 | 710,488 | 720,461 |
| Europe | 7,690 | 2,191,920 | 6,789,643 | 16,346,876 | 7,132,647 | 3,070,366 | 2,193,839 | 132,914 |
| Asia | 6 | 226 | 230,457 | 468,347 | 375,890 | 617,919 | 5,641,168 | 259,984 |
| avg/ year | 6 | 8 | 7,947 | 16,150 | 12,962 | 21,308 | 245,268 | 259,984 |
| No of Total | <.0009 | <.0001 | 2.98 | 2.64 | 3.62 | 8.99 | 34.52 | 36.09 |
| N.America | 387 | 107,457 | 645,371 | 827,827 | 2,820,424 | 3,068,122 | 8,027,383 | 282,270 |
| Caribbean | 164 | 29,663 | 33,663 | 169,656 | 213,825 | 643,029 | 2,049,648 | 96,021 |
| C.America | 2 | 517 | 701 | 9,145 | 38,789 | 167,746 | 870,319 | 32,020 |
| S.America | 11 | 4,966 | 3,749 | 20,659 | 91,917 | 371,399 | 995,203 | 46,063 |
| Africa | 1 | 125 | 880 | 8,575 | 16,479 | 50,413 | 366,317 | 39,818 |

* Adapted from U.S. INS, Statistical Yearbook of the Immigration and Naturalization Service 1995

diversity and variety of socio-political and cultural backgrounds among immigrants who come to the U.S., the American "melting pot" has become more of a "chunky soup", and differences within the population have become more apparent (McDonald & Balgopal, 1998).

There have been many waves of immigration to the U.S. from countries in every part of the world. There also have been attempts to limit the number of immigrants. In 1921, the first immigration quotas were set against individuals from certain countries and favored those from Northern and Western Europe, which comprised 45 percent of the total. These immigration quotas were abolished in 1965. In 1968 Congress enacted the Displaced Persons Act, the first law to admit people fleeing from persecution. Every year Congress makes some changes in immigration laws. However, national politics and global "hot spots" strongly influence the number and priority level of those admitted to the United State and the privileges of those already here. The total number of immigrants to the U.S. continues to increase every year.

Table 1.1 illustrates that Asian immigration increased tremendously during the last three decades of the twentieth century (since 1971). In 1820, there were only 6 Asian immigrants per year. Between 1851-80, immigrants from Asia increased to an average of 7,947

immigrants per year. The average increased to 12,962 per year during 1881-1910 and 21,308 per year during 1911-40. There was a small decrease during World War II, but between 1941-70 immigration remained at 21,308 immigrants per year. After World War II and the Vietnam War, a large number of people immigrated from Asia. Between 1971-94, there was an average of 245,268 immigrants per year from Asia, and in 1995 the number increased to 259,984. Compared to other ethnic groups, the proportion of Asian immigrants has increased over time from 8.99 percent of all immigrants between 1941 and 1970 to 34.53 percent of all immigrants between 1971 and 1994 (INS, 1995).

Currently, Asian immigrants constitute the second largest immigrant/minority group in the United States. They come from many countries, including China, Japan, Korea, Philippines, Taiwan, Vietnam, Burma, Laos, Malaysia, Indonesia, and Thailand. Some have voluntarily left their home countries to seek better lives and career opportunities while others have been forced to leave their countries because of political difficulties. Reasons for immigration affect ways of life and the acculturation process along with other factors. Although the countries of origin of Asian immigrants to the United States may vary, and they may come to the U.S. for a

variety of reasons, these cultural subgroups have many similarities.

Not all migration, however, is to a new country. Migration within the home country is also becoming increasingly common (McDonald, & Balgopal, 1998; Winter, 1997). For Thais, migration has two forms. Migrating to the U.S., also called external migration, is one form. In addition, many Thais experience internal migration even when they stay in their homeland, as is common with the elderly elsewhere in the world. In Thailand, reports show internal migration among the population occurring along with a period of societal change over the last few decades that moved the country from being agriculturally based to being more industrialized (De Jong, Richter, & Isarabhakdi, 1996; Fuller, 1980). Elders are included among those who have migrated, resulting in increased numbers of unsettled older people, some of whom have migrated by themselves. Other elders are affected by family members' migration, leaving elders alone or behind with their grandchildren and great grandchildren, in rural communities, while their adult children migrate to urban areas to find work.

*Thai Immigrants in the United States*

There is no clear documentation of when the first Thais immigrated to the U.S. However, reports suggest

that Thais have been immigrating to the U.S. for more
than fifty years (Waggoner, 1987). Unlike the other
groups of Southeast Asians who immigrated because of war
or political circumstances, Thais have voluntarily
immigrated in small numbers, sometimes even individually.
Economic incentives such as career advancement, higher
incomes, and the quality and openness of the American
educational system have been major factors attracting
Thais to the U.S.  Waggoner (1987) estimates that 28,000
Thai immigrants were legally admitted to the U.S. between
1980-1985. Among these, 9,000 were under age 17, and
15,000 were age 18 to 54. These data suggest there are a
number of Thai immigrants, like immigrants from other
countries, who are now becoming elderly in the U.S.  As
the number of all immigrants continues to increase, the
number of Thai elderly and other ethnic elderly
immigrants will also continue to increase in the future.

To meet the health care needs of aging immigrants,
health professionals can benefit from new knowledge and
information that will foster more culturally sensitive
and appropriate responses to the specific needs of
clients.

Studies regarding the issue of cross-cultural health
care have been increasing during the past three decades.
However, studies usually focus on specific aspects of

health, such as the mental health of refugees and immigrants rather than the whole process of acculturation and adaptation in the context of health during changes (Aroian, 1990; Chung & Kagawa-Singer, 1993). Few studies report on elderly U.S. immigrants from Asian countries and none were found that focused on elderly Thai immigrants. Developing substantive knowledge essential for guiding health professionals in caring for this specific group of elderly people is imperative as their numbers increase. Thus, exploration of how elderly immigrants adjust to life and how they maintain well-being in daily life in the U.S. is an unexplored and important area for study.

*Migration-Related Health Problems*

As the composition of the U.S. population becomes more heterogeneous, immigrants' health and the quality of health services provided to them becomes more critical, particularly for those who are becoming elderly in the host country. Additionally, it is of concern that the health care delivery system in the U.S. has not been structured in many locations to meet the diverse needs of immigrants. Immigrants to the U.S. are not only increasing in number, they tend to maintain their own languages, cultural heritages, and ethnic identities more

strongly than in the past (Hull, 1979; Lipson & Meleis, 1989; Whitfield, & Baker-Thomas, 1999).

Studies have shown that elderly immigrants struggle with life adjustment and access to health services (Chen, 1998; Chung & Kagawa-Singer, 1993; Gelfand, 1994; Hull, 1979; Meleis, Sawyer, Im, Hilfinger & Schumacher, 2000). Because of these difficulties and the lack of culturally sensitive resources, instead of maintaining health and well-being, many elderly immigrants suffer through their daily lives and deal with their health problems in isolation. For example, the problems of language difficulty, lack of social support networks, and unshared social values as well as cultural differences are among the major problems contributing to feelings of marginalization and social isolation. These factors influence health and well beings among immigrants (Anderson, 1991; Lipson & Meleis, 1989; 1999).

Statement of the Problem

Large numbers of Asian elders have come to America sponsored by their grown children or relatives. In addition to experiencing health problems commonly associated with aging in this country, such as cardiovascular disease, arthritis, and declining sensory abilities, they also experience the acculturation process

(McDonald & Balgopal, 1998; Minkler & Estes, 1991; Olson, 1994; Waggoner, 1988). Much remains unknown about the health and well being of aging immigrants. The migration process may have positive or negative effects on the individual depending on a variety of factors and the acculturation process itself. For example, the individual's desire to migrate or reason for migrating may alter his/her responses to the transition. Likewise, societal and environmental conditions in the host country may influence the extent to which the migrating person becomes acculturated. Living as an elderly immigrant and aging in a host country may be an extremely harsh or very enjoyable experience.

How the elderly adjust and manage to maintain their health during these major transitional situations is not well understood and little research has focused on this issue. Moreover, whether the focus is on internal migration or external migration, very few studies have been conducted in elder immigrants' original languages. Few research data are available on adaptation and acculturation of elderly immigrants (Lipson & Meleis, 1999). Furthermore, there is very little information about the nature of the aging experience from the perspective of the individual elder and family (Phillips, 1993). There is a clear need for further study and

development of theory to guide appropriate interventions

for elders who have migrated. Because health care must be

provided to clients in all age groups, with a future

trend of increasing demand for elder care, it is

important for nurses and other health care providers to

understand how older adults cope with migration and

transitional situations and how they adjust to maintain

health and solve health-related problems.

*Elders in Transitional Situations*

Migration is one among the four typologies of

transitions in human life, which include: developmental,

situational, health-illness, and organizational

transitions (Chick & Meleis, 1986; Schumacher & Meleis,

1994). Migration is considered to be a situational

transition. However, the types of transitions, which are

defined and discussed more in Chapter II, are not

mutually exclusive. Transitions are complex processes and

multiple transitions may occur simultaneously during a

given period of one's lifetime (Chick & Meleis, 1986;

Levinson, 1996; Schumacher & Meleis, 1994). According to

Murphy (1990a) there are two major theoretical

perspectives that define the concept of transition. First

is life span development, in which a normative marker

initiates the change process. For example, menopause is a

developmental transition with which every woman must deal

when she arrives at the late middle life stage or at approximately 40-50 years old. The other theoretical perspective focuses on situational transitions or the context of events and the process of change and integration rather than on only one life event. For example, relocating from one's own home to another place (a nursing home or different state) is a situational transitional that can be experienced by older adults.

Migration is a major situational change that requires much adjustment for each individual. Interestingly, migrating elders often face multiple transitions simultaneously. Thus, elderly immigrants tend to have various challenges.

A central concern of caring within the nursing discipline is to recognize changes among clients and to respond in therapeutic ways. According to Murphy (1990a), four theoretical models of transition have been developed which describe elements of classifications and help advance the understanding of human responses to transition: the Chick and Meleis health-illness model (Chick & Meleis, 1986), the Schlossberg model for analyzing human adaptations to transition (Schlossberg, 1981), the George model of adult transitions (George, 1980), and the Fischer intergenerational transitions model (Fischer, 1981). Even though these models offer

some theoretical explanation for understanding human responses to transition, the perspectives of the elderly themselves in transitional situations are also needed in order to help health professionals understand clients from the perspective of their own life experiences. If health professionals recognize their clients' perspective, it may increase the possibility of clients receiving effective care and prevent uninformed, ethnocentric nursing practice.

This study focused on situational migration, specifically the external migration of elderly Thais to the U.S. The transition process for many is not an easy one and clinical observations suggest that adjustment can be a struggle. A number of Thai elders, and elders from other Asian countries, come to America sponsored by their adult children or relatives. Most of these elders have little opportunity to learn how to navigate different systems and networks related to health and well being. Although all immigrants experience difficulties related to acculturation, it is more difficult for elders who come from developing countries. Such elders have very limited ability to communicate in English and have low literacy rates, making the adjustment to life in a Western post-industrial society quite difficult (Hall, Stevens & Meleis, 1994; McDonald & Balgopal, 1998;

Minkler & Estes, 1991; Olson, 1994; Waggoner, 1987).

During migration there can be loss of social support

networks (May, 1992), as well as meaningful attachments

and possessions, all accompanied by a sense of

disequilibrium and uncertainty about the future

(Schumacher & Meleis, 1994). Health care providers need

science-based information to enable them to understand

and initiate effective interventions for multicultural

and diverse groups of elderly immigrants.

In addition to dealing with a new society, new ways

of life, and new sets of expectations, elderly immigrants

are often faced with declining physical capabilities and

the risk of chronic illness. The life span developmental

perspective of aging indicates that while elders face

stressful challenges during transition, they also posses

inherent resources that can be a positive influence

during extreme life changes and transitional processes

(Lerner, 1997; Reed, 1989; Reed, 1991). Resources include

an ability to use their wisdom, beliefs, and life

experiences to transcend some of life's difficulties and

adjust physically and emotionally toward well being.

Nevertheless, migration is likely to result in

multidimensional and complex influences on elderly

immigrants' health and well being. In order to gain more

understanding of health and wellness among the elderly

migrated population, this study was aimed at exploring how Thai elders who migrated to the U.S. adjusted and managed during the major life changing transition to living and growing older as well as to maintaining their health and wellness in a new host country.

*Substantive Theory Need on Elderly Immigrants' Health*

As elderly minorities and immigrants have increased in number, the opportunities for nurses and other professionals to work with these populations has also increased. Reports show that minorities and immigrants have a higher risk than the dominant population for declining health and well being and, as a result, they need more health services and caregiving than the current system offers to them (Wallace, Witucki, Boland, & Tuck, 1998). Elders who have migrated report more depression than those who have not (Pang, 1998). Many factors related to changing sociocultural and economic status and problems of acculturation affect the elders' life and health and also contribute to their increased health risks (Aroian, 1990; Chung & Kagawa-Singer, 1993; Hattar-Pollara & Meleis, 1995; Hull, 1979; Meleis et al., 2000). While basic nursing skills and professional concepts are still required, professionals need to gain new knowledge in order to enhance competencies in interacting with elders of other cultures.

Health professionals should be aware of the special needs and strengths in each population they serve. This study focused on the elderly Thai dwelling in the U.S. who had experienced immigration. Adaptation and integration into a host society have inherent effects on immigrants' health and well being. The inequalities of social status, the stress of adaptation and acculturation, the feeling of powerlessness, and changes in lifestyle are significant health risk factors among immigrants (Aroian, 1990; Chick & Meleis, 1986; Chung & Kagawa-Singer, 1993; Hattar-Pollara & Meleis, 1995; Hull, 1979). It is important to be aware that urbanized and westernized health promotion programs may not work for elders with rural backgrounds and non-Western values (Choudhry, 1998). A middle range theory of health and wellness and the transitional adaptation process among the migrated population particularly for the elderly is needed to strengthen nursing strategies to meet the specific health demands of the elderly (Choudhry, 1998).

Currently, there are few studies reporting specific strategies for promoting health of the minority elderly population. It is important that health care providers, whose goal is to improve health services for aging adults, obtain clear, data-based information about the impact of migration and transitional situations on health

of unique groups such as the Thai elderly population in the American society, to provide more culturally sensitive health care.

## Definition of Terms

Elder: a man or a woman, aged 55 years and older. Studies (Francese & Kinsella, 1992; Knodel, Saengtienchai & Sittitrai, 1995) suggest that life expectancy among the Asian population from agricultural based and developing countries is less than that of elders from industrialized and developed countries. This study focused on aging persons who migrated from Asian countries, using the Thai elder as an exemplar. Life expectancies for Thais are 71 and 67 years old for women and men, respectively. For this study, data from individuals who were beginning their journeys into aging were included to supplement the data from those who were aged.

Migration: a transitional process by which a person moves from the original country, Thailand, to live in the new host country, the U.S. In this study "migration" was further categorized as situational transition. The length of the migration process varied in this study to reflect both physical and psycho-social aspects, lasting from few years to more than ten years.

Thai Immigrant: an aged person who was born and lived the early years of his/her life in Thailand and moved to live in the U.S. during his/her later years.

Health: physical, mental and social well being. In this study, "health" was viewed as subjective and holistic perspectives rather than just an absence of disease and physical or mental disabily.

Well being: interchangeable with the term "wellness." Well being is the maximum or plateau state that each individual can reach with his/her health.

## Significance for Nursing

Immigrants' difficulties in resettling in the host country can be reflected in their experiences with health and illness. Currently, few studies report on specific strategies for improving health of elderly immigrants. Some studies have focused on elderly Korean and Chinese immigrants' difficulties in the U.S. (Chen, 1998; Chung & Kagawa-Singer, 1993). Thai elders have some difficulties in common with others from Asia, since they are also immigrants and growing old in a different country, but they are also a unique group and somewhat different from other Asians because they have different socio-cultural and political backgrounds. Health care providers, whose goal is to improve health services for all aging persons,

must obtain information about the human responses to migration and transitional situations on the health of unique groups such as the Thai elderly in order to provide more culturally sensitive and appropriate health care.

Socio-culturally based and comprehensive approaches to health services have the potential for greater success than programs imposing an ethnocentric health intervention on all. Health promotion interventions for the elderly need to vary, depending on the backgrounds of the target group. For example, the elderly in the U.S. are usually advised to participate in activities outside their homes, such as wellness activities, senior health center programs, continued learning opportunities in institutional based organizations, and community affairs (Miller, 1991). However, the elderly in Thai culture do not actually participate in activities outside the home except in temples or places for rituals and religious worship. In addition, "being old," reflected in "ageism," does not have a negative impact in Thai society as it has in U.S. society. As yet unknown are how these cultural and contextual differences influence how Thai elders perform in daily life and social activities in U.S. contexts, and how health promotion and health promotion

intervention strategies should address the interests of specific groups of elders.

Limited information exists concerning the meaning of health to Thai elders. There is a need to study the meaning of health and well being to the elderly Thai in order to offer appropriate health interventions. The grounded theory approach is an appropriate research method to use for helping researchers clearly understand various situations of health and wellness among aging persons (Boyle & Counts, 1988). Little is known about how elderly Thai manage their health and health problems, and how they seek help from various kinds of existing and limited resources. In this study, the theory generated from the empirical data obtained from Thai elders has the potential to be useful as a theory base for health promotion intervention with this group in the U.S.

Prior to initiating health programs in a population, health professionals need to determine commonly held beliefs about the concept of health and to understand personal or individual values for health and wellness. Although there are common patterns associated with health (for example its components of physical, mental and social factors), Kaufman (1996) and Keller (1981) noted that health is conceived differently by each elderly person. Individuals search for health care advice and

related services according to their definitions and
concerns about health and well being. Health promotion
programs are most effective if they target the
individuals' personal definitions of health.  The
expectation is that elders would increasingly participate
in health programs, and be motivated to change their
health behaviors, if they found the information and
practices relevant and meaningful (Kaufman, 1996).

Statement of Purpose

The purpose of this study was to generate
substantive theory from empirical data gathered from
elderly Thai immigrants in order to inform strategies for
health promotion and wellness programs for this
population.  As there are some common values, beliefs and
cultural patterns among ethnic populations from the same
continent, the results of this study can also be used as
a knowledge base from which to design studies relevant
for other Asian elderly immigrants, for example,
Vietnamese, Laotians, Cambodians (Gelfand, 1994; McDonald
& Balgopal, 1998).

The primary purpose of the study was to develop a
substantive theory of health-related transitional
adjustment and health maintenance over time among the

elderly immigrants. Additionally, the intent was to describe Thai elder's perceptions of:

1. health,

2. the impact of migration on health, and

3. the strategies that were used for managing the migration experience and health and well being during the migrational transition.

This research was designed to provide a substantive theory for understanding the Thai elderly in transitional situations and guidelines for health promotion strategies for Thai elders in transitional situations.

## Research Questions

Several research questions were posed:

1. How do the immigrant Thai elderly perceive health?

2. What are the impacts of immigration on the Thai elderly?

3. How do the Thai elderly maintain their health and well being during immigration?

4. How do the Thai elderly manage to find supports and health services during immigration?

5. How do the Thai elderly manage their health-related problems during immigration?

Summary

Health related problems and background information of the Asian elderly who have immigrated to the U.S. and have experienced a major situational transition was first presented and discussed. Understanding the significance of the problem as it relates to health and wellness among minority Asian elderly clients who need more culturally sensitive care is of importance to nurse and health care providers. The study focused on Thai elders as an exemplar since the number of Thai elderly, like other non-English speaking Asian elders, are increasing in U.S. society. The purpose of this study was to explore how Thai elderly immigrants adjust and maintain health and well being in the new host country, and to develop a substantive theory grounded in empirical data to inform the provision of effective clinical health care and promote well being among minority elders from Asia.

CHAPTER TWO

CONCEPTUAL ORIENTATION, THEORETICAL PERSPECTIVES

AND RELATED LITERATURE REVIEW

The conceptual orientation and theoretical

perspectives that the investigator used as foundations

for the study are addressed in this Chapter. Figure 2.1

illustrates the conceptual orientation of the study.

There are three sections in this chapter that

reflect conceptual and theoretical perspectives

underlying this study. The first section consists of:

(1) the value frame of a naturalistic approach, which

guided the selected methodology of grounded theory and

(2) Symbolic interaction theory, which was significant as

the basis of the grounded theory approach.

The second section provides the conceptual

orientation and theoretical perspective derived from Life

Span Developmental Perspective and Transition Theory.

These conceptual orientations and theoretical

perspectives are addressed as foundational background for

understanding the complexity of the phenomenon of

interest, Thai elderly immigrants' adjustment and

maintenance of health and wellness in the host country.

The third section is a review of selected literature

and unpublished documents related to elderly health,

Figure 2.1   Conceptual Orientation of A Grounded Theory Study of the Process of Health
            and Wellness among Elderly Thai Immigrants

Conceptual Orientation

| LIFE SPAN DEVELOPMENT | SYMBOLIC INTERACTION | TRANSITION THEORY |

IMMIGRATION

Phenomenon of Interest

THAI ELDERLY IMMIGRANTS
 - Adjustment to
   Changes
 - Health & Wellness
   Maintenance

SOCIETY

COMMUNITY

FAMILY

ELDERS
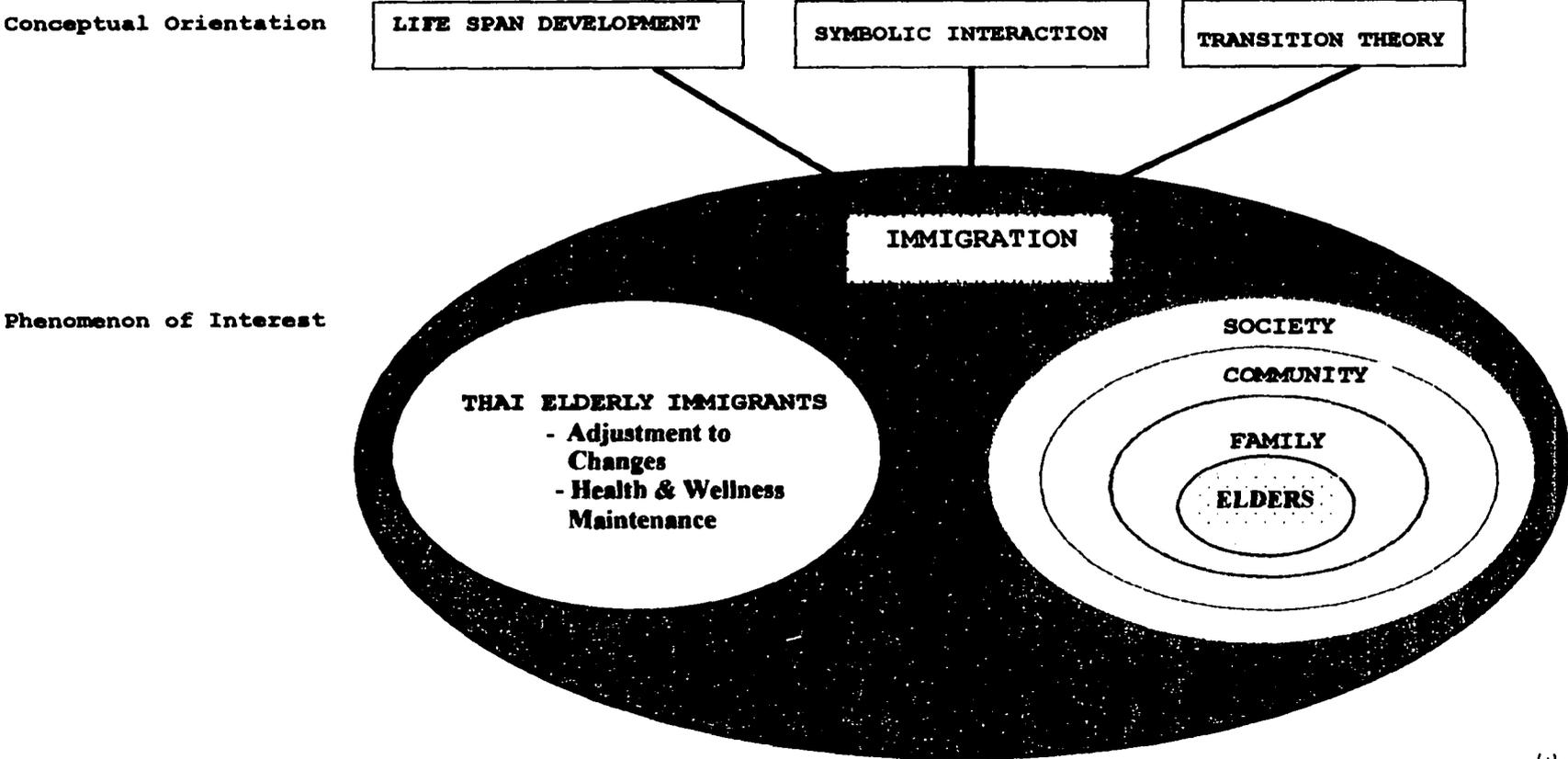
immigrants' health and Thai culture. Additionally, anecdotal clinical observations and local community key informant comments were included as examples to support the published literature.

## Naturalistic Approach and Worldview

Because human beings are different, each individual tends to perceive life experience and cope with situations in individual ways. Reality may be perceived in various ways. A common belief is that listening to clients' own perspectives and using empirical data will help one to understand real situations. Clients' perspectives on their experience help nurses understand their clients and initiate appropriate nursing interventions. Because of this belief the investigator selected a naturalistic approach, one involving the subjects' perceived view rather than the imposed view of the investigator, for the dissertation journey. The investigator believes that it is from the empirical perspective that health professionals can obtain a better understanding of the health and wellness process among the Thai elders in the transitional situation of migration.

To substantiate the importance of a grounded theory approach and naturalistic worldview in this research,

with the perceived view as essential, the investigator refers to the words of Blumer (1969), a leading symbolic interactionist, as follows:

> "This empirical world must forever be the central point of concern...and, ...Reality for empirical science exists only in the empirical world, can be sought only there, and can be verified only there... (p.22)"

> "The proper picture of empirical science is that of collective quest for answers to questions directed to the resistant character of the given empirical world under study...(p.23)"

> "Empirical science persues its quest by devising images of the empirical world under study and by testing these images through exacting scrutiny of the empirical world. This simple observation permits us to put the topic of methodology in proper focus...(p.23)"

### Symbolic Interaction Theory

Symbolic interactionism, developed chiefly by George Herbert Mead (1934 cited in Blumer, 1969; Chenitz & Swanson, 1986) has been in existence for more than six decades. It is said to be a "down-to-earth approach to the scientific study of human group life and human conduct" (Blumer, 1969, p.47).

*Definitions and Significance*

Symbolic interactionism is a theory focusing on human behavior. Symbolic interactionists believe that meaning guides behavior and a stage of deliberation or definition of the situation precedes action. The meaning or reality of the situation is created by people and leads to action and its consequences. Thus, symbolic

interactionism focuses on the meaning of events to people, how people define events or reality, and how they act in relation to their beliefs in natural or everyday settings. It is concerned with the inner or experiental aspects of human behavior.

Blumer (1969) elaborated on traditional symbolic interactionism and focused his interest on the nature of symbolic interaction to identify the guiding methodological principles of symbolic interactionism. According to Blumer, symbolic interactionism rests on three basic premises: (1) Human beings act toward things on the basis of the meanings that the things have for them; (2) The meaning of such things is derived from, or arises out of the social interaction that one has with one's fellows; and (3) These meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things the person encounters.

Blumer, like Mead, focused on the concept of self which is central to symbolic interaction (Chenitz & Swanson, 1986). The concept of self leads to meaning and "self-directed" behavior. Meaning is created by one's experience through interaction between the object and one's self, by which the object is defined. The object obtains value from the meaning that is attached to it. Human action or behavior is the result of a planned

behavioral process toward the object's meaning which the individual values. All human behaviors or actions, individually or collectively, are the result of "a vast interpretive process in which people, singly and collectively, guide themselves by defining the objects, events and situations they encounter" (Blumer, 1969, p.132).

Within social life, collectives of individuals and groups interact with each other through their sharing of meanings both in routine or complicated activities. Blumer wrote that the goal of interaction tends toward "the norm of the society," or as he called it "stabilized meaning" (Blumer, 1969, p.132) However, in the face of new situations or new experiences, it is necessary that "new meaning" be formed and it depends on the society whether the societal members will accept the new meaning as "new stable meaning." Through this process, new activities, new relationships, and new social structures are formed. "The process of interpretation may be viewed as a vast digestive process through which confrontations of experience are transformed into activity and structure," and this is, "the chief means through which human group life goes on and takes shape" (Blumer, 1969, p.133). Thus, individuals, collectives, groups, and society are usually interacting with each

other, sharing meaning among themselves. As a result, society is shaped and moves on as a result of every member's participation in natural settings.

The symbolic interactionist studies behavior on two levels: behavioral and interactional (Chenitz & Swanson, 1986). The study techniques under the umbrella of this theory include observations of verbal and non-verbal interaction behavior in a specific situation so that the symbolic meaning of the event is transmitted. The full range and variation in behavior is sought (Chenitz & Swanson, 1986) to be understood.

*Symbolic Interactionism and the Migration Process*

From the standpoint of symbolic interactionism, it is important to note that each migrated elder can be viewed as part of a collective; an individual who aligns self-definition with the self-definitions of others and acts according to the shared meaning perceived from the society. Once migrating to a new place, all phenomena and people are subject to redefining and establishing new meaning through interaction within the new social context. Because meaning is created through the self, new definitions of phenomena create new self-definitions. *Experience changes self and hence, changes behavior* (Blumer, 1969; Chenitz & Swanson, 1986; Denzin, 1989). In general, data analysis of interaction phenomena in a

study includes participants' self-definitions and shared meaning, also called the perceived view. Further analysis of the observed interaction focuses on the symbolic meaning that is transmitted via action. In conclusion, analysis focuses on interaction, patterns of interaction, and their consequences. Both macro-level and micro-level analysis for contextual circumstances in settings and conditions of migrational process are conducted. The analysis process is continued until both symbolic and interaction behaviors in each situation are clearly understood (Chenitz & Swanson, 1986; Denzin, 1989).

Social interaction is the response of individuals to one another. It is important for health professionals, particularly nurses who have the responsibility to deliver direct health care and to deal with human beings in various circumstances, to understand social interaction, and to understand why and how clients interact with them and other individuals in their lives. Through the grounded theory approach based on symbolic interaction, the complex behaviors and interactions among migrated elders during the transitional process can be explored and better understood. The substantive theory of the process of adjustment and health and wellness maintenance among migrated Asian elders was expected to emerge from this grass roots approach.

Theoretical Perspectives as a Study Foundation

This section includes the theoretical perspectives
of Life Span Developmental Theory and Transition Theory.
The selected theories are reviewed and integrated into a
conceptual framework that the researcher used as a
foundation for sensitizing the emerging theory.

Life Span Developmental Perspective

The concept of life span development originates
under the umbrella of developmental psychology. It is
concerned with the description, explanation, and
organization of the developmental process in the human
life course from conception to death (Baltes, Reese, &
Lipsitt, 1980). Some of the basic principles from the
life span development perspective that were considered
significant and included in this study were as follows.
*Person-environment interaction*

Individuals are open systems, in continuous
interaction with the environment. These ongoing
interactions may be characterized by dialectic processes
between the external and internal of the individual
(Reed, 1991). Interactions of person and environment are
essential and reciprocal (Sugarman, 1990). A
developmental contextual approach to change assumes the
embeddedness of individuals, societies, and species, such

that change in one level promotes changes in the other two levels (Lerner 1997; Reed, 1983).

*Development as a Life Long Process*

Development is a life long process and its potential can be actualized through a dialectic process. Development in this respect refers to qualitative rather than quantitative changes in organization of structure and it is also an irreversible process leading to increasing differentiation and hierarchical integration (Lerner 1997; Reed, 1983). This conceptualization of the developmental process assists one to understand the mental responses, and that the presence of developmental strengths and psychosocial resources of the elderly, during the transitional situation-crisis, presents opportunities for growth.

*Life Span Development and the Older Person*

According to the life span development perspective, aging is viewed as a developmental rather than a decremental experience. Aging is not viewed negatively or as loss, as occurs in "ageism." Instead, there are various psychosocial changes and experiences that occur and can be progressively incorporated into the life of each individual elder. Life experience can be considered as a positive potential within each elderly individual.

As a result of development in aging, there can be emergent resources and abilities that help elders to adjust to life changes.

The life span development perspective purports that each individual has potential and capacity for change across their entire life span, even at the time of old age (Lerner 1997; Reed, 1985). Thai elders in the transitional situation of migration were expected to benefit from inner as well as contextual resources inherent in the process of life span development.

Theory of Transition and Related Concepts

In general, the word 'transition' relates to development and change throughout the human life span. Transition theory can be used to complement the life span development perspective.

*Definitions of Transition*

Transition is a passage from one life phase, condition, or status to another. As a complex concept, it embraces the elements of process, time span, and perception. Transitions are periods in between fairly stable states. They may be of various types in each person. For example, changing health status, illness, marriage, career change, or migration are all transitions

(Chick & Meleis, 1986; Murphy, 1990; Schumacher & Meleis, 1994).

*Types and Process of Transitions*

There are four types of transitions in human life: developmental, situational, health-illness and organizational (Chick & Meleis, 1986; Schumacher & Meleis, 1994). Developmental transition is found commonly in everyone's life. This type of transition is related to life span developmental theory in which normative marker events occur throughout life. Developmental transitions occur when one passes from one stage to another stage in the life cycle.

Situational transition is a type of transition found in various career, educational and professional roles. Migration and immigration are also categorized as situational transitions. Situational transitions have received attention from many researchers (Anderson, 1991; Lipson & Meleis, 1999; Wuest, 1995).

Health-illness transitions, another type of transition, are processes reflecting the impact of illness on individuals and families and have been examined in various contexts. For example, there are studies on the transitional process of persons living with chronic diseases (Catanzaro, 1990; Lauter, 1990; Loveys, 1990).

Organizational transition is different from the other three types of transition. While the three types described thus far occur are at the individual, dyadic, or family level, organizational transitions occur within organizations. Organizational transitions occur in environments and may be precipitated by changes in the wider social, political, or economic environment or by intraorganizational changes in structure or dynamics. Examples of organizational transitions are changing of incumbents in leadership positions; policy induced changes of nursing practice in nursing home; and introduction of new programs in an organization. *In summary, the commonalities across categories of transitions are that transitions are processes that occur over time, and the processes involve development and change from one stage to another* (Chick & Meleis, 1986; Schumacher & Meleis, 1994).

The types of transitions are not mutually exclusive. Transitional processes are usually complex and multiple transitions may occur simultaneously during a given period in a lifetime (Chick & Meleis, 1986; Levinson, 1996; Schumacher & Meleis, 1994). The transitional process can also be divided into stages or phases (Schumacher & Meleis, 1994). Properties of transitions are helpful for recognizing and differentiating

transitions from non-transitional change in practice and research applications. For example, mood changes are dynamic but do not have a sense of movement or direction, and have not been conceptualized as transitions, while chronic illnesses that occur over a period of time and can be measured through progress and directions of physiological and self-image changes, are considered transitions.

*Transitional Theory and Thai Elders in the U.S.*

This study focused on the context of the events and the process of migration and explored how older adults managed life changes and maintained health and wellness rather than focusing on one specific life event among the migrated Thai elderly population. Migration is a major life change which constitutes a challenge to adjustment for each individual, particularly when she/he is also experiencing aging, and having a simultaneous developmental transition such as recent spousal death.

*Concepts of Acculturation & Assimilation*

In order to study issues related to immigrated population, terms and concepts used in the area related to immigration are considered. The related concepts of acculturation and assimilation are discussed as follow.

The "bicultural" individual is one who can function equally well in the original culture and in the dominant

or host culture. The "traditional" individual holds on to most, if not all, traits from the original culture. The "marginal" individual seems not to have much real contact with traits from either culture and seems to feel alone and separated from the surrounding society. The "acculturated" individual has given up most of the original traits for those of the dominant or host culture.

Understanding the process and assessing the degree of acculturation is important when working with people from various cultural backgrounds because there is a tendency on the part of many culturally diverse individuals to resist acculturation (Locke, 1992). This view is congruent with scholars' observations that many immigrants, particularly those who are older adults, still live their everyday lives bound to their own cultural heritage, values and beliefs rather than rapidly acculturating or integrating into the new host country (Chung & Kagawa-Singer, 1993; DiLorenzo, 1998; Hall, Steven & Meleis, 1994; Hull, 1979; Lipson & Meleis, 1999). This conflict occurs even among different cultures within the same country as seen by this investigator through direct experience as a community nurse who has worked with people from different cultures in Thailand and in America for years.

In some situations, resistance can lead to misunderstandings and the inability to establish meaningful and mutually beneficial working relationships with health care professionals, researchers and other migrated people who may be seeking to help or influence. A failure to recognize the significance of acculturation level and related problems may result in misunderstanding of situations, social interaction and some behaviors among people from different cultural backgrounds. In some case, this may cause dangerous consequences. For example, a client did not attend follow up clinic because she did not understand and was offended by comments about her health behaviors from health professionals who were unaware of the issue of cultural differences and acculturation level. For the researcher, this awareness was helpful at the beginning of the project and also during the period of establishing "rapport" and "getting in" with the research subjects.

"Assimilation" is another significant term, which is sometimes used synonymously with acculturation. Both terms are commonly found in articles related to migrational transition. Assimilation is a closely related process to acculturation, but with specific differences. Assimilation is broadly viewed as the social, economic, and political integration of a cultural group into a

mainstream society to which it may have emigrated or otherwise been drawn (Casas & Casas, 1994; Huff & Kline, 1999). Assimilation and acculturation processes may both occur within the continuum of migration. Generally, for assimilation to occur there must be at least some minimal acculturation with respect to the language, values, laws, customs, and other major features of the dominant society. As Locke (1992) notes, however, there may be a genuine resistance and rejection of many of values of the dominant culture, with only a minimal level of cultural assimilation into mainstream society. Like acculturation, then, the assimilation level into the mainstream society of the people with whom health professionals and researchers anticipate working needs to be assessed to better understand and, perhaps, predict people's behaviors and future social interactions.

Huff and Kline (1999) recommend that health professionals who are aware of this issue have to "get in" by paying a visit to the areas where recently migrated people have settled or where there is a long established but insular population characterized by the maintenance of the culture-of-origin behaviors, language, customs, food practices, and other social conventions that keeps its members isolated from mainstream society.

In order to obtain a better understanding of acculturation and assimilation within the process of transition of migration, the professionals and/or researcher must use the site-visit approach (Huff & Kline, 1999). In doing so, professionals and researchers develop cultural competence, and a better understanding of socio-economic-political issues. This is congruent with the recommendation for a social science research approach toward understanding of basic social process and symbolic interaction as suggested by Denzin (1989) and Blumer (1969).

## Related Literature Review

This section focuses on concepts of "health and wellness" and "perception of health and well- being". Health related adjustment and maintenance in elders is reviewed and discussed as foundation for the study. In addition, to obtain a better picture of elderly immigrants of Asian backgrounds, particularly Thai elders, the related literature on Thai elders and Thai culture were reviewed as baseline data for the phenomenon of interest in the study.

### Different Views of Health

In general, definitions of health tend to vary and have changed over time. The meaning of health differs

depending on the people defining it. Since 1978, the traditional view of health by the World Health Organization states that "health" is comprise of physical, mental and social well being. However, some scholars no longer embrace the static nature of health prevalent in mechanistic conceptions, but specify it as a changing process in which people are involved (Phillips, 1990). During the past decade, the concept of health has focused on the individual as a resource of personal health (Reed, 1989; 1991; Ruffing-Rahal, 1998) and individual responsibility and participation in taking care of one's own health and well being (Huff & Kline, 1999; Phillips, 1990). There is decreasing emphasis on health professionals as the only ones who bring good health to people. Communities and society are encouraged to establish supportive environments and networks and to help people who live within them to maintain and achieve the highest level of health and well being (Choudhry, 1998; McGuire, 1998; Miller, 1991; Minkler & Estes, 1991).

Scholars (Ailinger & Causey, 1995; Campbell, 1994; Olson, 1994) accept that health perceptions among older adults are different from those of other age groups. The elderly tend to perceive their health from the perspective of psychosocial health and well being rather

than focusing primarily on physical abilities and absence of disease. While younger individuals mention physical fitness and independence as important, the elderly address the psychological aspect and the social support network as important (Cambell, 1994; Olson, 1994; Phillips, 1992).

Kaufman (1996) and Keller (1981) further noted that health is conceived differently by each elderly person. Individuals search for health care advice and related services according to their definitions and concerns about health and well being. Health service programs are most effective if they target individuals' personal definitions of health. In order to motivate and increase participation with professionals among specific groups of elderly immigrants who come from different socio-cultural and politic backgrounds, health perception of Asian people must be explicitly understood and addressed in interventions. This is in contrast to an ethnocentric approach.

*Western and Eastern Elderly Health Perceptions*

Even though studies show that older adults perceive their health and well being differently from other age groups, diversity exists among elderly persons from different backgrounds. While people in Western countries tend to use more technology, individualism, and

informative approaches, the people from the Eastern world are familiar with simple daily lives framed by harmony with nature, and less use of technology. The family and other supportive groups are always consulted, particularly during sicknesses and health-related adjustments, according to a hierarchical and community-based social system (Cambell, 1994; Chen, 1998; Chung-Kagawa-Singer, 1998; Hashimoto, 1991). According to their social values, beliefs and cultural heritage, the Asian elderly, within the context of their countries of origin, are usually respected and cared for by younger family members and their own social networks.

According to clinical experiences while being a temporary resident in the U.S., the investigator has systematically observed explicit differences in health perceptions between the elderly of Western and Eastern backgrounds (Kongtaln, 1998). For example, elders in the U.S. are more involved in volunteering in organizations and accessing community resources outside their home such as health clubs, while elderly Thais are not commonly found outside their home. Elderly Thais usually stay close to home, involved in family and informal community activities. Traditional healing approaches are used more freely by Thai elders as well as elders from other Asian countries. This way, elderly Asian immigrants may

potentially have many difficulties in maintaining their health and well being during daily life in the new host country in the Western world. However, there is lack of reported research regarding health perceptions and how the elderly from Asian countries maintain and manage health and well being, particularly during the migration process and resettlement.

Immigrants' difficulties in resettling in the host country can be reflected in their experiences with health and illness. Currently, few studies report specific strategies for improving the health of elderly immigrants. Some studies have focused on elderly Korean and Chinese immigrants' difficulties in the United States (Chen, 1998; Chung & Kagawa-Singer, 1993). Some studies focused on refugee elders and their resettlement in developed countries (Hashimoto, 1991; Hattar-Pollara & Meleis, 1995; Inui, 1998). Thai elders have some difficulties in common with others from Asia, because they are also immigrants and growing old in a different country. They are also a unique group and somewhat different from other Asians because they have different socio-cultural and political backgrounds. The next section focuses on migration and health related problems.

*Migration and Health-Related Problems*

Coelho and Ahmed (1980) emphasized migration as a stressful experience requiring accommodation, adaptation, or coping. The situation can contribute to the occurrence of health problems. There are studies that have targeted specific groups such as Arab American immigrant parents (May, 1992), Jordanian immigrant women (Hattar-Pollara & Meleis, 1995), and individual immigrant women with chronic illness (Anderson, 1991). However, no single comprehensive theoretical framework of migration and health was found; the literature is scattered and characterized by diverse theoretical frameworks, such as psychoanalytical, epidemiological, or sociocultural approaches (Lipson & Meleis, 1999). Some studies explore Southeast Asian refugee and immigrants' health with a focus on psychiatric issues, such as post-traumatic stress disorder and depression, and also psychosomatic disorders related to failure to cope with different cultural perspectives and practices (Flaskerud & Anh, 1988; Frye & D'Avanzo, 1994). The literature focusing on elderly immigrants' health, however, is very limited.

Immigrants' difficulties with the process of resettlement in the host country can be reflected in their experiences with health and illness (Aroian, 1990;

Hull, 1977). Aroian (1990) found difficulties and psychosocial distressed among group of illegal Irish immigrants. The difficulties included work-related problems, feeling uncertainty about the future and feelings of vulnerability and fears of being illegal status, all of which involved health and well-being of those immigrants. The study congruent with Hull's (1977) work two decades ago about migrants' adaptation and illnesses found among them as the environments and life patterns changes during the time of migration.

Transitions are periods in which change is perceived by a person or by others in the environment to be occurring in that person or the environment (Chick & Meleis, 1986). During periods of migration there may be loss of social support networks, possessions, and meaningful attachments. Frequently there is a sense of disequilibrium and uncertainty about the future (Aroian, 1990; Hull, 1977; Schumacher & Meleis, 1994).

In addition to dealing with a new society, a new life style and new sets of expectations, elderly immigrants may be faced with declining physical capabilities and risks of chronic illness. This results in multidimensional and complex perspectives of the elderly immigrants' health and well being.

*Thai society and Thai elders*

Thailand is often called "The Land of Smiles", which can have various meanings. A smile may be a sign of kindness, of forgiveness, friendly inclination, and politeness. A smile may as be a polite expression as well as a gentle way to express opposition or doubt. However, smiles are deceptive. They have many meanings and while Westerners may interpret smiles as denoting pleasure or agreement they may, in fact, be nothing more than courtesy. Therefore an understanding of culture, beliefs, and value is essential for understanding Thai people. Behind a smile and the outward appearance, there are significant underlying issues related to culture, beliefs, and values. In order to deal with health needs among Thais, it is imperative to understand Thais' life patterns even of those who are in Thailand as well as elsewhere in the world.

*Buddhism and Thai Life Patterns*

Most Thais are bound to Buddhism and Buddhist practices. Many publications (Cooper & Cooper, 1990; Mulder, 2000; Ratanakul, 1984) indicate that Thais tend to act, think, or behave in certain ways because they are Buddhists. Although Thailand has gone through many significant and progressive changes, including rapid urbanization, a changing economy, a shift of the locus of

power from a militaristic and bureaucracy to businessmen-
politicians, Mulder (2000) has pointed out that Thailand
and Thai people still are very much in the same. Central
values in Thais' life patterns continue to be influenced
by Buddhism.

In Thai thinking, Buddhism deals essentially with
virtue and wisdom, which can liberate people from the
common order of life. Buddhists believe in *the power of
goodness* (Khun-ngaam Kwaam-dee) and *an enlightened mind.*
There are many symbolic representations in Thai society.
Buddhists are led by the practice of the *Noble Eightfold
Path* toward *enlightenment* (also considered as *having a
peaceful mind* or *harmony).* *Enlightenment* can be
understand as *a stage of equilibrium and balance of soul,*
which is also considered to be *self-liberation.* Thus it
is a process of self-empowerment in each individual.

Furthermore, human life situations are believed to
be encompassed by a realm of nature in which harmony with
nature and the surroundings is maintained. Many believe
in supernatural power and spirituality (sing-saak-sit).
Human life needs supernatural power for protection, for
blessing, for safety and for success in personal and
communal pursuits. In Thai households, creation of a
shrine or spirit house is believed to be supportive for
the owner.

*Relationship Between Thai and American Societies*

Before the 1950s, because Thailand had never been governed or colonized by any Western country, it was rare to find English speaking people in Thailand. Tourists were uncommon and Thai speaking foreigners were few. Thai society at that time was characterized as a culture of self-sufficiency (Mulder, 2000). Thai society, however, has undergone gradual changes. Until the 1970s, the most significant and powerful factors that led to the opening up of the Thai society to Western ways was America's massive involvement in Vietnam. This was soon followed by the consequences of economic and educational growth in the country. In the 1970s, international tourism began to reach Southeast Asian countries and the establishment of international labor migration began to play a significant role in societal changes. Thai society is on a trajectory of more and more globalization and modernization. Thai life patterns have been gradually affected by the societal changes. During these years, there have been more Thais relocated both within and outside the country. A growing number of Thais moved to the U.S. for many reasons such as greater life opportunities, going abroad for education, and moving with a husband. Some elderly Thais, in the later years, moved to reunite with their adult children.

## Summary

This chapter includes a description of the conceptual orientation and theoretical perspectives reflected as a foundation for the study. Also, included is a perspective based on a naturalistic worldview, symbolic interaction theory, and life span development perspective. Theories of transition and related concepts such as acculturation and assimilation are also addressed to provide additional understanding of people who have migrated. Related literature was reviewed regarding health perspectives among Western and Eastern elders, health related problems among older immigrants, and health beliefs and behaviors among older Thais as the target population and the phenomenon of interest of the study.

# CHAPTER THREE

## METHODOLOGY

Consistent with a naturalistic or structuralist approach (Lincoln & Guba, 1985), the design for this study was exploratory, focusing on the participants' perspectives. It employed the grounded theory approach, which is one among many qualitative research methods (Chenitz & Swanson, 1986; Glaser & Strauss, 1967; Holloway & Wheeler, 1996; Streubert & Carpenter, 1995).

### Introduction to a Grounded Theory Approach

Grounded theory is a naturalistic approach guided by the symbolic interactionist perspective, which focuses on the social context and interactional matrix of symbolic meaning and behavior from which basic social processes can be inferred (Chenitz & Swanson, 1986). By design, the grounded theory method is orderly and systematic and based on the insights of symbolic interactionism (Glaser & Strauss, 1967; Holloway & Wheeler, 1996; Stern, 1980).

Grounded theory is highly accepted as a systematic and appropriate approach for generating substantive theory about complex situations (Glaser & Strauss, 1969; Holloway & Wheeler, 1996; Morse, 1991; Stern, 1980; Strauss & Corbin, 1998) such as the phenomenon of health

of elders in transition in society. The grounded theory approach provides a strategy for inductively generating new hypotheses and theoretical concepts grounded in empirical data and the discovery of basic psycho-social process (Glaser, 1978; Glaser & Strauss, 1967). The method is appropriate for use when exploring complex behaviors in which central variables have not been adequately identified and areas about which we need more information (Glaser, 1996; Glaser & Strauss, 1967; Stern, 1980).

Grounded theory was the selected research method because it is an appropriate approach for using empirical data to discover basic social processes about how Thai elders adjust and maintain health and wellness during their situational transition. The knowledge generated using the grounded theory approach can form the basis for developing strategies for health and wellness promotion programs.

The purpose of grounded theory methodology is to generate theory from empirical data rather than to test existing theory (Glaser & Strauss, 1967; Knafl & Howard, 1984). Theory grounded in data is of particular value because it increases the chance that the theory and the empirical world will match. The grounded theory approach uses the method of constant comparative analysis, based

on the concurrent processes of data collection, coding, and analysis of data, which directs subsequent data collection (Glaser & Strauss, 1967). Thus data and the emerging theory are in relationship to each other in a recursive and ongoing process of inquiry and analysis.

Usefulness of Grounded Theory to Nursing

In nursing and health care, the grounded theory approach has been popular from its inception (Holloway & Wheeler, 1996), starting with Benoliel's study in 1973 on the interaction of nurses with dying patients. Many nurse researchers use grounded theory as the approach for studying nursing phenomena. The method is useful for exploring the richness and diversity of human experience and contributes to the development of middle-range theories and enhancement of knowledge in the profession (Carpenter, 1995; Morse, 1991).

By using the grounded theory approach, nurse researchers can identify the bases of informants' experiences, and incorporate the findings as a basis for action (Wuest, 1995). Thus, it was appropriate to use grounded theory as an approach for exploring the complex situations related to the Thai elderly in this study. Information obtained from the study was expected to be helpful for providing socio-culturally appropriate health

maintenance and health promotion programs to enhance
health and quality of life for those elders in need.

Overview of the Grounded Theory Process

In the grounded theory approach, data are
concurrently collected, coded, and analyzed through
constant comparative analysis, a methodological process
that compares every unit of data to every other unit of
data in order to determine conceptual similarities and
differences (Glaser, 1978; Glaser & Strauss, 1967).
Transcribed interviews are read and meaningful statements
are identified and initially coded conceptually. In this
study, the transcribed notes were translated from the
original participants' language, Thai, into English by
the researcher. As statements and coded data were
constantly compared across interviews, final substantive
codes that denoted meaning were derived. New data were
then sought to confirm or disconfirm evolving
conceptualization or hypotheses through theoretical
sampling. The theoretical and conceptual results that
emerged guided further sampling and data collection.

By this systematic and consistent approach, the
emerging theory was rigorously and continually tested and
validated through input from various sources. In this
study, in order to help the researcher gain insight into

the empirical data and to ease the process of data manipulation, the computer software program, Atlas-ti, was used. However, the researcher was still the important key to conceptualizing the emerging data from various sources. The computer software package organized, rather than analyzed the data.

As the study proceeded further, convergent data sources were used to confirm the emerging conceptual framework and hypotheses. Reviews of existing literature contributed to weaving a data matrix. Literature was reviewed through various databases (e.g., scientific studies, government documents) to give a whole picture of the basic social process. Furthermore, participant observation was used as a technique for confirming data from interviews and other documents including review of the literature. Through convergent data resources, research rigor was strengthened. Thus the substantive theory that emerged had a sound basis in empirical data.

## Protection of Human Subjects

Prior to starting the study, the proposal, interview guide, and subject consent form were approved by The University of Arizona Human Subjects Protection Program, the institutional review board. Subjects, also called participants, were given a complete explanation and brief

written information about the purpose of the study, the

method, the potential risks and benefits of participating

in the study. Each participant was given an opportunity

to ask questions and decline or agree to participate. A

disclaimer form signed by the investigator was given to

those who agreed to participate.

Theoretical Sampling

Theoretical sampling (Glaser, 1978) was used during

the data collection process as a way to include

appropriate data to assure an adequate data base. In the

grounded theory approach, the theoretical sampling

technique is used to guide the investigator to look for

categories or concepts and relationships of concepts

rather than checking distributions of the concepts

(Glaser & Strauss, 1967). Theoretical sampling is the

sampling of events and incidents that are indicative of

categories, their properties, and dimensions, which

enables the investigator to develop and conceptually

relate them (Glaser & Strauss, 1967; Strauss & Corbin,

1998). The researcher demonstrates theoretical

sensitivity (Glaser, 1978). Thus the approach to the

data is to look for new categories and new relationships,

and to examine the fitness of core categories. The data

collection stops when additional subjects fail to yield

new information related to the emerging theory. In general, about 10-15 subjects are usually sufficient to achieve data saturation.

## Sample and Setting

Theoretical sampling guided the identification of the Thai older immigrants who fit the selection criteria. The sample consisted of 16 subjects, all Thai elders, who were born and grew up in Thai communities and immigrated to the U.S. for various reasons.

Access to participants was obtained by distributing handout announcements and individual verbal invitations for participation at places where Thais frequently gathered, such as the Thai grocery store, the Thai Buddhist temple, also called a monastery, and at Thai neighborhood activities. Once the investigator had identified a potential participant or an interested person, a telephone call was made to the participant, the study was introduced, some brief information was asked of the participant, (for example, demographic data, and background of the participant's immigration) and a verbal statement of willingness to participate in the study was requested.

The established criteria for recruiting participants were as follows: (1) Older adults, 55 years of age or

older, who immigrated from Thailand; (2) Female or male;
(3) Living in the Southwestern U.S.(Arizona) or Southern
California at the time of study; (4) With adequate
hearing and speaking ability in Thai; and (5) Willing to
participate in the study on a voluntary basis.

The investigator theoretically sampled the
participants by focusing on their experiences of
transitional situations from Thailand to the U.S.  Some
of these individuals had experienced internal migration
and societal changes in Thailand before emigrating to the
U.S.  Data about these experiences were elicited as well.


Data Collection Procedure

The data collection procedure included theoretical
sampling, interviews, participant observation, memoing,
and field notes.  The procedure occurred in the
communities where the Thai elderly lived in the
Southwestern U.S., including Tucson, Phoenix, and
southern California.  The investigator selected the
participants by theoretical sampling, focusing on elders
who had experienced the situational transition of
migration from Thailand to the U.S.  The investigator
established rapport and initiated participant observation
within the context where the elders lived in order to
assess the community context and foster understanding of

the study purposes among relevant people in the community.

At the beginning of each interview, a Demographic Profile was completed (Appendix C), followed by the researcher asking open-ended questions. In the interview, using the semi-structured interview guide, questions were related to the participants' perception of their health, impact of societal change on their health, and the process by which they manage the health-related problems during the process of transition (Appendix D). Each interview took from one to two hours and was audiotaped. The audiotape was then transcribed and translated from Thai into English by the investigator. The issue of prevention of translation error are addressed in more details in a later section of this chapter. Participation was voluntary and without financial remuneration. However, in recognition of subjects' giving of time and effort, and from respect for the Thai culture, small personal gifts were given when deemed appropriate.

*Researcher as an Instrument*

In the qualitative approach, an investigator is accepted as an important instrument. In a naturalistic setting, as opposed to a laboratory, it is impossible to control for the presence of the investigator (Stern, 1980). In this study, the investigator established

rapport, and initiated participant observation within the context where the Thai elders lived in order to assess the community context and social interaction, to gain access (also called getting-in) and to explain the study purposes to relevant people in the community. All interviews were conducted by the same investigator, who brought personal experience to the study to enhance understanding of the problem. Rather than removing herself from the study situation, the investigator openly recognized that she had a role as an integral part of the investigation. Therefore, the investigator recognized her intimate role and included the implications of this role in the actual investigation and interpretation of the data (Carpenter, 1995).

According to the literature review, there are many structured instruments for measuring acculturation and assimilation (Huff and Kline, 1999; Lipson & Meleis, 1999). According to the worldview underlying the qualitative research, the researcher decided not to use any of these instruments in this study. Interview questions, however, covered many of the items on stuctured instruments and the researcher was aware of the issue of acculturation and assimilation.

*Participant Observation*

Examples of what the investigator as participant observer observed in the field included such things as the context of communities and families where the Thai elderly participants lived, the participants' health, behaviors and non-verbal expressions, and the social interaction between the participants and others. Access to situations occurred through the researcher's involvement in events in Thai families and communities, such as family parties and religious activities at the Thai temple.

Data Analysis and Data Management

Data analysis and the data management process used, including the significance of basic social process, coding, memoing, and theoretical formulation processes is described. Additionally, the computer software used for data management and data analysis is described.

*Basic Social Process*

The Basic Social Process (BSP) is one type of core categories considered to emerge or to be discovered in a grounded theory study. A process is something that occurs over time and involves change. BSPs are theoretical reflections and summarizations of the patterned, systematic flow of social life which can be conceptually

"captured" and further understood through construction.
BSP has at least two or more clear emergent stages
(Glaser, 1978).

There are two types of basic social processes
(Glaser, 1978, p.102): basic social psychological process
(BSPP) and basic social structural process (BSSP). A
"BSPP" refers to social psychological process such as
becoming, highlighting, personalizing, health optimizing,
or centering, giving the feeling of process, change, and
movement over time. A BSSP refers to social structure in
the process of growth or deterioration or other processes
such as bureaucratization, debureaucratization,
routinization, admitting, or recruiting procedures, and
succession. *A BSSP facilitates or is the social structure*
*within which the BSPP occurs.*

To understand the basic social process involved in a
grounded theory study, it is helpful to first view it as
a core category (Fagerhaugh, 1986). As Glaser (1978)
states, "the goal of grounded theory is to generate a
theory that accounts for a pattern of behavior, which is
relevant and problematic for those involved" (p.93). A
core category, also called a core variable, explains a
wide range of behavior and interaction. During the data
analysis, the data are coded and the category labels or
codes can be changed until they fit through the

comparative analysis procedure. Only categories that are congruent with the core category are included in the analysis. Reporting only one core category at a time is recommended (Glaser & Strauss, 1969). In practical terms, the main elements of process analysis are to explore the who, what, where, when, and why questions of the research problem, then integrate the answers into a logical whole in order to obtain powerful explanations for the problem. Thus the theory emerges from the empirical data of the study.

*Coding and Types of Coding*

Coding in grounded theory involves conceptualizing data by constant comparison of incident with incident, and incident with concept (which is called a category) to generate more categories, subcategories, and their properties (a conceptual characteristic of a category which is less abstract than the category) (Glaser, 1992).

In grounded theory, there are three significant types of coding: substantive or opening coding, selective or focused coding, and theoretical coding. Coded data are clustered into related categories and compared with one another and with new data to discover the relationships among the data in order to continually refine or discard emerging hypotheses (Glaser & Strauss, 1967; Holloway & Wheeler, 1996; Stern, 1980; Streubert &

Carpenter, 1995). As hypotheses are developed, the investigator consults the literature for previously developed theories that relate to the emerging hypotheses (Glaser & Strauss, 1967; Stern, 1980; Streubert & Carpenter, 1995).

*Theoretical Memoing and Field Notes*

Theoretical memos are the way researchers keep track of theoretical ideas and continuously link and build on them (Glaser, 1978; 1998; Strauss & Corbin, 1998). Memos are started during the planning stages of the research, as the research is conducted, and even during the final stage of the study. Memoing, for the investigator, is consistently writing and periodically reviewing using empirical data from the field to support the analytic content of each memo and noting the time of the recording so that it is easier to refer to the field notes and other parts of the data.

Field notes (Glaser, 1978) are written after every trip into the field. In this study, the notes contained details and concrete observations of field experiences focusing on evidence relevant to the research purpose and question. These notes were continually written and revisited through the study process and were an important part of data analysis. They facilitated the

investigator's subsequent observations, minimizing obscurity and uncertainty.

The field notes contained as many details as possible. The investigator used the words when, where, who, what, how, and why as guides for writing the field notes. For example, what and who is the focus of observation? Where did it take place? When did observation happen? Who was involved in the observed situations? What were they doing, what did they say about events? And how did the social interaction occur? This principle was applied throughout the data collection process. Within field notes, the investigator wrote down primary thick concrete descriptions of actors, behaviors and contexts from observations instead of using summary terms and conclusions. Theoretical and methodological observations were reserved for theoretical memos.

To minimize loss of data, the investigator audio-taped thoughts and ideas that arose during observations in the setting. This was separated from audio-tape recording of participants' interviews and was converted into a written form after each trip from field work.

Some parts of the interviews with a few participants were not recorded as it was not convenient and the participant felt uncomfortable talking about some events if they were audiotaped. However, the investigator used

other strategies in order to avoid loss of data, such as taking note during or immediately after the interview, and dictating the participant's story as soon as possible after the observation.

*Theoretical and Hypothesis Formulation*

Grounded theory requires the researcher to collect, code, and analyze data simultaneously from the beginning of the study. The discovery of a core variable and hypotheses from the data analysis is the goal of grounded theory. "The researcher undertakes the quest for this essential element of the theory, which illuminates the main theme of the actors in the setting, and explicates *what is going on in the data* (Glaser, 1978, p.84). The core variable, also called core category, subcategories and hypotheses serve as the foundational concepts for theory generation.

In grounded theory, as in the other naturalistic approaches, the researcher obtains a great deal of data from various sources, particularly from the interview.

*Atlas-ti: A Software for Qualitative Data Management*

In order to ease the way of data manipulation, a software package for qualitative data management named Atlas-ti was used. However, the researcher was the one who conceptualized and analyzed the data.

Research Rigor: Trustworthiness

In qualitative research, rigor is judged by assuring trustworthiness of the findings (Lincoln & Guba, 1985). For this qualitative research four criteria were used to provide generate confidence in the research. They are credibility, transferability, dependability, and confirmability (Lincohn & Guba, 1985). Procedures to meet the criteria are described.

*Credibility*

Credibility refers to confidence in the truth of the data. It is concerned with the isomorphism between realities of those researched and the reconstructions the research attributes to them. Consistent use of the methodological process and reflexivity helps ensure credibility or confidence in the truth of the data (Lincoln & Guba, 1985).

In this study, credibility was ensured by consistent use of the grounded theory method. In addition, several techniques, which are useful in increasing credibility of research, were applied in this study: prolonged engagement, persistent observation, member checking, and peer debriefing. A close relationship between participants and investigator may interfere within credibility of data (Lincoln & Guba, 1985), which further

supports the need for meeting criteria for trustworthiness.

### Prolonged Engagement

Credibility of the findings was supported by prolonged engagement, the time spent at the site with participants in order to learn about the phenomenon of interest. The researcher spent sufficient time to "get-in" or to build rapport and trust with the participants as well as to identify the participants' context in order to learn and understand "what's going on here?" from participants' perspective. This technique permitted the researcher time to detect and take into account the distortions that may occur in the data.

Misinformation and distortions either on the part of the researcher or the participants were checked and clarified during prolonged engagement. As a result, trust was created. Time was spent individually with each participant in his/her home during and prior to the interview as well as in groups and other public social activities such as in Thai temples, work places, Thai grocery stores, and social gatherings in the neighborhood.

### Persistent Observation

Persistent observation is used to identify characteristics and elements in the social situation that

are most relevant to the problem being studied and focusing on them in detail. During the time spent with the participants, the researcher also maintained persistent observation of the participants' behaviors, interaction with others and their environment and the contexts of the interactions. The investigator was able to observe the participants' interactions with their friends, their performance related to health, and their expressions, to confirm their well being within various contexts and environments. The investigator also attended and was a participant observer with each participant during events at the Thai temples and Thai neighborhood as well as social gatherings. Field notes regarding observations made during these events were consistently recorded and included in the data analysis. These persistent observations validated emerging concepts and theory with observational data.

By being at cultural events, the researcher obtained a more clear understanding of the situations and "what was going on" in the contexts and had a chance to ask questions to confirm the emerging concepts at the same time "trust" was being created.

Member Checking

In addition to prolonged engagement and persistent observation, reflexivity was assured by formal and

informal member checking continuously during the interview and after finishing the interview process. The investigator performed 'member checks' by formally and informally sharing the data, including the emerging definitions, concepts, categories, and theory, with the participants and key informants. This strategy increased the clarity and relevance of the data. Many opportunities for member checking occurred over the course of the investigation. For example, member checks occured when the participants gathered at the cultural events at the Thai temples, when each individual participant was interviewed by the investigator, when the participants invited the investigator to participate in neighborhood social activities, and when the investigator called or visited the participants for the follow up or additional interview. The results were summarized and presented to participants to see if their view was reflected in the analysis. Suggestions and comments about the results of the study from participants were reviewed and added.

### Peer Debriefing

Peer Debriefing is a process of the investigator exposing her feelings about experiences during the investigation to peers in an analytic session, for the purpose of exploring and confirming the study aspects that might otherwise remain only implicit within the

investigator's mind (Lincoln & Guba, 1985). The
investigator used this technique on many occasions. For
example, when meeting with the committee for discussion
of the dissertation periodically throughout the data
collection and data analysis, when meeting with peers
knowledgeable about qualitative research (colleagues in
the graduate program) regarding concept labeling,
selective coding, and the emerging concepts, and when
meeting with Thai graduate students and colleagues who
shared their insights and perspectives from Thai culture
with the investigator. The investigator shared ideas
about the concepts and her experiences regarding data
collection with the peer group and committee members. The
investigator sought ideas and experiences by sharing with
both insiders and outsiders perspectives useful for
clarifying many aspects of culturally complex situations
explored. In peer group meetings, the investigator's
biases were disclosed and probed, the meanings were
explored, and the basis for interpretations and
conceptualization were clarified (Lincoln & Guba, 1985).

### Reliability of Transcribing and Translating

Because of limited personal resources and subjects'
confidentiality, the researcher did most of the
transcriptions and translations. Even though the process
was time consuming, the researcher found it was useful.

The lengthy process of working with the transcriptions and translations was useful both in terms of accuracy and in terms of keeping the researcher close to the interactions that occurred. The researcher needed to listen to the interview tapes very closely and repeatedly, which frequently strengthens both reliability and confirmability of the data. As the process of transcribing and translating progressed, preliminary codes, concept development, and theoretical and methodological memoing, were simultaneously developed. The theoretical and methodological memos that were additionally written during this process proved invaluable for helping the research conceptualize the emerging theory and process the data analysis thoroughly.

In order to assure reliability of the transcribing and translating, the researcher had other Thai graduate students work on the translations and transcriptions as a peer group of reviewers. At least five percent of data from each participant was randomly transcribed and translated by a peer and the results were compared with the work done by the researcher in order to check the accuracy and equivalence in meaning and function of the language used. The differences were discussed and corrected. The related cultural literature, Thai-English and English-Thai dictionaries and thesauruses were also

consulted when needed, for example, regarding cultural activities and cultural expressions. Additionally, the dissertation committee was consulted and involved in discussion on any relevant issues.

*Dependability*

Dependability is important for credibility. There is no credibility without dependability of data (Lincoln & Guba, 1985). A demonstration of dependability in this study was through using the techniques outlined in relation to credibility, and using the technique of inquiry audit, based metaphorically on the fiscal audit. Participants and consultants, including the dissertation chair and the committee, reviewed the data, findings, and interpretations. The participants and dissertation chair also examined the process of the study. Thus a single audit was used to determine dependability and confirmability simultaneously.

*Transferability*

Transferability or applicability of the results is judged by fit, understanding, generality, and control (Lincoln & Guba, 1985). The investigator provided a description of setting, participants, and process so the reader is able to judge the applicability of the research results.

*Confirmability*

Confirmability refers to neutrality of the data and representing the view of the findings from the participants in an appropriate way without biases. To ensure neutrality, preconceptions were explicated prior to conducting the study (Lincoln & Guba, 1985) by using memoing and journaling.

Memoing and journaling were useful to note participants' behaviors observed by the researcher during interviews and were included in coding. Peer debriefing by colleagues and the dissertation committee provided consultation and expertise in the fields of study.

## Summary

This chapter addressed the process of the grounded theory approach, including data collection, qualitative data management procedures and data analysis. Protection of human subjects, and approval of the study by the University of Arizona Human Subjects Protection Committee, was described. Research rigor was discussed with a description of the procedures used to ensure the trustworthiness of the research process and product.

CHAPTER FOUR

FINDINGS

The results of the grounded theory study of the
maintenance of health and wellness among elderly Thai
immigrants are presented in this chapter.  Findings were
obtained from analyzing 16 interviews with elderly Thai
immigrants and participant observation of activities in
their homes and in community settings.  The
characteristics of the sample, descriptions of the
interviews, and theoretical sampling are presented first.
A discussion of the initial categories, using memos and
diagrams, follows.  The subsequent section addresses
developing the coding families, linking of categories,
identifying the core categories, and refinement of the
theory.  The next section presents the theoretical model.
Then the final section addresses the findings in relation
to the research questions. Linkages of the theory to
existing knowledge and literature are discussed in
Chapter Five.

Characteristics of the Sample

The participants were selected using theoretical
sampling at locations in the Western and Southwestern
United States where Thais had migrated to live.  Sixteen

elderly Thai immigrants participated in this study. All participants had voluntarily migrated to the U.S. under various circumstances. The average age at the time of the study was 64.8 years old; however, the age range was somewhat broad. The youngest was 57 while the oldest was 87 years old. The ages when participants first arrived in the U.S. also varied, ranging from early 20s to 70s. Four participants (25%) came to the U.S. after they reached 55 years of age. Another four (25%) immigrated during their 40s, and eight (50%) immigrated earlier, during their 20s and 30s.

In this study, female elderly immigrants outnumbered men. Only two were male. This reflects the greater number of Thai women who have migrated to the U.S. since the 1970s. Women have out numbered men for two reasons. First, many Thai women married American servicemen stationed at military bases located in Thailand during the Vietnam War. Secondly, a number of female licensed professionals immigrated to the U.S. for job opportunities during those years.

Most participants (71%) immigrated to the U.S. in the early 1980s and had been in the U.S. for more than twenty years. Only five participants (29%) had been in the U.S. less than twenty years. For all participants, time in the U.S. ranged from 2 to 40 years.

Movement between Thailand and the U.S. was common among participants. Five had moved back and forth between the U.S. and Thailand prior to settling in the U.S. Four participants (25%) moved back to Thailand during the first and second years, then came back to the U.S. again one or two years later. Of these four participants, two were married to Americans who were in the Air Force during the Vietnam War. The other two came to visit their adult children staying in the U.S. for six months and one year respectively. They then returned to Thailand and after that came back to the U.S. again and lived with their adult children. One other participant, after spending more than twenty years in the U.S., moved back to Thailand for one year, then came back to live in the U.S.

Eleven participants (69%) were married, three (18%) were widows, and two (12%) were divorced. Seven were married to Americans. Most had children and the number of children varied from one to five. One participant had no children, and one had adopted a child from Thailand.

The educational backgrounds of the participants were also varied and ranged from two to eighteen years in the formal school system. Most were educated in Thailand. Only a few had formal education in the U.S. and only a few had used English in daily life before immigration.

One third of the participants had learned English in Thai schools in Thailand. One participant mentioned a short course of English study in the U.S. prior to obtaining citizenship.

Most (66.67%) still worked outside the home, while a few were homemakers. None considered themselves as completely retired or as doing nothing. Their occupations varied from unskilled and semi-skilled jobs to licensed professionals. Examples of unskilled and semi-skilled jobs were sales clerk, grocery store worker, janitor, restaurant worker, and cook. Examples of skilled jobs were licensed professionals and technicians employed in industrial companies. Incomes also varied broadly. While some had no income and lived under sponsorship of their adult children, some had Social Security support and some earned a monthly salary.

With regards to the participants' health and medical problems, six participants (40%) reported a medically diagnosed chronic disease while the others did not mention health problems. Among the six participants who lived with chronic illness, two were cancer survivors, one had arthritis, two had diabetes mellitus and hypertension, and one had hypertension with a minor heart problem. All participants considered themselves to be

healthy and lived their lives without any help with activities of daily living.

## Description of Theoretical Sampling

Participants were recruited from various places, including Thai grocery stores, Thai Buddhist temples, and Thai neighborhoods. The investigator focused sampling in one Southwestern state and southern California.

Theoretical sampling proceeded in the classic manner (Glaser, 1978; Glaser & Strauss, 1967) and guided the investigator to interview specific types of elderly Thai immigrants. As the investigator started and continued data analysis, questions arose that required other subjects to elaborate on the emerging category. Thus the emerging categories were inductively constructed and theoretical sampling was used as the means for checking out hunches and raising specific questions that shaped and expanded the scope of the emerged theory (Charmaz, 1994).

The initial interview was conducted with an educated, professional, 62 year old retired woman who had voluntarily migrated to the U.S. with her American husband more than twenty years before. The participant was enthusiastic and openly discussed her health with the investigator when they were introduced at a Thai temple.

This participant was an ideal case for an initial interview because she had years of experience as an immigrant in the host country. She provided information about growing older in the new land in relatively privileged circumstances.

The next participant was similar to the first with regards to gender, age, marital status, and years in the U.S.; however, she had a lower level of education and an unskilled occupation. She was aging in less affluent circumstances. Analysis of her data raised questions regarding similarities and differences between the two older immigrants, which theoretically guided the investigator to sample a Thai woman who was older for the third interview.

In theoretical sampling, the emerging concepts and theory development guides the sampling of further data in order to broaden and expand generalizability (Glaser, 1978). The investigator continued on with an older Thai man as the fourth interview. The next participants were also theoretically sampled to represent more diversity in occupations, social status, and resources in order to look for similarities and differences in life patterns, adjustment to the host country and how they maintained health and wellness. Also the number of years in the U.S. was one of the theoretical directives that guided the

sampling. The investigator continued on with participants
who had spent shorter and longer periods of time in the
U.S. to answer questions about differences and
similarities among the participants' adjustment and
maintenance of their health and wellness over time.

Constant comparison is a major feature of grounded
theory and is related to both theoretical sampling and
data, analysis. Glaser (1978) recommends three types of
comparisons. First, each incident is compared with
another incident in order to establish the underlying
"uniformity and its varying conditions" (Glaser, 1978
p.49) which leads the investigator to be able to generate
concepts and hypotheses in the later stages of data
analysis. For example, many participants addressed
various ways they were linked to their home countries and
this led to the concept of "keeping connections".

Second, as the data are continually coded and
compared, the investigator compares the concepts to more
incidents in order to generate theoretical properties and
more hypotheses (Glaser, 1978). Thus, when the incidents
showed that aging immigrants actively engaged in life
styles differently from other aging residents, the
investigator focused more on comparing social values and
educational background, which might have played an

important role on their selective performances of daily living.

Third, the investigator compares concept to concept in order to establish the best fit of the concepts with their multiple indicators, the conceptual level between the concepts, and the integration into hypotheses, which becomes the theory. For example, in this study, the concept of spirituality was found to fit in with the concept of health and well being perception among elderly immigrants.

The termination of data collection is reached based upon saturation, which means that no new categories of data emerge from the sample (Glaser & Strauss, 1967). This occurred in the study after participant sixteen was interviewed.

## Initial Development of Categories

After transcription and translation, each interview was analyzed line by line, and coded into as many substantive categories as possible. In this initial phase the investigator looked for what could be defined and discovered in the data as well as leads, ideas and issues in the data themselves (Charmaz, 1994; Glaser, 1978). Each data bit was compared consistently to other data bits from other interviews. The initial codes are called

substantive codes, because they codify the substance of the data, and often use the very words used by the participants themselves (Stern, 1980). From the first three interviews, about 450 data bits or direct quotations were initially coded into 230 substantive codes.

Many substantive codes were created during the early weeks of data collection and data analysis. The terms used in coding were not always consistent even though they were meant to code the same idea. Other minor discrepancies also unintentionally existed. The investigator looked through data and substantive codes from the first three interviews, and collapsed repetitive codes under one label. For example, the code "let go", "letting go", "let it be", and "allow things to happen" were collapsed into the code "*letting go*". "Thinking positively" and "thinking negatively" became "*thinking critically*". "Extremely life change" and "significant life event" were collapsed to "*critical life junction*". "Staying in touch", "keeping connected", "having connections", and "being connected" were collapsed into "*keeping connected*. After deleting the repetitious codes, the number of substantive codes was decreased from 230 to 180. Examples of substantive codes with definitions and

representative data bits are presented in Table 4.1. The numbers following the quotation represent participant identification numbers and data sources.

The next procedure was to develop categories. In grounded theory, a category represents a conceptual block generated from the data through the continual process of building a theory (Glaser, 1992). The grounded theorist discovers categories by sorting through data and substantive codes, then grouping those that are similar into clusters or categories (Glaser, 1978). For example, the data related to perceptions of differences under the substantive codes of "impressed by differences", "wondering about differences" and "amazement with the unfamiliar" were clustered in a category called "*awareness of differences*". Various kinds of struggles such as "struggling with language and communication", "emotional struggles", "technological", "economic struggle" were grouped into "*struggling with barriers*". This category or concept formation process resulted in a tentative conceptual framework grounded in the data. The researcher attempted to discover the main problems in the social scene from the participants' perspectives, and how the participants dealt with the problems. Although many problems emerged, only one major problem was selected and considered as the central focus of the theory.

Table 4.1 Substantive codes, definitions, and examples of data bits

| Substantive Codings | Definitions | Data Bits |
|---|---|---|
| CRITICAL LIFE JUNCTION | A critical event that happens at any time in life. There are life changes after the event as a consequence. | "I just went through treatment of ovarian cancer for a couple of year. I had surgery and chemotherapy." [1021:0293-0298]<br><br>"After the accident my husband was admitted to the hospital but I was not. I had a cast on...... Our daily life after that accident changed: we slowed down a lot because he's bound to the chair since...." [1021:0059-0065]<br><br>"I had run away from home...from my family twice. First, when I was young...I ran away with my younger brothers and sisters...Second, I ran away from my (first) husband and my kids... And I really had a hard time going through it.<br>My life was so changed, particularly in the second one. I never thought of going so far away from home, from my two kids, but I just couldn't tolerate when he said that to me...I had to go..." [1022:0115-0140]<br><br>"After I married my husband I moved out to many places in rural areas around the country. ...Then things were totally changed again when he passed away and I was left alone with my three kids who were all teenagers at the time." [1031:0087-0090, 0100-0110]<br><br>My daughter...asked me to come here...I never thought of living in another country. The idea never came to my mind at all. But my daughter needed me and asked me to come. I decided to come here for a while. I never thought that I would be here this long. But then, I lived here for 26 years already (laugh). I even didn't realize how long it is......If my husband was still alive, I would never have had a chance to come. Things would never be the same...[1032:0070-0080] |

Table 4.1 Substantive codes, definitions, and examples of data bits (cont.)

| Substantive Codings | Definitions | Data Bits |
|---|---|---|
| LIVING WITH CHRONIC ILLNESSES | Aging immigrants continue daily life activities without help even though they have diagnoses of some chronic diseases. They still feel that their lives are in control. | "As you know, I had cancer. We've been here for a couple years when I was diagnosed. It was ovarian cancer. I had an operation and chemotherapy... Currently I have a follow up every couple months. The doctor said I would be OK; now it's all gone...... after I had chemotherapy for a while, they found out that I also had a heart problem.....and I'm on medicine. However, I am OK. I still live my life as usual..." [1011:0101-0103, 0293-0302]<br><br>When my three children all graduated, I just realized the symptoms.........I had to go to the hospital. My blood pressure was about 200 (mmHg)...recently I also had heart problem...and my back has been like this since I was young and I am on the medications....However, I just go with whatever I had. I'm OK. [1031:0223-0224, 0230-0235] |
| STRUGGLING WITH BARRIERS | Aging immigrants have difficulties with things that prohibit them from adjusting to the new host country. They have to put great effort in solving the problems.<br>Various barriers include language and communication, emotions, finances, living and cultural patterns and technology. | "...even though I've been here for 32 years, I cannot speak English fluently. I just can't. I cannot speak (good) English. Even though I'd tried to study English for a while, I didn't get it." [1021:0378:0385]<br><br>I thought of my little 2 year-old grandchild who I helped my oldest daughter to raise.... I'd just missed him very much and I cried a little bit when I was on the plane." [1031: 0066-0069]<br><br>"It was different from being in Thailand. Here, I spend most of the time staying inside the house, because I can't understand when people talk to me. I have no confidence to go outside alone. I feel so homesick" [1022:0135-0140] |

Table 4.1 Substantive codes, definitions, and examples of data bits (cont.)

| Substantive Codings | Definitions | Data Bits |
|---|---|---|
| KEEPING CONNECTIONS | Having decided to maintain some kind of a linkage (with the people and things) with the old world or the original country | "To me, I love both Thailand and America. I have my families in both countries……. My kids in Thailand always call me over the weekend. Sometime I also call them." [1021:0428-0444]<br><br>"My grown up children, grandchildren, nieces and nephews in Thailand told me to take good care of myself so that they could have the grown ups in our family alive." [1031:0253-0256]<br><br>"They wrote to me or talked to me on phone sometimes. And also some of them keep in touch with me through my daughter's e-mail. I have grandchildren, nieces and nephew in Thailand." [1031:0262-0265] |
| ADJUSTING THE LIVING PATTERN | Aging immigrants try to adapt and harmonize themselves in various ways including changing daily living patterns, learning new skills, in order to survive and fitting in with their new lives in the host country. | "Here you have to be able to drive. It took me a while to get in to it…… Living in America is a lot different from in Thailand, you cannot just walk outside the home and get groceries right there in a small store next door to your house like in Thailand. ….However, I've already adjusted to it." [1081:0085-0093]<br><br>"(I'm) working only 2-3 hours a day and it is pretty good for me. I stop whenever I feel pain. I'm happy with this. Just fine. Sa-By." [1021:0319-0321]<br><br>"I want to go the temple, I have to have someone come in to take care of him." [1021:0269-0270]<br><br>"Some elders could not stay here because there was no Thai Buddhist temple around to attend for religious practice. But I am fine. I am OK. It doesn't matter. I always pray at home. I have lots of things to do around the house and in the backyard…" [1052:0122-0130] |

The next step proceeded to theoretical sorting and theoretical coding in order to form a theoretical model. While considering what was going on in the data and what was appearing to be a focus in the data, the investigator thought about the data at an abstract level in order to conceptualize and discover essential variables or categories. The investigator kept in mind that the purpose of this grounded theory study was to discover the basic social process of adjustment and health and wellness maintenance among the elderly Thai immigrants. Relationships between categories were recognized. Theoretical direction was considered, including renaming categories to better reflect the meaning grounded in the data.

In moving from the descriptive to the theoretical, the investigator considered the six coding family points of view to illuminate the elements of the emerging theory. The six coding families are context, conditions, consequences, contingencies, causes, and covariances (Glaser, 1978). Theoretical memos were also developed in order to keep track of the conceptual ideas and relationships between concepts. At certain points, while working on coding, ideas occurred to the investigator and were recorded as soon as possible so that they would not be lost.

As the data analysis continued, similar codes were grouped into concepts, each called a category. The investigator looked for the relationships among categories. Once the first draft of the theory emerged from the data, other theories and relevant literature were reviewed to help refine the theory. The preliminary findings of the theoretical model, including categories and definitions, are presented in Table 4.2.

Refinement of the Theory

One strength of the grounded theory approach is that developing theories can be modified through the process of "emergent fit" (Glaser, 1978; 1992; Wuest, 2000). As the investigator continued generating the theory, the fit between the data and an initial category was repeatedly and carefully examined. Simultaneously, the theory was refined in order to be sure it worked (Glaser, 1992). The category and subcategories were revised and collapsed so the theory focused precisely on the phenomenon of interest and clearly explained each phase of the theoretical process. One refinement involved Stage 2, Bargaining to Survive, and Stage 5, Balancing of Power. The labels of the two stages were changed and re-organized in order to better reflect the interview data. Additionally, the term "stage" was changed to "phase" as

Table 4.2 Preliminary findings of the theoretical model

| Categories | Definitions |
|---|---|
| **Stage 1:** **Learning** **the system** | an initial stage when elders face the new society and culture and try to understand the new system and situations prior to establishing their own way of getting along with people and contexts in their new homeland. Elders learn the system through family contacts including "having a spouse as a resource person", "having children as brokers" and "understanding the system through working and socializing." An initial process that elderly use to face challenges in the host country; understand the host system and situations; and establish his/her own way of getting along with people and deal with social situations. |
| **Stage 2:** **Bargaining** **to survive** | is a strategic stage that entails elders trying to interact with the new system by using existing external and internal resources. |
| **Stage 3:** **Letting go** | a stage in which elders decide to ignore the causes of a problem, or even the problem itself, in order to get their lives under control. This is similar to compartmentalizing and is considered to be a passive strategy rather than an active one. |
| **Stage 4:** **Being connected** | having linkages with the old world in some ways, for example, keeping contact with family and relatives in original country, continuing to celebrate significant cultural and religious events and procedures. |
| **Stage 5:** **Balancing** **of power** | a cognitive ability elders use to garner resources in order to deal with situations related to their health and wellness. |
| **Stage 6:** **Adjusting to** **the new world** | involves the person trying to be in control of their new lives by adjusting within the available resources and reasonable considerations of reality. |
| **Stage 7:** **Maintaining** **health and** **wellness** **through** **combining** **of the** **two worlds** | involves the elder continuing their daily lives using knowledge, beliefs and life styles from both the new and original countries. |

the new term suggested less of a linear relationship. As a result, there were only three major phases in the emerged theoretical model.

The investigator was also aware of language and translation issues during the process of theoretical refinement. Concept equivalence and the function of terms used in the context of the two languages, Thai and English, were explored and clarified in order to reveal the true meaning of what was going on in the data (Phillips, Luna & Torres de Ardon, 1994). A Thai-English dictionary (Haas, et al. 1964) and documents about using and translating between the two languages, American-English and Thai, were consulted in order to maintain accuracy and validity of data and the context. Additionally, an informal comparison of Thai and English words as used in the popular literature, such as in newspaper and magazines, was used to increase accuracy. As a result, the refined theoretical model explained each phase of the elderly immigrants' experience more explicitly and distinctively.

A Substantive Theory of "Discovering A Balance"

This study focused on exploring the experiences of adjustment and health and wellness maintenance among elderly Thai immigrants. The participants were asked

about what it had been like living in the new host
country, how they were doing, how they managed to adjust,
how their health was, how they maintained their well
being, and finally, what they considered as additional
supports they would have liked to obtain from the society
and health professionals in this new home country. The
data obtained from the interviews were analyzed and the
theoretical model that emerged is as follows.

## Overview of the Theoretical Model

This substantive theoretical model, called
"Discovering a Balance" describes various facets of
adjustment and health and wellness maintenance among Thai
elderly immigrants. The core category of this study,
titled "Discovering a Balance," illustrates the basic
psychosocial process aging immigrants use to gain a
balance in their lives by using skills and resources from
both Eastern and Western worlds.

Glaser (1978) stated that the significant properties
of Basic Social Processes (BSPs) are, first, a BSP is a
process involving change over time, and second, a BSP
consists of at least two perceivable stages of the
identified behavioral pattern. The process of adjustment
and health and wellness maintenance among elderly
immigrants occurs over a lengthy time frame and it

illustrates changes over time. Each phase of the process can be clearly differentiated from the others as it has a perceivable breaking point and can be treated as a separated theoretical unit. The core category of "Discovering a Balance", then, is composed of three major phases: Learning the System; Becoming Self-empowered; and Combining the Two Worlds as illustrated in Table 4.3.

This theory describes a long-term process that begins even prior to immigration and continues over the years, through adulthood into older age, depending on when in the life span the individual has arrived in America. The theory explains how rather than simply changing their behavior in order to blend into the Western culture, also called acculturation, aging immigrants change their perspectives so as to find internal peace and balance. In this way, aging Thai immigrants learn to navigate the Western culture, while continuing on with a cultural heritage from the Eastern world.

Figure 4.1 is a detailed graphic representation of the three phases of the theory. Even though the diagram shows what appears to be a linear relationship, it is meant to illustrate interactive dynamic processes. Discovering a Balance, as an ongoing repetitive process, is illustrated in Figure 4.2. The diagrams are

Table 4.3 The Core Category of "Discovering a Balance"

| Categories/Subcategories | Definitions |
| --- | --- |
| **Phase 1:**<br>**Learning the system**<br><br>**Subcategories are:**<br>Exploring the new world<br>    Awareness of differences<br>    Struggling with barriers<br>    Testing the water<br>    Socializing and networking<br>    Looking for role models<br>Enlisting a broker<br>Knowing the system<br>    Understanding differences<br>    Knowing available resources | An initial process the elderly use to face challenges in the host country; understand the host system and situations; and establish his/her own way of getting along with people and dealing with social situations. |
| **Phase 2:**<br>**Becoming Self-empowered**<br><br>**Subcategories are:**<br>Self organizing<br>Balancing of Connections<br>    Letting go<br>    Keeping connected<br>Mobilizing<br>Identifying a future | A process involving the immigrated elder attempting to interact with people and environment in the host country in order to be in control and reach the maximum stage of health and well being by using their existing internal and external resources. |
| **Phase 3:**<br>**Combining the Two Worlds**<br><br>**Subcategories are:**<br>Enacting activities in daily life<br>Directing one's self<br>Maintaining health and wellness | A process in which the elderly immigrant integrates or combines the knowledge, beliefs, culture, and values perceived from both western and eastern worlds into their every day lives, which helps them feel at home and feel more comfortable in new home country |

**Figure 4.1: Three Phases of the Theoretical Model of**
**"Discovering a Balance"**

| Phase 1 | Phase 2 | Phase 3 |
| --- | --- | --- |
| Learning the System | Becoming Empowered | Combining Two Worlds |



Phase 1 box:
Exploring New World
Enlisting a Broker
Knowing the System

Phase 2 box:
Self-organizing
Balancing of Connections
Mobilizing
Identifying a Future

Phase 3 box:
Enacting Activities
Being incorporated
Finding One's Own Way
Maintaining Health and Wellness
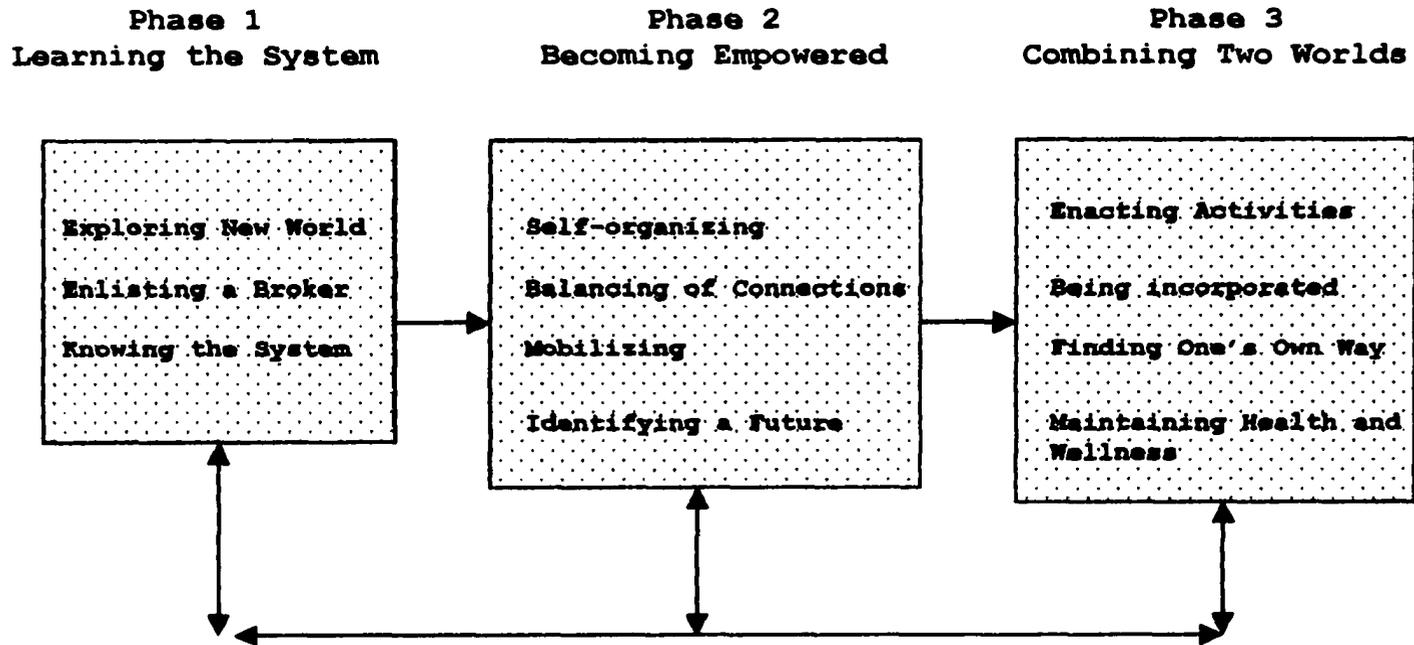
# Figure 4.2:  A Theoretical Model of "Discovering a Balance"
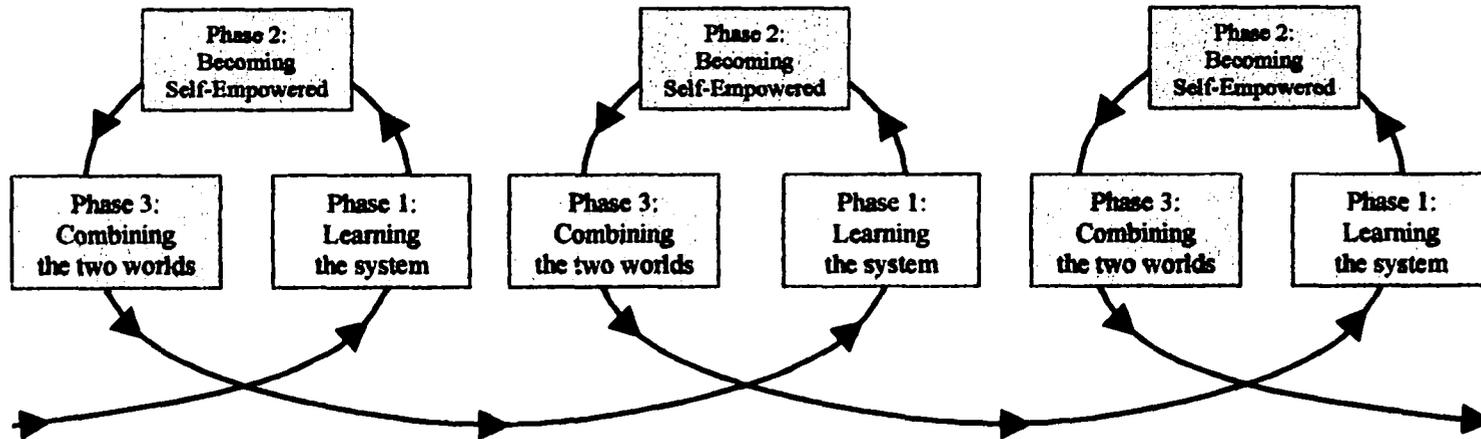
heuristics, designed to visualize the relationships and dynamic movement among model facets, but not necessarily a sequential movement within or among phases.

As a non-linear process, the phases of Discovering a Balance are interrelated, embedded in social interactions between immigrants and others, and occurring simultaneously. The theoretical model illustrates the three phases, including categories and subcategories within each phase.

Learning the System, Phase 1, usually happens early in aging immigrants' experiences in the host country. Facets of this phase, also called subcategories, can even begin prior to immigration. Also, the phase can be reactivated at any time the immigrant faces new challenges requiring new skills or understandings of the system. Components in this phase include *Exploring the New World* (subcategories include Awareness of Differences, Struggling with Barriers, Testing the Water, Socializing and Networking, and Looking for a Role Model), Enlisting a Broker, and Knowing the System (subcategories include Understanding differences and Knowing available resources). At the end point of Phase 1, "Knowing the System", aging immigrants have obtained more insight, information about resources and knowledge about the host system. At the end of the first phase, the

immigrants have a sense of readiness and this is associated with a feeling of confidence and competence in navigating life in the host country.

In Phase 2, Becoming self-empowered, aging immigrants, with knowledge about the New World they face, focus on internal readiness and consciously decide on their future lives. In this phase, immigrants focus on cognitive adjustment using various self-organizing strategies. Balancing of Connections is also an important facet of this phase. At the end of this phase, aging immigrants become mobilized as they feel in control and able to grasp relevant features of the surroundings. It is the time that aging immigrants recognize their own identity and abilities. They are ready to move onto the next step in their lives and feel certain about interaction with most others in the host system.

The final phase, Combining the Two Worlds, by definition, means to make a connection, merge, or fuse the two worlds together in order to survive. Immigrants bring with them social values, beliefs and cultural heritages from their original home country. They integrate their own ways into life patterns to meet their needs for health and well being. The goal of integration is for the immigrant to find or make a virtual place for him/herself, not only to survive, but also to live with

satisfaction, and peace. As a result, they adjust and continue the selective life patterns that make optimal health and wellness possible in the host country.

The definitions of categories and subcategories are summarized in Table 4.4. An expansion of each phase will be discussed in detail with examples of the verbatim data as transcribed and translated from the participants' words in the next section.

One important issue relates to how this basic social psychological process links to and supports central concepts of Thai life. "Discovering a Balance" is a strategic process for achieving one's life goal for each individual aging immigrant. "Balance", the term used in naming the basic psychological process, does not mean only "being stable". Rather, "Balance" is a dynamic and intellectual process, always moving the individual toward the ultimate goal in life. Balance is manifested internally or externally through mutual relationships between human beings and between human beings and their environments. Based on the data in this study, "Balance" can occur if elderly immigrants are surrounded by strong nurturing environments.

Most elderly immigrants ascribed to Thai values, which are: (1) an expanded sense of family and community, and (2) centering life on adult children and

Table 4.4 Definitions of Category and Subcategories

| Categories/Subcategories | Definitions |
|---|---|
| **Phase 1:**<br>**Learning the system** | An initial process that immigrants use to understand the host system and situations; and establish their own way of getting along with people and social situations. |
| 1.1 Exploring the New World | A process that immigrants, at first arriving, start to explore, search for information and become engaged in the host system as a newcomer. |
| 1.1.1 Awareness of differences | Awarenesses that environments, cultural expressions, life styles, and technology are different from what the individual is familiar with. |
| 1.1.1 Struggling with barriers | Difficulties immigrants encounter in daily life. Struggling with barriers causes them to feel insecure and to doubt their abilities to overcome challenges and survive. |
| 1.1.2 Testing the water | A strategic process by which immigrants learn about unfamiliar and complicated contexts through direct experiences and trial and error. |
| 1.1.3 Socializing and networking | A strategic process by which immigrants learn to understand the host system through contact with other persons, formal and informal groups and organizations. |
| 1.1.4 Looking for role models | Involves both active (participant) and passive observation through social interactions and learning from others' experiences in search for the success way that immigrants can use as a guidance for their selective living patterns toward success and survive in the host country |
| 1.2 Enlisting a broker | Recruiting or using another person, such as a family member, who is an insider to the host country, as a sponsor and as a mediator to provide help and reassure in the new land |
| 1.3 Knowing the system | Understanding differences and knowing the resources for obtaining services when needed. The immigrants who understand the host system feel more comfortable about managing their own lives |
| 1.3.1 Understanding the differences | The ability to realize and perceive social interaction as well as various situations in a logically manner about the host country. |
| 1.3.2 Knowing available resources | Awareness of essential information and feeling certain in ability to obtain access to selected resources when problems occur or help is needed in daily life |

Table 4.4 Definitions of Core Category and Subcategories (cont.)

| Categories/Subcategories | Definitions |
|---|---|
| **Phase 2:**<br>**Becoming Self-Empowered** | An internal (cognitive) process through which elders recognize their own internal and external abilities to overcome the difficulties in the host system. Having a grasp on relevant features of the surrounding, feeling confidence to interact with others and the environment in order to be in control of life situations. |
| 2.1 Self-organization | A strategic cognitive process, strongly influenced by religious beliefs and spirituality, aging immigrants use to (re) arrange or to (re)formulate a (new) perspective of self in the host country |
| 2.2 Balancing of Connections | Involves consciously deciding about maintaining links to the past based on a re-evaluation of values |
| 2.2.1 Letting go | Consciously deciding not to actively interact with a situation |
| 2.2.2 Keeping connected | Consciously deciding to maintain a linkage with the old world in some ways. |
| 2.3 Mobilizing | Involves the feelings of being in control because of being able to grasp relevant features of the surrounding. Aging immigrants have a strong internal self-assurance and get ready to move on to another phase of life change, which may include new role and activities toward their living adjustment in the host country |
| 2.4 Identifying a future | Internally forming an integrated strategy for conducting daily life activities and surviving while maintaining health and wellness |
| **Phase 3:**<br>**Combining the two worlds** | A process through which immigrants integrate or combine knowledge, beliefs, culture, and values from both Western and Eastern worlds into their every day lives. Each individual obtains a unique approach toward combining selective living patterns. |
| 3.1 Enacting activities in daily life | A process elders use to control and appropriately performs activities in daily life in spite of aging and chronic diseases |
| 3.2 Directing one's self | Making decisions about and manipulating the environment in every day life. |
| 3.3 Maintaining health and wellness | Elder's certainty about how to maintain health and wellness |

life experiences, elders can find peace and harmony and

"a balance" that is reflected as adjustment in the host

system. Thus, health and wellbeing are maintained.


Phase 1: Learning the System

Learning the System, as illustrated in Figure 4.3,

is defined as an initial process elderly immigrants use

to face challenges in the new host country; interpret new

ways of doing things; understand the system and

situations; and establish his/her own way of getting

along with people in social situations.

Based on the data, aging immigrants "learn the

system" through various approaches and use many

strategies at the beginning of resettlement before they

come to "know the system", which is the end-point of the

this phase. The basic psychosocial process of learning the

system occurs as a natural and automatic human response to

new social systems and environments when immigrants arrive

in the host country. However, strategies and techniques

the elderly apply in the learning process are varied and

depend on the elder's characteristics and resources

available.

Essential components of the process, learning the

system, include "exploring the new world", "enlisting a

broker", and "knowing the system". Each facet consists of

Figure 4.3: Phase 1 Learning the System

**Phase 1: Learning the System**
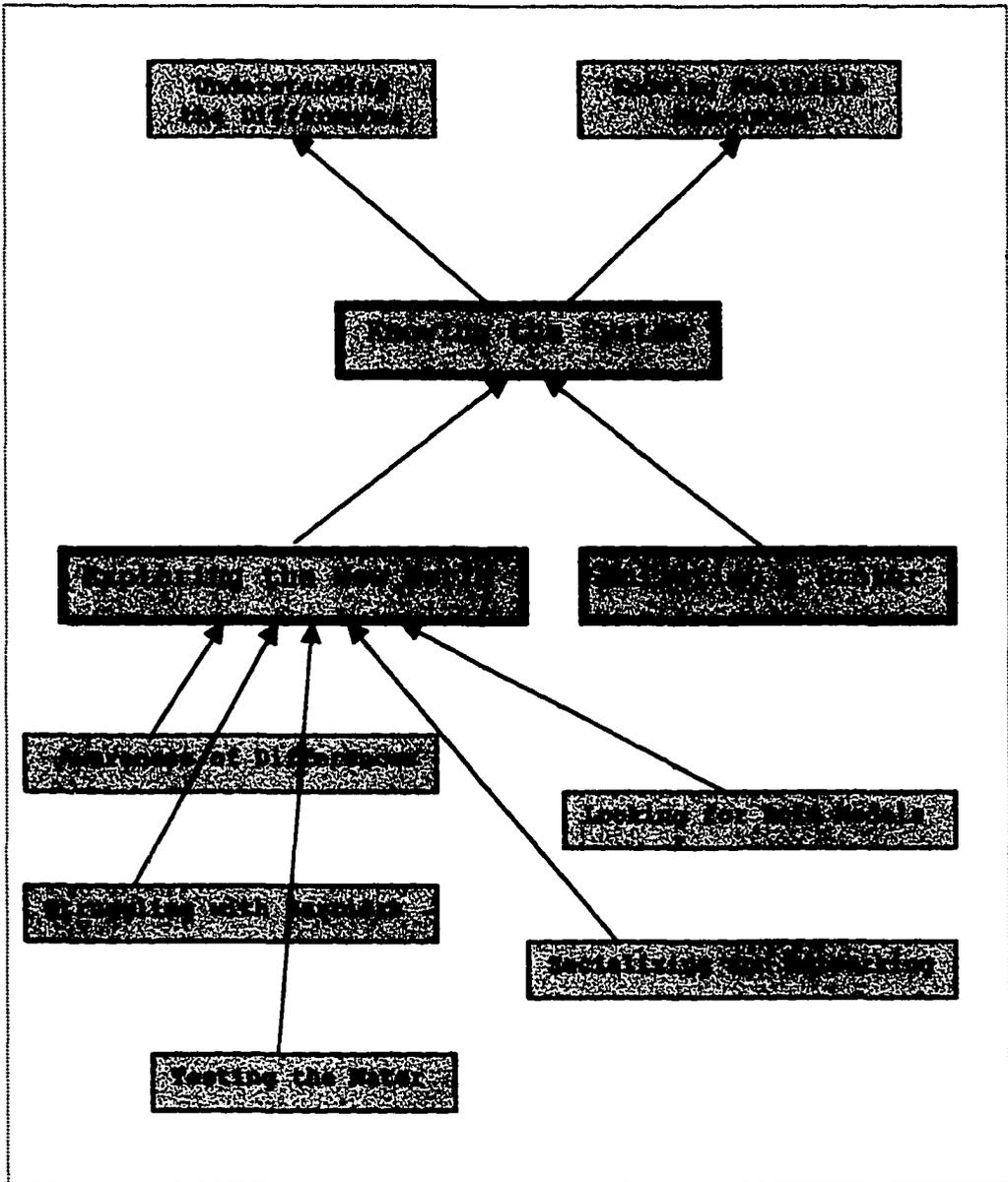
approaches elders use to achieve the anticipate outcome of learning the system.

*Exploring the New World*

"Exploring the New World" is defined as a process in which the immigrant, when first arriving the United States, intuitively starts to explore, search for information and become engaged in the host system as a newcomer. Strategies used for obtaining insights about the new land vary from passive to active social involvement with their surroundings depending on the situation, their abilities and backgrounds.

Awareness of differences

Given that the elderly Thai came from very different geographical backgrounds in the Eastern world, they are aware of differences from the beginning. There are many things in the new host country that are different from the original country. Some things are very tangible, such as weather, environment, life styles, and technology. For example, one participant discussed her first experience with snow, cold weather and an auto-accident during a snowstorm when she first came to the U.S., as follows.

> "Well, the first year, when I first came to America I lived in a northern state. It was very cold. I arrived there around the beginning of the school year. It was October. At the time, it snowed really hard. There was snow everywhere. My husband had to go out for work. His work place was quite a long distance from home. To me, as I had never seen [real] snow before, Oh…God, it was amazing. I just watched it. At the time,

we lived in a single rented tailor. I didn't sleep all night,
as I couldn't stop myself. I stood by the window and watched
snow falling all night ...Really, I stood all night...watching
snow. (1021:0024-0035)"

It snowed all night and continued on all day. My husband,
he couldn't come back home as there was a traffic jam
resulting from a car accident during the snowstorm. After
that I cried a lot...It was so scary to me...The accident was
so terrifying. I'd never seen nor heard about something
like that before. I told my husband that I couldn't live
here. (1021:0038-0046)".

Another elder said she recognized differences between the
environments in the two countries whenever she went
outside and those differences always reminded her of the
original country:

"I remember that it was in November, 1983. It was so cold in
that city, I didn't like it at all. ...There were lots of trees
and snow. The climate was different. The trees were totally
different from our home, Thailand. It looked strange when I
went outside. And that...I was homesick.(1042:0030-0035)"

Not only the weather and environments made the elderly
aware of differences, but also the culture and life
patterns made them feel different.

"When I first came to the U.S., the thing that made me feel
uncomfortable was that I couldn't go outside alone as I did in
Thailand. ...And the people here were different, they would never
just walk out from home into the community [village] and have a
short visit with neighbors as we usually did in Thailand."
[1111:0055-0068]

"In Thailand, we usually spent lots of our time outdoors, in
the backyard, around the house, visiting with our neighbors,
and walking around doing some errands in the community within a
short distance. I could go outside near my house and go to the
temple, alone by myself.... Here I had to wait for my daughter's
and her husband's holiday or until a weekend to have them
accompany me. It wasn't convenient and I felt hesitent to ask
them to do that ["Kreng-jai"]. During holidays they should
spend time relaxing at home..." [1051:0100-0125]

"People in this country live separately [Ban-Krai Ban-Mun]. You just had to live with it, in your own home. Neighbors didn't talk to each other that much. Every one was so busy and had no time to chat with neighbors [laugh]. …There were get-together's once in a while but that was sort of formal and it seemed very superficial [Pew-pern] and we didn't participate that much. Just sent in some Thai foods and came back home. …Here, it took time to know your neighbors. [1062:0210-0225]

Not all the differences between the original and host countries brought negative feelings. There were positive feelings as well. For example, one older person spoke of technology she found useful that eased her daily life activities.

"Well, life in America is fine. It's convenient [Sa-Bay-Dee]…"
"There are useful equipment and tools that help us in daily life. It is more convenient [Sa-bye]. I like it." [1011:0172-0174; 1012:0050-0055].

"Living here was very convenient. I like it. Modern machines help us ease our daily life activities. [Sa-Duag Sa-bye]." [1111:0080-0090]

However, some elders had a difficult time navigating into the world of technology and needed time to learn and practice before being able to adjust to technology and modern systems. For example,

"I never used a computer and I just can't do it. Many things I have had to learn since coming here. Driving, writing…every thing……It took time. [1071:0120-0130]"

Struggling with Barriers

Elderly immigrants have difficulty with the problem of living and must put great effort into solving these problems. Things that may obstruct or prohibit the elders

from adjusting to the host system can occur in various forms including physical barriers and psychosocial barriers. Barriers arise externally and internally, and become factors that limit finding one's way in the new world. Participants spoke of struggles with language and communication, emotions, finances, living and cultural patterns as well as technology. The following are stories excerpted from the interview data that describe how each participant dealt with various difficulties occurring to them as immigrants.

Struggling with language and communication: One participant told her story about traveling to the U.S. She was non-English speaking and flew to the U.S. with relatives. Her relatives left her at an airport before she reached her destination, transferring her to a flight attendant's help. Without knowing the language, she almost got off the plane before her destination airport but fortunately the flight attendance held her back,

> "She held my hands and signaled me to sit back again. I guessed she asked who would pick me up at the airport but I could not speak English at the time." [1031:0051:0054]

Another participant expressed her obstacles of language. She found it was too difficult for her to learn to read and write English at her age. In addition, as a result of her language limitations, she gained limited

significant information relevant to her life, for example,

she knew little about her husband's employment.

> "...even though I've been here for 32 years, I cannot speak English fluently. I just can't. I cannot speak [good] English. Even though I'd tried to study English for a while, I didn't get it." [1021:0378:0385]

> "Sometimes I think that I want to be a citizen as well. However, I need to take an exam and as you know, I don't have a memory at all. I cannot study. I think it is too hard to me at this age, I cannot remember such a thing after I study. A,B,C.are still my problem. I cannot read and write English even now." [1021:0447:0451]

> "My husband was in the Air Force service. But I don't know that much in detail and I can't tell you what kind of work he did. I know he worked as a non-commissioned officer in the Air Force." [1021:0068:0070]

Another participant told about her struggle in daily life

activities such as shopping, buying groceries and making

appointment as the following example.

> "Oh, yes. Even though I've been here for many years. I'm still not fluent in English. I cannot speak the language. I can go out for shopping and for groceries. However, I do not feel secure to go alone. I can't have a discussion or talk about the items I am going to buy. I just pick them up and pay for them so I always have her [step-daughter] with me. Last week she called the doctor to make an appointment for my annual check up. That's why I don't think I can live out my final years in this country. I'd rather go back and die in Thailand. I really want to go back." [1042:0110-0120]

Major struggles of immigrants related to both

language and communication. Although these two overlap,

"*language struggles*" and "*communication struggles*" are

different.

Language struggles are specifically related to

English speaking ability. Communication struggles are

broader and include writing and reading abilities as well as cultural patterns such as non-verbal communication customs.

Both language and communication struggles occur in every day life experiences of immigrants. These struggles contribute tremendously to the immigrants' sense of well being. Some elder immigrants stated they were not able to go outside for groceries or errands alone because they were not certain how to speak and could not understand the language when others spoke to them. For example,

"…I didn't like when people talk to me and I didn't understand what they were talking about at all. And I was very uncomfortable with that. Every time I went outside, I had to go with a relative or family friend. They had to accompany with me. …I was very dependent on the others." [1042:0036-0040)"

"It was different from being in Thailand. Here, I spend almost of the time staying inside the house, because I can't understand when people talk to me. I have no confidence to go outside alone. And my children won't let me go without them because they are worried about me."
[1051:0135-0140]

Elderly immigrants with less education have more problems with language and communication than those with higher education. As a result, language and communication barriers are strongly related to health and wellness. For example, one participant who was not able to read and write English, had to take various types of medicine daily and some medicine many times a day (for hypertension, heart conditions, arthritis, and so forth).

Even though she told the researcher she had memorized what, how, and when to take the medicine, and had family members around to call on for help, she still was at risk for possible mistakes related to the medicines. Additionally from participant observations, at least three elders in this study took medicines regularly without English reading ability.

Similarly, another elder could not read and understand the nutritional information on food cans and boxes she bought at the grocery store. She told the investigator she called her daughter and spelled the words over the telephone in order to know what kind of food was inside.

Another elder could not write English and had to hire someone from neighborhood to write checks to pay bills for her when her son was not available to help. This example illustrates the financial risk that can happen to elderly immigrants in daily life.

These examples suggest that the elderly immigrants may not have been able to use many of the resources available to them because of the struggles with language and communication. In other words, they may not have gotten the most out of existing resources. Even though the services they need may exist, immigrants may not find them accessible. The data suggested that in such

circumstances aging immigrants with less ability in language and communication are isolated and very much dependent on their brokers. As a result, aging immigrants are possibly vulnerable in the host country.

However, not all Thai immigrants came to the U.S. without knowing the language (English-speaking-and-reading ability), a number of them came to the U.S. with a professional level of education. Many of them aimed to pursue higher degrees as well as a job opportunities. However, some found that it was not possible for them to continue with their careers because of language and communication struggles. They then changed to a new job and living patterns that they found suited them better, considering their language skills and related abilities. This struggle, however, held them back for a while until they made the right decision for their life in the host country. Example of the data is as follows.

> "........Speaking the language was another problem at the time. I couldn't speak fluent English at the time I just arrived in the U.S. It was even harder when I tried to communicate with others in my profession. I didn't know how to say it in English even though I was skillful and some issue I knew it by heart but I just couldn't explain about it in English. That was my problem and I came to realize that I might not able to continue my career in this new country. I was too scared to fail. Then, I decided to try another job, a new way of life. ........Finally, I became a cook [chef] in a Thai restaurant. And it was sort of successful........[Work as a cook in Thai restaurant was] no need to be fluent in the language." [0162:0080-0095]

## Struggling with life styles and cultural patterns:

Elderly immigrants exert much effort to adjusting to new life styles and cultural systems in the host country. All immigrants in this study provided examples of their struggles with life styles and cultural patterns. Some examples involved little events: others were very significant events. For examples:

"We lived on the base for one year. It was such a difficult for us. We had to keep everything in place. There were many rules for taking care of the government property, ........... for example, mowing grass. We had two little boys and they needed to play out door sometimes. It's hard to keep up with those rules." [1021:0133-0138]

"When I first came here, I felt really strange when people touched my head. We never did that in Thailand, right? It was difficult to get along with that custom. However, I tried to understand that because people felt good about [or towards] me. They showed their kindness to me. ...Now, I'm OK with the custom. Even my grandchildren, they always patted my head when they felt like doing it. I thought that, "Oh, yes, they are being kind [Pra-nee] to me [laughing]." However, my daughter said, "You wouldn't do that to grandma if you were in Thailand. People won't accept it." [1032:0210-0220]

"I've learned that I need to be more patient and avoid having a conflict. Because it isn't worth a thing to have a problem with those who are citizens. I don't have someone to turn to if I have a problem...someone who could be a consultant. And the important thing is that if I have any problem with the native-English speaking people, as a non-fluent person, I would be an under dog. I always remind myself to calm down and let go of things. It isn't worth it to have a conflict here. One example, when we moved into this neighborhood, because we are from Asian: our appearance was different. We have black hair, flat noses and no-folded eyelids. A boy next door aged about six or seven years old, whenever he met us in the driveway, he would tease us by making his face and pulling up his eyelids. It's not polite at all. No respect to a grown up. If this happened in Thailand, I would go right away into his house and have a talk with him and his parents or even better yet, I could just teach him a lesson myself. He should know more about how to behave and learn to respect the grown up. However, the thing I did, you know, just ignore it. ...Be patient and hold it. It took time to go through all those irritated manners from people around you who dislike you, just because you are an immigrant. It's discrimination and not fair." [1062:0210-0230)"

## Struggling with technology

Moving to the U.S., immigrants find that the high

technological environment limits their activities. Most

Thais, particularly those who are in rural areas, live

their lives in simple ways and in harmony with nature

rather than with high technology. Many participants

identified themselves as "high-touch" rather than "high-

tech" and they had a difficult time in navigating  the

technology  services  around  such as household

appliances, transportation services (bus, train), grocery

stores, and communication (e-mail and voice mail).

> "As the telephone was expensive, my children, nephews and
> nieces always used e-mail to my daughter. I didn't understand
> how to use it. And I, myself, didn't write that much."
> [1031:0332-0339]

> "I never answer the phone. Just don't know how to speak into
> the machine (laugh)." [1051:0205-0206]

> "I never feel comfortable with those machines in the house,
> from kitchen, in the car, to banking… and every thing as I
> never familiar with them. In Thailand, we don't use these
> kinds of high-tech(nological) things as much as they do
> here………It took time for me to learn to use them. And since
> you have to live with them, you need to adjust into it.
> [1081:0108-0120]

## Struggling with economic and financial problems

Immigration disconnects elders from their original

formal and informal supportive networks. They must take

responsibility for every life circumstance in the host

country by themselves. Some, particularly ones without

sponsors, experience economic and financial problems that

prohibit them from accessing the health services system as

well as other kinds of service. This barrier has a significant impact on their survival, health and wellness.

> "I've learned that…when you have a financial problem, it's hard to find someone to help out as you have no relatives here. Since we're not eligible to get help from the system, we're trapped into a big problem. You know, you have to be prepared. Living here is not easy, particularly when you get sick, or old, and have no money like myself currently. Friends are rarely found." [1091:0250-0260]

> "Even though you have friends here, it's difficult to find any help when you have financial problem. Everyone has limitations in helping the others. I never asked for financial support from friends. I worked hard and prepared for my family and myself." [1042:0110-0115]

## Struggling with emotional and psychological problems

Being away from the original country naturally initiate many emotional and psychological effects on the elderly immigrant. This factor may have influences their health and wellness. Most participants mentioned emotional struggles of greater or lesser magnitude. Some could not tolerate the emotional problems, which resulted in their moving back to Thailand within the first year of arrival.

Much effort is put into overcoming the emotional and psychological struggles in order to survive. In dealing with these, the elderly immigrants expressed various feelings from positive to negative, including excitement, joy, amazement, discomfort, and uncertainty. Some had decreased self-confidence after first arriving. Many elders mentioned "*being marginalized*" in the host country

as life was not in control in many ways and they could not

get into the main stream. Some mentioned "*feeling*

*uncertain*", and "*lacking of self confidence*", which

resulted in "*feeling powerlessness*", another psychosocial

barrier to getting in and exploring the host culture and

system. Some expressed the feeling of powerlessness as a

result of being dependent on others. These feelings lasted

for varying lengths of time depending on the effectiveness

of their support system.

> "The thing that I don't like very much is that...you can't just
> walk outside and stop by for a chat with your neighbor as we
> did in Thailand. People don't do that. I was very uncomfortable
> with that. Every time I went outside, I had to go with a
> relative or family friend. They had to accompany me. And you
> needed to go by car to the target places, not just walk. I was
> very dependent on others. That made me feel not good."
> [1042:0036-0040)"

The above data, under the facet of Struggling with

Barriers, explained how aging immigrants' struggles with

various barriers. Barriers to the transition process of

migration, both supportive and non-supportive as well as

internal and external environments, were addressed with

examples from data.

The next section presents the findings with example

data of Testing the Water, when aging Thai immigrants

learned their lessons through exposing themselves and

interacting with others in the new environments.

Testing the water

Testing the water is a strategic process by which
immigrants learn about unfamiliar and complicated
contexts through direct experiences and trial and error.
There were many factors initiating "trial and error"
approaches among these immigrants. However, once they
decided to try it out, they developed more certainty,
confidence and came to solutions for finding their own
way through the lessons they had learned from the real
world and experiences.

An example of testing the water was "job hopping"
Several aging participants addressed their "job hopping"
experiences prior to settling down with a permanent job.

> ·After working as a cook in Thai restaurant for a couple
> years......I had a problem with the owner after I came back from
> a home visit. The owner wanted to replace me with another
> who was hired at lower rate than me.......However, I was thinking
> of the other kind of work that I could use my old ability and
> other skills that I obtained from engineering and others.
> .........I was a clerk, and a job hopper for a while. Then,
> I got a chance to participate in this sports factory and I
> enjoy the work until now........" [1162:0080-0100]

Other participants, prior to making the big decision
to permanently relocate to the U.S., underwent a trial
period by having a short visit with their adult children
or relatives in the U.S. After they spent time getting
accustomed to the host country, they then decided to
immigrate. Through experience first hand, they found it

was easier to make a decision and be prepared before relocating. Examples of data are as follow.

> ·Before I permanently moved to the U.S. I had a six-month visit with my daughter's family. And I didn't have any problems because I stayed with her family and I enjoyed the visit with my 3-month old granddaughter very much.… And I missed them so much when I went back to Thailand. …..A few years after the visit, when my daughter asked me to move to the U.S., it didn't take me long to respond her call… [1032:0168-0175]

> ʺThis is a second time for me to come to the U.S. The first time was about four or five years ago, and this time it's easier to adjust to the environment. It's hard for some elders to stay here without a [Buddhist] temple to attend religious practice….. But I'm not attached to those things.. I can practiced religious and pray at home. It doesn't matter to me. …..….I also come prepared as I've learned how and what to be prepared from the last visit...ʺ [1052:0100-0120]

> ·The first time I came to the U.S. was as a 6-month visiting guest in relation to the sports association I had volunteered for work for years. Then, by chance, I got a temporary job in the U.S. and that caused me travel back and forth for a while……Finally, after I got divorced from my first wife, I decided to permanently move to the U.S. and start a new life here as I liked the way of life. At the time I decided to move, I knew the country, I got a job, and I had friends….….I was quite sure that I could survive in the U.S. [1161:0078-0085]

## Socializing and Networking

Socializing and networking is a strategic process by which immigrants learn to understand the host system through contact with other persons, formal and informal groups and organizations. Many approaches are used under this subcategory, including socializing through (a) working, (b) informal networking at cultural gatherings such as wedding parties, birthday parties, or (c) semi-formal networking at Thai temples, and formal networking at the Thai elderly club or Thai Associations.

Working is one significant opportunity for

immigrants to have direct contact with others to learn

the host system. However, working can be either positive

or negative depending on the individual's background and

abilities. For example, one participant had faced

documentation issues when she arrived. It took her

several years before she solved the problem. In the

meantime she experienced emotional imbalance and found

her health was affected by being an "undocumented

person".

> ·My husband's elder sister introduced me to a job here in
> Arizona... I was there for six months, then, moved to the other
> place. I had a problem with my green card. At the time, I
> didn't have one. That caused lots of problems after my visa
> expired…I learned lots from the consequences of that. When my
> mom passed away, I didn't have a chance to go back to
> participate in the funeral service and ritual. …That made me
> feel sick and I was so stressed at the time.
> [1041:0139-0154]; [1042:0220-0230].

Another participant commented her job as a sales

clerk was helpful for her because she had an opportunity

to dialogue and meet with people. She also enjoyed having

a social network outside the home as she learned more

about various life styles, and available resources.

> ·I got a job as a sales clerk, even though it was an unskilled
> job and totally different from the teaching job I did when I
> was in Thailand. It was OK with me……I had an opportunity to
> talk with people and I learned the language as well as life
> styles from them. I enjoyed the work. I experienced more things
> from hanging with friends outside and that was useful for me as
> I knew how to adjust in this country.
> [1081:0108-0112]

<u>Informal networking</u> Many older immigrants mentioned
that informal networking was very useful to them from the
beginning. However, there were some disadvantages to
informal networking, as well. For example, since
gatherings often involved only Thais, the language used
was predominately Thai. As a consequence, the
participants had less chance to practice English and to
become familiar with the American culture and social
system. Those who spent lots of time participating in the
Thai community seemed to take more time to learn the host
system than those who were immersed in American culture.

> ·Having friends from Thailand was great for us as we all missed
> our original country and other things in the home land. ......
> However, there was a down-side of this sort of getting together
> as we got less and less chance or even .....never had a chance to
> practice English. Our poor English was still the same...even
> worse as we got closer to the group, some of us, developed bad
> habits such as playing cards, gambling and others."
> [1141:0460-0470]

<u>Semi-formal and formal networking</u> An immigrant
learns the host system through official and semi-official
contact with organizations and institutions as members of
professions and as volunteers.

> ·I have lots of friends from various occupations and ethnic
> groups since I worked as a salesman and a manager at a Thai
> restaurant. I spent sometime with friends and helped them out
> with many things. I am easy going and I love to help people. As
> a consequence, I also learned more from them.....The more I hung
> out with them, the more I knew the host country and its system.
> Many times, I used the information and skills I've learned from
> those experiences to help persons in the Thai community. I
> became to be more accepted among Thais [Pen-Poo-Kwaang-Kwaang]
> [laugh]. I got respect from most Thais in this community.
> [1162:0055-0068]

## Looking for role models

Looking for role models involves participant
observation through social interactions and learning from
others' experiences. It helps in the search for
successful ways immigrants can use to guide their living
patterns and to survive in the host country. Many
immigrants actively interact with others, often exploring
their New World by quietly spending time watching and
observing others in various situations, while they
perform activities of daily life, and while they are in
social interactions. The lessons learned from those other
persons and the environment are useful in forming their
own life styles. Role models were useful to them in
various situations.

> "……When we got together sometime, for example, they told me how
> they set up an elderly group and that they could have funding
> support from the city. Then, I thought, we should gather the
> elderly Thais in this country and do some useful things
> together. That would help both Thais elders here and the
> city……Yes, as I hung in there for a while with those people,
> I've learned a lot from them……" [1162:0080-0088]

> "Working as a baby sitter is useful as I've learned how they
> rear children, how they discipline children in their [American]
> ways. I enjoyed the work as I could make money while I learned
> ways of life from those people I contacted. I always got both
> good and bad examples from people around. These things are
> useful…" [1081:0226-0235]

### *Enlisting a Broker*

"Enlisting a Broker" is defined as recruiting or
using another person, such as a family member who is an

insider to the host country, as a mediator to provide
help and reassure in the new land.

Having someone in the family who is an "*insider*" of
the system, a native born in American society, is
extremely helpful to elderly immigrants. Without a broker,
elders are more vulnerable and have more difficulty. The
participants described various kinds of help they received
from their brokers, including financial support, food and
accommodations; jobs; essential skills training; and
consultation with problems. The following are data related
to the use of brokers.

> "When I first came here, I didn't have a job and earned no
> money at all…My husband's elder sister helped me to find a job.
> Without her help, I couldn't have survived from the beginning."
> [1041:0040-0045]

> "No..no..no. I don't need to do it at all. I have my husband do
> all the things for me. Everything, he has done every thing for
> me. I'm fortunate to have my husband taking care of me. It's
> such a blessing. Whenever I need to do things like that, he
> would take care of them for me. For example, when I had health
> problems, he would call and make appointments. I always thank
> God for such a blessing. Saa-Too, I always say. How lucky I am!
> He's such a blessing. [1021:0458-0467]

> "……..I cannot communicate, I cannot speak English. Without my
> daughter and her family who always take good care of me, I
> wouldn't be here. I would have gone back to Thailand already
> [laugh again]." [1031:0035-0039]

Based on the data in this study, elders learned the
system more easily when they had help from their family or
another broker. Many said a family member was a main
resource during resettlement. Family helped them learn

various patterns of social interaction and also were role models for getting into the host system.

Some elders came to the U.S. without relatives to give them support. In these cases, things were more difficult as they felt vulnerable until they were able to understand the host system or found sources of support.

> "It was so difficult when I first came here without any supporter. I was so stressed with every thing from daily life activities to important issues about which I needed to make decision. I almost gave up and returned home. …All by myself until I knew him, my husband, who offered help and support." [1081:0150-0162]

There are, however, disadvantages of having a broker. When immigrants get assistance from their brokers, they gradually become more dependent on them. The more immigrants obtain help from their brokers, the less they expose themselves to the new system and its people. As a result, they are not able to stand on their own feet and, instead, grow more dependent on their helpers. Some aging immigrants addressed their dependent situations as another kind of struggle, which inhibited and slowed them from getting established in the host country. In addition, there were some participants who addressed the issue of "being under control" as it related to "enlisting a broker" as well. Their husbands never encouraged them to do things by themselves, such as driving or socialing, and

they later realized that their husbands wished them to be
dependent and kept under their control.

*Knowing the system*

At the end of this initial phase, the elders come to
*know the system* which involves *understanding differences*
and *knowing available resources.* As a result, they can
access services when needed.

Once elderly immigrants learn the system, they have a
knowledge of the host system as a basis for dealing with
it in the future. The immigrants who understand the host
system feel more comfortable about managing their own
lives. For example,

> "It took me and my family a long while to learn how to get
> along with others in this country… For example, when we moved
> to this community, we never knew how to act or express
> ourselves when they got together in our neighborhood. We didn't
> want to show off, however, we needed to let them know we wanted
> to cooperate with them. We didn't like it when someone looked
> down on us and acted like we were from Mars and didn't know the
> culture. Now we feel more comfortable and are content. We do
> whatever we need to do. I never hang around with them because I
> don't like it, but I'll cooperate in whatever they do in the
> neighborhood. I'll send something, like Thai food, when they
> have a party. We're OK now. I feel fine. Here is my home."
> [1062:0120-0135]

> ‛Living in this country is not easy, however, it is not too
> difficult. You need to learn many things, the rules, the
> system, the laws and so forth. However, once you know it, you
> can live with it. You're fine [Sa-Bye]. They have good system.
> [1111:0100-0115]

Understanding the Differences includes the ability
to comprehend the rational and perceive social
interaction in a logical manner.  As they understand

differences, immigrants feel more at ease and certain in daily life. This understanding is developed and validated over time as immigrants are exposed to the host system.

> "The longer I live here, the more I feel at ease with interacting with American people. I developed more understanding of their customs and systems as I learned from various things…I've come to the point that I know what they are like…what they think, the way they act. And I have less stress interacting with them. I've learned more about how to interpret things in the same way as they do. Even though things cannot possibly change to the way I want them to be…It's still OK for me." [1151:0130-0140]

One participant addressed that after she learned more about American customs and realized the differences in social expression, values, and life style, she felt more certain and more comfortable socializing with people. As a result, she felt it was easier than before to hang out with friends and she gained a larger (informal) social network.

> ·I have friends, American friends. I've learned that Americans are usually straight forward. When they get irritated and get angry,…boom. That's the way they express their anger and that's it. Two days later, that anger is all gone. They forget it really quickly. This is different than Thais. Many Thais hesitate to express their emotion. Just hold it……" [1021:0367-0362]

> "As I spent more times with friends, I've learned more from them. Currently, I understand what they are trying to tell me from their manners and I feel more comfortable to hang around with them……with more activities such as playing games and things like that…I understand them more and get used to the customs." [1032: 0140-0150]

<u>Knowing available resources</u> includes awareness of

essential information and feeling certain about the

ability to obtain access to selective resources when

problems occur or help is needed in daily life.

> ·Life style in America is much more convenient than in
> Thailand. Here, everything is taken care of easier than in
> Thailand, from illness to food preparation. You just need to
> know how to access them..how to use them. Once you've learned,
> you're forever getting into it. It's so convenient. [Sa-baay]"
> [1011:0335:0338]

Many elders addressed the difficulty of understanding

and accessing the health care delivery services system,

which was more complicated than in their original country,

Thailand.  Some difficult areas were health insurance

coverage and related documents, making appointments with

physicians, and accessing emergency and general health

care services. However, when they obtained more

information and had a "connection" with the system, they

felt more secure.

> "Even though I live alone, now I know what to do if I have
> emergency or a suddent illness. I would call 911 and I have
> my information to tell them about my doctor and the hospital
> I am eligible. That's make me feel more comfortable with my
> daily life. I don't worry about anything." [1032:0110-0118]

> "[Information about] Health insurance is so complicated and
> I never got it down right. But I have a consultant and that
> make me feel at ease with it. Now I don't worry about it
> that much any more......." [1082:0150-0155]

Some participants who came to the U.S. married

Americans who worked in the Military and Air Force were

eligible for the Military and Airforce Health Services.

Also some were eligible for Medicare and Medicaid. The

information and knowledge about their health services and

its accessibility reassured them and made them feel

secure and comfortable. In addition, knowing of available

resources facilitated aging participants to consider

health promotion services such as health screening and

annual physical checking up.

> ·.....now I've learned that I get Medicare covered whenever
> I get ill. I also have Military Health Service in the Base.
> Whenever we have a health problem we can go there, for some
> problems, they would refer to an outside agency for a
> specialist. These are helpful for us" [1011:0098-0103]

> "Since, we knew of health services available for us at the
> [military] base, my friends and I have been considering of
> having an annual checking up as we are now getting older.
> [1014:0120-0125]

Some participants searched for available resources

related to their religious beliefs and original values,

culture and beliefs system in hope that the resources

would give them spiritual support and allow them to

continue their religious practice.

> ·Currently, there are many [Buddhist] temples in America.
> I already visited and made merit [Taam-boon] at many temples.
> The one that I went to and met with you last time was the new
> temple. There is another one in this town and also the bigger
> one in Pheonix, which is good and I usually go there as well."
> [1011:0249-0254]

It is essential for new immigrants to be

knowledgeable about the host system in order to obtain

appropriate support from available resource. Many

immigrants, particularly the elderly who have more

limitations than those who are younger, are more

vulnerable to difficulties, and are isolated from

available health care as well as other services.

Understanding the host system and knowing available

resources prevents immigrants from difficulties and

enhances their opportunities to be fully integrated into

the host system. The next section Phase 2 of the

theoretical model, Becoming Self-Empowered, will be

discussed.

Phase 2: Becoming Self-Empowered

The next stage, *Becoming self-empowered"* is defined

as a process through which elders recognize their own

internal and external abilities and resources, to

overcome difficulties in the host system. The facets and

relationships among the facets within Phase 2 are

illustrated in Figure 4.4.

Elderly immigrants use various strategies and social

interaction processes to achieve self-empowerment. The

strategies and social interactions can be active or

passive. Some involve others and some are done

independently. Subcategories in this phase include self-

organizing, letting go, being/keeping connected, having

Figure 4.4: Phase 2 Becoming Self-empowered

**Phase 2: Becoming Self-empowered**
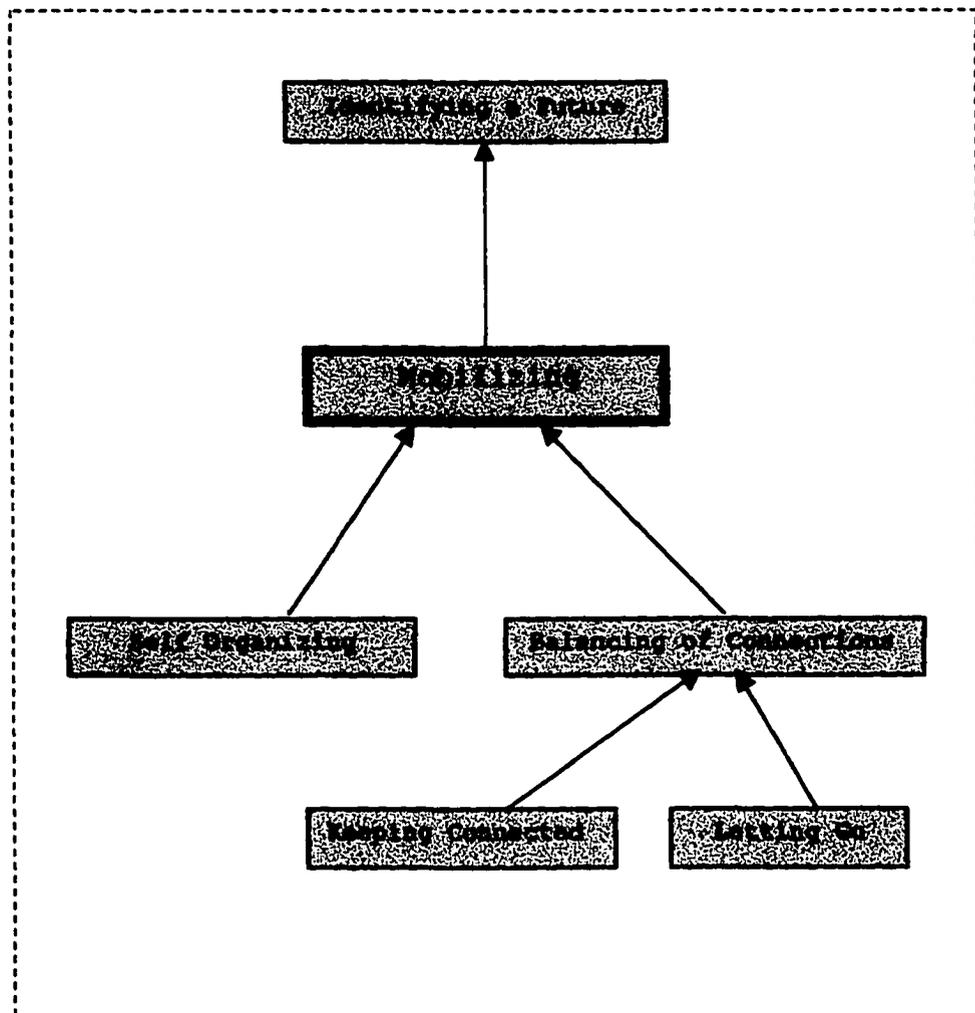
strategies toward living and having a future plan for their life.

Once aging immigrants become self-empowered, they experience more confidence and competence to express themselves in a more determined manner and make decisions about health and well-being. Self-empowerment is evidenced by "having strategies" and "having a future plan for their lives". Each aspect will be discussed with more details in the next section.

*Self organizing*

"Self-organizing" is defined as a strategic cognitive process aging immigrants use to (re)arrange or to (re) formulate a (new) perspective of self in the host country. Self, as a harmonized whole, consists of interdependent parts of knowledge, ability, and skills learned during Phase 1. By organizing or harmonizing self, the elderly obtains more self-confidence in physical, psychological, and social competence through new perspectives and abilities to manipulate their lives in the host system. Patterns for self-organizing are unique and highly individualized.

Self-organizing is strongly influenced by religious beliefs and spirituality. Many Thai elders benefit from their background as Buddhists in approaching self-organization. They practice meditation, and praying, both

individually and as a group through participation in activities at the Buddhist temple. Some elders also spend time reading Thamma (Buddha's teaching) and other religious books. From these religious activities, Thai elders find peace of mind and gain more intellectual thought and wisdom about daily life activities.

Not all Thais are Buddhists. For example, one participant was Muslim and she practiced religion by praying and doing individual worship regularly at home every day. She always presented cheerfully in volunteer groups and various activities.

Immigrants need to organize their worlds in order to clearly see what is missing and to manage their lives in a better way. Self-organizing leads to personal growth. Self-organizing involves various activities, from simple to complex, from internal to external, including self-exploring, self critiquing, comparing self with others, practicing religion and reaching out to spirituality to find peace of mind, transformation and ease in suffering (Taam-jai-hai-sa-ngoab).

One participant, who had undergone the critical life junctions of divorce and financial change, spoke of her experiences. She initiated self-organization by reading religious and intellectual, mind-related books. Concentrating on the book contents made her calm and

released her anger and sorrow. When her mind was at

peace, she thought in a more positive way about herself

and others, including her ex-husband. She decided to let

go of suffering and forgave him for the things he did. An

example from data are as follows.

"I had a really hard time with that as I never thought of him
changing in such a way. I totally trusted him and when things
happened ......all at once, I was so discouraged and lost my heart
[Mod-kaam-lung-jai] that I couldn't do anything for a while. As
a consequence, my health was also down. It was getting worse.
High blood pressure, high suger and all...... After that I thought
of returning home to Thailand after living here more than
twenty five years. I went back to my home in Thailand for
almost a year........ My siblings and relatives in Thailand were so
supportive and concerned about me. They never encouraged me to
come back to the U.S. again. However, after I stayed there
...less than a year, I felt that I needed to come back to the
U.S. again. At the time I was not certain how I could get on my
feet all alone. I just needed to fight back for the sake of my
own life [Tua-Soo Chii-vid]. After I got myself back in
control, I told myself that I really needed to come back and
prove that I could stand upright by myself without his support.
My life in Thailand was OK but I felt I didn't fit in anymore......
During the time in Thailand I visited many [Buddhist] temples,
and places that were said to be good for me. I read lots of
religious and intellectual, mind-related books. I desperately
searched for encouragement and peace of mind. Finally, through
readings and contemplation into my life experiences, I came to
a conclusion that true encouragement [Kaam-lung-jai] existed
within oneself......Now that I feel much better as I am surrounded
by friends and back to work. My health is also back to normal.
Things are in control. I am just right [Po-sa-bai]......These days
I feel at peace and forgive him in every thing he did. I hope
someday he will realize what he has done and find peace for his
own sake. [1081:0220-0245]

One participant's husband suffered from

illness and disability. In facing this difficulty she

realized she had become independent and had developed the

ability to organize and arrange things to meet both her

and her husband's needs. She managed to have her friends

come to help with caregiving when she needed to go

outside for errands and to relax.

> "When I want to go the temple, or do some errands, I have
> to have someone come in to take care of him."
> [1011:0062-0063; 0269-0270]

Another participant who had undergone cancer

treatment told of his experiences and a strong will to

live longer as follow.

> "Since I got diagnosed, I realized that I was near death
> situation. However, I had a strong intention to live because my
> daughter needed me very much. I am the only parent she has.
> That's encourage me to go on with the treatment until now."
> [1062:0130-0148]

*Balancing of Connections*

The next facet, "Balancing of Connections" is also a

strategic process, composed of "letting go" and "being

connected" on a continuum of "connection". This process

was the most common strategy identified in the data that

participants used to adjust and maintain well being in the

new country. "Balancing of connections" depends on a

philosophically grounded perspective. The continuum ranges

from not being connected (also identified from the data as

terminating connections or "letting go") and being fully

connected. Being connected in some way with the old world

was addressed by most participants as a significant facet,

which played an  important role to their spirituality

(Khwaan) and well beings (Kaam-lung-jai). Consciously

deciding whether to keep connections or let go of them was

imperative and vital to many immigrants. "Letting go" and "Being connected" may occur as a conflict or may be complementary with each other.

Letting go involves elderly immigrants consciously deciding not to actively interact with specific situations or events. Two examples are terminating relationships with the family in the original country or giving up their religion. In some cases the decision is forced because the aging immigrant cannot afford to maintain the connection as the knowledge, information, and skills required are beyond their abilities. In some cases keeping connected is too expensive and/or involves too much effort.

According to the data, "letting go" is very common among relocated elders. This strategy may be the result of their limited communication abilities as well as cultural and religious backgrounds that encourage introversion, rather than extroversion as found more commonly among Americans and people from the Western background. Elders from the Eastern world tend to be patient, complaining little, and passive.

Elders let go of many things. For example, they let go of their old ways of life. They also let go of suffering and uncontrollable events--immigrants experience pain and suffering during their transition. Some events

are out of their control. Consciously letting go of these is a strategy they use to become self-empowered. For example, in traditional Thai culture, children are expected to care for their aged parents until their death as a way to pay their parents back (Tob-tan-boon-kun). One participant in this study lost both parents at the very same time without having the opportunity to go back and participate in religious rituals, funeral services and the cremations. Coping with the loss of her parents was the most difficult time in her life. However, sad as she was, she forced herself to let it go and move on with her family and her own life. She also did Tum-boon-u-tit-suan-ku-sol to her parents at Thai temples as well. The religious ritual was a way to compensate her paying back to parents and let go of her grieving. Additionally, by working hard, she maintained her income and decreasing her stressful feelings.

Keeping connected is defined as consciously maintaining physical and socio-cultural linkages with the Old World. This can involve maintaining contact with family and relatives in the country of origin, and continuing to celebrate significant cultural and religious events.

Being an immigrant means being uprooted and losing social support networks, possessions, and meaningful

attachments. This can result in a sense of disequilibrium and uncertainty about the future. To regain equilibrium and maintain control in life within a new context, immigrants fill in the gaps they are missing.

Keeping connections is a strategy most elder immigrants in this study mentioned. Being connected helped raise spirits in some participants and it helped them to have the energy to continue on in daily life. For some participants, having a connection with family in the country of origin provided significant support and helped brighten cloudy days.

There were various ways immigrants used to stay connected including having physical connections; and having spiritual connections by continuing to perform cultural activities and rituals; maintaining religious and cultural practices; and maintaining values. The following are examples from the data.

Physical connections include various patterns, for example, by visiting, calling on the telephone as expressed by following data:

> "To me, I love both Thailand and America. …I have my families in both countries. My kids in Thailand always call me over the weekend. Sometime I also call them. That has made me happy.……
> I also keep in touch with my younger brothers who stayed with my first husband and helped him raise my kids [after I run away from home]." [1021: 0423:0444; 0698:0700]
> "My grown children, grandchildren, nieces and nephews in Thailand told me to take good care of my self so that they could have at least one live elder in our family [smile]…

…They write to me or talk to me on phone sometimes. And also
some of them keep in touch with me through my daughter's
e-mail……We also keep in touch with them by letters and
telephone…sometimes." [1031:0253:0265; 0318:0323]


I visit Thailand sometimes. In 1990, I visited for one month.
Then, in 1993, I visited again, but only for a few weeks as I
was working in the hospital at the time. Some visits were only
a few weeks. However, I still keep in touch. [1011:0127:0131]


I have siblings, older sister and younger brother. They are
coming to visit us this February. My older sister and her
daughter came to visit us in Tucson a few years ago. I took
them to the Grand Canyon. They enjoyed the trip very much, and
then they are coming again this year. [1011:0366:0370]


For me, Thailand, is still like my home. I have my family,
relatives, my brothers, and my sisters over there. … I have
visited Thailand many times. I visited in the past February.
I had a visit for six weeks. [1041:0182:0189]


I call almost every day and some days I call more than three
times. I feel very close to my siblings and relatives
in Thailand. The thing that I really like to do when I feel
lonesome is to make a phone call to my family in Thailand. That
helps me a lot. [1041:0218:0220; 0421:0423]


Spiritual Connections Based on participant

observation, it was seen that in some participants'

houses, there were shrines, and small spirit houses (Saan

phra phum—Jaaw tii, which are  small, special places set

for spiritual practice and spiritual connection, devoted

to religious saints, holy persons, or ancestors).  A

shrine and a spirit house are commonly found in a

prominent place on the property and daily offerings are

made to keep the resident spirit content. This reflects

spiritual connections between human beings and

supranature, which is believed to protect from harm and

unlucky fortune. Having a shrine of the Buddha image and a spirit house is still prevalent in Thai culture as well as in many eastern countries. It is believed that the spirit is like a guardian related to people's illnesses, bad luck or misfortune, and well being. Many Thais believe that, having a Buddha image in a house, as well as wearing a neckless with Buddha image on it, brings them spiritual connection with goodness and protection power.

Another example of spiritual connection is related to religious belief and practice. In this study, many participants included religious practices regularly in their daily life activities in some ways. The activities varied for each individual and depended on their responsibilities in their daily lives. However, keeping up with spiritual connections is essential as it helps them link to resourceful power and enhance peaceful mind, which increases ability to face various life situations.

"I keep on praying every day. I pray many times a day. I feel good to consistently practice my religion. God always takes good care of my family and me. I don't need to go out to worship. That would involve others helping me out, which I don't need. I just do it… I can pray wherever I am. I feel content and am at peace after I have time to talk with me god." [1032:0220:0230]

"I usually go to the [Thai] temple……offering food to monks. For that, not only I do goodness for myself, but in my belief as may other Thais I can also connect with my husband [who passed away many years ago]. I wish him in peace and happiness. Even though he was not a Buddhism, I belief the goodness I did will be passed on to him anyway." [1142:0350:0365]

"To me, other than religious practice, I also feel good when
I meet other Thais at the temple as we are connected with the
same beliefs…" [1012:0250:0255]

Value and Cultural Connections: Aging immigrant in

this study illustrated their connection with the original

value and culture in various patterns.  One participant

expressed her being connected to Thailand as follow:

"When I visited Thailand, the officer at the airport once
asked me, "Are you still not an American citizen?". "For the
others, even though they stay in America only a short time
such as a year or two, they've been an American citizen
already [Pen Fa-rang]." I told him, "Man, we have the same
DAD [King of Thailand]. All Thais have the same DAD. We all
are his subjects. Why do we need to be an American?"
[1021:0437:0443]

Another aging immigrants keep on celebrating Thai

holidays, for example, SONG-KRAN, which was a traditional

New Year's Day and it is currently accepted as a family

day in Thailand as well as a day to pay respect to older

adults in the family. Buddhist holidays were other

occasions that usually found Thai aging immigrants

gathering together for religious activities, which kept

them close to their original customs and enhanced their

spirituality. Another ritual celebrations performed in the

original country, such as weddings, and funerals, there

was gatherings for spiritual practices. In many cases the

place for gathering in such cultural festivals for Thais

in the U.S. was at the Thai temple.

Maintaining relationships and connections to the original country as well as to values and cultural heritage means a lot to the elderly immigrants. This connection influences all aspects of their physical, psychosocial and spiritual health and well being. This fulfillment becomes an important factor contributing to self-empowerment in elderly immigrants. Recognizing one's own ability and the power within moves elderly immigrants from this phase of internal mobility to the next phase, "Combining the Two Worlds".

*Mobilizing*

Mobilizing involves the feelings of being in control and being able to grasp relevant features of the surrounding. Aging immigrants have a strong internal self-assurance and are ready to move on to another phase of life, which may include new roles and activities in the host country.

A story, told by an elderly immigrant in this study, is as follow:

> "At the time when I first moved to live in an apartment, I did not feel certain about living alone. However, my child was so supportive. She was there with me every day…had lunch with me and so forth. She also arranged for an English teacher for me. The teacher told me that I was her oldest student. She was an American. We had a very good time together. I started to be able to communicate with others in the apartment. I could write my own checks…and did things like that. I was trilled and felt more certain about moving on. Gradually, I became more confident about being alone. When my child's family moved to this city, they also helped me arrange for a new apartment

here, which is not far from their place. I regularly had a
visit with them every weekend. I have friends and we did lots
of activities together. Even though my language ability is
still limited, I can do things around here with my friends'
help. I am happy and enjoy my life here." [1032:0380-0395]

*Identifying a Future*

·Indentifying a Future" involves internally forming

an integral intention and consciously planning for

conducting daily life activities to survive and to

continue to maintain health and wellness in the future.

Aging immigrants prepare to move into the next phase of

their lives and to feel certain about selective

interactions with others in the host system. They are

content. The change seems to be satisfactory and they are

much more secure than when they first arrived in the host

country years before.

"My future plan, I think, I will stay here until I die. Here is
my home. Even though I always miss my parents and others in my
family in Thailand, I also have my husband and my children
here. They all need me. And now I know that I can do things for
them as well as for myself. I am much smarter than when I first
arrived in the U.S. many years ago. I can get around and help
my children raise my grandchildren. With this plan in mind, I
am happy and find peace even though once in a while I miss my
home country, those people, and our simple rural life very
much. But…this is a way of life, I think. However, I help those
people as much as possible. I would send money to them
sometimes and I told them everyone was welcome to have a visit
with my family and me here." [1081:0250-0265]

However, not every participant had a future plan when

interview, a few told they didn't have a finalized one but

they felt assured with daily life activities and that

their future plan was coming along. Some aging immigrants

were thinking of returning home at the time of their
retirement and when their children could stand on their
feet.

At this point, some aging participants addressed
about caregiving issue as a reason that facilitated the
idea of returning to their original country when they were
getting older and frail. Few mentioned the awareness of
caregiving patterns in American society that might not fit
with them who came from the different backgrounds with the
care providers and that they felt not certain to live in
the U.S. when they were getting older and were not able to
take care of themselves.

> "I don't think I will be able to live here when I am getting
> older. The people in those nursing homes do not understand us
> Thais or others who were from Asian countries. Our cultures and
> ways of life are a lot different and I don't think the
> activities they set for the elderly in those senior places will
> fit for me. That is why I am thinking to return home [Thailand]
> after retirement rather than continually live here."
> [1062:0210-0220].

> "In Thailand, the children will take care of their folks in
> every thing. They will live close by us. And that is different
> from they do in this country. Children, sometime, live very far
> from their folks. To me, I think, I will be here as long as my
> kids need me. I also have a plan to return home in Thailand. I
> don't worry very much about this issue as I do have choices. I
> can either be here or in Thailand."
> [1014: 0110-0120]

When aging immigrant realize their own abilities and
have a future plan for their life, they feel at ease to
continue on with their daily life. The next section will
be a presentation of Phase 3, Combining the Two Worlds.

Phase 3: Combining the Two Worlds

The final stage of the dynamic theoretical model is
the process of "Combining the Two Worlds", which is
illustrated in Figure 4.5. This phase is the medium
through which aging immigrant integrate or combine
abilities to enact knowledge, beliefs, culture and values
from both the new and original countries to enhance their
health and well-being.

Thai elder immigrants, after adjusting to daily life
in America, adjust to their new lives by integrating
their prior values, and cultural heritage. For example,
one participant spoke of her experiences going through
cancer treatment in the previous three years. She decided
to combine both Western medicine and Thai traditional
medicines as she believed that both would complement each
other. She went through surgery and completed the entire
course of chemotherapy as her American physician
recommended. After that she took a number of traditional
Thai treatments by using herbs and regular meditation.

"Oh, well. I used both modern medicine the doctor at the
hospital gave me and I also had some herbs from Thailand.
One that is really good is HED-LIN-JEU, a kind of mushroom.
It is very popular. I've heard that many wealthy and higher
positioned persons in Thailand also use it. In addition, I
always meditate. There's a friend of mine who told me that
meditation is good and is very helpful for cancer. There's a
folk healer who is really good at meditation and he prayed for
me over there in Thailand once a day. I, myself, simultaneously
meditated and said a pray at the same time as the expert did.

Figure 4.5: Phase3 Combining the Two Worlds

**Phase 3: Combining the Two Worlds**
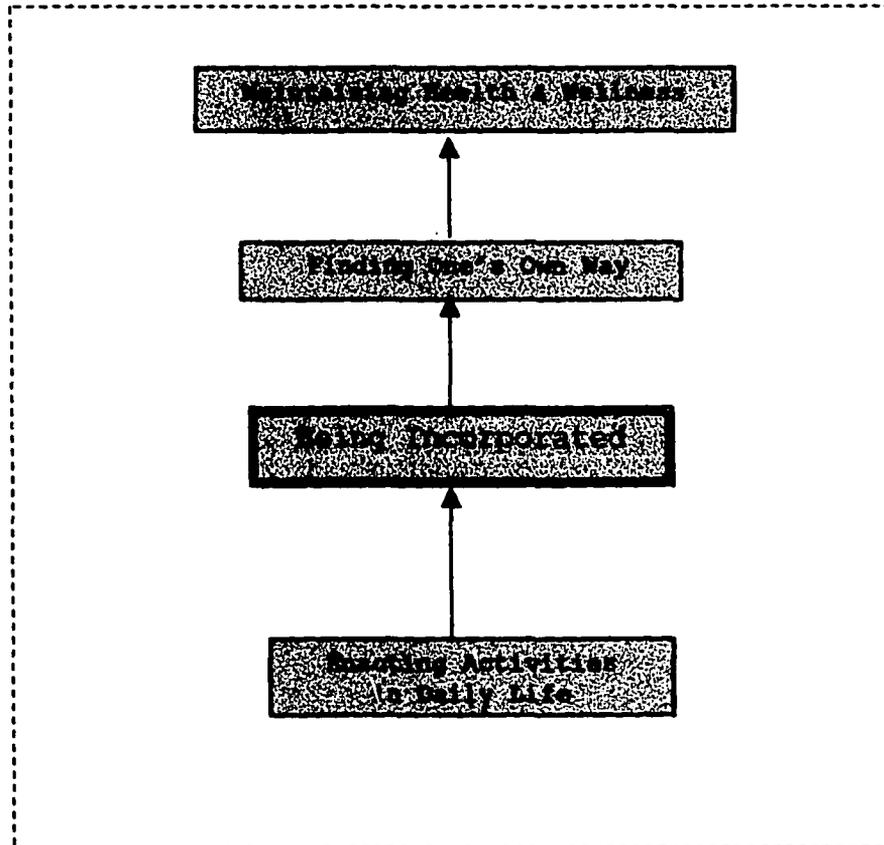
We kept doing this regularly for a couple years. I found it was
great. I felt much better. Until recently when I had an
accident. That just slowed me down. I felt much better than
before since I meditated and prayed every day. It gave me
a more peaceful mind and encouragement." [1012:0110-0130]

*Enacting activities in daily life*

Enacting activities in daily life is evidenced by

the ability of elderly immigrants to control and

appropriately design, perform or adjust their daily life

activities whether they are healthy or have a chronic

illness. Examples are as follows.

One retired participant had chronic arthritis, and

still had worked part time in an American grocery store

for years. She addressed that even though someone might

look at her unskilled job and comment that she had not

achieved or progressed in her work and she was also

living with a painful chronic illness, she was content.

Her satisfaction was in having learned how to live with a

chronic illness while being able to function well at work

almost every day. She earned enough to support herself

and found some time to relax and socialize with friends.

She was happy as she continued her productive life. She

stated her health was in control and was much better than

when she did not work.

·I work only 2-3 hours a day. I stop whenever I want to or
feel pain. It is fine [Sa-by] at this point of my daily life.
Having income and friends for a chat and do the social thing
together…In the afternoon, after work, I often go to the [Thai]

grocery store and have a chat with other Thais, have lunch with
them and then, come home with some Thai food saved for the next
day. This way, I never have to worry about cooking. However,
I always have my favorite food. [1021:0319:0321]

*Being Incorporated*

Being incorporated involves aging immigrants

integrating and combining or fusing selective knowledge,

beliefs, culture, and values from both Western and Eastern

worlds into a workable fit with their individual daily

life patterns. Each individual has a unique approach to

combining living patterns.

> "I and my family live our lives in a very simple way. I keep up
> with both Thai and western styles. Whatever we feel right for
> us and that also fit in this neighborhood, we just do it. In
> our house, our kid does like other Thai kid does in Thailand.
> Speak Thai, and WAI parents [pay respect to parents in Thai
> cultural style]. We cook Thai foods. However, we keep up with
> our neighbor American in their cultural pattern. These are OK.
> We are [accepted as] members in this neighborhood."
> [1052: 0105-0115]

Being incorporated brings aging immigrants a sense of

belonging and a sense of community while they could

continue on their own privileges. As a result, the aged

immigrants feel content and know that they are fitting in

the new home country even though they are different. They

also feel certain to create their own way of life by

corporate the selective assets from the two worlds.

> "Currently, I would say that I am happy. I know that [I was
> accepted as] I am a member of this community. They always
> inform me about activities and what's going on here? And I
> choose whether to participate or not depending on my schedule.
> My friend understands whatever I say. They love me, as I am
> "I". Currently, I am OK with my life." [1032:0150-0160]

*Finding One's Own Way*

"Finding one's own way" is the phase when elderly immigrants feel comfortable and content with their own life patterns and recognize their own abilities to deal with daily life events and maintain health and wellness. Examples of the data are as follows.

> ·Now that I'm OK I feel good. I enjoy living alone…all by myself. And I don't have to depend on my children like in the past. There are lots of things that I can do by myself. I enjoy life. And I also enjoy activities with friends. We go out with the [non-profit community service organization] volunteer once a week to spend time with a group of friends. I participate in every thing…almost every activity they set up in the apartment for us. The manager loves me because I always cooperate. I am always there for them. My friends all love me. I always get a big hug from them. ……However, I still have a regular visit with my children during weekends. [1032:0250-0230]

> "Now, I'll do whatever I want to do. Thai or Fa-rang [American and western] style I don't care, but I do know that it's my own way of living I chose. Both [Thai and American life styles] have good things and they all have reasons why they do this and that. I just pick up ones that fit in with me. I have my own way. I think, by this way, I would live longer and healthier than before." [1162:00080-0090]

One elderly immigrant addressed how she adjusted to food and dietary patterns in American society by sharing and collaborating with her informal social network.

> "When I first came, I did not enjoy [American] food at all. I could eat but enjoyed Thai food much better. However, I didn't mind that much because I could fix food in my own style. At the time (1970s-1980s), we couldn't buy supplies from Thailand as we can nowadays, I and some Thai friends started to grow some plants and herbs like we used in our kitchens in Thailand, for example, lemon-grass, mint, sage, and others. Then, we shared. It was OK. We could enjoy Thai foods and we had supplies for our curries in our own backyards. Now I take them to the Thai grocery and sell them. That way I have other kind of [Thai] foods back home for free [laugh]." [1141:0105-0125]

## Maintaining Health and Wellness

Maintaining Health and Wellness involves the person trying to be in control of their new life by adjusting , within the available resources and reasonable considerations of reality. In addition, adjusting to the New World includes the elders continuing their daily lives using knowledge, beliefs and life styles from both the new and original countries.

## Hypotheses Generated

According to the data presented above, the hypotheses generated are as follows.

1. Elders who lack communication skills and language abilities have more difficulty getting into the system in the new host country than those who do not. The problem of getting into the system affects health and well being of immigrants.

2. Aging immigrants who spend lots of time interacting solely with the original (Thai) community take more time to learn the host system than those who become immersed in the host culture.

3. Aging immigrants who lack language abilities and communication skills are isolated from the main host system and their health and wellness are vulnerable.

4. Aging immigrants with supportive environments better adjust to the host country than those who are surrounded by non-supportive environments.

5. Having an insider-of-the-host-system or broker as a main resource results in more positive health and wellness than not having a broker.

6. The more open the social interaction patterns of the migrated elder, the more successful his/her adjustment to the new life.

7. "Becoming Self-Empowered" is strongly related to religious and spiritual practices as well as cultural beliefs and social values.

8. The more aging immigrants are connected, the more they become empowered and feel confident to move on.

9. Past experiences in lives of aging immigrants have influences in patterns of adjustment to changes and health and wellness maintenance.

10.  Time spent in the host country influences, to some degree, the ability to adjust to new way of life for aging immigrants.


Findings and Research Questions

Research questions proposed as guidelines for setting the scope of this study included: (1) How do the

immigrant Thai elderly perceive health?; (2) What are the impacts of immigration on the Thai elderly?; (3) How do the Thai elderly maintain their health and well being during immigration?; (4) How do the Thai elderly manage to find supports and health services during immigration?; (5) How do the Thai elderly manage their health-related problems during immigration?

Based on the nature of grounded theory approach, it is not uncommon for the model or results of the study to not respond specifically and directly to research questions. The model, however, deals with issues addressed in the research questions if taken together. In addition, each subject told a story about a lifetime of accumulated experience and immigration-related changes that had occurred during the many years of his/her life. None discussed immigration as a self-contained phenomenon that had a specific beginning or end point. Rather, immigration was an experience, not an event. How it was related to health and well being was totally integrated into what had come before and what came after. This dissertation focuses on a selected core category or basic social process extracted from the whole stories of life change experiences of aging Thai immigrants. The selected core category was one of several that were found in the

data. This core category most closely reflects the
experiences elders described that were related to the
proposed research questions.

This study was intended to focus on health and
wellness perspectives of elderly immigrants. Data showed
health and wellness was intimately linked to the everyday
social interactions of aging immigrants, who relocated
from a non-speaking English background to the U.S.
Therefore, rather than responding to each research
question individually this section is organized
thematically. In addition, related literature reviewed
concurrently from the first draft through the
interpretations of the findings is discussed.

*Health and Wellness Perceived by Elderly Immigrants*

According to the data, health and wellness
maintenance was not a central focus of the daily life
activities of these subjects. Rather, health and wellness
was a by-product of 'Discovering a Balance'. For
example, health and wellness occurred when aging
immigrants felt at home, which meant they felt content
and certain about life. Health and wellness was initiated
from within rather than imposed from outside.
'Discovering a Balance' leads to feeling comfortable and
in control. As a result, aging immigrants became

empowered, kept on functioning in their daily life

activities while maintaining health and wellness.

In this study, when asked the question, "What does

being healthy mean to you?", the elders said the meaning

of healthy was related to being functional and was

psychosocially oriented. Additionally, most elderly

immigrants in this study saw themselves as healthy even

though they had some chronic illnesses.

Since, these elders, came from an Eastern

perspective, their social values, beliefs, and culture

about health and healing were somewhat different from

those in the host country system. For example, they

believed in hot and cold foods, and were familiar with

using herbs for common household sickness.

Each elderly immigrant gradually found his/her own

ways for self-care and maintaining health and wellness by

combining knowledge from the two worlds. For example, one

eighty years old participant said that,

> "I would say I am healthy (Kaeng-Raeng). I am also healthier
> than my mom compared to when she was my age. She had many
> chronic illnesses including diabetes mellitus. For me, even
> though I have a little problem with my heart and I am on
> medication every day, I can go everywhere by myself. I am
> always careful about food. I never like those sweet things and
> desert. I eat lots of vegetables every day. I always exercise
> everyday in the morning. I wake up at 5 AM, then, I do the
> stretching exercises in bed. About 350 times a day with arms
> and about 400 times with knees. Look at my muscles, how strong
> they are at my age, right? (show her both upper arm muscles and
> smile proudly). [1031:0166-0172]

The next example was from 63 years old participant who looked much younger than her age.

> "I feel good with my body and health. I am content. I have my own secrets. I think that Thais look younger than others from the Western World. Our skin is good because of our food. We always use various kinds of herbs in our (Thai) food. Those are useful for our body. We have less cholesterol and fat in our food than those in the Western World." [1081:0220-0230]

*Impacts of Immigration on Elders' Health and Wellness*

Immigration can produce conflicts and challenges in life for aging immigrants. In this study, however, even though most participants described migration as difficult and challenging, this did not mean the results were negative. By 'Discovering a Balance' aging immigrants were able to resolve conflicts and problems that occurred in their every day social interactions.

One of the most difficult tasks for aging immigrants during the early years of immigration, was getting-into the system of the host country. Aging immigrants struggled to communicate with others and express their needs. Some were isolated and kept away from social interactions in daily life. As a result, they had a long and difficult time identifying both formal and informal resources they needed.

A number of older immigrants in this study demonstrated a sort of giving up. They gave up on the idea of maintaining health and well being as a first

priority in their daily lives. They were consumed by the various problems and challenges they faced daily. Many older immigrants said they just tried to live day by day during the time after their arrival. While they were in Phase 1, they were not sure how they should deal with the problems. Conflicts occurred in everyday social interactions in the new land. Life was uncertain and health and wellness were vulnerable to various forces. Concern about physical-psycho-social and spiritual health was on hold until they came to know the system.

Language and cultural differences as well as rapidly changing both formal and informal support systems are among the major problems that aging immigrants addressed as barriers to accessing health care delivery system in the host country. As a result, the challenges of adjustment to new home land add health risks and feeling of insecure to them in some degree.

In this study, when aging immigrants undergo the process of learning the system, feel more certain with their abilities, and are ready to move on with life in the host country, they are more at ease. They can solve life problems and have time to focus on their health and wellness maintenance.

*Health-Wellness Maintenance among Elderly Immigrants*

Based on the data in this study, elderly immigrants both intentionally and unintentionally integrated health and wellness maintenance into their daily life activities rather than separately performing them. For example, elders considered improving their quality of lives by including healthy food, drinking lots of water, having regular bowel movement, and keeping up with some exercise daily. Some were consistent with religious practices, which kept them connected to a supra-power which resulted in spiritual well being. None of participants addressed regularly participating in health clubs or health promotion programs. Most participants, particularly women, paid attention to their jobs and caring for family members as their central concerns.

When asked the elderly participants for suggestions and recommendations for improving health services for minority and immigrants, they addressed as follows.

> "I think the health service system in this country is OK. It is very good. But……only if you have (health) insurance coverage. If you don't, you'll be in a big trouble. It is so difficult if you're poor and sick in the different country. You have no one to turn to for help. I wish they would have more services available for the poor and those who are illegible to such a program…those are undocumented." [1161:0206-0215]

> "I, myself, rarely have to visit the physician. As I experienced a couple times, I like the way they treated me. However, I've heard from someone that they experienced discrimination. I don't' think it should happen. Health care providers should be kind to their patients. If you couldn't control yourself to perform in that way, you should go find new job. [1081:0235-0242]

## Summary

This chapter has described the substantive theory of Discovering a Balance. The three phases of the theory, which are Learning the System, Becoming Empowered, and Combining the Two Worlds were explicated. The core category of the theory, the Basic Social Process of Discovering a Balance, was discussed in terms of its properties and was illuminated by examples of data. The theoretical model and Figures were illustrated. The findings in responding to the research questions were presented.

CHAPTER FIVE

DISCUSSION AND RECOMMENDATIONS

A summary of the findings, a substantive theory of "Discovering a Balance", is presented. The discussion of the findings and their integration with related literature are also discussed. Implications for nursing theory, research, and practice, and recommendations for the future study are addressed.


Summary of Findings

*Discovering a Balance*, the basic social psychological process (BSPP) of health and wellness among elderly Thai immigrants, is composed of three phases: *Learning the system, Becoming Self-empowered,* and *Combining the Two Worlds.* The core category of "Discovering a Balance" represents a cyclical and dynamic process that aging immigrants use to gain peace or a steadiness of mind and emotional stability in their lives by using selective knowledge, skills, and resources from both Eastern and Western perspectives. Discovering a Balance is the strategic process that individual aging immigrants use for achieving their life goal. "Balance" is more than "being stable". Balance is a dynamic and intellectual process, which helps individuals move toward

the ultimate goal in life. Balance is manifested internally or externally through mutual relationships between human beings and between human beings and their environments. Based on the data in this study, "Balance" can occur if elderly immigrants are surrounded by strong nurturing environments. The process can be recognized by displaying calm behavior and can reoccur time after time depending on experiences the aging immigrants confront.

The first phase, *Learning the System,* usually begins early in aging immigrants' arrival, or even before arrival in the U.S. Aging immigrants utilize various strategies and techniques to become acquainted with American people and "get in" to American society. Aging immigrants learn the host system through various components of Exploring the new world including Awareness of differences, Struggling with barriers, Testing the water, Socializing and networking and Looking for role models. Aging immigrants also learn the system through recruiting and maintaining relationships with their brokers. Through many experiences in daily life in the new host system, aging immigrants come to Knowing the System, recognize the power of their knowledge about available resources and understanding the differences.

In the first phase, language and communication are

important factors in determines whether or not immigrants learn the system. Aging immigrants with limited language and communication abilities usually face difficulties in understanding the differences and knowing about available resources, which can lead them to become isolated and dependent. Their health and well being are at risk from the beginning in the host country. Knowing the system can help aging immigrants to continually engage in new daily life activities and learn more through new experiences. The process of learning the system can be activated time after time as aging immigrants face new situations or become aware of new things. This learning process is a lifetime experience and is useful as immigrants develop more insight into the system through time.

In this phase, environment is also important. A strong and nurturing environment can facilitate learning the system moving to the next phases in more comfortable ways.

In the phase of learning the system, a broker is an important resource person for an immigrant. An immigrant benefits from a broker in many ways. In many cases, the relationship between an aging immigrant and a broker is reciprocol. However, there are disadvantages to brokers. A few participants indicated their lives were not in

control and they were dependent on their brokers for many things. As a result, they learned the system slower than others who had no broker. Other Asian women, for example, Korean, Cambodian and Vietnamese, whose husbands intentionally control them by not allowing them to be exposed to the host system, also report this phenomenon (Chung & Kagawa-Singer, 1993; Mueke, 1992; and personal communication with a U.S. Army community health nurse).

The second phase, *Becoming Self-empowered,* is an internal process through which aging immigrants recognize their own knowledge and abilities to overcome the difficulties in the host system. With awareness of existing resources and self-competence, aging immigrants come to recognize their abilities and limitations in making choices about how to accommodate their living patterns and maintain health and wellness in the host country. The second phase is activated internally, then transferred into actions and outcomes in the final phase, *Combining the Two Worlds.* It is important that aging immigrants explore and understand themselves. Becoming Self-Empowered is strongly related to religious and spiritual practices as well as cultural beliefs and social values. In many ways just like elderly in Thailand, particularly those who came from rural backgrounds, immigrated elders are bound to religious and

spiritual practices. This may be similar to other non-immigrant elders, who express values for their religious helpful.

In this study, a balance in lives for elderly Thai immigrants usually begins when they find peace of mind. Connections to family, community, and the old world are also important parts of aging immigrants' lives as they result in raising their spirits and well being (Boyle & Counts, 1988; Francese & Kinsella, 1992; Keawkungwal, 1984; Reed, 1989). The more aging immigrants have connections, the more they become empowered and feel confidence. Feeling confident and having connections with situations leads aging immigrants to become mobile and consciously plan their own futures toward maintaining health and wellness by their own ways.

*Combining the Two Worlds,* is the third phase, which is the way each immigrant chooses to live. Actions and approaches in the final phase vary and are different for each immigrant as they are the result of each individual aging immigrant's selective operational approach and strategy for surviving in the host country. An aging immigrant can reach optimal health with a pattern of life satisfaction. The three phases of Discovering a Balance are interconnected and embedded in social interactions in

every day life between aging immigrants and others within
nurturing environments.

The next section focuses on a discussion of the
research findings and their integration with the
literature.

## Discussion of Findings

Regarding the meaning of health, in this study the
elders addressed the meaning of health as related to
being functional and health was psychosocially oriented
rather than absence of illnesses and chronic diseases.
Additionally, the meaning of health as perceived by Thai
elderly immigrants was defined differently from the way
health is sometimes defined by other age groups. This
has implications for both how professionals view health
and how nurses work with minority elders. The result of
this study confirmed the difference of perception of
health between professionals and lay persons (Cambell,
1994; Hatton, 1994; Heidrich, 1998) and reflects how this
difference can cause traditional approaches to health
promotion and disease prevention to be ineffective. Some
other studies (Binney, Estes & Ingman, 1990; Perry &
Erickson, 1993) suggest that defining health in clinical
terms is problematic for elderly people. A purely
clinical approach frames the aging process as a medical
problem at the expense of other social, personal, or

behavioral experiences. Viewing health through this lens

may partially explain why health care professionals do

not perceive older people to be as healthy as older

people perceive themselves to be.  As a result, this

conflict may lead to failures in establishing health

promotion programs for the elderly population (Boyle &

Counts, 1988; Cambell, 1994; Choudhry, 1998; Kaufman,

1996).

The findings in this study were consistent with

other scholars' works. For example, Jensen and Allen

(1993) discuss the relationships among health, wellness,

disease, and illness.  They indicate there are no

universal norms of health; perceptions of health vary

across individuals and cultures.  Since, these elders,

came from an Eastern perspective, their social values,

beliefs, and cultural norms related to health and healing

were somewhat different from those in the host country.

Using traditional health and healing patterns from

Eastern perspectives among the aging immigrants in this

study, paralleled a study among a Thai community in

Sweden (Lundberg, 2000) which presents using of Thai

traditional treatments particularly herbs and other

alternative treatments such as meditation and massage.

The social values, beliefs, and culture toward health and

healing among Thais and those from Eastern backgrounds
were found somewhat different from people in the main
stream countries. However, their health and healing
practices can be considered as complementary to the
modernized system. In addition, the selected Thai health
and healing practices used by the migrated elderly Thais
in this study as well as the Thais in Sweden were similar
and they were shown to be useful while the cost was much
less than the modernized ones. For example, various kinds
of herbs that Thais grew in their backyards for common
household sicknesses and a belief in hot and cold foods,
including some taboo foods. This information is
important for understanding older adults from different
backgrounds in regard to their health and healing
practices. Then, the professional can add essential
information as well as introduce appropriate health
interventions to them. Each elderly immigrant will
benefit more by combining both traditional and modernized
health and healing practices. Elderly immigrants can
benefit by choosing and using the best practices and
resources available to them in both their health and
wellness.

Another issue is the conflict of priority setting
between health and daily life activities. This finding

is congruent with other empirical studies. For example, Muecke (1992) in her literature review on refugees' resettlement in the U.S., identified that few resettled adult refugees were comfortable and fluent with English. Language and cultural differences as well as rapidly changing support systems were among the major problems that caused refugees to become a vulnerable population. Dealing with these problems took precedence our health promotion. As a result, the challenges of adapting to resettlement add health risks and a feeling of insecurity. The findings of this study were congruent with those of Muecke in that in both studies immigrants and refugees expressed that they put their health and lives on hold while they moved from their original country and until they were offered a secure place to resettle.

## Findings and Related Theories

This section discusses the major facets of the substantive theory "Discovering a Balance" in relation to the original conceptual framework for the study. First the theories discussed in this section are based on those theories used as conceptual foundations in the original conceptual framework. The next part addresses other

existing theoretical models that are relevant to the theory of Discovering a Balance.

In the conceptual framework of this study, three major theories were introduced as conceptual foundations for guiding the researcher to understand and explore health and wellness maintenance among elderly Thai immigrants. According to symbolic interactionism, individual human beings are embedded within their environments including their families, communities, and society. These are the media through which symbolic meaning is derived. The immigration experience is a major life transition. Perspectives from existing transition theories, the related theories of acculturation and assimilation, and life span development theory were also useful for sensitizing the investigator in understanding the situational transition of aging immigrants. Based on the data, there was evidence that the originally selected theories were useful for assisting the researcher to uncover the basic social process of "Discovering a Balance". In addition, this section elaborates on how the findings of this study contribute to those theories.

*Symbolic Interaction*

As it is a basis of the grounded theory approach, Social Symbolic Interactionism was adopted in this study

as a guide for understanding life patterns among elderly Thai immigrants, for example, when exploring the symbolic meaning of language and communication barriers to aging immigrants. While many see symbolic interaction theory as very useful, some scholars believe that symbolic interactionism offers what is very much an American perspective on life, society, and the world (Crotty, 1998). Based on experiences in this research study, the researcher found that symbolic interactionism is also useful and practical for investigating life patterns among people from Eastern philosophical backgrounds, such as elderly Thai immigrants.

The Dramaturgical Approach, derived from symbolic interactionism by Erving Goffman (1959; 1961; 1963a; 1963b), is especially useful. It is possible and constructive to view people interacting in their daily life situations through the analogy of a theatre including the concepts of "front-stage" and "back-stage." In this view, all social interaction aims to convince others about who an individual purports to be and what she/he purports to be doing. Using "dramaturgy" as a lens for viewing interaction helped the researcher identify such rituals, personal directives and attempts delineating observed interactions.

Further, insight was gained in understanding the
basic social process of decision making among aging
immigrants. In this study, perspective from the framework
by McCall and Simmons (1976; 1982) was also recognized as
useful. The McCall and Simmons framework of symbolic
interaction consists of four stages including stage 1 the
person defining the situation, stage 2 cognitive process,
stage 3 expressive process, and stage 4 evaluation
process. Considering each phase of the Discovery a
Balance Model separately and moving from cognitive to
expressive levels, helped the researcher better
understand the mechanism of decision making and the
thinking processes of participants. In addition, McCall
and Simmons (1976) consider a broad range of perspectives
in relation to human social interaction including
intrinsic constraints; historical perspective; cultural,
social, and personal boundaries. Thus, from the above
symbolic interaction perspectives, the researcher
unfolded the three phases of the theory of Discovering a
Balance.

*Theories of Transition*

The theory of transition is useful for developing a
basic understanding of immigrants' experiences in the
critical life change of immigration. Transition Theory
addresses four types of transition, which are central

concerns of nursing related to human life change and human responses to change. This study focused on aging immigrants' accumulative experiences and their life long processes, not only those that occurred at the point of immigration. As a result, the theory of Discovering a Balance explored the whole basic social process of health and wellness maintenance of elders experiencing relocation. Discovering a Balance is a theory about health and wellness maintenance. It is a theory that addresses adjustment to life experiences after immigration, and how these aging immigrants survive with positive perceptions regarding health and wellness.

The theory of Discovering a Balance confirms the notion by Meleis et al. (2000) that immigration is a multidimensional and complicated process and that it may consist of more than one type of transition. Immigration, particularly for elders, as was explored in this study, is not only a situational transition. Rather, immigration while aging involves the integration of situational, developmental, and health-illness transitions (Chick & Meleis, 1986; Schumacher & Meleis, 1994). Perspectives from the transition theory were useful for facilitating theoretical sensitivity at the beginning point of this study. Awareness of variables

and their properties addressed in transition theory were useful while continuing the process of theoretical refinement. The findings from this study contribute to additional information to the body of knowledge of transition theory and its relationship to immigration.

Based on the data in this study, immigration is a life impacting process. It is not just an event that occurs within a period of time. With a specific focus on aging immigrants, the study found that all facets of their lives including daily life activities, were involved in the immigration experience. The impacts were concrete and were found in almost every facet of daily life, from buying food and groceries to dealing with health related problems. The knowledge developed from major components of the emerged theory yields more insights and details in understanding elderly immigrants' difficulties and interaction patterns used. The knowledge could be helpful in giving direction for health care providers towards appropriate care for elderly immigrants from Southeast Asia and having a non-English speaking background.

*Acculturation and Assimilation Theories*

Theories related to acculturation and assimilation are addressed in Chapter Two as the conceptual foundation for the study. Studies in relation to immigrants are

commonly related to acculturation and assimilation. Padilla (1992) stated that becoming an immigrant is not about being assimilated. It is not about giving up who you were, but it is about integrating who you were with who you are. As a result, being an immigrant is about integration of the old and new ways of life, which is congruent with what was found in this study. Thai elderly immigrants finally found their own ways of health and wellness maintenance in the host country by incorporating selected knowledge from both old and new worlds. In addition, the theory of Discovering a Balance added new insights about the basic social interaction patterns and facets that immigrants from the Eastern philosophical worldview have using Thailand as an exemplar. Situations faced in their daily lives are in some ways totally missing from the findings in studies based on Westernized and other social backgrounds and worldviews (Chung & Kagawa-Singer, 1993; Cuellar, 1990; DiLorenzo, 1998; Padilla, 1992; Steven & Meleis, 1994). As the number of immigrants from Asian countries is increasing, the contribution to the body of knowledge of immigration from this study is imperative and will increase awareness among health and immigration services related professionals.

*Life Span Developmental Theory*

The life span construct served as a part of the conceptual framework of this study, suggesting examination of the dynamics of both continuity and change within experiences of elderly Thai immigrants. A central research focus was the process of adjustment and maintenance of health and wellness after their relocation. Based on the data, the theory of 'Discovering a Balance' suggests that in order to clearly understand aging immigrants' health and wellness maintenance, it is imperative to view this through life span developmental perspectives in addition to other related perspectives.

Links to Other Related Theories

The findings provide many fascinating insights about aging immigrants who struggle to juxtapose Eastern and Western worldviews. The basic social-psychological process of Discovering a Balance explains why and how non-English speaking elderly immigrants are able to survive in the host country without losing their own identity and cultural heritage. By accommodating the selective choices from their Eastern values, in collaboration with new insights from American society, aging immigrants can maintain health and wellbeing. In

view of the major findings and the originally proposed
conceptual orientation, it is evident that more theories
from nursing perspectives can be considered in explaining
the process of Discovering a Balance at the conceptual
and theoretical constructional level, in addition to
considering clinical nursing implications.

*The Science of Unitary Human Beings*

The Science of Unitary Human Beings (SUHB) a nursing
grand theory by Martha Rogers (1970; 1992), based on
systems theory, views life as an ongoing dynamic process
and has a wholeness perspective which is congruent with
the model of Discovering a Balance. Rogers addresses in
her theory of SUHB that human beings and the environment
are in mutual interaction. Even though, in the SUHB
theory, the term "Balance" may not be used in addressing
relationship patterns between human beings and
environment, by definition in the theory of Discovering a
Balance, balance is a dynamic and ongoing mutual
relationship between person and environment, and not a
static linkage.

Rogers' view of health and model is based on systems
theory and has relevance to the unitary person, and the
results of this study suggest that immigrants'
experiences of health and wellness maintenance could be

viewed from holistic perspectives through social psychological processes. With immigrants, as in Rogers' model, health is not a central concept, although it permeates human life. The complex activities and functions of the person-environment process in discovering positive ways to live and thrive in a new country become the health experience. Therefore, it may be applicable to consider the SUHB as a foundational perspective for understanding elderly immigrants in the complicated life change situation caused by immigration.

*Self-Transcendence*

From SUHB and Development, the findings can be linked to Self-Transcendence. One significant facet found in this study addresses a promising collaborative worldview focusing on the spirituality aspect of health and wellness. Self Organizing as seen in Phase 2, Becoming Empowered, illustrates internally organizing the individual self in order to expand abilities and obtain more capacity to face problems in daily life activities. The internal phenomenon found in this study is similar to an essential human developmental phenomenon reported by Reed (1991), namely "Self-Transcendence".

According to Reed (1991), "Self Transcendence" is derived from the life-span developmental theory and the

human system model's underpinnings in the nursing model
of SUHB. Self-transcendence refers broadly to a
characteristic of *developmental maturity* whereby there is
an *expansion of self-boundaries* and an orientation toward
*broadened life perspectives and purposes*. Self-
transcendence functions as individuals impose conceptual
boundaries on themselves that help define who they are
and provide a sense of connectedness and wholeness. As a
result, it is postulated to be a *resource for healing*
that leads individuals to spiritual well being (Reed,
1991).

Self-transcendence is clearly an internal self-
organization. It is experienced from within, and reaches
out beyond past experiences (critical life junctions) to
a spiritual perspective. Even though the concept of self-
transcendence originated in Western society (Reed, 1991),
its philosophical origins reflect Eastern influences
(Personal communication with Dr. Reed, July, 2001). Self-
transcendence is transcendence of self-centeredness but
keeps ego intact. However, the focus is on enhancing
spirituality and the mind so that one can expand
boundaries to reach out for well-being. This may be
easier for nurses, who have backgrounds different from
aging immigrants, to use the knowledge of self-

transcendence as a bridge between the two cultures with the goal of health and well-being of aging immigrants.

## Implications to Clinical Nursing Practice

Even though the number is increasing, elderly immigrants in the U.S. are not recognized by many sectors in society. This is particularly true for those who come from developing countries and are non-English speaking (Administration on Aging, 2000). According to the findings in this study, simply recognizing the presence of elderly immigrants is not sufficient for understanding the intensity of their struggles with the many barriers and limitations including language and communication and cultural differences.

Nurses can have a profound impact on aging elders and individuals in other age groups because nursing is a practice-based profession. Practice brings nurses close to clients. It is imperative that nurses pay more attention on improving nursing practice and create more nursing innovations that fit with the diversity in society. Currently nurses not only care for sick persons, nurses also play important roles in wellness. In gerontological nursing, health promotion and disease prevention is addressed. Nurturing a state of health and

wellness is increasingly an emphasis of nursing care of elderly, which of course, aims not only to maximize life expectancy, but also to extend function and well being.

Based on data in this study, the suggestions for nursing practice implication are as follows.

*Nurturing Environment*

The results suggest that the basic social psychological process of Discovering a Balance can occur if elderly immigrants are nurtured by an appropriate environment. This raises an important issue concerning how nurses or other health professionals can help elderly immigrants manipulate, organize, or create environments that are helpful and supportive for their adjustment. These are environments that not only cause no harm, but also promote growth (Brooten & Naylor, 1999; Miller, 1991; Phillips & Ayres, 2000; Meleis et al, 2000; Meleis & Trangenstein, 1994).

Based on the data, the essential properties for appropriate and nurturing environments that may suit elderly immigrants from an Eastern developing country like Thailand are simplicity, and order. Simplicity means an environment that is simple and plain, and does not require high technology or complicated knowledge to be accessible. Order means an organized environment that

parallels the unique life styles of the aging immigrants. While there may be differences in preferences for environments based on individual differences, these two properties are fairly universally desirable.

In order to manipulate the external environment to fit elderly immigrants, the findings in Phase 1, learning the system, suggested that a strong nurturing environment should be considered as an essential element of clinical nursing intervention for elderly immigrants. This suggestion is congruent with other studies, which addresses significance of a supportive environment in relating to health and wellness of the elderly (Brooten & Naylor, 1999; Miller, 1991; Phillips & Ayres, 2000; Meleis et al, 2000; Meleis & Trangenstein, 1994). Examples of variables to be considered are language and communication skills, technology, indoor-outdoor setting, social values, and beliefs and cultural life pattern. Nursing implications include those strategies that influence environmental arrangements both at the institutional and community-based levels.

Internal environment encompasses psychological and spiritual well being. Nurse can facilitate promotion of self-transcendence and enhancing a peaceful mind. They can nurture harmony and a supportive environment for

mental health and spiritual satisfaction, as elements of an internally supportive environment.

External environment refers to physical and concrete environments as well as structural environments that include rules, information regarding services, and resources available for elderly immigrants.

Understanding Asian elders' complex immigration experiences and how they manage to maintain health and wellness during migration is imperative for health care providers. Professionals can offer effective, data-based clinical interventions to the elderly during their transitional process. More culturally appropriate health services can lead to improved quality of life and cost savings. For example, elderly immigrants who come from developing countries such as Thailand prefer "high touch" rather than "high tech" and are inclined to be comfortable with mutual environments and personalized services rather than technology-based services such as web-based nursing or telephone nursing.

*Health Education for elderly immigrants*

Within the American social structure of high technology and an information based system, there are huge resources for health education that can be accessible aging citizens. However, immigrant

populations bring new challenges and new demands that
have particularly important implications in the high
technology context of health care services. Every effort
should be made to educate elderly immigrants about
essential information during their transitional process
of migration such as resources available to them. Nurses
with relevant information can take a leading role in
identifying and implementing educational strategies for
elderly immigrants with health related problems.

*Fostering a Sense of Community*

The findings of this study suggest that the process
of migrational transition is multidimensional and
complicated, not easy, especially for the elderly. It is
clear that there is a need for specific interventions
addressing problems of older adult immigrants. Culturally
sensitive interventions may be initiated using various
approaches. However, one significant factor needs to be a
collaboration between key informants from the community
and health providers, to address real problems of Thai
elderly immigrants.

With a sense of community established, elderly
immigrants with peer groups involved are connected to the
main stream society. This results in a healthy
relocation rather than isolation and being at risk or
vulnerable.

*Supportive Network Pattern*

Data from this study clearly illustrate that a supportive network, particularly informal support, assists older immigrants during the migrational transition. Support was described as having someone who would listen and give psychological as well as spiritual support while the older immigrants went through problem-solving. Most elderly immigrants preferred to get their support from close family members or others from their homeland who had experienced a similar life transition. In this way, peer group support is another option for facilitating a health transition into the host system.

Various types and amounts of social support are significant in health and wellness of elderly immigrants (May, 1992; Norbeck, 1981). Many types of formal and informal support were addressed as related to maintaining functional capacity (ref). Being connected represented through social support networks is empowerment to immigrants' health (Jones, & Meleis, 1993; Meleis et al. 2000; Yalom, 1995). However, substantial differences were found in the nature of those effects as well as in the type of support networks. The findings in this study, based on the data, suggest that some social support network patterns are more successful with elderly

immigrants, such as peer group support. Appropriate
supportive networks, both formal and informal, can help
aging immigrants ease the process of resettlement and
support health and wellness maintenance.

*Caregiving for Elderly Immigrants*

One significant issue mentioned in the findings is
related to caregiving patterns for the elderly. Elderly
immigrants from Asian countries have the family value of
care of elders by grown children and the value of
extended family. Many elders from Asian countries, based
on their close family ties, expect that they will receive
caregiving from their own children (Chayovan, Knodel &
Siriboon, 1990a). However, with the younger generation
growing up and adopting life patterns in the U.S., this
may not be the case (Choudhry, 1998; DiLorenzo, 1998;
Hattar-Pollara & Meleis, 1995; Hatton, 1994; Hull, 1979,
Inui, 1998, Keawkungwal, 1984). A caregiving model as
well as nursing innovations for caregiving for non-
English speaking elderly immigrants are needed. This
study has identified a strong need for careful and
continuing research on clinical interventions to support
the special needs of elderly immigrants of non-English-
speaking and Asian cultural background.

Based on the data related to differences of social

values, beliefs, cultural and life patterns, elderly

immigrants tend to need a caregiving model that is

different from one that based Westernized cultural life

patterns. This suggestion is congruent with

recommendation by other scholars such as Johns (1995) and

Phillips and Ayres (1999).

## Recommendations for Future Research

Even though aging immigrants from Thailand are

similar to immigrants from other Asian countries, based

on being non-English speaking and having strong family

values, they come from different sociopolitical

backgrounds. Compared to other Asian countries, Thailand

is democratic, less pluralistic, and primarily Buddhist.

Reasons for immigration are rarely related to forced

dislocation. Rather immigration is usually related to

voluntarily immigration, for example, marriage,

associated with family and relations, education, and job

opportunities. Lessons learned from the elderly Thai

immigrants may not be specifically relevant to other

Asian elderly immigrants. However, this study identified

what might be basic principles for understanding the

immigration experience of aging immigrants regardless of

country of origin. The results from this study, however,

laid down basic guiding principles for care of elderly
Thai immigrants, which can provide the basis for a
comparative study in the future to determine if the
identified process applies to relocated elders in
general.

As there are trends toward more diversity among
minority and immigrants to the U.S., it would be
interesting to consider a comparative study of various
groups of elderly immigrants. The perception of and
ability to adjust to the relocation experiences may be
different in many ways from different groups of elderly
immigrants who relocated from different countries of
origin to the same host country, as each ethnic group has
come to the U.S. under different reasons, and has
different cultural patterns and supportive networks.

Also, the perception of immigration and adjustment
to the relocation experiences may be different, depending
on past life experiences and background of immigrants.
This study suggests that years spent in the host country
might result in differences in ability and competency to
adjust and maintain health and well-being. However, this
study did not separate the sample into groups and
compared differences between groups. Future study may
follow this track and contribute to the body of knowledge

regarding to nursing care for Asian immigrants in more details.

This substantive theory of 'Discovering a Balance' can also be used as a basis for developing a formal theory of health maintenance among elderly immigrants, using the qualitative approach of the grounded theory methodology (Carpenter, 1995; Chenitz, & Swanson, 1986; Glaser, 1978;).

In addition to the above, a quantitative research approach might be considered. The results of this study can be used as a pilot study generating propositions for hypothesis-testing research in relation to the selected nursing theories, to advance nursing knowledge based on the selected theories mentioned in the earlier section. A survey with a larger sample may provide new insights into other aspects of the findings. Issues that may be of interest are: types of personal resources for elderly immigrants, and formal and informal supportive network among elderly immigrants who are non-speaking English background.

However, use of the grounded theory approach was very useful in this study. It helped the researcher to understand the research problem and also discover possible interventions that can be used to address the

problem. By using a grounded theory methodology, a researcher cannot study the phenomenon of interest, the adjustment and maintaining of health and wellness of the elderly Thai immigrants, in isolation from the symbolic meanings of these situations, neglecting how these factors effect the elderly Thai immigrants' action and interactions. Therefore, continued use of this methodology is recommended.

## Summary

Aging immigrants, particularly those from non-English speaking backgrounds, are not broadly acknowledged in the U.S. Even when recognized, they may not be understood, as limited knowledge is available. However, need for health and other services is increasing as the number of aging immigrants is increasing. More consideration and attention are needed in this area.

The relocation experience of an older adult moving to the U.S. was viewed as predominantly challenging for most participants. However, experiences varied and were not totally negative. In fact, the results from this study indicate that the majority was positive, especially when elderly immigrants achieve Discovering a Balance, which supports health.

This study provided results that increase understanding of the relocation process among elderly immigrants moving to a new country. This knowledge may be used to aid the successful transition of an older person from an Eastern, developing, non-English speaking country to a more developed, Westernized and higher technological based country. Research-based interventions for those identified as potentially at risk and vulnerable for health and wellness should support adjustment.

After reviewing the relevant literature, and summarizing characteristics and the circumstances of Thai elderly immigrants during the major life change of migration, suggestions and recommendations for the future research were also addressed in this chapter.

APPENDIX A:

HUMAN SUBJECTS APPROVAL

THE UNIVERSITY OF
# ARIZONA.
HEALTH SCIENCES CENTER

4 November 1999

Orasa Kongtaln, Ph.D. Candidate
c/o Linda Phillips, Ph.D.
College of Nursing
PO BOX 210203

RE:  A GROUNDED THEORY STUDY ON TRANSITIONAL PROCESS AMONG THE
MIGRATED THAI ELDERS

Dear Ms. Kongtaln:

We received documents concerning your above cited project. Regulations published by the U.S.
Department of Health and Human Services [45 CFR Part 46.101(b)(2)] exempt this type of research
from review by our Committee.

Thank you for informing us of your work. If you have any questions concerning the above, please
contact this office.

Sincerely,

David G. Johnson, M.D.
Chairman
Human Subjects Committee

DGJ/js
cc: Departmental/College Review Committee

# The University of Arizona College of Nursing

# MEMO

June 19, 2001

David G. Johnson, M.D.
Chairman
Human Subjects Committee
The University of Arizona
Health Science Center
P.O. Box 245137
Tucson AZ

RE: **A GROUNDED THEORY STUDY ON TRANSITIONAL PROCESS
AMONG THE MIGRATED THAI ELDERS**

Dear Dr. Johnson,

It is necessary that my above cited research project to change its title to
**"DISCOVERING A BALANCE: A GROUNDED THEORY OF HEALTH AND
WELLNESS AMONG THAI ELDERLY IMMIGRANTS".**

There will be no further changes for my research project.

Yours sincerely,

Orasa Kongtaln, M.S.
% Linda R. Phillips, Ph.D.
College of Nursing
P.O. Box 210203

CHANGE IN PROJECT TITLE AS STATED ABOVE
REVIEWED AND APPROVED. IRB FILES CHANGED
TO REFLECT NEW TITLE. NOTE: DATA COLLECTION
COMPLETED; NO CONSENT FORM UPDATE NECESSARY.

Rebecca Dahl, R.N., Ph.D., Director    6/21/01 Date
Human Subjects Protection Program

cc: L.R. Phillips

APPENDIX B:

DISCLAIMER FORM

**UNIVERSITY OF ARIZONA COLLEGE OF NURSING
SUBJECT' S DISCLAIMER FORM**

**A Grounded Theory Study of Transitional Process among Migrated Thai Elders**

You are being asked to voluntarily participate in a study exploring to understand how the Thai elderly perceive their health and well being and how they manage during an extreme life transitional situation of migration. By responding to questions in a semi-structured interview, you will be giving your consent to participate in the study.

The interview will take place in a location convenient for you and will last approximately one to two hours. With your permission, a tape recorder will be used or you will be directly observed. Your identity will not be revealed and your confidentiality will be maintained in all reports of this project. The audiotapes, transcripts will be locked in a cabinet in a secure place.

You may choose not to answer some or all of the questions. Any questions you have will be answered and you may withdraw from the study at any time with no consequences whatsoever. There are no cost or risk to you in participation the study except there may be possible very minor emotional irritation sharing some thoughts and ideas during the interview. However, there will be no harm or danger to you at all.

The overall aim of this study is to help nurses better understanding about your own perception regarding health, well being and aging and how you manage changes during transitional situation of migration.

You can obtain further information from the investigator, Orasa Kongtaln, at (520) 626-6154 or (520) 320-0399. If you have questions concerning your rights as a research subject, You may call the Human Subjects Committee office, The University of Arizona at (520) 626-6721.

Thank you.

_____          _____
Date/ Telephone Number                      Investigator

UNIVERSITY OF ARIZONA COLLEGE OF NURSING

มหาวิทยาลัยอริโซน่า คณะพยาบาลศาสตร์

SUBJECT' S DISCLAIMER FORM

ใบยินยอมให้ความร่วมมือในการศึกษาวิจัย

เรื่องสุขภาพและการปรับตัวของผู้สูงอายุไทยในสหรัฐอเมริกา

ท่านได้รับการขอร้องให้ร่วมมือในการศึกษาวิจัยเกี่ยวกับความคิดเห็นของผู้สูงอายุไทยต่อภาวะสุขภาพและการปรับตัวในการย้าย
ถิ่นมาอาศัยอยู่ในสหรัฐอเมริกา ความร่วมมือของท่านในการศึกษาครั้งนี้คือการตอบคำถามแสดงความคิดเห็นอย่างแท้จริงของ
ท่านในลักษณะเป็นกันเอง ไม่เป็นทางการ ซึ่งผู้วิจัยจะเป็นผู้สัมภาษณ์ท่านด้วยตนเองภายหลังจากที่ท่านได้ตกลงยินยอมให้ความ
ร่วมมือในการศึกษาวิจัยและอนุญาตให้สัมภาษณ์แล้ว

การสัมภาษณ์เพื่อให้ท่านแสดงความคิดเห็นอย่างแท้จริงของท่านดังกล่าวข้างต้นนี้จะเป็นไปตามความสะดวกและจัดขึ้นตามสถาน
ที่ที่ท่านเห็นว่าเหมาะสม การสัมภาษณ์อาจจะใช้เวลา ๑ ถึง ๒ ชั่วโมง หรือตามความสะดวกของท่าน ทั้งนี้ผู้ศึกษาวิจัยขออนุญาต
สังเกตการปฏิบัติตนในชีวิตประจำวันและในสังคม รวมทั้งบันทึกเทปเสียงการให้สัมภาษณ์ของท่านไว้ด้วย อย่างไรก็ตามข้อมูลและ
รายละเอียดต่างๆจะใช้เพื่อเป็นประโยชน์ในการศึกษาวิจัยเท่านั้น จะไม่มีการเปิดเผยชื่อและนามสกุลของท่าน การนำเสนอผลงาน
การศึกษาวิจัยจะดำเนินไปด้วยความเคารพในความเป็นส่วนตัวของท่าน เทปบันทึกเสียงและรายละเอียดการให้สัมภาษณ์ของท่าน
จะได้รับการเก็บรักษาไว้ในที่ปลอดภัย

ในการให้สัมภาษณ์ ท่านอาจเลือกไม่ตอบคำถามใดๆหรือขอถอนตัวระหว่างการให้สัมภาษณ์เมื่อใดก็ได้ ทั้งนี้การกระทำดังกล่าวจะ
ไม่มีผลเสียหายหรือผลกระทบต่อท่านใดๆทั้งสิ้น การให้ร่วมมือแสดงความคิดเห็นของท่านในครั้งนี้ ท่านไม่ต้องเสียค่าใช้จ่ายใดๆ
รวมทั้งไม่มีความเสี่ยงหรืออันตรายใดๆต่อท่าน นอกจากบางท่านอาจจะมีความสะเทือนจิตใจและอารมณ์ในการตอบคำถามบาง
ข้อเกี่ยวกับประสบการณ์ชีวิตบ้าง การยินยอมให้ความร่วมมือต่อการศึกษาวิจัยครั้งนี้ ท่านจะไม่ได้รับอันตรายหรือผลเสียต่อสุขภาพ
ใดๆทั้งสิ้น

การศึกษาวิจัยครั้งนี้มีจุดมุ่งหมายเพื่อให้พยาบาลและผู้ที่เกี่ยวข้องกับการดูแลสุขภาพผู้สูงอายุได้รับความรู้ความเข้าใจที่ดีขึ้นจาก
การรับฟังความคิดเห็นและทัศนะของท่านซึ่งเป็นผู้สูงอายุไทยที่มีประสบการณ์ในการดูแลสุขภาพและการปรับตัวในสหรัฐอเมริกามา
แล้วด้วยตนเอง

ท่านที่สนใจและต้องการทราบรายละเอียดเกี่ยวกับงานศึกษาวิจัยนี้เพิ่มเติม กรุณาติดต่อได้ที่ผู้รับผิดชอบโครงการ นางอรสา กง
ตาล Orasa Kongtaln, (520) 626-6154 or (520) 320-0399. หากท่านมีคำถามหรือต้องการทราบรายละเอียดเกี่ยวกับสิทธิของ
ท่านในฐานะผู้ให้ความร่วมมือต่อการศึกษาวิจัย ท่านอาจติดต่อสอบถามได้ที่ Human Subjects Committee Office, The
University of Arizona, (520) 626-6721.

ขอขอบพระคุณอย่างสูงในความร่วมมือของท่าน

_____          _____
วันเดือนปี/ หมายเลขโทรศัพท์                      ผู้รับผิดชอบโครงการ

APPENDIX C:

DEMOGRAPHIC PROFILE

## DEMOGRAPHIC PROFILE

1. Age: _____ years

2. Gender: _____ (Male or Female)

3. Occupation: _____

4. Religious: _____

5. Number of years of education: _____
   (High School Diploma = 12)

6. How many years have you been in the U.S.?_____

7. Marrital status and relationship with significant
   other: _____

8. Present living arrangement: _____
   1 = Alone
   2 = Spouse/ partner
   3 = Family member (please describe) _____
   4 = Friends
   5 = Others (please describe) _____

9. How would you describe your present health?
   _____and how would you rate your health?
   1 = Poor
   2 = Fair
   3 = Average
   4 = Good
   5 = Excellent

10. What is your major source of support?_____

11. What do you consider your financial status?

    _____
    (1 = insufficient; 2 = sufficient; 3 = oversufficient)

12. How do you spend your free time? (TV, Radio, etc)

13. How would you say about your English (writing,
    reading)? _____

14. Additional information _____

    _____

APPENDIX D:

INTERVIEW GUIDE QUESTIONS

## Interview Guide Questions

*First,* the investigator opened interviews by asking the participants to tell their life-stories and their experiences since they migrated to the US. The following questions were used to initiate participants to tell their stories.

1. Please tell me what life has been like since you migrated to the U.S. and what was it like before ?

2. How has your life changed compared to when you were in Thailand? Think about before you migrated to the U.S., and since you have been in the U.S.? How is it different?

3. How have you adjusted to the changes in your life regarding migration?

4. How much do you feel like other people in this country? Do you feel this is home ?

5. In what ways you feel you belong in the U.S. and in what ways do you feel you do not belong here.

*Second,* the investigator focused more on issues of health- and wellness-related. The following questions were used.

1. Please tell me what and how your health was like before and has been after migration?

2. Please tell me about your health problems, treatments
   and medications you are taking (if any)?

3. How do you maintain health and wellness in your daily
   life? What do you do for your health and wellness? How
   is it similar or different compare to when you were in
   Thailand?

4. What is life like growing old in the new country,
   America ? And how is it same or different with being
   old in your home country ?

   *Next,* the investigator focused on how the

   participants managed during changes of migrational

   process. Trying to discover supportive factors and/or

   barriers that enhanced and/or disrupted their health and

   wellness.

1. In what kind of situation or event (focus on social
   interaction process) that you feel comfortable,
   adjustable, and in control ?

2. In what kind of situation or event that you feel
   uncomfortable, discourage, and difficult to maintain
   health and wellness ?

3. How do you find help and seek for services you need in
   this new country ? Compare to when you were in your
   original country, which is easier and which is more
   difficult? And why ?

*Finally,* the investigator looked for related factors, suggests and recommendations for providing appropriate health services to the migrated elders from their own perspective.

1. By thinking of both socio-environmental and interpersonal contexts, what are the resources and supporting factors to help you maintain health and wellness in daily life?

2. In your opinion (perspective), how would you suggest the professionals to help the migrated elders maintaining their and wellness ?

APPENDIX E:

EXAMPLES OF CATEGORIES AND SUBCATEGORIES

EXAMPLES OF CATEGORIES AND SUBCATEGORIES

Ability to solve problems
Accepting life conditions
Accepting uncertainty
Adjusting to new life
Allow thing to happen
Bargaining for living
Being a hard working
Being alone in the new land
Being corporate
Being flexible
Being healthy
Being dependent/independent
Being marginalized
Being old
Belief in/Connecting with supranature
Bilingual family
Bonding with religion
Bring in resources
Closed family relationship
Comparing life style (e.g.: Thai & American)
Comparing with other
Compromise
Conflict about caregiving patterns
Consequence(s) of critical life change
Consequence(s) of letting go
Considering end-of-life issue
Considering a will
Dare to choose
Devoting to family
Differences impression/awareness of differences
Disappointed marriage
Dislike in America
Early retirement happiness
Economic adjustment
Economical struggle
Eligible/Noneligible to the system
Enlising a broker (husband, child, relative, friend)
Enjoying hobbies
Evaluation one's own life/Self evaluation
Experienced internal/external migrations before
Failure to change
Fear(s) of future
Feel like home
Feeling empowered
Feeling empowerlessness

Feeling freedom
Feeling guilty
Feeling loss
Feeling tired
Following guidance
Forced disconnections
Forced divorced
Forced marriage
Getting in
Giving up
Growing up
Having a strategy
Having a plan/No future plan
Having (some physical) limitation
Having encouragement
Having informal resources
Having main support
Having supportive (formal/informal) network
Having place for escape/self relaxation
Home sick
Hope after uncertainty
Impact of critical life changes?Critical life junctions
Joys of normalcy
Keeping connections
Keeping records
Keeping up with activities/exercise
Knowing of available resources
Knowing the system
Lack of role models
Learning the system
Living with conflicts (e.g. husband, relatives)
Letting go
Life adjustable
Life is so tuff
Life is uncertainty
Life is uncontrollable
Life is undecidable
Life satisfaction in new country
Live day by day
Live simple life
Living with chronic illness
Long-term immigrant
Low (formal) educated
Maintaining normalcy
Management of available resources
Money-oriented
Negative/Positive life experiences

Overwhelming
Living as a professional in America
Putting on the other's shoes
Reasoning
Reliance on support/Being dependent
Running away from home
Seeking acceptance
Self advocacy
Self care
Self encouragement
Self forgiveness
Self observation/exploration
Self pity
Self protection
Sense of belonging
Sense of community
Spiritual connection
Struggling with communication
Struggling with emotional and psychosocial problems
Struggling with language
Struggling with living patterns
Struggling with weather/environments
Struggling with technology
Suffering
Taking side
Testing the water
Thailand is my home
Think critically/positive/negative
Transfering barrier (into supporter)
Trust in GOD
Undecidable
Understanding others
Unescapable situation
Unplanned marriage
Unskilled/low-skilled worker
Upgrading
Use of resources/ Reciprocity

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