

Residential Reasoning in Older Adult Married Dyads: A Phenomenological Study

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Approval Page

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## Abstract

The problem addressed by this qualitative phenomenological study was the unknown subjective lived experience of residential reasoning in older adult couples voluntarily relocating to purpose-built independent living and continuing care retirement communities. The research aimed to expand upon the current theoretical model of residential normalcy. Participants included 6 married couples aged 75 or older who were recruited using purposeful sampling procedures with the assistance of senior living community operators. Semi-structured interviews were conducted with the couples both together and individually to gather rich experiential data. Transcribed interviews and field notes were analyzed using a modified van Kaam method of analysis and Atlas.ti-8 CAQDAS. Results included 6 themes and 10 subthemes including: *The experience of someday*; *The experience of declining capabilities*; *The experience of others*; *The experience of selecting a forever home*; *The experience of letting go of personal possessions*; and *The experience of relief*. Results from the study contribute to current theory and literature by providing a more nuanced understanding of residential reasoning by older adult couples. The outcomes of the study support the basic tenets of the theoretical model of residential normalcy pertaining to individual decision-making. The current theory lacks; however, the incorporation of key aspects of dyadic decision-making found in the study such as collaborative decision-making, gender differences, and personal possession divestment. Additional research is needed to better understand how gender and the divestment of possessions affect subjective appraisals of residential normalcy over time. Those assisting older adults with relocation decision-making and late-life transitions may also benefit from understanding related gendered differences and challenges associated with personal possession divestment.

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## Chapter 1: Introduction

Virtually every government, organization, community, family, and individual will ultimately be affected by what was first described in the 1990s as the impending Age Wave (Dychtwald & Baxter, 2011; Geboy, Diaz Moore, & Smith, 2012). Age Wave, sometimes referred to as the Silver Tsunami (Barusch, 2013), is a marked shift in the demographic landscape largely due to members of the baby boomer generation turning 65 years old at the rate of eight people per second — 10,000 people per day — a phenomenon which is set to persist for the next 15 years (ACL, 2014; Werner, 2011). As the old-old and oldest old segments of the population continue to grow, a better understanding of the issues they face is needed (von Humboldt & Leal, 2015).

One of the most significant factors in the lives of older people is their relationship with their environment (Golant, 2015a, 2015b; Wahl, Iwarsson & Oswald, 2012), and in particular their decisions about whether to live independently at home or in purpose built age-segregated living communities. It involves consideration of the suitability of current and future residential preferences which has been referred to as residential reasoning (Granbom et al., 2014). Residential reasoning involves a future-facing flow of thought and decision-making processes motivated by the prospect of the impending fourth age (Koss & Ekerdt, 2016).

Golant (2011, 2012, 2015a, 2015b), in the theoretical model of residential normalcy, posits that the decision by older people to continue living in their current dwelling as they age or relocate to another home are linked to the subjective assessments of their residential settings and to the strategies they use to cope with their needs and goals. This particular theory on residential reasoning involves the assessment of positive and negative subjective emotions concerning one's environment in two areas: comfort and mastery (Golant, 2011, 2012, 2015a, 2015b; Granbom et

al., 2014). As such, it is expected that when experiencing residential congruency (i.e. within comfort and mastery zones), individuals remain in their current environments, but when experiencing residential incongruence (i.e. outside comfort and mastery zones), they may seek voluntary relocation as a means of regaining residential normalcy (Golant, 2011, 2012, 2015a, 2015b).

The residential reasoning process preceding a relocation decision is often accompanied by ambivalence, as most older adults report a preference to “stay put” (AARP, 2000, 2010), but experience challenges in doing so (Löfqvist et al., 2013). For instance, the home may become too difficult to maintain, mobility issues may present fall risks, and declining health may require additional care needs (Smetcoren et al., 2017). Despite the desire to age in place, there comes a time when older adults begin to evaluate their current and anticipated future circumstances (i.e. residential reasoning) and make decisions as to whether to remain in their current dwelling and associated neighborhood or whether relocation might be preferable or even necessary (Bekhet, Zauszniew & Nakhla, 2009; Golant, 2011, 2012, 2015a, 2015b; Koss & Ekerdt, 2016).

Residential reasoning preceding relocation decisions may be made individually, particularly if individuals are widowed or single, or in collaboration with or consideration of others, such as offspring, professional advisors, or other trusted resources. (Koss & Ekerdt, 2016). Conversely, married couples frequently rely solely on dyadic decision-making within the marital dyad, not seeking opinions or including others except to gather information (Queen, Berg & Lawrence, 2015). This may be due to higher priority life decisions, such as home buying, financial planning, and medical decisions, having consequences for couples in later adulthood (Simpson, Griskevicius & Rothman, 2012).

Studies investigating the residential reasoning process in late adulthood frequently center around individuals as the locus of the decision-making process (Granbom et al., 2014; Koss & Ekerdt, 2016; Smetcoren et al., 2017). This is despite married couples making up a significant proportion of the old-old and oldest-old demographic (ACL, 2014; Werner, 2011). Using the theoretical model of residential normalcy as the guiding framework, this research investigates subjective residential reasoning from the perspective of marital dyads having made voluntary relocations in late adulthood.

### **Statement of the Problem**

The problem addressed by this study was the unknown subjective lived experiences of older adult couples having voluntarily relocated to purpose-built independent living and continuing care retirement communities in late adulthood. The theoretical model of residential normalcy posits that individuals subjectively assess their residential environments and when situated within their residential comfort and mastery zones, they are said to have residential congruence. When incongruently matched with their residential environments; however, they may seek residential normalcy through voluntary relocation (Golant, 2011, 2012, 2015a, 2015b).

Beyond experiencing incongruence in one or more areas of residential comfort and mastery, the theoretical model indicates four conditions which must be met for a voluntary move to occur, including failed attempts at alternative adaptive methods, moving considered as a viable option, the belief that moving will improve the residential experience, and a perception that the move is manageable (Golant, 2015a, 2015b). It is also recognized that deliberations and decisions about housing can be shaped by the context in which deliberations and decisions take place (i.e. relationship status) and that the decision-making process can be extended over a long period of time and be associated with ambivalent thoughts and emotions (Golant, 2015a, 2015b;

Granbom et al., 2014; Koss & Ekerdt, 2016).

This subjective appraisal of residential normalcy and the nuances involved in the process of decision-making in marital dyads preceding voluntary relocations, particularly in the old-old and oldest-old cohorts, remains unknown (Golant, 2011, 2012, 2015b; Koss & Ekerdt, 2016). It is this lack of understanding concerning how marital dyads come to the decision of relocation in late adulthood which stands to render both formal and informal caregivers helpless in attempts to assist in this process. Furthermore, those engaged in marketing and sales within the senior living industry are less likely to be able to create effective solutions catering to this targeted population if elements associated with residential reasoning in this segment remain unknown. Finally, the findings serve to advance the theoretical model of residential normalcy by adding a more nuanced understanding of the means by which older adult marital couples experience residential reasoning.

### **Purpose of the Study**

The purpose of this qualitative phenomenological study was to expand upon the current empirical understanding of the theoretical model of residential normalcy (Golant, 2011, 2015b) by exploring the lived experience of residential reasoning in older marital dyads. Subjects included married couples in the old-old and oldest-old demographic having relocated to purpose-built full service independent living or continuing care retirement communities (CCRC) located in and around the Oklahoma City metropolitan area. Participants were recruited using purposeful sampling procedures with the assistance of senior living community operators within a 20-mile radius of the Oklahoma City metropolitan area.

Semi-structured in-depth interviews were conducted with participants followed by a zig-zag method of constant comparison, whereby data was collected from the field and then analyzed

before returning to the field for additional data until saturation was reached (Boyd, 2011; Creswell, 2013). Each dyad was first interviewed together as a couple, followed by individual interviews privately with each partner to ensure all relevant information had been thoroughly explored. As expected interviews involving both spouses ranged from 30 to 45 minutes each and individual interviews ranged from 10 to 15 minutes each. Saturation was reached with six couples. As an optional member-checking procedure, participants were invited to review the composite invariant themes and descriptions and provide feedback to the researcher. Feedback was provided by three of the participating couples and relevant information was incorporated into the findings section.

Providing a nuanced understanding of the phenomenon of residential reasoning within the context of marital dyads, this phenomenological study contributes to current empirical theoretical understandings of residential normalcy and relocation decision-making in late adulthood. The results of the study also provides formal and informal caregivers and policy-makers with a more holistic understanding of the issues related to older married couples as they consider residential living options.

### **Theoretical/Conceptual Framework**

The guiding framework of the study was Golant's (2011, 2012, 2015a, 2015b) theoretical model of residential normalcy. This model focuses on the decisions preceding a move (Granbom et al., 2014) and is a more recent conceptual model incorporating subjective emotional factors relevant to seeking congruence within the residential environment (Golant, 2015a, 2015b). It was formed in response to the oversimplification of residential reasoning processes of other theories focusing primarily on objective environmental classifications (Golant, 2015a, 2015b). The current theoretical perspective; however, fails to incorporate the nuanced appraisal of residential

normalcy and the complex decision-making process as experienced by married couples in the old-old and oldest-old cohorts.

According to Golant (2015a), voluntary residential relocation is the most strenuous form of coping, occurring only after failed attempts at achieving residential normalcy through both accommodative and assimilative methods. Accommodative strategies are related to mindset, whereas assimilative strategies are action oriented. Golant purports that four conditions must be met for a voluntary move to occur: 1) Alternative adaptive methods have not resulted in residential normalcy, 2) moving is considered a viable option, 3) a belief that moving will improve the residential experience, and 4) a perception that the move is manageable. Residential normalcy indicates experiencing overall favorable subjective emotional appraisals in two areas defined as residential comfort and mastery zones. When situated within their residential comfort zone, older adults are said to reside in a residence that is pleasurable and hassle-free, as well invoking positive memorable feelings. To be in their residential mastery zone, they must feel they have control of and mastery over their residential environment (Golant, 2011, 2015a, 2015b).

Despite Golant's impressive portrayal of relocation in older adulthood, along with a well-articulated theoretical model involving the many physical and psychological complexities inherent in relocation, he allocates merely one page of his more than 400-page book (2015a) to the issue of multiple decision-makers. It is here he briefly acknowledges marital decision-making challenges; however, the two narrative examples given are of couples in their late 50s and early 60s (Golant, 2015a, pg. 107), indicating an apparent lack of interest or understanding in the older married segment. It is therefore the contention of this author that the current theoretical model by Golant is insufficient in its ability to describe the more complex appraisal of residential normalcy

in marital dyads in the old-old and oldest-old cohorts.

An analysis of current literature on residential decision-making verifies the aforementioned gap. Granbom et al. (2014) introduced the term residential reasoning as the process of decision-making whereby individuals assess the subjective factors as outlined in Golant's theoretical model. Koss and Ekerdt (2016) further illustrate that the residential reasoning process is often a collaborative effort, labeling this dyadic approach as 'co-reasoning.' Literature in the discipline of aging and decision-making emphasizes the increased marital collaboration in residential living decision-making in late adulthood (Queen et al., 2015). Despite Golant's statement related to older cohorts being the most affected by relocation issues (Golant, 2011, 2015a, 2015b), the complex nature of decision-making within these segments is not adequately addressed.

It is the aforementioned framework that informed the direction for this research. The study sought to address gaps in current theory related to residential reasoning. As such, the study investigated what residential reasoning is like for older adult couples.

### **Nature of the Study**

To fully explore and document the lived experiences of residential reasoning in marital dyads in the old-old and oldest-old cohorts a qualitative design was most appropriate, allowing the researcher to account for events and processes using inductive methods, grounded in the lived experiences of those having first-hand retrospective knowledge of the topic (Moustakas, 1994). Understanding the phenomenon of residential reasoning in older adult couples could best be accomplished by using a phenomenological approach. In conducting phenomenological research, the goal is to better understand the essence of the lived experience (Moustakas, 1994), more specifically, the primal, lived, prereflective, prepredicative meaning of the experience (van

Manen, 2017), and this could only be done retrospectively. Using constant comparative methods of data analyses, themes were identified from what participants experienced and how they experienced it. Because the goal of a phenomenological study such as this is to explore the eidetic or inceptual meaning structures or aspects that describe the singular meaning of a certain phenomenon or event, in this case, residential reasoning, the identification of themes served as “intermediate reflective tools for phenomenological inquiry and reflective writing” (van Manen, 2017, p. 777) on the topic.

Recruitment of study participants was accomplished through purposive sampling procedures by partnering with local senior living community operators. Every effort was made to include a diverse sampling, nonetheless, little diversity was evident in the resulting sample. Six data sets (marital dyads) were interviewed before saturation was achieved. Data collection involved semi-structured interviews together with each couple followed by individual interviews with each member of the dyad privately. A participant interview guide (Appendix A) was used to open the dialog and forward the conversation, as well as to maintain focus on the phenomenon being investigated.

Descriptions gained through recorded interviews were transcribed verbatim and entered into Atlas.ti-8 computer aided software to better organize the data and categorize commonalities. While organization of the data was computer-aided, considerable time, focused attention, and inductive analyses by the researcher was required.

### **Research Questions**

This phenomenological study of older adult couples living in central Oklahoma addressed the following question:



**RQ1.** How do older adult married dyads perceive and describe their experience of residential reasoning?

### **Significance of the Study**

The interaction between individuals and their environment changes over time, and the experience of old age is profoundly influenced by the physical environment (Wahl, Iwarsson & Oswald, 2012). Nurturing the emotional and physical well-being of older adults requires an understanding of the significance of their residential reasoning efforts and more specifically how this process aids in attempts at gaining or maintaining residential normalcy (Erber, 2013; Golant, 2015a).

How residential options are evaluated will be one of the barometers of success in facing the demographic shift. It is essential that the experiences of older adults, particularly married couples in the old-old and oldest-old cohorts, are understood. A more nuanced understanding of how residential reasoning within the marital bond may impact older adults' attempts at gaining or maintaining residential normalcy also serves to further inform the theoretical model of residential normalcy developed by Golant (2011, 2012, 2015a, 2015b). Furthermore, the research positively contributes to the study of older couples' decision-making processes, expanding on the current understanding of the residential reasoning phenomenon.

### **Definitions of Key Terms**

**Aging-in-place.** The United States Center for Disease Control (CDC) defines aging in place as one's ability to live in their own home and community safely, independently, and comfortably (CDC, 2013; CDC, n.d.). The concept also includes tangible and intangible attachment to neighborhood and social ties (Wiles, Leibing, Guberman, Reeve & Allen, 2011).

**Continuing care retirement communities (CCRCs).** CCRCs offer each level of care including independent, assisted, and nursing, allowing residents to move within the community to the level of care they may need as they require it (Glass & Skinner, 2013; Howe et al., 2013; Marx, Burke, Gaines, Resnick & Parrish, 2011).

**Independent living retirement communities.** Age-segregated communities for those meeting the minimum age requirement of 55 or 62 years. Most communities offer services including transportation, meals, housekeeping, planned activities, and safety features such as emergency call buttons and grab bars in bathrooms. Most are apartment style; however, some may offer detached dwellings near a common community building. Independent residential communities may be standalone or part of a larger building, which includes assisted living, memory care, and nursing care options (Glass & Skinner, 2013; Howe et al., 2013).

**Old-old.** Category of older adults based on chronological age including those persons from 75 to 84 years old (Erber, 2013; von Humboldt & Leal, 2015).

**Oldest-old.** Category of older adults based on chronological age including those persons 85 years and older (Erber, 2013; von Humboldt & Leal, 2015).

**Older adult demographic.** The older adult demographic is categorized into three segments. These segments include the young-old (ages 65-74), old-old (ages 75-84), and the oldest-old (ages 85 and older) (Erber, 2013; von Humboldt & Leal, 2015).

**Residential reasoning.** An ongoing process preceding relocation-related decisions whereby people evaluate their living arrangements (Granbom et al., 2014).

**Residential co-reasoning.** The residential reasoning process involving two or more persons (Koss & Ekerdt, 2016).

## Summary

The purpose of this study was to address research gaps in the theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b). Research has been conducted relative to individual residential reasoning, specifically in the younger-old cohort; however, information about marital dyads, especially those in the old-old and oldest-old segments is lacking (Koss & Ekerdt, 2016). This study explored the lived experiences of older adult married couples related to residential reasoning preceding relocation to independent living or continuing care retirement communities. The lived experiences of residential reasoning were investigated using a qualitative phenomenological approach addressing gaps in current theory related to relocation and decision-making literature. The study took place within the Oklahoma City metropolitan area and included older adult couples over age 75 having recently relocated to independent living and continuing care retirement communities. Rich experiential data was gathered through semi-structured interviews until saturation was achieved. Recorded interviews were transcribed and organized using computer aided software. Data was synthesized by developing textural-structural descriptions from which composites of meanings and essences of the experience emerged (Moustakas, 1994; van Manen, 2017). The study contributes to current theory by providing a more nuanced understanding of residential reasoning by older adult couples not currently addressed in the literature.

## Chapter 2: Literature Review

This phenomenological study focused on married dyads in the old-old and oldest-old cohorts who recently relocated to purpose-built continuing care or independent living retirement communities. The aim of the research was to expand upon the current theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b) by gaining a more nuanced understanding of the residential reasoning experience of older adults, particularly married couples.

Providing a basis for the study, the following literature review addresses current research into residential relocation in late adulthood. It outlines relevant theoretical models and discusses the rationale for selecting the theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b) as the framework for the study. The review further examines current research into issues associated with housing an aging population, challenges within aging in place research, strategies for aging in place, and senior living options, as well as residential reasoning processes for individuals and married couples and relocation adjustment.

The literature review study was conducted over a 5-year period. It included the use of various online search tools, such as *ScienceDirect*, *ProQuest*, *ERIC*, *EBSCOhost*, *SAGE Journals Online*, and *Google Scholar*. Some journals, such as recent issues of *Gerontologist*, were accessed directly through the publisher's website. Additional research included review of printed books, online publications, and published dissertations. Results were primarily limited to peer-reviewed scholarly articles published during the last five years; however, older studies and seminal works were included if relevant to the material. Search terms included the following: "residential relocation",

“transition”, “older adult”, “elderly”, “aging couples”, “aging in place”, “age-related housing”, “housing options”, “housing for older people”, “senior housing”, “senior living”, “retirement communities”, “retirement villages”, “decision making”, “marital dyad”, “older couples”, “assisted living”, “continuing care retirement communities”, “collaborative coping”, “collaborative cognition”, “dyadic decision making”, “communication”, “residential normalcy”, “residential reasoning”, “housing choice”, “residential satisfaction”, “environmental press”, and “residential downsizing”. Various combinations of the search terms were utilized.

### **Theoretical/Conceptual Framework**

The guiding theoretical framework for the study was the theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b). Focusing on the residential decision-making process, also referred to by other researchers as residential reasoning (Granbom et al., 2014), this holistic theoretical model encompasses both objective considerations and subjective emotional factors. Golant (2011) states that the theoretical model was formed in response to the oversimplification of residential reasoning processes outlined in the literature, with most singularly focused on objective factors.

According to this theoretical model, experiencing overall favorable subjective emotional appraisals in two areas, namely residential comfort and residential mastery zones, is indicative of residential normalcy (Golant, 2011, 2012, 2015a, 2015b). Being in one’s residential comfort zone means residing in a place that is pleasurable, hassle-free, and that evokes positive memorable feelings. Being in one’s residential mastery zone means that one enjoys a sense of control over one’s residential environment. The sense of whether or not someone is in his or her respective comfort and/or mastery zone relies on subjective assessment. The residential normalcy

theory further posits that when older adults experience congruency in their residential environment (i.e. living within both their residential comfort and mastery zones), relocation is not considered necessary. Conversely, when they experience a sense of incongruency with their residential environment (i.e. they feel that they are outside one or both of the zones), they may elect to relocate, but only after subjectively appraising the efficacy of such an adaptation (Golant, 2011, 2012, 2015a, 2015b).

Residential relocation is considered the most difficult coping method used for gaining residential normalcy (Golant, 2011, 2012, 2015a, 2015b), and occurs only after failed attempts at achieving residential normalcy through use of both accommodative and assimilative strategies. Accommodative strategies are related to mindset, whereas assimilative strategies are action-oriented (Golant, 2011, 2015b; Heckhausen & Brim, 1997; Heckhausen, Wrosch & Schulz, 2010). To achieve residential normalcy through relocation, Golant (2015a, 2015b) further purports four conditions which must be met before older adults will attempt a move: (a) Alternative adaptive methods have not resulted in residential normalcy; (b) Moving is considered a viable option; (c) There is a belief that moving will improve the residential experience; and (d) There is a perception that the move is manageable. This complex evaluative process involves the exploration of available residential options, an assessment of resources available to complete relocation tasks, and the perceived ability to successfully physically and emotionally tolerate the relocation (Ekerdt & Baker, 2014; Ewen & Chahal, 2013; Gould, Dupuis-Blanchard, Villalon, Simard & Ethier, 2017; Perry & Thiels, 2016; Portacolone & Halpern, 2016).

Underlying Golant's theoretical model is an interactionist worldview (Wahl & Weisman, 2003) whereby "personal qualities and behaviors, subjectively interpreted environmental attributes, and psychological processes, both independently and in interaction with each other,

are construed as causal influences of a set of individually experienced outcomes” (Golant, 1998, p. 36). Thus the model is formulated around the constructs of competence, control, and environmental mastery (Golant, 2011, 2012, 2015a, 2015b). In an expansion of his original theoretical model, Golant underscores the complexity of the real-world decision-making process for older adults, noting that investigations of this process are rendered more challenging by the involvement of multiple decision-makers; relationships; coping repertoires; and secondary appraisal processes (Golant, 2015a, 2015b). This is supported by recent research on collaborative decision-making associated with residential relocation (Addington & Ekerdt, 2014; Perry & Thiels, 2016; Queen et al., 2015).

Residential reasoning is not only a complex process, but it changes due to the way older adults employ environmental experience, their attempts to maintain or regain residential normalcy through various coping strategies as health declines, attempts to manage attachment to place, and ambivalence associated with end of life issues (Egbert, Child, Mei-Chen, Savery & Bosley, 2017; Golant, 2015b; Granbom et al., 2014; Löfqvist et al., 2013). When individuals are generally in good health and are able to effectively adapt to changes in health and physical abilities, they will make attempts to modify their environment, optimizing and compensating in response to such changes (Baltes & Baltes, 1990; Golant, 2011; Golant, 2015b; Granbom et al., 2014; Lindquist et al., 2016). This complex and ongoing process of assessment and adaptation is done voluntarily and characterized by assertion of personal agency and attempts at maintaining environmental control (Gerstorff et al., 2014; Mallers, Claver & Lares, 2014; Söderberg, Ståhl & Melin Emilsson, 2012). Granbom et al. (2014) suggests that the theory of residential normalcy is less relevant when moves are made reactively due to health crises or other events not allowing individuals the opportunity to contemplate such residential changes, therefore, not following the

same considerations as those making more proactive moves.

Supporting Golant's (2011, 2012, 2015a, 2015b) theoretical model, older adults are said to evaluate current and future environmental challenges and solutions during the process of residential reasoning (Bekhet et al., 2009; Ewen & Chahal, 2013; Herbers, Mulder & Mòdenes, 2014). Furthermore, the maintenance of self-identity is suggested as being more important in residential reasoning processes than are objective criteria (Golant, 2003; Oswald & Kaspar, 2012; Peace, Holland & Kellaheer, 2011). Nearly a decade prior to the current version of the theoretical model of residential normalcy, Golant (2003) argued that residential options are evaluated not on the basis of objective criteria, but rather on the subjective relationship between past experiences and future expectations. Older adults attempting to maintain residential normalcy will approach the most appropriate residential strategic response in a process. This process identified by Peace, Holland and Kellaheer (2011) as 'option recognition,' leads to a range of strategic responses and results from an individual's failed attempts at maintaining wellbeing and independence in their current environment (Gould et al., 2017; Lindquist et al., 2016; Oswald & Kaspar, 2012). Strategies may be assimilative, accommodative, or a combination of both (Avery, Barber, Derstine & Licon, 2016; Golant, 2015a, 2015b; Granbom et al., 2014; Mackenzie, Currier & Byles, 2015) and may include: "modification of behavior or environment; structural support using formal and informal resources; and relocation" (Peace et al, 2011, p. 734).

Anticipation of the fourth age also impacts third-age residential reasoning and is evident in two distinctive categories of reasoners, including preemptive and contingent (Koss & Ekerdt, 2016). Preemptive residential reasoning involves early relocation to a residence where individuals perceive they will be able to remain despite possible age-related functional decline.



Consistent with the theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b), preemptive reasoners are concerned with topics of control, competency, and mastery over their current environment (Koss & Ekerdt, 2016), therefore such relocations are made under generally favorable conditions, including good overall health and well-being and a positive outlook toward the benefits of the new residence (Koss & Ekerdt, 2016; Marx et al., 2011). Conversely, contingent reasoners have made or considered plans for possible future relocation in the event of residential incongruence (Golant, 2011, 2012, 2015a, 2015b). The thought of such a move is often accompanied by ambivalence, a lack of planning, and a sense of dread associated with the potential of decreased functioning or ill health rendering them unable to maintain their home or care for themselves. This is consistent with similar research associated with aging in place (Gould et al., 2017; Granbom et al., 2014), as well as relocation literature involving both voluntary and involuntary moves (Gould et al., 2017; Nallétamby & Ogg, 2014; Pope & Kang, 2010).

While infrequently addressed in the literature, an increased complexity in residential reasoning processes exists related to multiple decision makers (Hillcoat-Nallétamby & Ogg, 2014; Koss & Ekerdt, 2016; Luborsky, Lysack & VanNuil, 2011; Peace et al., 2011). Relocation studies; however, typically address findings related only to individual perspectives (Peace et al., 2011; Queen et al., 2015). Illustrating the need for additional research incorporating the views of married dyads, Koss and Ekerdt (2016) report findings whereby narrative accounts of married individuals, while interviewed separately, provided responses in the first person plural tense. The authors emphasize the need for more research on this decision-making style, which they define as ‘residential co-reasoning,’ a collaborative style of decision-making that is conducted with and in consideration of others. This sentiment corresponds with other qualitative research on

residential reasoning (Egbert et al., 2017; Morgan & Kunkel, 2016; Perry, 2014; Perry & Thiels, 2016) finding that relocation decisions are often influenced by significant others. The understanding of residential co-reasoning among the old-old and oldest-old segments appears to be otherwise lacking in existing discussions of the theoretical model of residential normalcy and residential reasoning.

As previously stated, other aging and elderly migration theories concerning residential normalcy and relocation have adopted a more simplified transactional approach, lacking an emphasis on the affective constructs of residential reasoning (Golant, 2015a). Litwak and Longino's (1987) migration theory is an example of one such conceptual framework. One of the most cited works in the relocation and environmental gerontology disciplines; it argues that there are three possible moves following retirement. The first move, which usually takes place shortly after retirement, involves an attraction to residential amenities. The second move involves a need for physical or social support, now or in the future, and is frequently made by returning to one's place of origin. The third move is precipitated by health challenges, requiring increased formal support, such as provided in an institutional setting. This widely cited theory focuses on the typology of relocations rather than subjective decision-making processes preceding late life relocations (Golant, 2012; Perry, Andersen, & Kaplan, 2014).

Similar to the work by Litwak and Longino (1987), early research in the field of elderly migration by Wiseman (1980) suggest that relocation is the result of triggering events. Such triggers can occur in the form of push factors (i.e. environmental stress), pull factors (i.e. amenities), or a combination of the two, as theorized in the environmental-press model (Litwak & Longino, 1987). The theory further classifies moves as voluntary or involuntary, and describes those remaining in place as voluntary and involuntary stayers. For Wiseman, elderly migration

may be precipitated by one of three primary motivational factors: the appeal of amenities, the need for assistance, or the return migration to one's place of origin. This is similar to the typology of relocations identified by Litwak and Longino (1987). Behavioristic in its worldview, Wiseman's theory does not expand upon the affective nature of environmental assessment, nor does it address the nuances associated with pre-move decision-making processes (Perry et al., 2014).

The competence-press model, or the Ecological Model of Aging (Lawton & Nahemow, 1973), while not specific to the relocation literature, addresses the interactions between older adults and their environments. This model, as with Golant's (2011, 2012, 2015a, 2015b) theoretical model of residential normalcy, takes into account individuals' interactions with their environment, arguing that acceptable environments may include challenges to one's physical, sensory, cognitive, and social capabilities. For an environment to remain acceptable, the challenge should not be so high as to render individuals incapable of environmental maintenance, at current levels of competency (Lawton & Nahemow, 1973). According to this model, older adults may be impacted by varying environmental push factors, such as excessive home repairs, affecting competency in later life and ultimately resulting in a decision to relocate (Bäumker et al., 2012; Weeks, Keefe, & Macdonald, 2012).

A seminal work in the field of aging is the Socioemotional Optimization and Compensation Model (SOC) (Baltes & Baltes, 1990), stemming from the lifespan development perspective. The SOC model is based on the assumption that individuals consistently seek success in aging by maximizing their strengths and minimizing their weaknesses through effective forms of compensation; and adapting to losses throughout their lives (Baltes & Baltes, 1973; Erber, 2013). This model is helpful in understanding the various ways in which individuals

seek to maintain independence in their environments throughout their lifespan and components of this model are evident in the framework offered by Golant (2011, 2012, 2015a, 2015b) in his theoretical model of residential normalcy.

The socioemotional selectivity theory (SST) (Carstensen, Fung, & Charles, 2003; Löckenhoff & Carstensen, 2004), which is also regularly referenced in the literature on aging, discusses that aging leads people to recognize the finitude of their lives and focus their attention on activities and goals which bring them the most positive emotional outcome. Yard work and gardening are good illustrations of how SST relates to residential reasoning. In young adulthood through middle age, one might enjoy caring for a yard or garden and even welcome it as a task suited to the life of a responsible homeowner. As such, people may choose to spend discretionary time mowing, weeding, planting, and tending to their home's landscape. In later years; however, these tasks may become less joyful and more of a burden as their health or functional abilities decline (Marx et al., 2011). As with the theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b), SST suggests that this is a natural evolution and that such changes in the subjective view of tasks will influence the decision to relocate to a dwelling requiring less yard maintenance.

When considering relocation as a means of adaptation, older adults, particularly those in the old-old and oldest-old segments, tend to experience ambivalence associated with residential reasoning (Hillcoat-Nallétamby, 2014; Hillcoat-Nallétamby & Ogg, 2014; Lofqvist et al., 2013; Vasara, 2015). Feelings are a subjective construct. Since the research explores the lived experience and subjective nature of residential reasoning, the holistic emotion-based theoretical model of residential normalcy (Golant, 2012, 2015a, 2015b) was selected as the theoretical framework over the theory of elderly migration and the competence-press model, both of which

are more transactional in nature. Furthermore, while the SST and SOC models may be appropriate as theoretical frameworks, they are more broadly focused on successful aging, whereas the theoretical model of residential normalcy is more concerned with the topic of residential relocation, making it more appealing as a theoretical framework.

### **Housing an Aging Population**

In 2014, 46 million people age 65 and over lived in the United States. This accounted for 15 percent of the total population (Federal Interagency Forum on Age-Related Statistics, 2016). While the growth rate of the over 65 demographic is expected to stabilize between 21-24 percent from 2030 onward, the oldest-old and fastest growing segment of the population (age 85 years and older) is expected to grow from 6 million in 2014 to 20 million by 2060 (Federal Interagency Forum on Age-Related Statistics, 2016; Mather, Jacobsen & Pollard, 2015). Modern technological advances in medicine and healthcare, combined with improved lifestyle choices and living conditions, have contributed to an overall increase in the likelihood that individuals will live into their eighties, nineties, and even beyond one hundred years of age (Mather et al., 2015; Werner, 2011). Furthermore, as males are living longer, the gender gap in the oldest-old segment is getting smaller, and there are more surviving couples within that demographic (Costa-Font, 2013; Federal Interagency Forum on Age-Related Statistics, 2016; Mather et al., 2015).

An aging society brings with it a number of challenges at both individual and collective levels. One challenge in particular is that of ensuring that residential environments suit the needs of their occupants into late adulthood. This means adapting existing residential and community environments, originally designed for younger and more independent occupants, to accommodate the growing number of individuals with declining cognitive and physical functionality (Federal Interagency Forum on Age-Related Statistics, 2016). As such, some

research argues that providing adequate and appropriate housing into the third and fourth ages is not only about creating appropriate physical space, but that it requires making the most suitable housing and community environments available to older adults, meeting both the physical and psychological needs of those requiring assistance (Abramsson & Andersson, 2016; Bäumker et al., 2012; Scharlach, 2012). Others suggest that older adults should have adequate options for aging in the ‘right’ place, whether remaining in their homes within the larger community setting, or relocating into purpose-built housing designed to provide necessary current or anticipated supportive services (Golant, 2015a; Hillcoat-Nallétamby, 2014; Kaplan, Andersen, Lehning, & Perry, 2015; Morgan & Kunkel, 2016; Weil & Smith, 2016).

### **Challenges Affecting Aging in Place Research**

**Defining aging in place.** Aging in place as a construct was first introduced in the late 1970s with definitions embracing what are described as “person-centered, socially-centered, and body-centered lens, of physical insidership, or feeling comfortable and connected to a physical place” (Weil & Smith, 2016, p. 224). This early more subjective understanding of aging in place was later replaced by a more objective definition focused on the ability of individuals to remain in the same physical dwelling, such to avoid relocation into an institutional setting (Weil & Smith, 2016). An example of this can be found in the Centers for Disease Control and Prevention (n.d.) definition of aging in place stating it is “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” (Centers for Disease Control and Prevention, n.d.). Similarly, in a healthy aging policy brief issued as part of the 2015 White House Conference on Aging, healthy aging was defined as, “continuing to live a productive meaningful life by having the option to stay in one’s home,

remain engaged in the community, and maintain social well-being” (White House Conference on Aging, 2015).

While current research is largely based on the ability and desire of individuals to remain in their current residence and within the nearby community as the basis for aging in place related studies (Abramsson & Andersson, 2016; Johansson et al., 2013), there are variations in how the construct is described. Researchers have variously used “place” to refer to homes, neighborhoods, communities, or social affiliations (Johansson, et al., 2013; Vasunilashorn, Steinman, Liebig & Pynoos, 2012; Wiles et al., 2011). This is consistent with studies whereby participants describe ‘place’ as extending beyond the physical space of residence to include the surrounding neighborhood, community, and municipality when asked to consider what it means to age in place (Timmermann, 2012; Wiles et al., 2011). It should not be assumed; however, that all research participants know what is meant by aging in place. Illustrating this point, researchers investigating the meaning of “home” among community-dwelling older adults found it necessary to defer their focus group interviews to clarify the meaning of “aging in place” for participants before moving forward with interview questions (Wiles et al., 2011). Some participants believed aging in place to mean “being ‘trapped’ in a place without the ability to move” (p. 4). Roy, Dube., Despres, Freitas & Legare, (2018) elected to use the term “staying at home” rather than aging in place noting that it better represents the older adults’ perspective. It is this overall lack of continuity in the definition of aging in place that could be partially responsible for varied research findings and inconsistency in the literature regarding what individuals say they want concerning late life residential living arrangements.

**Alternatives to aging in place.** While studies often suggest that the majority of people age 45 and older prefer to live in their own homes rather than to relocate into supportive housing

(Lampkin, 2014; Scharlach, 2012; Siegel & Rinsky, 2013; Wiles et al., 2011), some have found that given suitable alternative residential options, specifically those including access to assistance, many would elect to relocate (Weeks et al., 2012; Weeks, Shiner, Stadnyk, & MacDonald, 2013). This is yet another possible methodological challenge associated with aging in place research. When alternatives to aging in place are not provided, respondents may not consider long-term changes in health and functional abilities that could impact their responses (Morgan & Kunkel, 2016). Answers may be based only on options known to them from prior experiences (i.e. caring for aging relatives, nursing home placements, etc.), and they may be unaware of more recently developed arrangements designed to enable or prolong autonomy (i.e. independent living, assisted living, CCRCs, etc.) (Gould et al., 2017; Peace et al., 2011).

**Aging in place as an agenda.** Beyond the anecdotal and empirical literature suggesting aging in place to be the preferred living arrangement for those considering late-life lifestyle options, public policy agendas have also been shown to encourage aging in place as the preferred option for older adults (Sixsmith & Sixsmith, 2008; Soderberg et al., 2012; Wiles et al., 2011). With the growing number of aged individuals anticipated to require care in coming decades, policy-makers have a vested interest in minimizing healthcare expenses by encouraging older people to remain in private residences where such expenses are lower (for the government) than they would be in institutional settings (Lipman, Lubell & Salomon, 2012). Thus, positive conceptions of aging in place may benefit those overseeing municipal and government spending, with such assertions being challenged by research examining outcomes of preemptive voluntary relocation (Golant, 2015a; Peace et al., 2011; Marx et al., 2011; Smetcoren et al., 2017).

**Aging in place as an ideal.** The ideal of aging in place into later years is suggested to be a romantic notion perpetuated by social norms and cultural expectations of independence



(Beracha & Johnson, 2012; Johansson et al., 2013; Vasara, 2015; Wiles et al., 2011). Evidence of this notion can be found in various statements given by participants of qualitative studies investigating the experiences of older adults with current or anticipated age-related challenges (Granbom et al., 2014; Weeks et al., 2013; Vasara, 2015). A statement by one participant, "... And I woke up in the middle of the night to ask our heavenly Father to give me my own apartment and a wife, that's all I'd need. And I got both" (Vasara, 2015, p. 59), illustrates cultural attachments to home that are often at the forefront of voluntary stayers. The desire to age in place has also been shown to increase with advanced age (Abramsson & Andersson, 2016; Kulander, 2013; Wiles et al., 2011); however the intention to do so is not supported by data reflecting actual relocations (Hillcoat-Nallétamby & Ogg, 2014; Sergeant, Ekerdt & Chapin, 2010; Weeks et al., 2012). In fact, literature on relocations involving older adults indicates increased numbers of involuntary relocations in later years (Caro, et al., 2012; Koenig, Lee, Macmillan, Fields & Spano, 2014; Pope & Kang, 2010). Results from one study (Abramsson & Andersson, 2016) suggest the age variable to be significant concerning housing choice preferences, with those in younger cohorts more likely to report the likelihood of relocation.

While an extensive body of literature seems to support aging in place as the preferred residential solution by older adults, an argument could be made that the validity of such findings are unclear due to inconsistent methodology or other methodological concerns.

### **Attempts at Aging in Place**

In an effort to remain in their current residential environment and to avoid relocation, individuals will utilize various assimilative and accommodative coping strategies (Golant, 2011, 2012, 2015a, 2015b; Gould et al., 2017; Hillcoat-Nallétamby & Ogg, 2014). Accommodative coping, also known as secondary control strategies (Heckhausen & Brim, 1997; Heckhausen et

al., 2010), involves a number of mind strategies. One example is to reformulate goals, such to make them less ambitious and more manageable. Individuals may also minimize their problems by comparing themselves more favorably to others or focus on spiritual or religious beliefs to deal with otherwise emotional irritations. Another strategy is to focus more on favorable past memories of things, events, and people, and less on present concerns. The accommodative coping strategy is one of passivity and can be compared to SST (Carstensen et al., 2003; Löckenhoff & Carstensen, 2004) whereby older adults are said to reprioritize or modify existing goals in order to place more emphasis on current needs and desires.

In contrast to accommodative strategies, which are passive in nature, assimilative coping requires taking action (Golant, 2011, 2015b). Referred to by other theorists (Heckhausen & Brim, 1997; Heckhausen et al., 2010) as primary control strategies, older adults relying on these efforts will attempt to modify their residential environment, change behaviors, or relocate to gain or regain residential normalcy (Weeks et al., 2012). Relocation being of the most strenuous forms of coping (Golant, 2015a). Modification of the environment may also include the installation of grab bars, handrails, or other safety features, or remodeling bathrooms and doorways to improve accessibility. Some may hire or recruit formal or informal support to assist with home maintenance, yard care, meal preparation, and housekeeping (Golant, 2011, 2015a; Kelly, Fausset, Rogers & Fisk, 2014; Weeks et al., 2012). Such efforts are also referred to in the SOC model of aging (Baltes & Baltes, 1990) as ways of optimizing and/or compensating in order to minimize weaknesses and maximize strengths. A number of studies found in the literature support the use of both assimilative and accommodative coping strategies by older adults attempting to age in place (Fausset, Kelly, Rogers, & Fisk, 2011; Gould et al., 2017; Granbom et al. 2014; Löfqvist et al., 2013; Weeks et al., 2012).

## **Housing Options for Aging in Place**

Housing options for aging in place, both planned and unplanned, are as diverse as the people in the older generation who will occupy them. The various housing models, whether intentionally built or unintentionally created, are said to attempt to balance autonomy and security at the community level and to satisfy a variety of needs, making it possible for a greater number of older adults to remain in their homes, communities, and neighborhoods as they age (Geboy et al., 2012; Howe, Jones & Tilse, 2013; Siegel & Rimsky, 2013). Among the current models emerging more organically are naturally occurring retirement communities (NORCs), villages, and co-housing neighborhoods (Geboy et al., 2012; Siegel & Rimsky, 2013). Options designed intentionally by housing developers to suit the coming generation of retirees preemptively relocating in preparation for elongated retirement periods are options known as lifestyle and recreational communities (Geboy et al., 2012; Howe et al., 2013). Increasing options are also becoming more widely available to those who choose to live independently, but in close proximity to adult children, grandchildren, or other kin (Courtin & Avendano, 2016; Glink, 2013).

**Naturally occurring retirement communities.** Current housing models emerging more organically are referred to as naturally occurring retirement communities (NORCs) (Geboy et al., 2012; Siegel & Rimsky, 2013). Originating in 1985 in New York City, naturally occurring retirement communities (NORC) are a collaboration between residents, government agencies, social service providers, housing entities, and other community organizations coming together to provide access to services and support to community-dwelling older adults (Bookman, 2008; Scharlach, 2012). By definition, these are not considered retirement communities because they were not planned and purposefully built exclusively for older adults (Glass & Skinner, 2013).

This organic solution for voluntary stayers (Wiseman, 1980) to age in place is by its very nature unplanned; however, a number of planned initiatives have been developed in order to support these communities (Siegel & Rimsky, 2013). These supportive service programs (SSPs) offering health services to NORC members such as care coordination, medication management, nursing care, as well as supportive services such as case management, personal care assistance, home maintenance, social activities, and transportation (Vivieros & Brennan, 2014), are but one way communities are helping older adults with issues associated with residential mastery (Golant, 2015a). Funding from philanthropic and government grants and partners serve to support NORC initiatives, while small fees may be charged to program participants to cover unfunded administrative costs (Vivieros & Brennan, 2014).

**Villages.** Similar to NORCs, villages allow older adults to remain within the larger non-age-segregated community. Unlike the more organically created NORC; however, villages are organized such that residents pay membership fees for access to benefits (Geboy et al., 2012; Scharlach, 2012; Siegel & Rimsky, 2013). Frequently modeled after the Beacon Hill area of Boston, Massachusetts, the Villages model has proven to be instrumental in supporting the aging in place of many urban community-dwelling residents (Geboy et al., 2012; Scharlach, 2012; Siegel & Rimsky, 2013). By paying an annual or monthly fee to be a Village member, older adults have at their disposal a team of both paid and unpaid service providers (Geboy et al., 2012). By having access to household support and through engagement in Village sponsored social activities, older adults may have the resources necessary to maintain residential mastery and comfort (Golant, 2011, 2015a, 2015b). The overall motivation for both the NORC and Village models of aging in place is to provide adequate support for community dwelling older adults who wish to remain in their current home and community for as long as possible (Geboy

et al., 2012; Scharlach, 2012; Siegel & Rimsky, 2013). Despite their best efforts, community initiatives such as these primarily address issues associated with residential mastery and offer few solutions to those who find themselves out of their residential comfort zones (Golant, 2011, 2015a, 2015b).

**Collaborative housing.** Also referred to as cohousing, these small communal neighborhoods are often intergenerational (Kennedy, 2010; Siegel & Rimsky, 2013). Reminiscent of a multigenerational house or a small town, community residents operate interdependently without formal support services (Glass, 2013; Glass & Skinner, 2013), differentiating this type of living arrangement from NORCs and villages (Geboy et al., 2012; Scharlach, 2012; Siegel & Rimsky, 2013). Residents of cohousing share responsibility for maintaining common areas and may have common facilities designed to encourage communal social activities (Glass, 2013; Siegel & Rimsky, 2013). Benefits and challenges have been associated with this type of arrangement (Glass, 2013, 2016). Among the most commonly reported challenges were those from the development stage including tenuous relationships between the development committee for the community and the residents' association, particularly as they relate to finances, the imbalanced makeup of residents (primarily female), and the initial period of getting to know each other (Glass, 2013, 2016). Benefits were found to be security, social engagement, and sense of belonging (Glass, 2013; Glass & Skinner, 2013), all of which are important in maintaining residential normalcy through positive appraisal of residential comfort. As such, it is possible that cohousing communities serve to assist in the maintenance of residential normalcy through increasing residential comfort for older adult residents. Siegel and Rimsky (2013) speculate that cohousing neighborhoods may evolve to

encompass similar supports as seen in Villages and NORCs as they mature, thereby increasing their ability to help residents maintain residential mastery as well.

**Intergenerational housing.** Families sometimes elect to co-reside by making accommodations for aging family members within their own homes or on the same property (Courtin & Avendano, 2016; Hoffman & Landon, 2012). Some may alter an existing residence to accommodate an elder parent or relative (Courtin & Avendano, 2016; Glink, 2013; Siegel & Rimsky, 2013), while others choose to relocate to a new residence allowing for greater privacy and personal space for both the elder and family caregivers (Glink, 2013). Mainstream residential home developers in certain regions of the U.S. have begun introducing homes specifically designed for multiple families living together, including floor plans with both attached and detached in-law apartments complete with kitchenettes, laundry facilities, and separate entrances (Glink, 2013; The Difference between a Multigenerational and Multi-Family House Plan, n.d.). Alternatives to living under the same roof may include the addition of a cottage or accessory dwelling located on the same property, near the primary residence (Siegel & Rimsky, 2013; Thomas, 2017). Because of zoning laws in some metropolitan areas, families who wish to add accessory dwellings for caregiving purposes are often met with resistance and may ultimately be prevented from doing so (Hoffman & Landon, 2012; Kirkland, 2013; Morlan, 2017). Some municipalities; however, are loosening zoning regulations to accommodate caregiving for elderly family members in an effort to respond to the aging population and to a recent emphasis on filial responsibility (Hoffman & Landon, 2012; Kirkland, 2013; Morlan, 2017).

Literature suggests that cultural factors heavily influence the formation of households where adult children care for aging parents (Egbert et al., 2017; Santoro et al., 2016; Weeks et

al., 2012). European-American older adults perceive residing with adult children or other family members as unfavorable and report non-filial housing options as preferable (Matthews & Stephens, 2017; Marx et al., 2011; Söderberg et al., 2012; Weeks et al., 2012). Despite customary caregiver roles of previous generations, older adults from Eastern cultures now living in the U.S. also express reluctance in living with their adult children (Anderson et al., 2010; Diwan, Lee & Sen, 2011). Conversely, African-American families express opposition to nursing home placement for elderly family members, preferring to combine households over institutionalization (Egbert et al., 2017).

While the aforementioned housing options are referenced as possible assimilative methods for aging in place, the literature indicates that without adequate organized supportive services in place, many older adults will still experience residential incongruence, finding it necessary to relocate at some point should they experience decreased cognitive or functional ability (Franke, et al., 2013; Golant, 2011, 2015a, 2015b; Vivieros & Brennan, 2014).

Additionally, while these options are listed here as solutions for aging in place, it should be noted that unless one resides in an area considered a NORC at the time they enter retirement, or resides geographically where a village is operating, a preemptive relocation would be necessary to facilitate future goals for aging in place. This further illustrates the many complexities of aging in place and how coping strategies are intricately linked.

### **Relocation as an Assimilative Coping Strategy**

According to the theoretical model of residential normalcy (Golant, 2011, 2015a, 2015b), when attempts to age in place using assimilative and accommodative coping strategies have failed, older adults may attempt to regain residential normalcy through relocation. Furthermore, while findings in both empirical and anecdotal literature point to preferences of older adults to

age in place, research also suggests that if more older adults were informed about housing options offering supportive services that were both available and affordable, more would consider voluntary relocation as an option (Abramsson & Anderson, 2016; Weeks et al., 2013). The following section outlines purpose built housing options available to older adults choosing to relocate proactively, as well as those available when relocation is found to be necessary.

**Purpose built housing.** Purpose built housing designed for older adults is described using many different labels and there appears to be no clear consensus on what defines a retirement community (Glass & Skinner, 2013; Howe et al., 2014). In fact, Howe et al, in a recent review of the various labels used to describe what they refer to as service integrated housing (SIH), found over 90 terms used throughout the United Kingdom, the United States of America, Canada, Australia, and New Zealand. Even after consolidating very similar terms, the final number included 72 different terms to describe SIH, twenty of which were considered more generic in nature (i.e. nursing home, home care, longterm care home, etc.). The remaining 52 described the variant types of communities including levels of support and care within SIH. Mirroring the types of moves outlined in seminal works in elderly migration by Wiseman (1980), classifications for types of communities may be labeled as those offering lifestyle and recreation, those offering support, and those offering support and care (Howe et al., 2013). Similarly, Glass and Skinner (2013) define communities as one of three types: retirement communities, supportive housing, and institutional. Within each of these three categories, there are amenities and services that overlap, further adding to the complexity when attempting to definitively categorize the variant types. Furthermore, terminology included in the studies noted here involved only those descriptors and labels found in academic literature (Howe et al., 2013). Terminology from anecdotal accounts and industry-related marketing materials (Senior Housing



101, 2015) were not included; therefore it is possible that even more variations in terminology used to describe senior living options exist.

In an effort to establish a more clearly defined definition of retirement community, Glass and Skinner (2013) propose criteria establishing what classifies a retirement community as such. Their definition helps to establish differences between independent retirement communities and those offering personal care, such as assisted living and nursing facilities. In their proposed definition, they state that a retirement community is an aggregation of housing units that are intentionally planned for older adults (Glass & Skinner, 2013). The units are located within clearly defined geographic boundaries and may be clustered vertically (multi-family apartment style) or detached horizontally (single, duplex, triplex, etc.). Differentiating them from NORCs or villages, retirement communities are said to provide some level of common services to the residents and common space that encourages social interaction (Crisp, Windsor, Butterworth & Anstey, 2013; Glass & Skinner, 2013; Heisler, Evans & Moen, 2003). They emphasize the presence of a personal kitchen within the housing unit as a key feature, with such an amenity serving as a point of distinction between independent living and institutionalization (Glass & Skinner, 2013).

***Lifestyle and recreational communities.*** Lifestyle and recreational communities are also sometimes referred to as active adult retirement communities (AARC), 55-plus retirement homes or apartments, retirement villages, or leisure-oriented retirement communities (LORCs) (Geboy et al., 2012; Howe et al., 2013). Developments such as these are designed to cater to those 55 years of age and older seeking social activities, recreation, and often a resort-oriented lifestyle. The attributes attracting older adults to such communities are referred to as pull-factors in academic literature (Smetcoren et al., Weeks et al., 2012). In some cases, when home

maintenance is managed by a third party, the pull factor may be associated with freedom from such tasks associated with yard care, gardening, and weather related chores (Pope & Kang, 2010).

What differentiates these communities from others is that they typically fall under special governmental exemptions to fair housing laws allowing developers and homeowner associations to restrict occupancy to only those 55 years or older (HUD, n.d.; Questions and answers, n.d.; Nelson, 2003). A potential challenge to residents of such communities can occur when elongated temporary or ongoing support with activities of daily living is needed (Belz, 2014; Golant, 2015a). Should such formal or informal support require 24-hour care, occupancy restrictions may prevent live-in support services if being provided by someone under age 55 (Belz, 2014; Chen, 2012; HUD, n.d.; Golant, 2015a). Such restrictions may be considered trade offs for the various benefits associated with maintaining residential congruency in both mastery and comfort zones (Golant, 2011, 2015a, 2015b).

***Independent living.*** Retirement communities may also be known as independent living facilities (ILFs) (Howe et al., 2013; Golant, 2015a). They are differentiated from lifestyle and recreational communities in that ILFs provide support to residents needing minimal assistance with independent activities of daily living (IADLs) such as transportation, meal preparation, and housekeeping (Glass & Skinner, 2013; Howe et al., 2013). They also provide organized social activities, on-site staff monitoring for safety, and assistance with household maintenance. Those relocating to ILFs have been shown to do so as a result of one or more push-factors, such as challenges with home maintenance, inability to drive, and neighborhood decline to name a few (Bäumker et al., 2012; Bekhet et al., 2009; Smetcoren et al., 2017; Weeks et al., 2012). ILF options are offered in a range of prices, from luxurious campuses charging high rents, to the

more modest and affordable which may be subsidized, publicly funded, or operated by faith-based or not-for-profit organizations (Glass & Skinner, 2013; Howe et al., 2013; Golant, 2015a). For those who qualify and are able to afford such housing, the amenities and availability of certain services may solve issues associated with residential mastery. Not all individuals; however, will regain residential normalcy in such communities (Cutchin, Owen & Change, 2003; Roth, Eckert & Morgan, 2016). This may be the result of moving outside their residential comfort zone despite being within their residential mastery zone (Golant, 2015a; Granbom et al., 2014).

While ILFs are distinguished from assisted living facilities discussed in the next section, the lines are becoming more blurred (Glass & Skinner, 2013; Roth, et al., 2016). Since they are not licensed to provide higher levels of care, some ILFs have begun to create innovative ways of offering supportive care to residents, bordering on those services provided by licensed assisted living facilities (ALFs). This can contribute to a lack of residential comfort for those more independent older adults who do not wish to be associated with more frail or dependent residents (Golant, 2015a; Roth, et al., 2016).

***Assisted living.*** While providers and aging experts cannot agree on an exact definition of assisted living (Glass & Skinner, 2013; Golant, 2015a; Howe et al., 2014), it is generally agreed upon that it is designed for those unable to care for themselves independently or with little support, and who need assistance with activities of daily living (ADLs) such as bathing, toileting, dressing, and grooming (Choosing a provider, n.d.; Glass & Skinner, 2013; Golant, 2015a; Howe et al., 2014). These services are in addition to those offered by ILFs including meals, transportation, social activities, housekeeping, and security (Howe et al., 2014). The aim of ALFs is to foster autonomy, privacy, and independence to the greatest possible extent despite the

residents' physical and cognitive limitations (Golant 2015; Howe et al., 2013). Moves to assisted living tend to be reactive or involuntary in nature (Koenig et al., 2014), although some residents indicate their decisions to move to an ALF were proactive and made of their own accord (Chen et al., 2008).

***Nursing care.*** According to Howe et al. (2014) 'nursing home' is the most commonly used term to describe SIH world-wide. While typically limited to those with chronic or degenerative illnesses requiring 24-hour care, the term 'nursing home' is often used universally to describe any congregate setting catering to older adults (i.e. assisted and independent living) (Brownie, Horstmanshof & Garbutt, 2014; Golant, 2015a; Howe et al., 2014). Residential care homes are also considered skilled care or nursing care and are similarly highly regulated; however, they provide care in smaller residential environments whereas nursing homes are considered high-density environments (Golant, 2015a; Howe et al., 2014). As mentioned in previous sections, this type of living arrangement is commonly avoided, with moves most generally made involuntarily (Roth, et al., 2016). For most, the thought of moving to such arrangement is often associated with extreme ambivalence (Brownie, Horstmanshof & Garbutt, 2014; Gould, et al., 2017).

***Continuing Care Retirement Community (CCRC).*** Continuing care retirement communities offer each level of care including independent, assisted, and nursing, allowing residents to move within the community to the level of care they may need as they require it (Golant, 2015a; Howe et al., Tilse, 2014), making it an appealing option, particularly to couples (Groger & Kinney, 2007; Jennings, Perry & Valeriani, 2014), with financial means who are planning ahead for possible fourth age decline (Koss & Ekerdt, 2016; Marx et al., 2011). The peace of mind associated with late life healthcare needs, as well as a secure environment, may contribute to feelings of residential comfort for those relocating preemptively, while the relief

from home care tasks may be associated with feelings of residential mastery (Crisp et al., 2013; Golant, 2015a; Marx et al., 2011). Catering to those with higher income levels (ASHA, 2009; Petersen, Tilse, & Cockburn, 2013), there are a number of types of contracts including those providing care for life, even if the resident should run out of money due to no fault of their own, making this a preferred option for proactive movers seeking to age in place into the fourth age (Golant, 2015a; Groger & Kinney, 2007; Heisler, Evans & Moen, 2003; Marx et al., 2011). Studies reflect that moves to CCRCs are voluntary and are often based on planning for anticipated future healthcare needs, the avoidance of home upkeep, and not wanting to be a burden on adult children (Jennings, Perry & Valeriani, 2014; Krout, Moen, Holmes, Oggins & Bowen, 2002; Marx et al., 2011). Medical and financial qualifications are part of the application process, as well as the payment of a substantial initial entrance fee, prior to being accepted as a CCRC resident, therefore these moves must be made preemptively. This can be a source of tension for couples when one is ready to move and the other is reluctant (Jennings, Perry & Valeriani, 2014; Krout, et al., 2002; Perry & Thiels, 2016).

### **Residential Reasoning**

Residential reasoning is a complex process encompassing both past and present life experiences and involving both decision-making and adjustment processes relative to one's home environment (Golant, 2011, 2012, 2015a, 2015b; Granbom et al., 2014). This ongoing process includes both objective and subjective constructs and often involves consideration or involvement of others (Golant, 2015a; Granbom et al., 2014; Oswald, Jopp, Rott, & Wahl, 2010; Perry, 2014; Roy et al., 2018). Furthermore, environmental circumstances, relationship status, socioeconomic factors, life experience, physical and cognitive abilities, access to resources, health status, and future expectations are said to influence relocation decision making (Baumker

et al., 2010; Bekhet et al., 2009; Kwon & Beamish, 2014; Smetcoren et al., 2017). Residential reasoning has been shown not to be a linear process, but rather a fluid one, in many cases occurring over extended timeframes (Baumker et al., 2010; Koenig et al., 2014; Pope & Kang, 2010). At any point circumstances can change, thereby altering the entire process (Koenig et al., 2014).

Literature associated with residential reasoning can best be categorized into two broad perspectives including those who have not yet moved and those who have (Roy et al., 2018). Studies involving older adults currently aging in place (community dwellers) tend to explore hypotheticals associated with potential relocation and are more predictive in nature (Gould et al., 2017; Hillcoat-Nallétamby & Ogg, 2014; Koss & Ekerdt, 2016), whereas research involving post-relocation perspectives tend to focus on retrospective lived experiences associated with the decision-making process (Bekhet et al., 2009; Ewen & Chahal, 2013; Herbers et al., 2014; Smetcoren et al., 2017). The challenge in generalizing the results from retrospective studies is that some studies do not report variables related to tenure in the home prior to relocation, type of previous residence, or the type of destination selected (Roy, et al., 2018). For instance, in a quantitative study by Crisp and associates (2013) investigating discouraging or encouraging factors related to relocation to retirement villages, the authors did not include the specific type of housing participants resided in despite research indicating that current dwelling type can impact housing choices (Bekhet, et al., 2009; Smetcoren et al., 2017).

Quantitative research associated with residential reasoning is most often concerned with environmental or other objective factors (Herbers et al., 2014; Ewen & Chahal, 2013; Hillcoat-Nallétamby & Ogg, 2014; Smetcoren et al., 2017), whereas qualitative studies attempt to explore nuances and subjective factors associated with residential reasoning processes (Bekhet et al.,

2009; Gould et al., 2017; Granbom et al., 2014; Koss & Ekerdt, 2016; Lindquist et al., 2016; Koenig et al., 2014; Peace et al., 2011). Furthermore, while additional work was found to be necessary in development of a valid instrument concerning “experiential person-environment exchange processes” (Oswald & Kaspar, 2012, p. 89), positive strides have been made in an effort to develop a valid assessment including both objective and subjective aspects of residential reasoning. The recent groundbreaking research committed to this process (Oswald & Kaspar, 2012) was based on a four-domain model of perceived housing including four conceptual domains: meaning of home, housing-related control beliefs, housing satisfaction, and usability in the home (Oswald et al., 2006).

**Predictive residential reasoning.** Studies focusing on the residential reasoning of community dwellers tend to focus on outcomes related to two categorical areas: assimilative and accommodative coping strategies used to gain or maintain residential normalcy (Gould et al., 2017; Granbom et al., 2014; Peace et al., 2011) and key indicators or triggers necessitating or predicting future relocations (Hillcoat-Nallétamby & Ogg, 2014; Koss & Ekerdt, 2016; Lindquist et al., 2016; Weeks et al., 2012).

There are multiple reasons why older adults remain in their current residential environment. Some have elected to age in place voluntarily, while others are considered involuntary stayers (Strohschein, 2012; Wiseman, 1980), lacking the ability or perceived ability to relocate despite the desire to do so. The reasoning processes tend to differ amongst community dwellers; however. Koss & Ekerdt (2016) labeled preemptive and contingent reasoners, those having intentions of aging in place, and who have already made necessary modifications to do so, are considered preemptive reasoners. These individuals tend to express confidence that their current residence will suit their long-term needs (Koss & Ekerdt, 2016; Marx et al., 2011; Pope

& Kang, 2010). Contingent reasoners, while aware they may need to relocate in the future due to cognitive or physical decline, consider relocation as a last resort scenario, only to occur after all other attempts to remain in place have been exhausted (Caro et al., 2012; Koss & Ekerdt, 2016; Lindquist et al., 2016). Some have made plans for possible relocation; however, both empirical literature and anecdotal reports suggests many have not (Koss & Ekerdt, 2016; Lindquist et al., 2016; Lofqvist et al., 2013; Lustbader, 2013; Weeks et al., 2012).

Both contingent and preemptive reasoners may utilize assimilative coping strategies such as early relocation to a more manageable home or a neighborhood or active adult community offering supportive services available as needed, or remodeling a current residence to include safety and accessibility features (Herbers et al., 2014; Koss & Ekerdt, 2016; Kwon & Beamish, 2014). It has been shown that contingent reasoning increases with age, declining health, and following the loss of a spouse (Granbom et al., 2014; Herbers et al., 2014; Lofqvist et al., 2013).

In addition to assimilative strategies, older adults also utilize accommodative coping strategies to achieve residential normalcy, particularly when assimilative strategies are no longer effective (Golant, 2015a; Heckhausen & Brim, 1997; Heckhausen et al., 2010). These mind strategies may result in lowered standards related to housing in order to conform to present ways of living, rationalizing one's situation to be better in comparison to others, or minimizing otherwise significant obstacles (Golant, 2015a; Mackenzie, Curryer, & Byles, 2015). Use of accommodative strategies increase in those lacking positive or viable relocation options (Caro et al., 2012; Lofqvist et al., 2013). Research also suggests that preemptive reasoners, having made proactive adjustments anticipating age-related challenges, often taken a firm stance to avoid future relocation (Baumker et al., 2012; Mackenzie, Curryer, & Byles, 2015; Marx et al., 2011). Contingent reasoners, while sometimes ambivalent, have considered possible circumstances



requiring a change in residence and have either made plans for such or have not (Caro et al., 2012; Lindquist et al., 2016).

**Retrospective residential reasoning.** The degree to which individuals engage in the process of advanced planning for changes in residential relocation is associated with whether a move is considered voluntary or involuntary (Baumker et al., 2010; Bekhet et al., 2009; Ewen & Chahal, 2013; Pope & Kang, 2010; Smetcoren et al., 2017). Voluntary moves are more likely to be motivated by pull factors, such as an attractive environment, resulting in proactive relocation (Baumker et al., 2010; Bekhet et al., 2009; Ewen & Chahal, 2013; Kwon & Beamish, 2014; Marx et al., 2011; Pope & Kang, 2010), whereas involuntary and reactive relocations are typically the result of push factors involving declining health of self or spouse, separation or loss of spouse, or home maintenance issues (Baumker et al., 2010; Bekhet et al., 2009; Ewen & Chahal, 2013; Koenig et al., 2014; Pope & Kang, 2010). Not all reactive relocations are necessarily involuntary; however. Faced with excessive push factors, individuals may elect to relocate despite ambivalence associated with doing so (Bekhet et al., 2009; Luborsky et al., 2011; Vasara, 2015).

Concerning motivations triggering relocation, proactive moves among older adults are found to be less frequent than reactive moves (Bekhet et al., 2009; Pope & Kang, 2010; Smetcoren et al., 2017). Furthermore, proactive movers tend to be more highly educated, younger, and in higher income brackets (Kwon & Beamish, 2014; Smetcoren et al., 2017). Findings by Pope & Kang (2010) comparing proactive movers with reactive movers over the age of 70 suggest higher percentages of reactive moves over proactive ones, citing that of 1,311 previously relocated subjects, only 437 gave proactive reasons for relocating, whereas 874 provided reactive reasons. Declining health was the primary reason for relocation given by those

categorized as reactive, whereas relocating to a smaller residence and moving to be closer to offspring were most commonly reported by those having moved proactively. Additionally, they found that increased age was positively associated with reactive reasons for moving, as was poorer health and less education (Pope & Kang, 2010). Similar results were found in another quantitative study conducted by Smetcoren et al. (2017). In this study comparing voluntary and involuntary moves, voluntary movers named attractiveness of the new neighborhood as the most common motivator for relocating. Similar to findings by Pope and Kang (2010), housing problems and health concerns were most commonly cited for those moving involuntarily. Other factors included a desire to be closer to services, not to be a burden to offspring, and a need for social contact. Characteristically, voluntary movers tended to have higher incomes, were married, and were homeowners. Conversely, involuntary movers had poorer physical and mental health, lower incomes, and were typically divorced, widowed or never married (Smetcoren et al., 2017). Notably, the studies mentioned here (Pope & Kang, 2010; Smetcoren et al., 2017) were both quantitative and each categorized relocation motivations as either push or pull. When both push and pull factors were identified as multiple reasons for moving, the subject was categorized as reactive (Pope & Kang, 2010). Additionally, labels for various motivating factors were inconsistent from one study to the other. For example, one study (Pope & Kang, 2010) labeled all housing related issues as proactive and health issues (either improved or declined) as reactive, whereas Smetcoren et al. (2017) labeled both housing and health issues as push factors. It seems that what quantitative studies are unable to address due to their methodological nature, qualitative studies are better able to address. For instance, Bekhet et al. (2009), reports similar findings to both aforementioned quantitative studies (Pope & Kang, 2010; Smetcoren et al., 2017); however, it further suggests there to be an overlap in push and pull factors. An example of

overlapping motivational factors is reflected in the following statement by a study participant, “[I] could not stay at home by myself...It is awful to feel lonely.... I mean, it was a good idea to come here and to join friends whom you can talk with.... They have your same circumstances.... You know, you do not feel that you are solely in this situation.... Residents here made the move much easier” (Bekhet et al., 2009, p. 469). In this case, the overlapping factors are loneliness (push) and an attraction to join friends (pull). This type of conclusion cannot be drawn simply from a closed-ended survey and must be assessed contextually.

Despite limitations; however, the findings from the respective aforementioned studies illustrate the strong propensity of older adults to remain in their current dwelling until such time they have exhausted all assimilative and accommodative coping strategies or until a health crisis occurs (Golant, 2011, Koss & Ekerdt, 2016; Lustbader, 2013; Pope & Kang, 2010). As empirical findings suggest, involuntary moves do not involve the same type of residential reasoning processes as voluntary ones (Granbom et al., 2014; Koenig et al., 2014). In fact, in a longitudinal study related to changes in residential reasoning over time, Granbom et al. (2014) suggest that involuntary moves do not involve advance residential reasoning at all. They contend that such moves are made out of necessity, most often reactively due to a health crisis or other immediate need (Granbom et al., 2014). This is supported in literature associated with relocations having been made to both assisted living and longterm care, whereby participants report not having researched their housing options or contributed to the decision-making process (Bekhet et al., 2009; Ewen & Chahal, 2012; Jungers, 2010; Koenig et al., 2014). Conversely, voluntary relocations are often well thought out and orchestrated over an extended period of time, sometimes several months to several years (Koenig et al., 2014; Marx et al., 2011; Pope & Kang, 2012). Residential reasoning processes and motivational factors associated with various

types of voluntary moves also differ according to the type of relocation. As was reported by Wiseman (1980) in his theory of elderly migration, individuals make three or more moves following retirement. An early retirement move may involve migration to a leisure community or more appealing climate. Later, relocations may be to live near friends and family as increased support is needed, or to congregate living environments when health declines (Marx et al., 2011; Smetcoren et al., 2017). Each type of move requires reevaluation of current and future environmental needs and goals (Golant, 2015a, 2015b).

Additionally, as discussed previously, the residential options for older adults have increased in the past decade. In addition to lifestyle and recreational communities, there are a variety of purpose-built housing options offering a wide array of services and amenities, non-medical support, as well as multiple levels of care (Howe et al., 2013; Marx et al., 2011). This plethora of residential housing options, both for purchase and lease, contributes to the extended and more deliberate residential reasoning processes necessary for older adults to make informed relocation decisions (Beracha & Johnson, 2012; Howe et al., 2013; Petersen, Tilse, & Cockburn, 2017). Furthermore, individuals in younger cohorts are electing to preemptively relocate rather than wait until they experience residential incongruence (Koss & Ekerdt, 2016).

Preemptive relocations are made in response to pull factors, but also in anticipation of fourth age decline (Herbers et al., 2014; Marx et al., 2011). Pull factors most commonly associated with preemptive moves made early in retirement, and voluntary moves made in anticipation of fourth age decline, include proximity to social relationships, avoidance of home upkeep, appeal of neighborhood and household amenities, access to local services, and reduced housing costs (Kwon & Beamish, 2014; Smetcoren et al., 2017). In addition to pull factors already listed, those moving primarily in consideration of fourth age challenges may also be

attracted to the availability of current or future household support, close proximity to family, future health care availability onsite, and planned social activities (Baumker, 2012; Pope & Kang, 2010), such as those offered by CCRCs (Heisler, Evans, & Moen, 2003; Marx et al., 2011).

While some may attempt to achieve residential normalcy in later adulthood through relocation into retirement communities, in some cases achieving residential normalcy may simply involve transitioning from being a homeowner to a renter (Beracha & Johnson, 2012; Herbers et al., 2014). Push factors involving disruptions in relationships, such as the separation from a partner or widowhood, may also make moves from homeownership into rental arrangements more likely (Herbers et al., 2014; Pope and Kang, 2010). It is suggested by Pope and Kang (2010) that carrying the sole responsibility of maintaining an owner-occupied home may be less desirable following the loss of a spouse, particularly in the face of physical limitations associated with advanced age. This is also supported in findings associated with aging in place research indicating inability to manage home maintenance and household chores to be triggers for future relocations (Erickson et al., 2006; Johansson et al., 2013).

Push factors may also be associated with voluntary moves, particularly those where the destination is a retirement community setting (Heisler et al., 2003; Marx et al., 2011; Sim et al., 2012). The most common push factors include, housing problems, failing health of self or spouse, lack of support, and loneliness (Baumker, 2012; Bekhet et al., 2009; Pope & Kang, 2010; Smetcoren et al., 2017). Some push factors may also be considered pull factors (i.e., overlapping) (Bekhet et al., 2009; Smetcoren et al., 2017). For instance, loneliness may be considered a push factor whereas the appeal of social engagement at a senior living residence may be seen as a pull factor. Similarly, transportation problems or the inability to drive may be considered as a push

factor, whereas having safe and accessible transportation provided by a community may be recognized as a pull factor. Whether a factor is considered push, pull, or overlapping can be the result of how survey instruments are worded or the way individuals' frame their motivations (proactive versus reactive). For example, in response to an inquiry about the advantages of living in a CCRC, one female respondent said "...so many I couldn't list them, worry free, don't have to worry about what to have for dinner, how to get places, household chores, it is peaceful and quiet" (Marx et al., 2011, p. 92). When reviewing this statement made following a relocation, the factors attributed to the move seem to be categorically pull factors. However, had the question of motivation for moving been asked prior to the move, it is possible that the opposite of each of these positives could have been stated in the negative and considered push factors. For example, she might have said, "I am struggling with how to manage meal preparation as I am no longer able to drive; managing household chores has become a burden; and my neighborhood is beginning to feel unsafe with all the cars and traffic."

### **Collaborative Decision-Making**

When older adults consider relocation as a preemptive strategy for managing residential normalcy, or find it necessary due to push factors, the decision-making process often includes the involvement or consideration of others (Granbom et al., 2014; Koenig et al., 2014; Koss & Ekerdt, 2016; Perry, 2014; Soderberg et al., 2012). Koss and Ekerdt (2016) label this type of collaborative decision-making as 'residential co-reasoning'. Furthermore, they suggest that while the individual is the typical unit of analysis in survey-based studies of housing preferences and behavior, more often than not, the relocation decision-making process is not approached individually (Koss & Ekerdt, 2016). Collaborators associated with residential relocation decisions most frequently include adult children, family members, friends, spouses, and

professionals, although pets are also included as decision influencers about where and when to relocate (Chen et al., 2008; Koss & Ekerdt, 2016). In some cases, spouses, particularly those having been married for multiple decades, are seen less as collaborators and more as one unit functioning symbiotically together (Groger & Kinney, 2007). This prevalence is emphasized in an article associated with a special journal section on dyadic interrelations in lifespan development, arguing in favor of what the author refers to as, “an important movement in aging research to examine couples as an alternative but normatively common unit of analysis” (Dixon, 2011, p. 173). This argument is understandable when considering results from various research in disciplines such as residential relocation (Gould et al., 2017; Perry & Thiels, 2016; Soderberg et al., 2012); collaborative decision-making; (Berg et al., 2011; Queen et al., 2015); spousal relationships (Hoppman & Gerstorf, 2009; Landis, Peter-Wight, Martin, & Bodenmann, 2013; Morgan & Kunkel, 2016); consumer behavior (Barnett & Stum, 2013; Simpson, Griskevicius, & Rothman, 2012). For example, research on lifespan development suggests that marital dyads, especially in later adulthood, tend to integrate their developmental perspectives benefitting from a more collaborative approach to both problem-solving and coping (Hoppmann & Gerstorf, 2009; Peter-Wight & Martin, 2011; Queen et al., 2015).

In order to illustrate the differences between individual and dyadic decision-making, Queen et al. (2015) presented a framework whereby they propose ways in which older adult couples approach everyday decisions. This framework illustrates the flow by which couples navigate the decision-making process using both individual and collective resources. Four main processes are identified and labeled as decision identification, information search, the decision, and post-decision processes.

Such dyadic decision-making processes are affected by a variety of factors including

individual resources, contexts, gender norms, and participation of others in the social network (Chen et al., 2008; Koenig et al., 2014; Koss & Ekerdt, 2016; Perry, 2014). Furthermore, couples routinely search information together before making a decision; however, they may have differing approaches to such research (Marx et al., 2011; Queen et al., 2015). One may be more deliberative and the other may be more intuitive which can have impact dyadic processes as well as satisfaction with decision outcomes (Egbert et al., 2017; Matthews & Stephens, 2017; Perry, 2014). Decision-making is also often largely influenced by one spouse's perceived inability to manage the home independently, declining health of the spouse rendering caregiving responsibilities too challenging, or one spouse's desire for increased social engagement (Groger & Kinney, 2007; Krout et al., 2002; Peace et al., 2011; Perry & Thiels, 2016).

Whether defined as collaborative decision-making or co-reasoning, when multiple parties engage in decision making, complex perspectives are revealed in the deliberation and negotiation processes (Koenig et al., 2014; Koss & Ekerdt, 2016; Soderberg et al., 2012). This diversity of thought is illustrated in results from a study aimed at investigating the decision-making process with family members of older adults when contemplating a move to assisted living (Koenig et al., 2014). Three distinct decision-making narratives were identified in this research as (a) congruent, (b) complementary, or (c) dissonant. Congruent narratives are shown as agreement between the older adult and family member concerning decision-making details. When family members have different perspectives, but they do not disagree with each other's respective accounts, this is labeled as complementary narratives. Dissonant narratives are those where the older adult and family member disagree about decision-making details. Additional findings highlight the possibility of divergent goals of older adults and their caregivers, emphasizing the importance of community staff members as key influencers in the decision-



making process (Koenig et al., 2014). Similar findings were also described in a Swedish study of family members and their elderly relatives who were considering relocation to residential environments (Soderberg et al., 2012). Three different strategies were identified as being used by family members in attempts to control the situation while also supporting the relocating individual: (a) adapting, (b) representing, or (c) avoiding. Siblings were more likely to have an adapting strategy, which involved practicing self-control in front of their elderly relative, encouraging self-determination in the elderly relative, and attempting to assume an expectant attitude concerning the decision-making process. Spouses most often applied the representing strategy by mediating the decision of the other spouse, calling attention to existing needs, and experiencing distrust concerning those providing housing. Adult children and those in the younger generations switched between the strategies over time. For example, when using the avoiding strategy, they imposed restrictive boundaries concerning their engagement in the decision-making process or caregiving responsibilities. This was usually in response to a clash in the elderly relative's resistance to relocate and the unspoken preference of the younger family member toward relocation as a solution (Soderberg et al., 2012). Clashes throughout the decision-making process can result in ambivalence and strained family relations, a common result of decision-making efforts when multiple non-spousal decision makers are involved (Egbert et al., 2017; Gill & Morgan, 2011, 2012). It is rare for studies related to preemptive relocations by older adult couples to make direct reference to marital strain or tension associated with decision-making despite narratives that indicate such possibility (Perry, 2014; Perry & Thiels, 2016). Couples engaged in decision-making, independent of other decision-makers, express positivity and consensus concerning decisions to relocate, especially associated with

amenity-based moves (Sim, Liddle, Bernars, Scharf, & Bartlam, 2012) or moves to independent living retirement communities (Bekhet et al., 2009; Groger & Kinney, 2007).

While relocation decision-making may involve the inclusion of multiple collaborators (Gill & Morgan, 2011, 2012; Koenig et al., 2014; Soderberg et al., 2012), co-reasoning may also be inwardly focused and processed in solitude (Koss & Ekerdt, 2016; Perry, 2014). In some cases, one spouse may decide to relocate in deference to the other, or a parent may relocate to ease the burden on adult children (Koss & Ekerdt, 2016; Krout et al., 2002; Perry, 2014; Perry & Thiels, 2016). Perry (2014) labels this type of relocation decision as “gift giving” whereby the decision to relocate is made in order to provide certain assurances to another, such as peace of mind, or freedom from current or future caregiving responsibilities (Koss & Ekerdt, 2016; Perry, 2014). Findings in support of the “gift giving” label for relocation can also be found in an early study on reasons for relocating to CCRCs (Krout et al., 2002).

This type of approach is also indicative of the influence of marital status on decision-making strategies and is further emphasized in narrative accounts of relocation when spouses describing their experience utilize first person plural tense (Groger & Kinney, 2007; Koss & Ekerdt, 2016; Matthews & Stephens, 2017). These particular narratives reflect specific intentions to free adult children from end of life parental responsibilities, while including them as joint participants in the relocation process (Perry, 2014; Sergeant & Ekerdt, 2008). Others choose specific housing arrangement that contractually support end of life needs (i.e., CCRC) so that adult children are not committed to financial or personal care for aging parents (Koss & Ekerdt, 2016; Matthews & Stephens, 2017). Some may even be propelled by a moral obligation to the family in order to ease the burden of caregiving (Luborsky et al., 2011; Perry, 2014). Conversely, couples may elect to remain in their current home to accommodate visiting family members,

adult children and grandchildren (Matthews & Stephens, 2017). Additional factors associated with co-reasoning include proximity to adult children or other family members, support provided by offspring or other kin, marital status, pets, and peer influences (Koss & Ekerdt, 2016; Luborsky et al., 2011; Matthews & Stephens, 2017; Soderberg et al., 2012).

Unlike voluntary moves, which are frequently motivated by pull factors, relocation to assisted living is said to be “about weighing and balancing gains and losses to go where the help is” (Chen et al., 2008, p. 101). In doing so, older adults fall into three categories of decision-making: Deciding by self, deciding with others, or having the decision made (Chen et al., 2008). Accounts concerning decision-making may change over time in that a resident may first report that adult children made the decision only later to indicate they were personally the initiator (Koenig et al., 2014; Granbom et al., 2014; Gill & Morgan, 2012). In some cases, a decision to move is the result of a physician indicating that the elder should no longer remain at home or due to coercion from adult children (Caro et al., 2012; Koenig et al., 2014; Nord, 2016; Soderberg et al., 2012), or due to financial reasons (Mackenzie, Curryer, & Byles, 2015). Furthermore, under certain circumstances, whether the decision to relocate is made by the older person them self, or is made by others on their behalf, the decision may not actually be considered a decision at all. The decision of whether to relocate, where to relocate, or when to relocate may be the result of choosing from one of two undesirable options, or simply a decision that one falls into by default (Mackenzie, Curryer, & Byles, 2015; Matthews & Stephens, 2017; Soderberg et al., 2012). This point is illustrated in a phenomenological study related to ethical decision-making by parents of newborns in neonatal intensive care (van Manen, M.A., 2014). The means by which parents came to decisions about the care of their newborn children while in neonatal intensive care reflected interpretive themes, some or all of which could be applied to the experiences older

adults and families, particularly when relocation is considered in response to a health crisis or due to cognitive impairment. Van Manen (2014) found that subjects in his study were asked to make decisions that presented significant “weight, burden, and charge” (p. 283). These are similar to sentiments made by spouses and adult children concerning an aging loved one whereby they are faced with contemplating the necessity of relocation to assisted living or long-term care (Matthews & Stephens, 2017; Perry & Thiels, 2016). Making decisions under such circumstances presented ethical and moral dilemmas resulting in extreme and sometimes unbearable anxiety, uncertainty, and ambivalence (Matthews & Stephens, 2017; van Manen, M.A., 2014). In some cases, subjects expressed a decision as an indecision or non-decision. The responsibility for and in consideration of others within their family was always present (van Manen, M.A., 2014). These findings are consistent with relocation research in cases where adult children, caregivers, or spouses are faced with decisions that will directly and indirectly impact the lives of others where they have a responsibility, as well as when older adults face limited options other than to relocate (Chen et al., 2008; Gill & Morgan, 2012; Johnson & Bibbo, 2014; Matthews & Stephens, 2017).

### **Adjustment**

The degree of difficulty or ease in adjusting to a new residential environment following a voluntary relocation has been attributed to the motivation for the move and how similar the previous residence is in comparison to the new one (Bekhet & Zauszniewski, 2013; Heisler, Evans, & Moen, 2003). Some electing to move preemptively for such reasons as, anticipation of improved amenities, social engagement, or to be near family or friends, experience enthusiasm concerning their new living arrangements and look forward to place making in their new dwelling, particularly when the new residence is similar to the one they are leaving or is in close

proximity, such as to not require new routines, providers, or transportation patterns (Glass & Vander Plaats, 2013; Sim et al., 2012). Positive adjustment after voluntary relocation is also associated with factors including familiarity with the new residence and other residents; self-efficacy; overall physical and emotional well-being; and the maintenance of outside relationships and activities following relocation (Hernandez, 2012; McLaren et al., 2013; Roberts & Adams, 2017).

Not all voluntary moves are without adjustment difficulties; however (Carroll & Qualls, 2014; Heisler, Evans, & Moen, 2003). Voluntary movers downsizing into smaller residences may experience challenges associated with possession divestment which can cause distress as decisions about disposal of excess personal items and household goods are required (Addington & Ekerdt, 2014; Carroll & Qualls, 2014; Luborsky et al, 2011). Those moving to apartment style residences may require adjustment associated with living in close quarters or space limitations (Marx et al., 2011; Perry, 2014); however, this may be mediated by one's ability to personalize the apartment (Lindley & Wallace, 2015; Perry, 2014). Furthermore, those having relocated more frequently throughout adulthood are at an advantage when it comes adapting to a new residential environment due to increased resourcefulness and having refined their place-making skills through life experience (Bekhet & Zauszniewski, 2013; Sim et al., 2012). The result being less intense associations with household disbandment resulting in minimization of relocation disruption and less stressful adjustment periods (Rowles & Bernard, 2013).

Accommodative coping strategies may also be used to normalize the decision to relocate, making adjustment easier (Bekhet & Zauszniewski, 2013; Sim et al., 2012). A statement by a married woman named Mrs. Cooper, when interviewed just prior to her move, illustrates such attempts at positive adjustment, "But there we are. No, we are going to look forward and enjoy

it” (Sim et al., 2012, p. 382). Notably, this statement was made in first person plural tense indicating that she is speaking on behalf of the couple. Following relocation, Mr. Cooper was interviewed concerning his new residence with his response indicating difficulty with adjustment. He was quoted as saying, “I haven’t been outside yet; Dorothy won’t let me go...My memory’s not so good as it used to be. I suppose...I don’t know if it’s supposed to be like that, but, ah, mine is” (Sim et al., 2012, p. 388). Other similar sentiments expressing adjustment differences and difficulties can be found in qualitative studies in relocation research (Addington & Ekerdt, 2016; Vasara, 2015). The challenges are sometimes seen as trade-offs associated with getting older and needing increased support (Gill & Morgan, 2011; Groger & Kinney, 2007; Luborsky et al., 2011; Lustbader, 2013). For instance, one may express needing to adapt to group dining as a trade-off for the benefit of having prepared meals, or adjust their spending in order to gain peace of mind from living in a continuum of care arrangement.

Concerning involuntary moves and moves made voluntarily due to health issues, particularly those into assisted or longterm care, the literature suggests that some older adults thrive while others find adaptation challenging even after years of residency (Ayalon & Green, 2012; Chen et al., 2008; Gill & Morgan, 2011; Hernandez, 2012; Jungers, 2010; McLaren et al., 2013; Nord, 2016; Rowles & Bernard, 2013; Tompkins, Ihara, Cusick, & Park, 2012). Cause for adjustment difficulties may be explained by the Ecological Model of Aging (Lawton & Nahemow, 1973) which suggests that individuals who relocate to supportive housing have likely reached a point where their adaptive behaviors are insufficient, rendering them unable to live independently in their current environment. If after relocation there is not enough of a challenge or environmental press to effectively engage their cognitive, sensory, social, and physical capabilities, individuals will continue to experience environmental dissatisfaction, reporting

lower levels of personal satisfaction and higher levels of depressive symptoms (Baumker et al., 2012; McLaren et al., 2013). Furthermore, lacking engagement with others outside the community, particularly those representing a broader range of interests and ages, may leave some feeling a sense of alienation and disconnectedness (Jungers, 2010; Lustbader, 2013). Such residential incongruence may be indicative of a relocation being a successful solution for residential mastery, but ineffective in achieving residential comfort (Golant, 2015a; Granbom et al., 2014; Tompkins et al., 2012).

Whether a move is voluntary or involuntary, it is undisputed in the literature that the degree of positive adjustment to a new environment in later life depends greatly on factors pertaining to decision-making, and more specifically, maintenance of personal agency throughout the relocation decision-making process (Bohle et al., 2014; Brownie, Horstmanshof, & Garbutt, 2014; Golant, 2015a; Peace et al., 2011; Smith, Kohn, Savage-Stevens, Finch, Ingate, & Lim, 2000). Strong connections have been made which show that personal involvement in the decision-making process and higher levels of self-efficacy are intricately linked to outcomes at all phases of the relocation process, including moves to both independent and assisted environments (Bekhet & Zauszniewski, 2013; Brownie et al., 2014; Johnson & Bibbo, 2014). Other factors include positive cognitions (Bekhet & Zauszniewski, 2013); familiarity with the new residence and other residents; self-efficacy; overall physical and emotional well-being; and the maintenance of outside relationships and activities following relocation (Hernandez, 2012; Jungers, 2010; McLaren, Turner, Gomez, McLachlan, & Gibbs, 2013).

While clinicians and researchers widely recognize personal control as an important predictor of morbidity, mortality, and psychological well-being in older adults (Heckhausen, Wrosch, & Schulz, 2010; Langer & Rodin, 1976; Mallers, Claver, & Lares, 2014), difficulty

isolating the construct from other variables may present challenges when studying personal control as it pertains to relocation adjustment (Ewen & Chahal, 2013; Golant, 2015a, 2015b). One consideration is how older adults prioritize particular areas of life where they choose to maintain control. For instance, in the case of involuntary moves, older adults may lack the capacity to engage in the residential reasoning process, and when moving reactively but voluntarily, they may abdicate decision-making to others as a means of secondary control (Heckhausen et al., 2010; Morgan & Brazda, 2013; Smith et al., 2000) resulting in latent ambivalence during post-relocation adjustment (Gill & Morgan, 2011).

### **Summary**

In the face of demographic changes and a shift in social values, a plethora of residential options are now and will continue to be available for older individuals and married couples (Glass & Skinner, 2013; Golant, 1991; Howe et al., 2013). Based on the literature, many will elect to age in place until such time they are required to relocate, yet a significant number will preemptively move as an assimilative strategy for maintaining residential normalcy (Koss & Ekerdt, 2016). Research on residential decision-making among older adults shows that many do not plan for eventual necessary relocations (Koss & Ekerdt, 2016; Lindquist et al., 2016; Lofqvist et al., 2013; Lustbader 2013; Weeks et al., 2012). However, older adults' involvement in the process has a notable impact on their satisfaction or dissatisfaction with the move (Bekhet & Zauszniewski, 2013; Brownie et al., 2014; Dner & Nordstrom, 2010; Johnson & Bibbo, 2014). What we currently know about the planning process through empirical research is largely related to individuals or those in the younger cohorts (Golant, 2015a). What is still missing from the literature is an examination of couples, and how spousal relationships influence or are influenced by the residential reasoning process.





### **Chapter 3: Research Method**

In this qualitative phenomenological study, the lived experience of residential reasoning in older adult married dyads having relocated to age-segregated independent living communities was explored. This exploration of how older adult couples experience the decision-making process culminating in voluntary residential relocation contributes to the current theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b).

The problem addressed by this study was the unknown subjective lived experiences of older adult couples having voluntarily relocated to purpose-built independent living and continuing care retirement communities in late adulthood. The purpose of this qualitative phenomenological study was to expand upon the current empirical understanding of the theoretical model of residential normalcy (Golant, 2011, 2015b) by exploring the lived experience of residential reasoning in older marital dyads.

The following chapter discusses the research methodology and design used in the study, a description of the population and sample, materials used for collecting data, the study procedures, and the data collection process. Additionally, limitations, delimitations, and ethical considerations are addressed.

#### **Research Methodology and Design**

The research goal of this study was to perform an in-depth exploratory investigation of the lived experience of residential reasoning by couples in the old-old and oldest-old cohorts. To best answer the stated research question, it was necessary to gain rich descriptive accounts of the lived experience of residential reasoning from those who have experienced such phenomenon (Moustakas, 1994; van Manen, 2014, 2017). Qualitative research, unlike quantitative approaches, is broad and general, taking into consideration the complexities of subjective accounts rather

than reducing them to only a few variables (Lincoln & Guba, 1994). Because the study was designed to investigate a broad and complex topic, a social constructivist worldview using a qualitative research method was utilized.

A transcendental phenomenological approach was selected as the most appropriate qualitative method for effectively answering the proposed research question. According to Moustakas (1994), this perspective seeks to describe the lived experiences of individuals having experienced the phenomenon being studied in order to capture the essence of the experience. The aim of the method is to study intentional, non-individual phenomena (Sousa, 2014). Consideration of other approaches was given by the researcher prior to choosing the phenomenological approach. A grounded theory methodological approach, the purpose of which is to generate a theory of a process, action, or interaction (El Hussein, Hirst, Salyers, & Osuji, 2014), was considered; however, noting that the theoretical model of residential normalcy might be a possible theory currently effective in explaining residential normalcy within married dyads in the old-old and oldest-old demographic segments, this approach was disregarded. A narrative approach, focusing on the words used to describe an event (Tamboukou, Squire, & Andrews, 2008), was also considered; however, because the focus is on discovering the essence of the lived experience of residential reasoning in late adulthood, rather than on the specific details related to the relocation itself, the narrative method was abandoned in favor of the phenomenological methodology. The narrative approach also disregards non-verbal communication in the data analysis process (Tamboukou et al., 2008).

### **Population and Sample**

Participants were selected from a population of individuals, aged 75 and over, legally married, and residing in purpose-built independent living communities or the independent living

section of continuing care retirement communities. Due to the dearth of literature addressing the residential reasoning topic in couples, as well as those in the old-old and oldest-old cohorts, this segment of the aging population was chosen as the focus for the research. Residents of such communities are typically predominantly Caucasian, well educated, and of middle class income or higher. Approximately 34 percent of new residents of CCRCs are married, whereas only 27 percent of those moving into independent living are married. The average age upon move-in is approximately 80 years (ASHA, 2009; MetLife & NAHB, 2011; Petersen, Tilse, & Cockburn, 2013).

The sample included in the study was purposive, meaning that subjects were selected based on the criteria most appropriate for providing rich detailed experience of residential reasoning in the context of couples relocating to age-segregated independent living (Moustakas, 1994; van Manen, 2017). Five to 25 participants (dyads) have been suggested for phenomenological studies (Moustakas, 1994); however, saturation was reached after interviews with only six dyads. According to Fusch & Ness, (2015), saturation occurs when no new themes emerge during data collection, there is enough information to replicate the study, and no new coding is possible.

Subjects selected for the study were married, both aged 75 or older at the time of relocation, and independent living residents of an independent living community or continuing care retirement community. All participants indicated having voluntarily relocated within the previous 12 months. Recent relocation was included criterion for the study in order to gain more accurate recollections of the lived experiences of residential reasoning. Both parties of the marital dyad were required to be capable of recalling and describing their experience of events preceding relocation. Each gave permission to be audio-recorded and for personal accounts to be

reported using a pseudonym. Additionally, both spouses consented to being interviewed both together and separately.

Participants were recruited with the assistance of senior living community professionals with whom the researcher had industry-related connections (Appendix B). Such professionals were provided with a flyer (Appendix C) outlining the nature of the study and the characteristics of eligible participants and were asked to distribute the flyer to residents, either through bulletin board displays or in person. Due to the nature of their roles within the community, these staff members had firsthand information about which residents met the stated eligibility criteria. Multiple copies of the flyer were personally delivered to community staff members in an envelope with instructions on how to contact the researcher. Due to the assistance of community staff in recruiting participants, candidates were advised about potential risks to anonymity in the informed consent document (Appendix F). This issue is further discussed in study procedures section.

Identified candidates were asked by the community representative for permission to be contacted by the researcher or they were given instructions on how to contact the researcher directly as noted on the flyer. A pre-screening telephone script (Appendix D) was used with each potential candidate when they called to screen for eligibility and appropriateness. In addition to meeting stated inclusion criteria as outlined in other sections and in the informed consent, the researcher listened for any signs of reluctance by candidates concerning audio recording or interview processes, specifically being interviewed together with and/or separate from spouse. None of the respondents expressed concerns about the study protocol and all eligible candidates were willing to continue with the study following the initial phone screening.

## **Materials/Instrumentation**

Conversational semi-structured interviews were determined as the best way to explore the research question and to develop a deeper understanding of the lived experience of residential reasoning in older adult couples (Moustakas, 1994; van Manen, 2014, 2017). An initial interview was conducted with the couple together, followed by individual interviews with each spouse. By observing and documenting the conversation of the couple while meeting together and then combining it with supplemental individual accounts, the researcher gained deeper insights into how marital relationships influenced residential reasoning experiences.

Initial interviews lasted from 30 to 45 minutes each, followed by individual interviews with each spouse ranging from 10 to 15 minutes each. The researcher utilized a prepared interview guide (Appendix A) including key questions in order to explore areas relevant to the research question. Due to the specific style of questioning inherent in the phenomenological methodology, questions were initially formulated by using examples provided in seminal works and published texts of noted phenomenologists (Moustakas, 1994; van Manen, 2014). While experts in the fields of relocation and aging may have discipline-specific knowledge about the subject matter under investigation, most do not utilize or practice the phenomenological approach to such topics (van Manen, 2017). Because field-testing of interview questions was considered protocol for the research project, interview guides along with chapters 1 through 3 were provided to four academic professionals experienced in qualitative research. While some feedback was beneficial providing recommendations concerning minor adjustments to interview questions (making them more succinct and understandable), other recommendations were not aligned with phenomenological methodologies and were disregarded (see Appendix E for field testing details).

## Study Procedures

Once study candidates were screened for eligibility and had provided written consent (Appendix F), both joint and individual interviews were conducted. Interviews were scheduled for mutually convenient dates, times, and locations. The researcher offered to meet participants at her private office or a more convenient location not requiring travel. Prearrangements had been made at participating senior living communities for use of private meeting rooms. Despite alternative meeting locations proposed, all participants preferred interviews to be held at their private residences. Privacy can be important in order to ensure openness, sharing, and transparency (Moustakas, 1994), although less formal and more social settings can also assist in the recollections of personal accounts (van Manen, 2014). The couple met with the researcher together for the first interview followed immediately by individual follow-up interviews with each spouse. During the individual interviews, spouses were asked to leave the area so they could not overhear the discussion.

Interviews began with a reminder that the information shared during the interview process would be used for the sole purpose of completing a dissertation project and that pseudonyms would be used when publishing results. The researcher established rapport with the participants and then reviewed the informed consent form with them before asking them to each sign a copy. The researcher completed a demographic data sheet (Appendix G) early in the meeting process. Once participants appeared comfortable, as evidenced by ease of conversation and relaxed posture, the audio recording was initiated and the first interview question was asked, followed by probing questions when needed to forward the conversation or refocus on the research core concepts. Verbal and non-verbal communications were closely monitored. At no point did any participants show signs of emotional or interpersonal distress. Participants were

reminded that they could discontinue the interview at any time without penalty, take a break, or skip any question. No emotional distress or interpersonal conflict became evident, therefore, no interviews required discontinuation, postponement or cancellation.

The researcher utilized written memoing to document both descriptive and reflective notes. Descriptive notes involve recording the words and stories conveyed by participants, while reflective notes indicate hunches, impressions, and feelings, etc. of the researcher during the interview process (Moustakas, 1994). This method was used during both the combined and individual interviews.

As soon as possible following each set of interviews, the researcher documented in a field note journal reflections related to the interviews. Such notes included observational, theoretical, methodological, and analytical notes. Observational notes included information about what happened and who was involved as it related to the interview process and participants. Theoretical notes were made as the researcher reflected on the experience and attempted to derive meaning from it. Methodological notes were reminders and instructions concerning the research process and were made as a critique for the benefit of the researcher in the investigative process. Analytical notes summarized the research process and provided a progressive outlook. Note taking is considered a part of data analysis and occurred throughout the data collection process (Moustakas, 1994).

Following each set of interviews, audio recordings were submitted for transcription. The transcribed data along with field notes were loaded into a CAQDAS, Atlas.ti-8. The audio recordings have been saved on an encrypted password protected drive and will be kept for 7 years before being permanently destroyed.



## Data Collection and Analysis

Moustakas' (1994) modified version of the van Kaam method of data analysis outlines a multi-step process that was used for data analysis. Using Atlas.ti-8, the transcript of each interview was reviewed one at a time in a line-by-line fashion. Expressions relevant to the research question were listed (horizontalization). The next step was to reduce the list to only those expressions meeting the following requirements: 1) It contained a moment of the experience necessary and sufficient for understanding it, and 2) It was possible to abstract and label it. Expressions that were vague, repetitive, or overlapping were not considered invariant constituents and were eliminated from the list. The remaining expressions (invariant constituents) were then validated and clustered according to theme. These clustered and labeled constituents are considered the core themes of the residential reasoning experience of marital dyads and were used to construct thematic portrayals of the experience using phenomenological reflection and imaginative variation (Moustakas, 1994). Individual textural descriptions were written for each of the marital dyads, followed by individual textural-structural descriptions. These individual portrayals were then combined to formulate composite textural, structural, and textural-structural descriptions. It is from these descriptions that the essence of the experience of residential reasoning as a marital dyad was revealed.

Validation procedures included asking participants and three experienced senior living community staff members to review the thematic descriptions and provide feedback as to their representation of an accurate portrayal of the residential reasoning experience. An additional literature review was conducted to assess similarities and differences found in the literature, as well as to make recommendations as to future research possibilities.

## **Assumptions**

**Participant assumptions.** It was assumed that participants would willingly and openly share their personal experiences with the researcher concerning residential reasoning. This is based on previous personal experience with focus groups led as part of other endeavors. It was also an assumption that participants would have the ability to recall specifics associated with this process. The researcher also anticipated a certain level of non-verbal communication between spouses to be evident when interviewed together, which would create censorship when sharing personal experiences in the presence of a spouse. This is why the individual interview following combined interviews was part of the data collection protocol. Lastly, due to the ages of participants, it was assumed that the interviews would be lengthy or require intermittent breaks.

**Sample selection assumptions.** It was assumed that an adequate number of participants meeting the study specifications would be identifiable within local independent living and continuing care retirement communities. Due to the specific focus on a narrow population, it was possible that recruitment from multiple sites would be necessary for an adequate study size.

**Methodological assumptions.** It was the assumption of this researcher that the best way to address the proposed research question would be through a qualitative approach whereby rich experiential descriptions are provided. It was also assumed that through the analyses of these lived experiences, the essence of residential reasoning of older adult couples would be revealed.

## **Limitations**

The primary limitation of any qualitative study is the small sample size. This could potentially call into question the quality of the study. Four criteria have been recognized; however, in assessing the quality of qualitative research. As opposed to validity, reliability, and objectivity in quantitative research designs, trustworthiness in qualitative research is based on

credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1986). Measures taken to ensure trustworthiness are described in chapter 4.

### **Delimitations**

The study size was limited to a small sample due to the feasibility of analyzing the thick descriptions as a single researcher. While age 65 has traditionally been identified as the beginning of old age (Erber, 2013), the proposed study population was limited to those 75 and older due to the lack of research related to residential reasoning in the old-old and oldest-old segments. Additionally, only married couples were included in the study due to their unique collaborative perspective related to residential reasoning (Fingerman & Charles, 2010; Landis, Peter-Wight, Martin & Bodenmann, 2013; Queen et al., 2015).

Selection of participants was limited to those who had recently relocated (within 12 months). This limitation was chosen to ensure accuracy of experiences and to limit distortion of recollections due to post-relocation assimilation. Participant selection was also limited geographically as the goal was to draw common themes from the data and such themes may vary based on regional lifestyle differences. The study only includes those with both spouses having relocated to an independent living community or the independent section of a CCRC. This limitation was chosen due to the differences in decision-making factors between voluntary and involuntary relocations (Bekhet & Zauszniewski, 2013; Golant, 2015a; Gould, 2017).

In order to answer the research question of how older adult couples perceive and describe their experience of residential reasoning, it was necessary to limit the study sample to only those who had relocated as married couples. Additionally, to determine the commonalities of those who made such relocations, it was important to narrow the sample group to only those choosing similar living arrangements. Previous relocation studies often attempt to generalize results across

the various segments of the older population (i.e. young-old, old-old, and oldest-old), or the third- and fourth-ages, despite the differences within these groups (Lofqvist et al., 2013; von Humboldt & Leal, 2015).

### **Ethical Assurances**

The study was approved by the IRB of Northcentral University prior to recruitment of participants or any data collection. Although the risk to participants was considered minimal, due to the highly personal nature of the interview questions, ethical concerns were addressed to mitigate any negative consequences. Prior to being accepted into the study, a screening interview was used to assess the ability of potential candidates to tolerate discussion of personal issues without undue or excessive stress. Particularly when using one-on-one interviews, it is important to establish rapport and trust early in the interview process. The researcher attempted to alleviate concerns about sharing personal information or discussing sensitive issues by reminding participants of confidentiality measures inherent in the study protocol.

According to Beauchamp, Faden, Wallace, and Walters (1982), there are four ethical principles that must be followed in research practices: Non-maleficence (avoid harming participants), beneficence (research must produce positive benefit beyond research alone when involving human subjects), autonomy or self-determination (values and decisions of research participants should be respected), and justice (equal treatment of people who are equal in relevant respects). During the interviews, the researcher assessed both verbal and non-verbal responses, being sensitive to stress or uncomfortable topics. It was anticipated; however, that most participants would not experience negative emotions to the degree that withdrawal from the study would be necessary. To assist with openness and to protect confidential information, interviews took place in a private location chosen by the subject. Pseudonyms have been used for

both participants and communities in all documentation. A non-local and unaffiliated transcriptionist signed a confidentiality agreement (Appendix H).

In an effort to alleviate personal biases and ensure study integrity by the researcher, the use of epoch and bracketing was employed. This involves setting aside pre-judgments, biases, and preconceived ideas in an effort to approach the data with a fresh and untainted perspective (Moustakas, 1994; van Manen, 2014, 2017). This is particularly important as the researcher has personal and professional experience in assisting others with relocations to age-segregated living environments. Bracketing of personal biases was done through use of memoing, field notes, and pre- and post-interview meditation routines. Additional measures for data analysis using Moustakas' (1994) multi-step coding system were used to enhance the integrity of the analysis.

### **Summary**

This chapter addressed the research methodology and design used in the study, a description of the population and sample, materials used for collecting data, and the study procedures and data collection processes. Limitations, delimitations, and ethical considerations of the study were also addressed. The purpose of qualitative phenomenological study was to address a gap in theory concerning the lived residential reasoning experience of older adult couples.

## **Chapter 4: Findings**

The purpose of this qualitative phenomenological study was to explore the lived experience of older adult married dyads in the old-old and oldest-old cohorts, mainly how they perceive and describe their experiences of residential reasoning. This chapter outlines the trustworthiness of the data, the results including common themes and patterns, steps taken to analyze the data, and an evaluation of the findings considering the existing research and relevant theoretical frameworks.

### **Trustworthiness of the Data**

Trustworthiness in qualitative research is based on credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1986). To ensure credibility concerning the core concept of residential reasoning, the researcher relied on the definition of residential reasoning as proposed by Granbom et al. (2014). A participant interview guide (Appendix A) served to maintain focus on the research question and related core concepts. The questions included in the interview guide were field tested before use with participants (Appendix E); however, because of the nature of the semi-structured interview style, not all questions were utilized uniformly with each participant or dyad. To mitigate concerns of researcher bias, the process of bracketing as outlined by Moustakas (1994) was utilized. Rich experiential details of the research process were documented to ensure transferability to other contexts. To ensure dependability, the researcher utilized field notes when conducting the semi-structured interviews. A multistep process following the modified van Kaam method of analysis (Moustakas, 1994) was utilized. Using Atlas.ti-8, the transcript of each interview was reviewed one at a time in a line-by-line fashion. Expressions relevant to the research question were listed (horizontalization) and reduced to those meeting the following requirements (a) it contained a moment of the

experience necessary and enough for understanding it, and (b) it was possible to abstract and label it. Expressions that were vague, repetitive, or overlapping were not considered invariant constituents and were eliminated from the list. The remaining invariant constituents were then validated and clustered according to a theme. These clustered and labeled constituents were used to construct thematic portrayals of the experience using phenomenological reflection and imaginative variation (Moustakas, 1994). Individual textural descriptions were written for each of the marital dyads, followed by individual textural-structural descriptions. These individual portrayals were then combined to formulate composite textural, structural, and textural-structural descriptions. It was from these descriptions that the essence of the experience of residential reasoning as a marital dyad was revealed.

Following the development of interpretive themes, the study participants, as well as senior living community marketing staff members of two unrelated communities were asked to review the themes and contribute any alternative views reflecting their experiences of the residential reasoning process.

## **Results**

Six married couples were recruited to the study. Because the focus of the study was on those in the old-old and oldest-old cohorts, the participants were all 75 or older. One exception was made for a spouse who was only 73. The average age of all participants was 81 with a range of 73 to 85. All the couples were Caucasian, heterosexual, and residing in independent living apartments located in or around the Oklahoma City metro area at the time of the interviews. Couples had been married for an average of 53 years, with only two couples having been married for 40 years or less (these were both second marriages). Half of the participants had college degrees, and all participants were currently retired. On average, couples had lived in their

previous residences for 25 years with a range of 4 to 56 years. All but one couple had at least one offspring. Participants were recruited through flyers distributed by community staff members at three area independent living retirement communities. The researcher screened respondents by phone for eligibility and then provided the informed consent document for review before scheduling interview appointments. Eligibility criteria verified during the phone interviews included each participant's willingness to be interviewed together with the spouse and privately without the other spouse present. Couples were given the option to meet at the researcher's private office, at their residence, or in a designated private room within their community prearranged by authorized personnel. All participants elected to be interviewed in their residences. For the private interviews, the uninvolved spouse stepped out of the apartment and was instructed to return in approximately 10-15 minutes. The interviews involving both spouses together, which were conducted first, averaged approximately 35 minutes. Each of the private interviews with individual spouses averaged approximately 10 minutes. From the semi-structured interviews, full, rich descriptions of the residential reasoning experience were obtained. Six themes and 10 subthemes emerged from the narratives. The themes and subthemes are listed in Table 1 and are further defined and described in the next section. Pseudonyms have been utilized to maintain the anonymity of the participants. In cases whereby, specific comments could result in the identification of a participant, the statement was redacted, or a similar but different word was substituted while ensuring to maintain the integrity of the comment. Specific comments were intentionally anonymously reported as they were shared during private interviews with the promise of anonymity.



Table 1

*List of Themes and Subthemes*

Theme	Subtheme
The experience of someday	Quiet anticipation Reluctance and opposition
The experience of declining capabilities	Physical decline Home maintenance and homemaking
The experience of others	Involvement of offspring Gift giving
The experience of selecting a forever home	Future care needs Lifestyle preferences
The experience of letting go of personal possessions	Nostalgic attachments Interpersonal tension
The experience of relief	

**Research question:** How do older adult married dyads perceive and describe their experience of residential reasoning? The following six overarching themes were developed from both combined interviews with each of the six dyads and individual interviews with each spouse: (a) *The experience of someday*; (b) *The experience of declining capabilities*; (c) *The experience of others*; (d) *The experience of selecting a forever home*, (e) *The experience of letting go of personal possessions*, and (f) *The experience of relief*. Five of the six themes include subthemes as referenced in Table 1.

While the themes are presented here in chronological order from the beginning of the residential reasoning experience to the finality, this is not necessarily representative of the order in which information was conveyed in the interviews. The chronological organization of themes was designed to help the reader walk through the chronology of the residential reasoning

experience as it was lived by older adult couples; however, the experience itself is non-linear. Each of the themes having emerged were intricately linked and interconnected.

**The experience of someday.** Regardless of age or circumstance, when interviewed, all six marital dyads reported that the idea that a future relocation had pervaded their thoughts in the years before their relocation. They had each anticipated a day when a decision about their residential accommodations would have to be made. This early contemplation marked the beginning of their residential reasoning experience. The theme *the experience of someday* refers to the how participants described having an inner knowing that something would eventually have to be decided about their living arrangements. Despite the pervasive thoughts of this eventuality, participants continued for months or years rationalizing that it could be dealt with someday, just not today.

*Harry: I knew even though I like my home and all the little things that you do in your home, I knew that I'd eventually have to go someplace.*

*Margaret: I just think we both knew we probably would do it.*

*Frank: It's one of those things that you – it's in the back of your mind of even though we're healthy, you wonder sometimes what does it look like in the future. It will be in the near future. It won't be a long time because we're in our 80's.*

The subthemes of *quiet anticipation* and *reluctance and opposition* reflect the differences in the way each gender viewed the possibility of a future residential relocation, particularly to an independent living or other similar congregate environment.

**Subtheme: Quiet anticipation.** It was clear that in some cases, female research participants had been contemplating this day for many years. Two participants had been covertly planning and were in quiet anticipation of the conditions which would necessitate reassessing

their current and future residential living situation. This may have been largely due to having had friends who made a move to a retirement community years before.

*Margaret: This is the only place I've ever been in because I've had so many friends over the years that have been here. But every time I've been in one of these apartments, I go home and mentally place my furniture in it.*

*June: I guess it was in the 90s that we visited friends who lived here...way back in the 90s... I was favorably impressed. Always in the back of my mind that someday we would be here.*

For the women, a change of residence was appealing. They welcomed the opportunity for a simpler living arrangement, more social engagement, fewer homemaking responsibilities, and the peace of mind that came from knowing their future needs, as well as those of their spouse, would be met regardless of health, disability, or widowhood.

*Joan: That's my mantra. No clean, no cook.*

*Carol: But this is so much – you get so much here for the rest of your life and all levels of care. It's a lot of stress really off my shoulders...*

***Subtheme: Reluctance and opposition.*** None of the six male participants were as eager as their spouses to move from their residence and only became engaged in considering such an option when their spouse or other parties initiated the conversation. It was only just before their actual relocation or following their move that male participants expressed favorable sentiments about it. In fact, despite their current satisfaction with their new living arrangements, two of the husbands started out as adamantly opposed to moving.

*Harry: Well, I said, "No, I'm not ready to do this, so I'm not going to do it." She said – I don't remember what she said but, "Well, we've got to talk about this eventually, so- "I said, "Well not*

*right now.” This was several years ago. I was in good health and no problems. Everything changed....the conversations then became more amicable.*

*Sara: When we first started talking about it, he was adamant, “We are not moving. I told you we would not move out of this house. I will be taken out in a brown box,” blah, blah, blah. But then I don’t know, you started coming around, even suggesting we go look at some places.*

*Carol: I think the looking at different places was me pushing him a little bit. I’d find them. I’d say, “Let’s go look at this one.”*

While not as vocal about the preference to remain in his own home, one male participant made indirect comments leading the interviewer to conclude that although he initiated the conversation and the decision was mutual, he had only considered such a residential change as a gift to his wife. The exchange that took place during the combined interview reflects the residential reasoning process of the husband as it relates to the decision about relocation. Further discussion regarding relocation as a gift to others is discussed in the theme titled *the experience of others*.

*Interviewer: Was there any emotional attachment for you at all to the house?*

*Dan: Every time I walk over to the house.*

*Margaret: There is?*

*Dan: - all the rooms. Not really emotional. I’m not an emotional type of guy, but I look around and say, “I am going to miss this.”*

*Interviewer: Really. What do you think specifically you’ll miss?*

*Dan: Space. Our kids could come and have their own bedroom and private bath. Now they’re going to have to stay in a motel. But I’ll get used to it and because Margaret loves this so much, I will get used to it and I will learn to love it.*

*Interviewer: Do you feel like she wanted to move more than you did?*

*Dan: I don't think so. I really don't. I think we came to this decision together and really wanted to get it done.*

*Margaret: But I was so glad he started the ball rolling. Because I was content with it from the get-go. When he'd be frustrated with it all, I thought, "Oh gosh, if I'd been one to start this...." Did you ever feel that way because you started it?*

*Dan: No, because you agreed with everything. We did it together. It wasn't my decisions totally. It wasn't your decision totally. We just kind of blended together. We really did.*

Similarly, Sara said it this way of her husband, Tom:

*Sara: I think I was more on board at first, but he really got into it.*

*Interviewer: Yeah, did that surprise you?*

*Sara: A little bit just because I knew he'd always said he didn't want to move again.*

Harry also agreed that he was not a fan of the idea of moving; however, he later reconsidered considering the couple's circumstances.

*June: Well, we discussed it. He [Harry] was really opposed to it to begin with. But we decided – we don't have any family. So, nobody really to take care of us if we should become dysfunctional or disabled in our old age. We are definitely in our old age right now. We'd been thinking about that.*

*Harry: I was not necessarily opposed to it. It's just like.... I was a homebody and in pretty good health.... But then we talked it over and I realized that we're over 80 years old and I've got something – if something happened to one of us, we would really be in a bind because she doesn't drive.*

Distinct differences in residential reasoning were evident between the men and women in the participating couples. The early residential reasoning of male participants tended to be one of *wait and see* while females contemplated *what if* scenarios and researched their options. It was not until the household responsibilities, and home maintenance became overly cumbersome for the women that their spouses became more open to considering a change in residence. This change of reasoning is further discussed in the next theme, *the experience of declining capabilities*.

**The experience of declining capabilities.** All the couples interviewed were experiencing either non-normative or normative age-related decline, and these bodily changes were significant factors in their residential reasoning processes. The theme, *the experience of declining capabilities* refers to the participants' words related to specific events indicating their former capabilities were not the same as they used to be. For both male and female participants, declining physical capabilities made maintaining a home increasingly challenging. Gender differences also existed when discussing the various tasks associated with maintaining a residence. For instance, exterior maintenance, particularly yardwork, shrub and tree trimming, falling leaves, and weeding flower gardens were burdensome and primarily mentioned by the male participants as sources of frustration. Housekeeping and homemaking responsibilities, including meal preparation and grocery shopping, also proved difficult and were expressed as the domain of female participants. It becomes evident in the reflections of specific events and the changes in bodily functions just how much the previous theme, *the experience of someday*, and this theme are intricately linked.

***Subtheme: Physical and cognitive decline.*** Due to illness, disease, or worsening chronic health conditions, three of the six couples expedited the residential reasoning process and began looking into alternative residential solutions much sooner than anticipated.

*Sara: Tom has been fighting falls and we never figured – the driveway was very steep and there are multiple steps to get into or out of our house no matter which entry we used. When he started on a walker and had some falls, we decided that it was not - not going to be good.*

*Jerry: Like I said, we looked around and we knew it was going to happen one of these days, but we didn't think it was going to happen quite this quick until this episode.*

One couple faced a recent terminal diagnosis with the prognosis of his only having a few years left to live.

*Abigail: I didn't want to buy a house. I already had a load. I didn't know what I wanted to do. It just happened so fast. The way it worked out I'm glad we didn't buy a house because – and Herb had still been working if he had not come up with this, which had never entered our mind he'd have something like this.*

While relocation decisions were made by some couples due to urgent care needs or health concerns, others simply began to recognize that their physical abilities were not as good as they had been in the past and improvements were not anticipated. Their rationale was to move while healthy rather than waiting for a crisis to occur.

*Tom: I was trying to get up the steps and it all slipped out through my hands and I got stuff scattered all over the place. I bent over, started grabbing it, picking it all up. Bending over like that, it made me dizzy. I stepped back and stepped off the sidewalk onto the grass, which was slightly lower than the sidewalk and I just toppled over.*

*Margaret: I have a lot of arthritis in my hands, a lot. If my arthritis had been as bad in January as it is now, I probably wouldn't have – I would have said, "Oh, Dan, we can't even begin to do this," because I've had a lot of problems with it.*

While the consensus of the participants was that physical and cognitive decline served as a primary impetus for the decision to relocate, the emotional effects of these declines also affected the residential reasoning process. Abigail put it this way, "We've just kind of got a long road ahead of us maybe."

Beyond physical limitations and changes, two of the participants were beginning to experience cognitive decline. While not experiencing immediate crises, recognition that future care would likely be necessary played a significant role in the residential reasoning process, particularly for spouses who would eventually be tasked with caregiving responsibilities. As declines were further discussed during private interviews, specific uncertainties about whether adequate long-term care would be available should it be needed and whether such care would be affordable for an undefined timeframe were addressed. While these uncertainties served to inform the residential reasoning process for these individuals, none had shared their concerns with their respective spouses and; therefore, requested their comments on this matter remain anonymous. Two participants identified their concerns candidly in private.

*I knew she had some dementia. She denies it. She will admit readily that she doesn't – her memory is no good. It was getting... I could tell it was progressing and it really concerned me because I thought if she goes into a memory care, that's 9,000 dollars a month at least. I knew that we'd be wiped out in a few years. So this to me was just ideal.*



*I didn't put it off on her. I said if either one of us must go in memory care...and we'd seen family, not family so much, friends that had done this, good friends. But they had money. We didn't come from money.*

*I don't even know how to call it because they don't even say, but the doctor... he had some tests done for memory and did okay...but there has been a little bit of change and probably will be.*

*We have known about that over the last year. But it's... that was one of the things that – knowing what's available.*

***Subtheme: Home maintenance and homemaking.*** Five of the six couples interviewed indicated home maintenance tasks and household chores had become increasingly challenging recently. Such challenges are intricately linked with physical and cognitive declines and served to inform residential reasoning processes.

*Abigail: It was a big responsibility. But I just – it was becoming a big thing. Joe had always ran the sweeper and mop, well, he was getting to where that was a load for him.*

*Frank: I know it's hard for her to cook for two people. It was getting to be a problem. We didn't know what we were going to do about it. With that and the yard, the maintenance, the upkeep, things like that, that probably took over. We thought well, this [moving to retirement community] is a quick way to get out from under it.*

*Margaret: Just because cooking is so difficult and I've had so little time keeping up with the house, with the – there's so many to-dos running a house and he's not interested in the garden, and he's not interested in the cooking, and he's not interested in the house things and all. It took a lot of time to do that.*

*Harry: The yard and maintenance of the yard is really one of the factors that led into us wanting to move certainly.*

As illustrated in this theme, the challenges associated with maintaining a residence considering cognitive and physical decline accelerated relocation decisions. Had it not been for current or perceived future difficulties associated with home maintenance and homemaking responsibilities, the couples interviewed indicated they would have continued to live in their previous residences. Decreasing capabilities in the areas of home care and home maintenance also played significant roles in the decision of both where and when to move. This topic is further discussed under the theme *the experience of selecting a forever home*.

**The experience of others.** While decision-making conversations were primarily confined to the marital partnership, five of the six couples involved outside parties as part of their residential reasoning processes; therefore, this theme was titled *the experience of others*. Three couples mentioned specific engagement with professional advisors who provided guidance related to finances and moving support during their search for a suitable residence. Adult children and grandchildren assisted in the community search and selection process together with three of the couples. Despite the active involvement of family members or professionals, primarily early in the residential reasoning process, all the participants asserted that final decisions about where and when to relocate were made within the marital relationship alone, and not significantly influenced by outside parties. While direct consult or the advisement of others was expressed as being limited, there was significant consideration of offspring mentioned throughout the interviews, particularly regarding the timing of the move and the community selection process.

**Subtheme: Active involvement of offspring.** Three couples began looking into alternative residential options only after conversations initiated by adult children. In the

combined interview with Sara and Tom, they shared how their children from previous marriages encouraged them to make a move to an independent living community.

*Sara: Our children were encouraging us to make a change and go ahead and get settled in a place that we can feel like is forever. That way I feel more secure.*

*Tom: I had to tell her I wrecked the car. That's when she – her kids and my kids are all saying, "First of all, you can't drive anymore and secondly you've got too many steps to go up and down there in the house. You need to find another place to live."*

After researching their independent living options for some time, primarily in other geographic areas, Carol and Jerry's offspring located a community that they encouraged them to consider. This would become their new residence only a short time later.

*Carol: My granddaughter was up here with my son and they were driving around. She happened to see this place. She said, "Well, let's go look at it." They came in and looked at it and decided this is where we ought to be. It didn't take a whole lot of talking to get us to come up here. We came up and looked at it. Well, actually, we signed up the week after we came up and looked at it.*

Having taken no previous physical actions toward relocation, Frank and Joan's offspring, while visiting from out of town, arranged for a tour of a nearby senior living community. While surprised, the couple agreed that it would be an agreeable solution to current and future residential challenges.

*Frank: It wasn't anything in our radar at all. Our kids came and spent a week with us. One day they went out and we thought nothing about it. They come back that afternoon and said, "Well, we've got you an appointment tomorrow." It was completely out of the blue.*

**Subtheme: Gift giving.** Early in the residential reasoning process, as discussed in the theme, *the experience of someday*, couples considered the implications of their living environment should something happen to them or their spouse. Both disability and widowhood were discussed by all participants as possible scenarios that would adversely affect their ability to care for themselves and their homes without formal or informal support. With these concerns in mind, all the couples contemplated the consequences of staying put or moving on and how their decisions would affect each other, as well as their offspring or other informal caregivers. For the five couples with offspring, the desire to avoid becoming a burden to them contributed to their residential reasoning processes.

*Tom: When the kids started having to drive me. I had to get – any time I wanted to go someplace I had to make arrangements for somebody to pick me up and take me and then somebody take me back home afterwards. It got to be a real nuisance to do that. That's when I started thinking about well, maybe this is something we ought to do. I said, "Let's look around and see what they're like."*

*Abigail: We just – we've always been independent people. They've got their life. Besides my children are getting older.*

*Dan: To have them [offspring] come down and sell our house and then estate sale and all of that, that's not fair because they're both – they have other things to do.*

*Frank: We wouldn't have to worry about it. The kids wouldn't have to worry about it.*

*Carol: I didn't want them [adult children] missing trips that we had missed out on because we had parents to take care of.*

Three of the five couples referenced the difficulty they had experienced in having to care for their parents or elder relatives. They did not want their offspring to bear such responsibilities.

*Harry: Part of it was the fact that her mother was in a nursing home. She was 90 years old. We tried to take care of her as people do, all this stuff. It was a burden, really a burden. I think we both decided we didn't want to have to go through that.*

One couple included in the study did not have children or other family members who could provide informal caregiving tasks should they need support. Not unlike those with offspring; however, their residential reasoning centered around securing formalized support should either or both need it in the future. They too reminisced about having had to care for aging parents.

**The experience of selecting a forever home.** After participants decided to change their residential environments by relocating, they began their search for more suitable places to live. Selection of their *forever home* as it was referred to by Tom, “We moved into a smaller house before...that was our third forever house...this is our fourth forever house,” was yet another part of the residential reasoning process. A forever home was described as the last house one would live in, and it was chosen because it was presumed to be able to accommodate them until death. Two of the couples interviewed had made previous relocation attempts to forever homes to avoid institutional living; however, such environments proved to be only temporary solutions. As they began to consider declining capabilities, increasing concerns about future care needs, and a desire to alleviate the need for offspring to provide support, they looked to options other than typical homes or neighborhoods. All the couples focused their attention on planning for future care needs, as well as communities that matched their preferred lifestyles as closely as possible.

***Subtheme: Future care needs.*** The residential reasoning process involving community selection centered first around the possibility of future care needs. While each appreciated and were attracted to communities relieving them of the burdens associated with home maintenance and homemaking responsibilities, all six couples placed a high priority on additional care and future support available to them. Two of the six couples had relocated to independent living communities not offering assisted living or nursing care, while four moved to continuing care retirement communities.

Due to the unknowns associated with which individual of the couple would outlive the other, the desire for healthcare availability was two-fold. Participants recognized they might personally require care, but expressed relief in knowing it would be available for their spouse should he or she become widowed. More is discussed concerning the peace of mind associated with the decision to relocate to an independent living community in the theme *the experience of relief*.

*Joe: I just wanted to make sure that Abigail's satisfied. Everywhere we moved I wanted to make sure that that's where she wanted to be for the rest of her life. Like I said, I'm only going to be here for oh, maybe two years to five years, nobody knows. She's up in age too that she needs somewhere that's safe, somewhere that's comfortable and places that had some pretty good activity and around people.*

*Carol: This is so much – you get so much here for the rest of your life and all levels of care. It's a lot of stress really off my shoulders.*

Future care needs were discussed openly by all the couples in combined interviews as being instrumental in the residential reasoning process. Concern for the other spouse in widowhood; however, was further emphasized by 11 of the 12 participants during private

interviews. Both male and female participants expressed concern for their marital partners, discussing how this concern informed decisions about where and when to relocate. One male participant put it this way, *“I wanted a place that would be for her because I’ll die before she will. I knew they could take care of her. I wanted a place like that.”* Expressing concern for her spouse’s social needs both now and later, should she die before him, a female participant said, *“I feel like he needed friends”*.

***Subtheme: Lifestyle preferences.*** Lifestyle considerations related to community selection were similar for five of the six couples interviewed; however, they varied in priority from couple to couple. One couple did not discuss lifestyle factors and only focused on future care as a priority in their selection criteria. Primary features that attracted the other five couples to their respective communities included the size of the unit and where it was situated within the community, the geographic location of the community in proximity to their previous residence and familiar surroundings, amenities offered, special financial incentives, atmosphere, friendliness of the residents, and the ability to remodel or redecorate their units. Two of the couples selected their community mainly due to their familiarity with it, as well as knowing others who either had lived there previously or did so at the time of their move.

*Tom: I was sold on this place by first of all the friendliness of the people. Walk down that hall, somebody’s coming the other way, and they say, “Good morning, how are you today?” We’ve been to others where you walk down the hall somebody comes, they’ve got their head down and just walk right on by and don’t say a thing, just completely ignore you.*

*Carol: I said I need a view. I’ve got this lake out here. That kind of sealed it too for me.*

*Jerry: Oh then we found out that they had a doctor, they had a pharmacy, they had three restaurants, they had a movie theatre, they have a ballroom or whatever up there, barber shops, little grocery store. But they had just about everything you needed right here.*

*Abigail: Our doctors are in the area. My hairdresser is in the area. Everything was in this area. I'm real familiar with this part.*

*Dan: I didn't want to lose it if we were going to do it, so I wrote out a check right then, so we didn't – I didn't bargain or anything because we wanted a ground floor.*

Financial incentives contributed to the residential reasoning process for three of the five couples. For June and Harry, the reduced pricing caused them to move sooner versus later.

*June: We thought well, maybe two years from now, we'll move. But then when they brought the price down and when they said they were going to gut this apartment and start all over, those two factors kind of – we made the decision.*

As discussed in *the experience of physical and cognitive decline*, participants reflected on their increasing frustration or inability to maintain a household as they had in years past; however, when discussing the selection process of their next residence, their conversation focused more on future needs than present difficulties. Having chosen to move to an independent living community where household maintenance and various home making tasks are included is indicative; however, that this too was an important aspect of the selection process.

**The experience of letting go of personal possessions.** For the couples to make a change from a much larger home into a smaller residence, they were forced to make decisions about which personal possessions would be moved and which ones would be liquidated. The theme, *the experience of letting go of personal possessions* illustrates the challenges associated with residential reasoning affecting five of the six couples in the study and speaks to the gender



differences which can cause interpersonal tension within married couples. The couples that had no difficulty in this area had experienced the loss of most of their personal belongings in natural disaster only a few years before their most recent relocation. While the topic of personal possession divestment was mentioned during the combined interviews involving both partners, it was also commonly elaborated on during the private interviews.

***Subtheme: Nostalgic attachments.*** Gender differences were evident concerning the downsizing aspect of the residential reasoning process. Female participants were more challenged than their male counterparts with the selection process and letting go of items holding meaning for various reasons. Male participants, except for one, were largely unattached to personal possessions and found they were able to easily select the few items important to them.

*Jerry: Even though we made a decision together, it was still a little bit hard to downsize because she would run into things that. "Where did I get that? Why'd I keep that? What is this? Who gave us this?" It's a little emotional, yes.*

*Harry: The nostalgic aspect for her is big. For me, it's almost nil. I don't – I never had much to get that way about.*

*June: But now it is very frustrating downsizing. I think [move manager] really got upset with me because I kept so many things. She's in charge of helping you downsize. I kept saying, "Oh no, I can't throw that away." We have a storage unit which is packed now with stuff that we kept.*

*Just like the other day – she cleaned out our attic. She called us and said it was in the back of her pickup and she would meet us at our storage unit and decided what we wanted to keep.*

*Well, there was a box there with dollhouse furniture in it, which I had had since 1938, some of it, when I was four years old. I said, "I can't throw that away. I just can't," so we stuck it in the storage unit.*

***Subtheme: Interpersonal tension.*** The number of household items and personal possessions to be moved to the new residence, as well as the process of sorting through the items, was a source of disagreement in four of the six participants.

*Margaret: I knew we [spouse] could not work together because he would just say pitch it and I want to go through things. But a lot of it I bring home to go through. Every time I bring things home he'd say, "Where are you going to put it?" I'd say, "Don't worry. I'll find a place."*

*Frank: Well, little things. She kept wanting to – she would say, "We need to take that." I'd say, "No, you can't do that."*

In some instances, there were contradictions in the accounts of married spouses. Evidence of one such contradiction can be seen in comments by Harry and June and served as a source of frustration for each of them.

*Harry: Well, obviously we would have not brought so much stuff. We got – that shed is full of clothes that we probably haven't worn in 10 years, stuff like that.*

*June: I kept telling Harry, "Harry, you've got to do this. You've got to clean out that. You've got to get rid of this. You've got to get rid of that." We have another storage unit too that we had to clean out. We still have it. There are a few things in it that we have to get rid of. But he dragged his feet. Now, he wouldn't tell you that.*

Similar contradictions are evident in comments made by the Henderson's throughout the interview. On one hand, Mrs. Henderson claims to be unattached to personal things, yet she later admits that she wants to go through things and intends to keep more than her spouse believes will fit within their new space.

*Margaret: I'm surprised at myself that I'm not attached to personal things. I can let – I'm just surprised that I'm not, you know? I can let them go.*

*Dan: She keeps putting it forward, putting it forward. Going through everything in our – every cupboard. “What do we want to keep? What can we bring?” I tell her, “We can’t bring anything else over here. We can’t. We’re full up.” But we keep carrying back and forth and back and forth.*

*Margaret: I just said I’ll try. I knew we could not work together because he would just say pitch it and I want to go through things. But a lot of it I bring home to go through. Every time I bring things home he’d say, “Where are you going to put it?” I’d say, “Don’t worry. I’ll find a place.”*

As can be seen from the narratives, deciding what items to move to the new residence and which to divest was a challenging part of the residential reasoning process. Gender differences associated with sentimental attachments, as well as space and time considerations relative to the downsizing and selection process, caused interpersonal tension between the spouses. Female participants were more prone to hanging on to personal items, while male participants were less attached to household and personal possessions.

Tension around the issue of divestment was superficially expressed during combined interviews; however, increased intensity surrounding the issue was revealed during private interviews. In private interviews, both male and female participants elaborated on the downsizing process, expressing more frustration with their respective spouses concerning matters of downsizing. With anonymity promised, a male participant stated it this way as he expressed reluctance to have conversations with his wife about the divestment process due to potential conflict.

*Probably the things I wouldn't say in front of her would be that I would have thrown away the photo albums to begin with. I would have thrown away a lot of stuff. She gets upset when I say that. Then we get into a battle.*

Similarly, a female participant elected to withhold her sentiments about her husband's participation in the divestment of household items during the combined interview but expressed frustration with him in the individual interview.

*I haven't told him that I thought he dragged his feet in getting rid of things and getting ready to move because I don't think it quite had dawned on him that we were really going to move until we moved. I think he was in denial. Again, now he may tell you something entirely different.*

Both marital partners in five of the six couples agreed that the decision to relocate was easier than decisions related to personal possession divestment. For one couple, having lost their belongings in a natural disaster a few years earlier, this process was not of concern. Gender differences were evident in residential reasoning processes related to the handling of personal possessions as well. Despite interpersonal distress, marital or otherwise, associated with downsizing, couples expressed a sense of relief associated with their decision to relocate. This is further discussed in the next section *the experience of relief*.

**The experience of relief.** The theme *the experience of relief* pertains to the how participants experience the finality of the residential reasoning process. While the process was lengthy for some and shorter for others, there was a sense of relief once a decision was made about whether to stay put or move on and where the destination would be. While such relief was expressed passively by some, four of the participants indicated relief specifically.

*Sara: I just remember being surprised that once we made the decision, how easy it was. I was not sad the day we left the house, the last day. It was just – I was ready. I was so ready to go and get on with the new life.*

*Tom: The difficulty is making the decision in the first place. Once we made that decision, I was ready to go.*

*Abigail: I told you we have the friends who came to see us. She walked in and we talked for a bit and she turned around and said, “Abigail, you look 10 years younger than the last time I saw you. She said your stress is gone.”*

*Frank: The day we moved over here, I was pfew.*

The relocation decision itself, while laden with multiple considerations, culminated with a sense of peace. Some experienced this relief simply by having decided to relocate, while for others such relief followed the completion of their move.

### **Evaluation of the Findings**

Analysis of the data resulted in six themes and 10 subthemes. The following is a discussion of the findings considering the theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b) and other relevant literature.

Couples participating in the study expressed that they had experienced changes in their subjective appraisals of their previous residential environment before relocating. As physical capabilities decreased, all participants felt their homes had become a burden. This realization affected both their sense of comfort and mastery as reflected in the themes: *the experience of someday* and *the experience of declining capabilities*. Marginally incongruent in the areas of residential emotional comfort and mastery, couples sought to relocate. Each expressed a belief that by relocating to a community where homemaking and home maintenance would not be

required of them, he or she would be more satisfied with their residential environment. These findings support the theoretical model of residential normalcy (Golant, 2011, 2012, 2015a, 2015b).

The theoretical model further outlines four conditions which must be met before relocation is considered as a possible solution for achieving residential normalcy (Golant, 2011, 2012, 2015a, 2015b). The first condition is that other less strenuous attempts to gain or maintain residential normalcy will be made before considering relocation. This was found to be true for the couples included in the study and is reflected in the narratives having contributed to the theme, *the experience of declining capabilities*. Because of physical decline and challenges associated with home maintenance and homemaking duties, couples had attempted several both accommodative and assimilative strategies before relocating. Professional contractors had been employed for outdoor home maintenance needs; however, this assimilative strategy proved inadequate over time. Accommodating strategies such as lowering one's expectations for the quality of yard work also proved to be inadequate. When these strategies were found insufficient, participants no longer felt they had mastery over their residential environments.

The theme of *the experience of selecting a forever home* supports the condition that relocation must be a viable option for it to be used as a strategy. The couples had investigated possible living options and in doing so found suitable options which were both financially and geographically agreeable to them. As such, the residential option was also seen as a means of improving upon their residential experience. Notably in the theme, *the experience of someday*, as participants discussed their residential reasoning processes, the timing of their decisions were based mainly on current health status and capabilities. They expressed fear that had they waited until a future date to move; they would not have been able to manage or tolerate such strenuous

residential changes. As described here, all four conditions outlined in the theoretical model of residential normalcy as required for residential relocation to be considered as a strategy for achieving residential normalcy were evident in the narratives and subsequent emergent themes.

The theoretical model of residential normalcy hypothesizes that when persons are incongruent in their residential environments, based on subjective appraisals related to emotional comfort and mastery, they will seek to regain residential normalcy through a variety of strategies. Relocation is the most strenuous strategy and only occurs when certain conditions are met (Golant, 2011, 2012, 2015a, 2015b). In the case of dyads included in the current study, all four of these conditions were met, and relocation was the result of attempts at gaining residential normalcy.

*Preemptive and contingent reasoning.* The anticipation of the fourth age is said to affect third-age residential reasoning (Koss & Ekerdt, 2016). Two distinct categories of reasoners were identified: preemptive and contingent (Koss & Ekerdt, 2016). Preemptive residential reasoning involves early relocation to a residence where individuals perceive they will be able to remain, despite the possible age-related functional decline. Three of the six couples could be considered preemptive reasoners having decided to relocate before a significant health event and with the intention of no future moves being required as health declines. Conversely, contingent reasoners have made or considered plans for possible future relocation in the event of residential incongruence (Koss & Ekerdt, 2016). The thought of such a move is often accompanied by ambivalence, a lack of planning, and a sense of dread associated with the potential of decreased functioning or ill health rendering them unable to maintain their home or care for themselves (Hillcoat-Nallétamby, 2014; Hillcoat-Nallétamby & Ogg, 2014; Koss & Ekerdt, 2016; Lofqvist et al., 2013; Vasara, 2015). Despite the assertion that their moves were voluntary, narratives of

three of the six couples reflect that relocations were made only because of significant health events. Their relocation contingency plan was executed abruptly and involved at least temporary ambivalence.

*Co-reasoning and collaborative decision-making.* Results also support literature in the discipline of aging and decision-making emphasizing increased marital collaboration in decision-making in late adulthood (Queen et al., 2015). Couples approached the decision to relocate using the framework outlined by Queen et al. (2015) using both individual and collective resources. The four main phases of the process include (a) decision identification, (b) information search, (c) decision, and (d) post-decision processes phase (Queen et al., 2015).

Findings also support decision-making as being influenced primarily by one spouse's perceived inability to manage the home independently, declining health of the spouse which render caregiving responsibilities too challenging, or one spouse's desire for increased social engagement (Groger & Kinney, 2007; Krout et al., 2002; Peace et al., 2011; Perry & Thiels, 2016). Consistent with other research (Bekhet et al., 2009; Groger & Kinney, 2007; Sim et al., 2012) all couples in the study reported decision-making to be independent of other decision makers and expressed positivity and consensus with spouse concerning relocation decisions. Despite such reports; however, in the three cases in which one spouse had experienced a specific health event preceding the decision to move, the decision may have been less of a decision and more of a non-decision. This default decision-making position is supported in both relocation (Gill & Morgan, 2012; Johnson & Bibbo, 2014; Matthews & Stephens, 2017) and healthcare research (van Manen, M.A., 2014).

*Gift giving:* The decision to relocate to provide certain assurances to another, such as peace of mind, or freedom from current or future caregiving responsibilities (Koss & Ekerdt,



2016; Krout et al., 2002; Perry, 2014) has been referred to as *gift giving* (Perry, 2014). Evidence of gift giving can be found in the narratives of the participants, and such sentiments are reflected in the theme, *the experience of others*. Five of the six participating couples in the study expressed that considerations toward relocation involved relieving offspring of burdens associated with caregiving. Spouses were also designated as recipients of gift giving; however, these references were primarily made during the individual interviews rather than during the combined interviews.

*Downsizing:* Supporting previous research (Addington & Ekerdt, 2014; Carroll & Qualls, 2014; Luborsky et al., 2011), five of the six dyads in the study, having downsized into smaller residences, experienced challenges associated with personal possession divestment. Distress concerning decisions about disposal of excess personal items and household goods was evident primarily in female participants; however, the divestment process affected both marital partners. Additionally, supporting previous research (Lindley & Wallace, 2015; Marx et al., 2011; Perry, 2014), moving to apartment-style residences required adjustment to residential space limitations. While the smaller spaces presented challenges, such issues were somewhat mediated for some couples by their ability to personalize the apartment. Furthermore, it has been shown that those who had relocated more frequently throughout adulthood to be at an advantage when adapting to new residential environments (Bekhet & Zauszniewski, 2013; Rowles & Bernard, 2013; Sim et al., 2012). This is because of increased resourcefulness and having refined place-making skills brought about by life experience. The results of the study support these findings in that there were less intense associations with household disbandment for those couples having relocated more often in their adulthood; thereby, resulting minimized relocation disruption.

**Summary**

Discussed in this chapter is the trustworthiness of data collected in the current study, the results including descriptions of six emergent themes and subthemes, steps taken to analyze the data, and an evaluation of the findings considering the existing research and relevant theoretical frameworks.

## Chapter 5: Implications, Recommendations, and Conclusions

The problem addressed by this study was the unknown subjective lived experiences of older adult couples having voluntarily relocated to purpose-built independent living and continuing care retirement communities in late adulthood. The purpose of this qualitative phenomenological study was to expand upon the current empirical understanding of the theoretical model of residential normalcy (Golant, 2011, 2015b) by exploring the lived experience of residential reasoning in older marital dyads. Semi-structured interviews were held with six marital dyads having recently relocated to independent living communities in or around the Oklahoma City metropolitan area within the past twelve months. In order to gain rich detailed accounts of coupled residential reasoning processes, combined interviews with both spouses were conducted first, followed by interviews with each spouse individually. Throughout the data collection and analysis process, care was taken by the researcher to bracket personal experience and previous subject matter knowledge in order to avoid biases.

In answering the research question, “How do older adult married dyads perceive and describe the experience of residential reasoning?” the essence of residential reasoning in older adulthood emerged as six themes and ten subthemes were used as reflective tools to analyze the data (Moustakas, 1994; van Manen, 2014). Six themes emerged from the data: (a) *The experience of someday*; (b) *The experience of declining capabilities*; (c) *The experience of others*; (d) *The experience of selecting a forever home*, (e) *The experience of letting go of personal possessions*, and (f) *The experience of relief*. Five of the six themes include subthemes as referenced in Table 1 located in chapter 4. The outcomes of the study support the basic tenets of the theory of residential normalcy as discussed in detail in the section “Evaluation of the findings,” in chapter 4. Further conclusions drawn from the findings outlined herein may also

serve to further expand upon the current theoretical model of residential normalcy (Golant, 2011, 2015b), as well as contribute to related literature, particularly related to nuances associated with residential reasoning in older adult marital dyads.

As the phenomenological methodological approach aims to provide an in-depth understanding of a phenomenon through use of imaginative variation (Moustakas, 1994; van Manen, 2014), others may draw different conclusions from the data. Additionally, the sample was limited to six married couples, all having previously relocated to congregate residential independent living environments. Because the purposeful sample was made up of all Caucasian subjects in higher socioeconomic groups, it is also possible that further investigation of other socioeconomic and/or ethnic groups may reflect different experiences of residential reasoning. Furthermore, other parties who might have influenced the residential reasoning processes of the participants were not interviewed. Insights from adult children and professional service providers engaged with the participants during the residential reasoning process could have potentially contributed to the narratives, thereby expanding upon the overall understanding of residential reasoning in this sample. Despite the possible limitations, the overall results provide important implications, both theoretical and practical, for better understanding the way in which some older adult couples experience the phenomenon of residential reasoning. Chapter 5 discusses the implications of the present study on current literature and theory, as well as recommendations for practice and future research as supported by the results of the study and existing literature.

### **Implications**

**Implication 1:** This implication is overarching and encompasses findings associated with five of the six themes identified in the current study. Only the theme *the experience of relief* is

exempted from discussion of this particular implication, since it applies similarly to both individuals and couples.

As documented in current literature, when a single individual is faced with decisions about their residential environment, they may seek outside consult from family members or professional advisors; nonetheless, final decision-making remains largely unilateral (Koss & Ekerdt, 2016). Conversely, as reflected in the findings of the current study and supported by previous research, when coupled, decision-making becomes more complex as it involves dyadic collaboration and only minimal advisement from outside the marital dyad (Queen et al., 2015; Simpson et al., 2012). In fact, longtime married couples have been shown to approach decision-making as a single unit (Dixon, 2011; Hoppmann & Gerstorf, 2009; Peter-Wight & Martin, 2011; Queen et al., 2015), a finding that is supported by results of the current study. Despite this collaborative and unified residential reasoning process; however, findings from the current study support research by Perry and Thiels (2016) indicating that when individual preferences of spousal partners differ, the collaborative process of residential co-reasoning may be stifled, delayed, or discontinued altogether. Findings from the present study suggest that spouses will not always be in agreement concerning various issues associated with the residential reasoning process. This is illustrated in five of the six themes having emerged from the data. Such divergences stand to impact the overall trajectory of the residential reasoning process. Nonetheless, in some cases the influence of one partner within a couple, despite divergent views on residential relocation, can in fact be compelling enough to result in a move. While this was found in the current study, as well as in previous similar research (Perry & Thiels, 2016), little is known concerning the mechanisms involved.

These findings have important theoretical implications for the application of the theoretical model of residential normalcy to residential reasoning in older adult marital dyads. Certain complexities associated with dyadic decision-making, particularly the likelihood of diverging assessments of residential congruence over time, are not addressed within the current framework of Golant's model (2011, 2015a, 2015b). While the theoretical model is effective for assessing factors precipitating relocation by single individuals, it currently lacks the depth necessary to anticipate complexities associated with those who are coupled. In order to address such complexities related to coupled decision-making, additional factors pertaining to spousal agreement would need to be added to the decision-making model.

**Implication 2:** This implication centers on gender differences in residential reasoning encompassed by the following themes: *The experience of someday, the experience of declining capabilities, the experience of selecting a forever home, and the experience of letting go of personal possessions.*

Gender differences and norms were found to influence the residential co-reasoning process at various different stages. Females in this sample tended to look forward with anticipation to future relocation, whereas their spouses were more resistant. Supporting other research, the female participants seemed to positively associate relocation to congregate environments with increased social interaction, fewer home making responsibilities, and a sense of comfort knowing formal personal and household support is nearby. Conversely, male participants associated relocation with less privacy and space (Crisp et al., 2013). Furthermore, as findings from the theme *the experience of declining capabilities* suggest, despite shared views concerning challenges associated with home maintenance and yard or garden care, males tended to view homemaking tasks as more manageable than females. Gender norms in the old-old and

oldest-old cohorts placing the homemaking responsibilities in the domain of the female spouse may at least partially explain why females are more likely than males to look forward to relocation to supportive environments (Golant, 2015a, 2015b). Another difference may be financial. This is reflected in the findings under the theme *the experience of selecting a forever home*, whereby males were more vocal about financial concerns than were females. With financial decision-making being within the domain of the male partner in older couples, and with males have historically served as the “final decision makers” regarding non-homemaking residential decisions (Margrett & Reese-Melancon, 2016), this finding is not surprising and supports research on decision-making, as well as longterm care insurance (Barnett & Stum, 2013).

Beyond the financial aspect as discussed previously, findings from the themes *the experience of selecting a forever home* and *the experience of letting go of personal possessions* further illustrate how males and females may have differing priorities which shape relocation decisions. While both genders placed a high priority on future care needs, males tended to express higher levels of concern for the care of their spouse in widowhood. As found in previous literature, this could be due to the expectation they will precede their spouses in death (Oswald & Wahl, 2005). For this reason, males seemed to defer to their spouses to select the residence that would best suit them should they become widowed. Yet another gendered difference is that females tend to place a higher priority on personal household possessions than do males (Larsson-Ranada & Hagberg, 2014). Supported by previous research (Cristoforetti et al., 2011), females tend to spend more time assessing value, both sentimental and financial, of household items. They also seem to have more nostalgic attachments to personal belongings.

From a theoretical standpoint, better understanding the gendered differences associated with residential reasoning may serve as insightful as one attempts to better understand the subjective appraisal process of residential normalcy (Golant, 2011, 2015a, 2015b), particularly as it pertains to the collaborative assessment of residential emotional mastery in couples.

**Implication 3:** Previous research indicates that preemptive voluntary relocations are sometimes made in response to pull factors in anticipation of fourth age declines (Herbers et al., 2014; Marx et al., 2011). Other recent research supports these assertions stating “residential reasoning is common, forward-looking, and driven in large part by the anticipation of the fourth age” (Koss & Ekerdt, 2016, pg. 6). Results from the current study suggest these assertions to be true not only for individuals, but for older adult couples as well. This is reflected in the findings of five of the six themes including, *the experience of someday, the experience of declining capabilities, the experience of others, the experience of selecting a forever home, and the experience of relief*. The findings support previous research involving community dwellers which shows pull factors, in anticipation of fourth age declines, are a central concern for older adult couples and are central to the residential reasoning process (Koss & Ekerdt, 2016). It seems as though the anticipation of future residential incongruence can be at least as strong of a predictor of residential relocation as current residential incongruence. In fact, findings from the current study suggest that it is possible that uncertainty about future residential competency, control, and comfort may be enough to compel a couple, when in agreement about such matters, to relocate even when they are not presently experiencing residential incongruence. This has important implications for the theoretical model of residential normalcy which posits that relocation is only recognized as a coping mechanism for those who are currently residentially



incongruent (Golant, 2015a, 2015b). A possible expansion to the current theoretical model might include a component which assesses anticipatory residential comfort and/or mastery.

**Implication 4:** This implication encompasses findings reported in the themes *the experience of declining capabilities* and *the experience of selecting a forever home*. Despite ongoing marketing campaigns designed to encourage older adults to remain in their current residences, findings from the current study support previous literature suggesting that older adult married couples may instead preemptively elect to relocate to communities promising higher levels of care as they may be needed (Sixsmith & Sixsmith, 2008; Soderberg et al., 2012; Wiles et al., 2011). This option, not inexpensive and having only become available in recent years, may become a more appealing option to older adult couples as they weigh the pros and cons associated with maintaining single family residences with yards, flower gardens, trees, and deteriorating mechanical and structural features into old age (Weeks et al., 2012; Weeks et al., 2013). For the couples in the present study, the decision to relocate was less about maintaining social norms or being residentially incongruent, but rather preemptively relocating to a place better suited for their coupled ideal aging goals. Presumably, by doing so while both spouses were physically and cognitively able to participate in relocation-related tasks, neither spouse would then be left alone to carry the burden of the transition. Furthermore, by preemptively establishing residence in a place supporting both current and future healthcare needs, couples are able to maintain control and alleviate the need for offspring to manage such tasks. In doing so, couples are also better able to focus their energy and attention on more enjoyable activities. This assertion is supported by literature on the regulation of emotion in later years in relationship to socioemotional selectivity theory (SST) (Carstensen et al., 2003). The findings further align with Golant's (2011, 2015a, 2015b) theoretical model which asserts that successfully aging in place is

indicated by having positive subjective assessments of both residential comfort and residential mastery.

**Implication 5:** This implication is specific to the theme *the experience of letting go of personal possessions*. As reflected in the findings and supported by other research (Addington & Ekerdt, 2014; Carroll & Qualls, 2014; Luborsky et al., 2011), nostalgic attachments to personal possessions can be a significant source of stress for older adults. Based on current findings; however, it appeared the task of downsizing was almost an afterthought — an unexpected obstacle that had not been considered until late in the process. It could be the delayed realization of the immensity of such tasks that caused interpersonal discord between spouses and the overall sense of overwhelm expressed by the participants in the current study. The theoretical model of residential normalcy posits that one of the criteria which must be met in order for a relocation to take place is that it must be viewed as manageable (Golant, 2015a, 2015b). Current findings suggest that this assessment of manageability may have changed from more manageable to less manageable as the relocation date grew nearer. While this study supports other literature finding that possession divestment causes negative emotions, particularly for those with nostalgic attachments (Addington & Ekerdt, 2014; Carroll & Qualls, 2014; Luborsky et al., 2011), little is yet known about the effects this process may have on residential normalcy before, during and following residential relocation. It is possible that beyond grief associated with personal property divestment, the process may also impact marital satisfaction and the ability for couples to regain residential normalcy following a move.

**Implication 6:** This implication is supported by findings reported in *the theme the experience of relief*. The majority of participants in the current study reported having experienced a sense of relief toward the conclusion relocation process. For some, relief came

following the decision to relocate, while for others relief was not felt until the move was completed. Yet another participant said he anticipated he would feel ultimate relief once his home was sold. This expression of relief is supported in other literature associated with moves made to CCRCs (Marx et al., 2011); however, most literature on the topic of residential relocation and residential reasoning marks the conclusion of the relocation process as the physical move. This implication suggests that despite relocation being of the most strenuous assimilative coping strategies (Golant, 2011, 2015a, 2015b), relief can be a possible outcome. What this feeling of relief represents is not completely known, but based on the context in which it was described, it suggests it to be somehow associated with the anticipation of permanent residential normalcy.

### **Recommendations for Practice**

Beyond empirical and theoretical implications, the findings of the present study will serve to inform the practices of those working with older adults in a variety of contexts. Those in the aging services fields, particularly in senior housing and relocation services, may find benefit in better understanding patterns of communication in older adult couples considering or undertaking residential changes. Therapists, geriatric care managers, adult children with aging parents, and gerontologists may also benefit from increased understanding of key aspects associated with residential reasoning processes and dyadic communications concerning such matters.

The first recommendation for practice involves the gendered differences in residential reasoning and communication in the old-old and oldest-old cohorts. Due to gender roles, whereby men have traditionally been decision makers concerning major financial decisions, final decisions concerning relocation may fall primarily to the male marital partner (Margrett &

Reese-Melancon, 2016). Results from this study support such gendered decision-making. Three couples delayed relocation until such time the husband agreed to move, despite the wife's desire to relocate earlier. Women's feelings about relocation as a solution for gaining residential normalcy may also be marginalized as illustrated in the themes *the experience of someday* and *the experience of declining capabilities*. This type of gendered differences in couples can also be found in literature related to farm families in Australia and their decisions about when to retire (Downey, Threlkeld & Warburton, 2016). Furthermore, as supported in the narratives of couples in the present study, as well as in healthcare literature (Chen & Habermann, 2013), certain relevant topics may not, for unknown reasons, be discussed within the marital dyad as part of the residential reasoning process. The implications of both gender differences in decision-making, as well as avoidance of certain topics, such as the onset of cognitive decline and mortality, can be particularly salient for those in helping fields. Understanding the way in which older adult couples communicate allows for more meaningful and relevant conversations.

Furthermore, based on the narrative of at least one couple in the current study, the question must be asked as to whether a decision to voluntarily relocate under certain circumstances is, in fact, a decision at all. It is possible that relocation may be seen as the only option, or at least the most pragmatic one, available. The decision, while labeled as voluntary and made through consensus with a spouse, may actually be more of a default position — a decision that was not a decision at all. One couple interviewed for the present study indicated that the relocation decision was made only after the receipt of a terminal diagnosis. While this particular couple claimed to have made the decision to relocate voluntarily, it is possible that in similar situations couples elect to move, not because of a true choice, but because it is seen as the more pragmatic (or ethical) option based on current or future circumstances or a sense of

responsibility to a loved one. This is supported in literature whereby parents of infants in intensive care are required to make healthcare decisions for their vulnerable children (van Manen, M.A., 2014) and in aging research on long-term healthcare care decisions (Gill & Morgan, 2012; Johnson & Bibbo, 2014; Matthews & Stephens, 2017). This could have important implications for clinical practitioners, senior housing professionals, sales representatives, and family members as they seek to assist older adults with the adjustment process following relocation. Those voluntarily relocating tend to adjust faster and more easily than those who relocate involuntarily. Understanding whether a move was truly voluntary could assist with adjustment related strategies.

Lastly, while some research treats relocation and divestment of personal belongings as two distinctly different issues (Krizaj, Warren & Slade, 2018), results from the current study supports literature indicating that the two are intricately linked (Addington & Ekerdt, 2014). Five of the six participants interviewed identified downsizing and the tasks associated with possession divestment as challenging aspects of their residential reasoning processes. Selecting which personal items to keep and which to liquidate were notably difficult for these couples, as illustrated in the theme *the experience of letting go of personal possessions*. In fact, the majority of the participants, both male and female, noted possession divestment as being more difficult than the decision to relocate, and expressed associated interpersonal distress (Luborsky et al., 2011). These findings have important implications for those assisting older adult couples with downsizing and relocation-related tasks.

### **Recommendations for Future Research**

During the data analysis process it became evident that certain aspects of the residential reasoning process were omitted by some participants during combined interviews; however,

were later discussed in the private setting. It would be beneficial in future research to explore the rationale for such omissions and the perceived implications of having openly shared such information in joint conversation with the spouse. Similarly, insights into the residential reasoning processes contributing to male spouses having changing their minds about relocation, from adamantly opposed to accepting, would be important in better understanding the nature and cycle of residential reasoning in couples, particularly as it relates to subjective appraisals of residential normalcy over time and in various contexts.

Future longitudinal studies may also seek to learn whether relocations to independent living resulted in residential normalcy for one or both spouses over time. Such lines of inquiry might include whether both spouses appraised their residential environments similarly over time and whether post-relocation residential incongruence is experienced in the area of emotional comfort due to changes in lifestyle (i.e. smaller apartment, congregate living, etc.). Furthermore, as this inquiry was focused on those having previously relocated, additional research into the residential reasoning process of couples not yet having relocated might add depth to the residential reasoning literature. Of particular interest would be what accommodative and assimilative strategies couples employ when one spouse is in favor of relocation and the other opposes it. This would provide unique and beneficial insight into the residential reasoning process and could further contribute to the expansion of the theoretical model of residential normalcy (Golant, 2011, 2015a, 2015b).

As personal possession divestment was found to be a particularly salient aspect of the residential reasoning experience for the majority of participants in the present study, future qualitative studies are recommended as means of better understanding how married couples, particularly those in the old-old and oldest-old cohorts, reconcile marital differences associated

with the process of personal possession divestment associated with downsizing. As more couples elect to preemptively relocate as a means of aging in place over time, it would be important to better understand the implications associated with divestment of personal property and the role this process plays in residential normalcy.

As this inquiry involved couples who had the financial means and resources to voluntarily relocate to independent living environments of their choice, one may question as to whether there would be similar outcomes if the sample included older adults with limited financial means. Similarly, the communities whereby the current participants resided were amenity-rich and included services such as meals, transportation, and regularly scheduled on-site fitness, social and entertainment opportunities. Future research into the residential reasoning processes of older adults residing in places offering limited services would also likely inform the larger body of literature associated with residential reasoning and residential normalcy in older adults.

The current research project was qualitative in nature; therefore, the variables associated with residential reasoning cannot be quantitatively measured. The next logical step in this line of research would be to conduct future quantitative studies measuring to what degree the themes established in current research findings affect relocation decision making in older adults relocating to various levels of care. Understanding the relative importance of specific factors associated with residential reasoning would greatly enhance the current understanding of both subjective appraisals of residential normalcy and relocation decision-making.

Lastly, as the results of the current study reflect, the residential reasoning process is significantly more complex than is represented by the current theoretical model of residential normalcy. Future grounded theory studies are encouraged in order to develop a more

comprehensive holistic framework which includes constructs specific to older adult couples engaging in the residential co-reasoning process.

## **Conclusions**

The problem addressed by the current study was the unknown subjective lived experiences of older adult couples having voluntarily relocated to purpose-built independent living and continuing care retirement communities in late adulthood. The research aimed to provide an in-depth understanding of the phenomenon of residential reasoning and to further expand upon the current empirical understanding of the theoretical model of residential normalcy (Golant, 2011, 2015b), specifically as it pertains to older marital dyads. In answering the research question, “How do older adult married dyads perceive and describe their experience of residential reasoning?” six themes and 10 subthemes emerged from the data and served as reflective tools for gaining valuable insight into the essence of the residential reasoning experience. The findings contribute to literature in residential reasoning, validating previous research suggesting that anticipation of the fourth age influences third age residential reasoning (Koss & Ekerdt, 2016). Concerning the theoretical model of residential normalcy (Golant, 2011, 2015a, 2015b), findings from the current study indicate that for this theory to be more relevant to marital dyads, additional considerations would need to be added. In particular, complexities associated with divergent assessments of residential normalcy, individualized preferences, which may be spoken or left unspoken, and gendered differences affecting the residential reasoning and decision-making processes should be addressed. Furthermore, future research is recommended to gain more insight into spousal communications throughout the residential reasoning process, how personal property divestment impacts relocation decision-making, and whether residential normalcy is mutually achieved following residential relocation, particularly if one spouse was



not in favor of the move. Due to the purposeful sample included in this study, it would also be useful to repeat this research with diverse socioeconomic and ethnic groups, as well as in different geographic regions and rural areas.

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## Appendices

## **Appendix A: Participant Interview Guide**

Participants were briefed on the nature of the study and the specific goal of better understanding their experience of the decision-making process preceding relocation. The following introductory question, or some variation of it, was posed, followed by probing questions if needed to further the discussion.

**Introductory question (couple together):** I'd like to start by asking you about your decision-making process leading up to your recent move. Can you describe your experience of making a joint-decision to relocate to your current apartment/cottage/home?

### **Probing questions (couple together):**

- Were there any “defining moments” related to the decision to relocate?
- Who initiated the conversation and how was it approached?
- How would you describe each of your roles in the decision-making process?
- Did you always agree?
- Did you have a plan or did things unfold naturally?
- Were there specific emotions involved in the decision-making process? If so, can you elaborate on the specific emotions?

### **Probing questions (individual):**

Each participant was asked if they had anything to add to their former answers.

- Is there anything you haven't already shared that might help me better understand your specific experience of deciding to move to a senior community?
- What was the experience like for you as a husband/wife making this decision?
- Are there specifics concerning the decision-making process that you have kept to yourself? Things you haven't told anyone else or that you haven't shared with your spouse?
- If you had been making the decision on your own, would you have done anything differently?

## Appendix B: Recruitment Assistance Letter

Dear \_\_\_\_\_,

Thank you for agreeing to assist me with identifying potential research candidates who might be willing to participate in my study. I have attached a flyer to this letter for your reference, as well as included a number of flyers for distribution to those whom you may identify as qualified candidates for the study.

As we discussed initially by phone, there are certain criteria that have been approved by my university's institutional review board (IRB) that must be followed for my study to be compliant.

As such, it is necessary that all couples meeting eligibility criteria be invited to participate in the study. It is important to refrain from being selective based on any other criteria other than that which is listed on the flyer.

When you identify such couples, simply provide them with a flyer and instruct them to call my direct research phone line or to email if they are interested in participating. I will field any questions they may have and further assess their eligibility.

If appropriate, you may also choose to place flyers on bulletin boards located in the independent living area of the community.

Again, thank you for your assistance!

With Gratitude,

Nikki Buckelew

Research line: (405) 531-0784

Research email: d.bucklew9530@o365.ncu.edu

## Appendix C: Participant Recruitment Flyer

### Seeking Married Couples for Research Study

Volunteers are needed for research on how decisions about moving into independent living retirement communities are made by married couples.

#### To qualify for the study you must:

- Be married and living with a spouse in independent living.
- Have moved to independent living within the last 12 months.
- Be age 75 or older (at the time of move).
- Be able to recall and share details about the decision to move to independent living.
- Agree to participate in 2 interviews – one together with your spouse and one without.
- Agree to interviews being audio-recorded.

#### You will not qualify if you:

- Are single, currently widowed, or living apart from your spouse.
- Were under age 75 upon moving to independent living community.
- Moved more than 12 months ago.
- Are unable to recall details concerning decision to move.
- Are unable or unwilling to participate in both a joint and individual interview.
- Are unwilling to be audio-recorded.

#### Participating will involve:

- Two in-person interviews. One interview as a couple (approx. 30-45 minutes) and one privately without spouse (approx. 10-15 minutes).
- Answering questions about your self, your background, and the decision to move.
- The option of reviewing the initial results of the study and providing feedback.

Couples will receive a \$50.00 VISA gift card for taking part in the study.

This research is being done to fulfill a doctoral degree in psychology at Northcentral University.

If you are interested in being part of this research project, please call:

**Nikki Buckelew**  
**(405) 531-0784**

[D.Buckelew9530@o365.ncu.edu](mailto:D.Buckelew9530@o365.ncu.edu)

## **Appendix D: Participant Phone Pre-screening Script**

Thank you for your interest in my study.

How did you learn about the study?

I am happy to provide you with information about the study and naturally I will have a few questions for you to see if you are good fit for the study.

Is now a good time for me to ask those questions? (If the spouse is available to listen-in on the call, I will ask them to both be on the line or on speaker phone).

### **Let me first share with you what my study is about and what I am attempting to learn.**

The purpose of my study is to understand how couples make the decision to move to a senior living community. Because my focus is on the experience of couples, both spouses will need to participate in the study.

Have the two of you talked about the study?

### **Discuss any concerns and/or questions.**

Because my study is quite specific, I need to make sure that both you AND your spouse meet the requirements: (MUST ANSWER YES TO ALL QUESTIONS)

- Were you both at least age 75 or older at the time you moved to your community?
- Do you currently live together in an independent living community in the Oklahoma City area?
- Did you move there within the last 12 months?
- Can you both recall events, experiences, circumstances and details related to the decision making process related to moving?
- Are you and your spouse willing to sit together with me in private and have a candid conversation about how you came to decide to move?
- Are you and your spouse both willing to meet with me individually as well – without the other person present?
- Are you and your spouse willing to allow me to digitally record our conversations?

### **If agreeable and meets the criteria:**

During our initial conversation, I will be asking you and your spouse about your experience of deciding to move from your former home to your current residence. I want to learn about how the two of you came to consider relocating and how you ultimately made the decision to do so. This involves asking you questions about your activities, your thoughts, your feelings, and experiences. Because this is a lot of information, I will be using a digital recorder to help me with documentation. The recording will then be transcribed so I have written reports to review.

After I meet with the two of you together, I will meet with you each individually to see if there is any other information that comes up. That interview will likely be scheduled either the same day or within a short time after. In total, you will likely spend about 40 to 60 minutes with me - give or take a few minutes, depending on how much you choose to elaborate on your answers to my questions.

- Is it agreeable for you and your spouse to meet with me both together and individually?  
YES/NO

Lastly, you will have one additional opportunity to be part of the study after the initial interviews. Once the preliminary results are documented, I will be asking you to review them and give me your feedback. The reason for the feedback is to ensure that the results are an accurate reflection of the essence of your experience. This is an optional activity but I wanted to let you know that you will have that option if you choose to participate further with the study. It would likely take 15 to 20 minutes to review the information and provide feedback if you choose to do so.

What questions do you have at this point?

## **Appendix E: Field Testing Feedback**

Field-testing of the participant interview guide was completed with the assistance of feedback from four academic researchers experienced with qualitative research. Each of these persons are listed below along with feedback provided and adjustments to the guide based on the feedback.

### **Max van Manen, Ph.D.**

Professor Emeritus – University of Alberta  
<http://www.maxvanmanen.com/biography/>

“...you should focus on the experiences that these people have. So collect stories that tell what it was like to move in such new living arrangements. Focus on specific moments. Moments that stand out and can be vividly recounted. Do not assume that people make decisions in ways that the term decision making may suggest. Although this is a very different topic, note how sometimes people unwittingly fall into a certain predicament, how influences may not have been consciously aware, etc. In the attached paper (by my son Michael) the topic is how parents make decisions about medical issues. But in ordinary life, the so-called “decisions” often do not look like rational or deliberative decisions at all.”

Modifications made to address feedback: Questions revised to elicit specificity and more vivid experiential recollections. Additionally, the feedback reminded this researcher that decision-making can be less rational or deliberative and that passivity in decision-making processes must also be evaluated as part of the experience.

### **Professor Stephen Golant, Ph.D.**

Department of Geography, University of Florida  
<https://www.linkedin.com/pub/stephen-golant/15/647/96b>  
<http://geog.ufl.edu/people/faculty/golant/>

“I would suggest you also spend more time scrutinizing why your participants coped as they did by moving into your alternative—as opposed to others... scrutinize the three sets of attributes that they evaluate when coping with their problems: efficaciousness, usability, and collateral damages.”

Modifications made to address feedback: No specific changes were made to the interview guide based on feedback provided. It is anticipated that the information Dr. Golant recommends be scrutinized will emerge in the course of the interview process as it is designed.

### **Crucita Delgado, Ph.D.**

Ph.D. from Quebec University in Montreal - Canada. Qualitative Research Methodology  
 Professor with over 17 years coaching and/or tutoring master and doctorate's thesis.  
<https://www.linkedin.com/in/dra-crucita-delgado-arias-a828a143/>

“There are 6 questions and I think this is a good number of questions that surround/enclose/encircle the most important aspects of the process of residential reasoning. In

regards to the time accorded to the interviews. My experience tells me that long interview times do not guarantee rich and deep information. Conversely, interviews of 30-40 minutes – asking precise questions – are the finest way to obtain data with the best quality.”

**Modifications made to address feedback:** Based on the feedback, anticipated interview times have been adjusted from 60-90 minutes in length to 30-45 minutes.

**Kate Babineau, Ph.D.**

Senior Policy Analyst at Cowen Institute

Strategic Data Project Fellow at CEPR at Harvard University

<https://www.linkedin.com/in/kbabineau/>

Feedback included recommendations to make the questionnaire less formal and more personable. She also suggested strategies for transitions between various stages of the decision-making process as a means for gaining additional rich data and vivid details.

**Modifications made to address feedback:** Some questions were modified slightly in order to sound more conversational and less formal. Certain recommendations were disregarded due to being contrary to the phenomenological approach (ex. asking participants to make judgments concerning their decision-making process). Additionally, because much of the feedback supplied addressed interview style as opposed to the interview guide itself, only minor changes were made in the written guide. As an experienced interviewer, much of what was listed in the feedback I have learned through thousands of hours of experience and extensive training in communication and neuro-linguistic programming. This experience will allow for a natural conversational flow to the interview as suggested by this particular reviewer.



## Appendix F: Informed Consent

### Introduction:

My name is Nikki Buckelew. I am a doctoral student at Northcentral University. I am conducting a research study on the relocation decision-making experiences of couples having recently moved to independent living retirement communities. I am completing this research as part of my doctoral degree. Your participation is completely voluntary.

I am seeking your consent to involve you and your information in this study. Reasons you might *not* want to participate in the study include: possible discomfort in sharing personal experiences; concerns about having the interviews digitally recorded; or potential interpersonal conflict. Reasons you might want to participate in the study include: personal satisfaction from helping others understand the relocation decision-making experience. An alternative to this study is simply not participating. I am here to address your questions or concerns during the informed consent process.

### PRIVATE INFORMATION

Certain private information may be collected about you in this study. I will make the following effort to protect your private information, including: using a fake name (pseudonym) to identify you and your community and keeping your private information in a secure location. Even with this effort, there is a chance that your private information may be accidentally released. The chance is small but does exist. You should consider this when deciding whether to participate.

### Activities:

If you participate in this research, you will be asked to:

1. Meet with me together as a couple for a personal interview. During this interview I will ask you to answer some questions about you and your background. I will also ask you to share your combined experience of the relocation decision-making process. This interview will take about 30-45 minutes.
2. Meet with me individually (without your spouse) for a second interview. In this meeting we will discuss any additional information specific to your personal experience of relocation decision-making. This interview will likely take about 10-15 minutes.
3. Review the initial results of the study and provide feedback as to whether they represent an accurate portrayal of your decision-making experience. This activity is optional and should you choose to do so, it should take approximately 15 – 20 minutes.

**Eligibility:**

You are eligible to participate in this research if you:

1. Are married and living with a spouse in independent living.
2. Moved to independent living within the last 12 months.
3. Were at least age 75 at the time of your move.
4. Are able to recall and share details about the decision to move to independent living.
5. Agree to an interview together with your spouse and a private interview not involving your spouse.
6. Agree to interviews being audio-recorded.

You are not eligible to participate in this research if you:

1. Are single, currently widowed, or living apart from your spouse.
2. Were under age 75 upon moving to your independent living community.
3. Moved more than 12 months ago.
4. Are unable to recall details concerning your decision to move.
5. Are unable or unwilling to participate in both joint and private interviews.
6. Are not agreeable to audio-recording of the interviews.

I hope to include 5 to 25 couples in this research.

**Risks:**

There are minimal risks in this study. Some possible risks include: some participants could experience emotional distress as a result of sharing their personal experiences related to the decision to relocate. Participants may include personal health status or other confidential information during the interviews. Sharing this could elicit negative emotions. Due to the nature of the interviews including both combined and private meetings alone without the spouse, possible interpersonal conflict could exist.

To decrease the impact of these risks, you can: skip any question and/or stop participation at any time. If I observe any distress or if conflict arises during the interviews, I may stop the interview, suggest a break, reschedule the interview, and/or decide to end your participation in the study, even if you don't want me to.

**Benefits:**

If you decide to participate, there are no direct benefits to you other than you may gain personal satisfaction from helping others better understand the relocation decision-making experience.

The potential benefits to others are: contributions to the body of research on the topic.

**Compensation/Incentives:**

To thank you for your willingness to participate, couples will be given a \$50 VISA gift card.

**Audiotaping:**

I would like to use a voice recorder to record your responses. You cannot participate if you do not wish to be recorded.

Please sign here if I can record you: \_\_\_\_\_

**Confidentiality:**

The information you provide will be kept confidential to the extent allowable by law. Some steps I will take to keep your identity confidential are: using a fake name (pseudonym) to identify you and your community when publishing the results and holding interviews in a private space. Should you elect for your interview to be held in a private but visible space within your community, it may become evident as to your participation. If referred to the study by a community representative, your participation may be known by that representative. While participation may be or become known, the information shared during interviews will not be shared. I will not divulge any information about your participation to outside parties including staff, residents, etc.

The people who will have access to your information are: myself, my dissertation chair, and my dissertation committee. The Institutional Review Board may also review my research and view your information.

I will secure your information with these steps: written or printed materials will be kept in a locked filing cabinet and digital information will be stored either using encryption on my computer or on an encrypted flash drive.

I will keep your data for 7 years. I will then delete electronic data and destroy paper data.

**Mandated Reporting:**

I am required to report suspicion of child or elderly abuse to the Department of Human Services.

If I am concerned you might hurt yourself, I must get help for you. I will first attempt to contact the administrator at your community. If I am not able to get immediate help from qualified staff at your community I will contact 911.

If I am concerned you might hurt someone else, I will attempt to contact the administrator at your community. If I am not able to get immediate help from qualified staff at your community, I will contact 911.

**Contact Information:**

If you have questions for me, you can contact me at: (405) 531-0784 or [D.Buckelew9530@o365.ncu.edu](mailto:D.Buckelew9530@o365.ncu.edu)

My dissertation chair's name is Dr. Michelle Ackerman. She works at Northcentral University and is supervising me on the research. You can contact her at: [mackerman@ncu.edu](mailto:mackerman@ncu.edu) or (334) 467-8864.

If you contact us you will be giving us information like your phone number or email address. This information will not be linked to your responses if the study is anonymous.

If you have questions about your rights in the research, or if a problem has occurred, or if you are injured during your participation, please contact the Institutional Review Board at: [irb@ncu.edu](mailto:irb@ncu.edu) or 1-888-327-2877 ext 8014.

**Voluntary Participation:**

Your participation is voluntary. If you decide not to participate, or if you stop participation after you start, there will be no penalty to you. You will not lose any benefit to which you are otherwise entitled.

**Future Research:**

Any information collected from you during this research may **not** be used for other research in the future, even if identifying information is removed.

**Signature:**

A signature indicates your understanding of this consent form. You will be given a copy of the form for your information.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Appendix G: Demographic Data Sheet

### Demographic Data Sheet (to be completed by the researcher)

Participant 1 pseudonym: \_\_\_\_\_

Participant 2 pseudonym: \_\_\_\_\_

Senior Community pseudonym: \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

How long in previous residence: \_\_\_\_\_

Own or rent prior to relocation: Own / Rent \_\_\_\_\_ Type of previous res: \_\_\_\_\_

Marital Status \_\_\_\_\_ How long married \_\_\_\_\_

Number of offspring: \_\_\_\_\_

Location of offspring: Local \_\_\_\_\_ Out of area \_\_\_\_\_ Out of state \_\_\_\_\_ Deceased \_\_\_\_\_

Pets: Y/ N Type: \_\_\_\_\_ Number: \_\_\_\_\_

How did they learn about the study: \_\_\_\_\_

#### **Participant 1:**

Gender: M / F Age \_\_\_\_\_ DOB \_\_\_\_\_ Educ./Grade completed \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Retired: Y / N If yes, how long? \_\_\_\_\_

Previous/Current Occupation(s) \_\_\_\_\_

Preferred Method for Post Interview Contact: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

#### **Participant 2:**

Gender: M / F Age \_\_\_\_\_ DOB \_\_\_\_\_ Educ./Grade completed \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Retired: Y / N If yes, how long? \_\_\_\_\_

Previous/Current Occupation(s) \_\_\_\_\_

Preferred Method for Post Interview Contact: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

### Appendix H: Confidentiality Agreement

I \_\_\_\_\_ will help Nikki Buckelew, doctoral student at Northcentral University, with the research study titled “Residential Reasoning in Older Adult Married Dyads: A Phenomenological Study.”

My role will be to transcribe participant interviews.

In this role:

1. I will not disclose the names of any participants in the study.
2. I will not disclose personal information collected from any participants in the study.
3. I will not disclose any participant responses.
4. I will not disclose any data.
5. I will not discuss the research with anyone other than the researcher(s).
6. I will keep all paper information secured while it is in my possession.
7. I will keep all electronic information secured while it is in my possession.
8. I will return all information to the researcher when I am finished with my work.
9. I will destroy any extra copies that were made during my work.
10. I will destroy all electronic data pertaining to the project after completing the transcription.

Transcriptionist Signature \_\_\_\_\_ Date \_\_\_\_\_