

Transitioning to Assisted Living: Exploring Older Adults' Perceptions of Home and Self

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Dedication

This project is dedicated to my late grandparents: Grandma Nola and Grandpa Hank. Although they never experienced assisted living, their struggle to remain “at home” in the last years of their lives showcased to me how important this concept is to older adults. In an attempt to better the lives of all elders facing dependency, their strength, determination, and courage will always be a constant inspiration for my work.

Abstract

The concept of home, a prevalent element of place-based theory, is complex and multifaceted. While difficult to define, the home environment is a critical aspect of physical, social, and psychological well-being, especially among older adults. A continued theoretical focus on aging-in-place, however, stymies the understanding of meaning of home within other types of senior housing environments. As a result, the literature surrounding the transition from independent to supportive housing in the context of environmental meaning and personal impact is lacking.

The purpose of this study was to describe the experience of residential change from independent to assisted living and subsequent influence upon older adults' perception of home and self. This research aims to define concepts and identify relationships to further the development of theory in explaining the meaning of home for older adults over time and circumstance. In addition, the study is designed to generate implications for design, policy, and research to minimize negative impacts and support transitions between independent living and assisted living for older adults.

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Chapter One: Introduction

Overview of Context

As older adults age, the home environment progressively influences physical, social, and psychological well-being due to the increased time spent within the home (Chaudhury & Rowles, 2005; Oswald et al., 2006). In addition, elders are susceptible to changes in resources and life circumstances, making their housing options and living arrangements complex and often unstable (Mutchler & Burr, 1991). Although a significant aspect of older adults' lives, the meaning of home is a concept rarely understood outside of functionality or accessibility (Caouette, 2005). Research literature largely ignores the social and psychological constructs related to the physical setting in later life. As housing is a critical element in older adults' well-being and quality of life (Caouette, 2005; Oswald et al., 2006), it is imperative to understand how elders define home and subsequently imbue it with meaning.

Many place-based theories do not fully explain the meaning of home for older adults. The lack of consistent or interchangeable conceptual terms stymies the application of theoretical frameworks about the meaning of place to senior housing. A more subjective explanation of the meaning of home and the role and identification of conceptual terms is needed (Chaudhury & Rowles, 2005; Moore, 2000; Oswald et al., 2006). A description of perceived housing for older adults would influence research on how changes in one's home environment may alter meaning of home and self over time and circumstance. This research aims to define concepts and identify relationships to further the development of theory in explaining the meaning of home for older adults.

Research Problem

Older adults face significant changes in their physical, social, and psychological well-being that may influence their experience with transitions in their home environment, but the changes and impacts of those adjustments are rarely understood. Therefore, it is difficult to predict or understand how an older adult's perception of moving affects or influences their concept of home. The research surrounding the meaning of home and its multiple dimensions is varied; researchers lack consistent terminology within a holistic theoretical framework. As a result, the literature surrounding the transition from independent to assisted living in the context of environmental meaning and personal impact is lacking. There is a critical need for evidence based information to guide the design of housing and supportive programs for elders.

Purpose and Significance of Research

The purpose of this study is to describe the experience of residential change among older adults and how they consequently perceive themselves and their new housing. More specifically, the intention is to describe elders' perception of home and self after a transition to an assisted living facility. Moves to assisted living are a measurable behavior that typically follow the realization that independent living is too stressful or unsafe, and signal a perception by the elder or their family that there is a need for assistance with tasks of daily living (Schwarz & Brent, 1999; Tinsley & Warren, 1999). Assisted living environments are optimal for the exploration of the complex meaning of home compared to health-specific settings such as hospitals and nursing homes; assisted living is more focused on housing rather than medical care (Cutler, 2007). The study is designed to

generate implications for design, policy, and research to minimize negative impacts and support transitions between independent living and assisted living for older adults.

Traditional housing research in the gerontological field has focused upon the space, or physical location, rather than the impact of home, moving, and design to meet the needs of elders. Research and policy often rely on a “one-size fits all” attitude (Cutler, 2007), assuming the decision-making process among older adults regarding their living arrangements is as simple as choosing between aging-in-place or migration (Stafford, 2009). This over simplification ignores how older adults attach to, identify with, and create meaning within their home environments, and how these attitudes influence decisions about housing and evaluations of living arrangements after a change. A better understanding of these processes would help designers, policymakers, and providers of senior housing better meet the needs of those who no longer live independently.

In reality, aging-in-place is not an option for all older adults, especially those who recognize change in their physical or cognitive abilities as well as the loss of companionship and support (Golant, 2009). The effects of moving from independent to assisted living may therefore influence elders to redefine the meaning of home and place. The purpose of this research is to explore the experience of moving into assisted living and the evaluation of elders’ home and self, a concept that has rarely been explored.

A multi-variant, quantitative conceptual model proposed by Oswald et al. (2006) measured housing satisfaction, usability, meaning, and control. The concepts have proven effective in quantitatively measuring how older adults perceive their housing environments. However, literature on the transition from independent to assisted living in

the context of the meaning attached to home and personal impact of change in housing is lacking. Oswald et al. (2006) imply that a qualitative approach to perceived housing not only in independent living environments but other types of senior housing facilities may “expand our [current] conceptual models” (p. 198). Qualitative interviews provide a much needed humanistic emphasis to expand existent quantitative measures of the concept of home. Adding a qualitative explanation of the impact of a change in living arrangements, in this case a move to assisted living as a form of senior housing, expands Oswald’s model, potentially generating additional research.

Research Questions

To further understand how the change from independent to assisted living impacts the sense of home and self for older adults, the following three questions were addressed: (1) How do older adults define the concept of home? (2) How does the assisted living environment support the residents’ overall concept of home? and, (3) How do assisted living residents change in their concept of home with a move to assisted living?

Research Approach

An appropriate means of qualitatively exploring how older adults perceive a sense of home and self after experiencing a transition to assisted living is through a traditional phenomenological research approach. The requirements of a phenomenological qualitative study include incorporating open-ended research and interview questions to further explore and discover the meanings of certain situations and conditions (Bloomberg & Volpe, 2008). The aforementioned interpretive research questions were formulated with the intention of providing a greater understanding of moving to and

creating a home within an assisted living facility from the point-of-view of women aged 65 and older.

After an extensive literature review and analysis of Oswald et al.'s (2006) conceptual framework, interview questions were shaped and refined through peer and professor evaluation. Interview questions were based upon the four-domains of perceived housing: satisfaction, usability, meaning, and control. Twenty-two women, aged 65 and older, were interviewed. Participants were recruited from two facilities (11 at each facility) within the St. Paul city limits to minimize variance in geographic variables. Numerous visits over the course of six months provided access to the participants to complete one-on-one, open-ended interviews and many opportunities for observation and photographs. Despite attempts to control differences in facilities by focusing on a limited geographic area, the socio-economic status of residents, neighborhood location, aesthetics, ethnic identity, and year of development differed between the facilities. These factors are discussed in further detail throughout the project.

Once the interview data were gathered, observations, photographs, and interview responses were interwoven to provide a descriptive examination of how a transition to assisted living influenced an individual's perceived sense of home and self. Interviews were recorded and transcribed by the researcher, allowing in-depth access and immersion within the extensive data. This particular methodology is recommended in qualitative research; it gives the researcher first-hand familiarity with the phenomenon experienced by a particular group of participants (Bloomberg & Volpe, 2008; Creswell, 2007).

Throughout the process, continuous peer and advisor review, input, and suggestions were considered, providing further reliability and trustworthiness in the analysis and findings.

Researcher's Perspectives

As a researcher, my goals include making a difference and impacting change by providing a voice for older adults facing life-altering transitions in their home environment. I aim to be an advocate by informing future design, policy, and research surrounding older adults and their housing options. Although I am not (by definition) an elder and have never moved to assisted living, I do have personal familiarity with the difficulty and emotional nature of the decision, choice, and experience of similar transitions through occurrences in my own family. While not a staunch advocate for aging-in-place, I do believe that all individuals, regardless of age, ability, or creed should be able to have adequate and appropriate housing that meets their needs, desires, and personal goals. Perhaps my greatest struggle in approaching this research is getting past my own personal conviction of what it must feel like for individuals to admit to themselves, their families, or society at large they can no longer live independently.

In spite of this, I bracketed my biases and personal feelings toward this topic to the best of my ability so the findings and implications were not compromised. My academic training in gerontology and design as well as quantitative and qualitative research methodology provided a solid basis within which the participants' voices were heard in the context of their narrative, not as a translation or analysis of my own personal beliefs. Their voices and experiences provide an exemplary context within which designers, policymakers, researchers, and housing providers can understand and implement

evidence-based information to policy and programs in order to lessen the physical, social, and psychological impacts that a transition from independent to assisted living has upon older adults.

Researcher's Assumptions

Although I have little first-hand familiarity with either residing in assisted living or having a family member who has experienced such a transition, I approached this study aware of a number of assumptions. First, I assumed the transition to assisted living would be an emotionally charged experience, presuming that moving from a home in which an older adult has formed a sense of attachment into an assisted living facility would be a difficult transition. In this light, I recognized an expectation or personal bias that assisted living residents likely long for their old homes and do not consider their assisted living apartments their “home.” I bracketed this expectation by diligently listening to comments that might contradict as well as affirm my belief, a procedure used to ensure a full and impartial description of the phenomenon (Bloomberg & Volpe, 2008; Creswell, 2007).

In addition, I also assumed the decision to move to assisted living was based upon an individual's physical or cognitive decline, whether self-identified or influenced by others such as family or medical professionals. I imagined that the overall decision to move, regardless of an admission of change in ability, would primarily be fueled by family members, namely children. Admitting to a decline in health as a result of aging tends to be an emotionally difficult experience (Johnson & Barer, 2003; Schwarz & Brent, 1999), affecting one's pride, independence, and perceptible identity. Therefore, I also presumed that an individual's perceived sense of self would deteriorate upon moving to assisted

living through an unwelcome and sudden dependence upon others, a loss of pride and responsibility in maintaining a home, loneliness, and a lack of social connections once found and revered in previous communities.

Definitions of Key Terminology

Assisted Living. Varied in regulation and public policy, assisted living in general is difficult to define. Regardless, assisted living is quickly becoming the leading housing choice among individuals needing additional support in activities of daily living, as the focus of its design and policy is on the residential versus institutional environment (Brandi, Kelley-Gillespie, Liese, & Farley, 2004; Cutler, 2007; Marsden, 2005; Regnier, 1999; Schwarz & Brent, 1999). The primary components of assisted living include services and regulation, private units, and levels of care, making clear that as much dignity, autonomy, control, and independence as possible is desired for its residents (Assisted Living Workgroup, 2003). Although falling within the spectrum between independent living and full medical nursing home care, assisted living as a concept still suffers from a lack of clear terminology, classification, definition, and regulation (Cutler, 2007, Golant & Hyde, 2008; Marsden, 2005; Regnier, 1999).

Assisted living is typically considered a service option: a place to rent that allows residents to maintain independence, functioning, and socialization while still being protected from safety issues due to declines in general health (Cutler, 2007). It is also often conceived as a means for individuals to age-in-place without having to move to a nursing home environment (Golant & Hyde, 2008; Marsden, 2005; Schwarz & Brent, 1999). The main focus of the assisted living model rests on its physical design as a means

to market independence and symbolize home for older adults in need of supportive care. “The general consensus is that the [assisted living] model will continue to evolve, becoming more consumer driven, but that no uniform design will ever be developed and that resistance to government regulation will continue” (Cutler, 2007, p. 68).

Old Age. Another difficult concept to define, old age can be characterized legally, through secondary data collection methods, previous and current research, or simply by an individual’s perceived feeling toward their personal age. It is widely recognized through governmental agencies, including the U.S. Census Bureau and the U.S. Social Security Administration, that one has reached old age and is considered “elderly” upon turning 65 (www.census.gov; www.ssa.gov). National organizations, including AARP (formerly known as the American Association of Retired Persons), consider old age synonymous with average retirement age, but allow any individual over the age of fifty to join their organization (www.aarp.org).

Many people consider reaching old age after particular life-changing events. Some may claim old age is defined by changes in physical or cognitive abilities, or life events such as retirement, becoming a grandparent, or reaching an age where their parents or other family began to get old (Pipher, 1999). Old age, as a term, “can convey positive as well as negative notions—wisdom and respect or frailty and dependence” (Schwarz & Brent, 1999, p. xv). Aging can also be defined in terms of attitude, as many individuals will explain in casual conversation, “age is what you make of it.”

Home. As a concept, home is even more difficult to define. Many researchers have spent significant time trying to label what makes a house a home, and while there are

some distinct qualities between the two terms, ambiguity continues to cloud the progression of its terminology. This is particularly true when researchers characterize home as a physical object rather than an element of the theoretical, social, and cultural contexts it exists within (Moore, 2000). Due to its many layers of meaning, the examination of home “has to be examined in terms of its parts as well as a whole, mindful that to focus strongly on one part, it is possible to lose sight of the whole concept itself” (Moore, 2000, p. 208).

While multifaceted in nature, there are a few elements of home that most researchers agree upon. For one, most would concur that a house does not necessarily create or foster a home. A house “means shelter, and implies edges, walls, doors, and roofs—and the whole repertory of the fabric,” while home “does not require any building, even if a house always does” (Rykwert, 1991, p. 54). In essence, the design of a house helps create a lifestyle, while home is a concept that is cultivated through the social structure of settlement. Rykwert may say it best when he states that “an individual can have many houses, but only a person can make a home” (p. 57).

Chapter Two: Literature Review and Theoretical/Conceptual Framework

Overview and Organization

The purpose of this phenomenological study was to explore the perceptions of home and self among 22 older adult women who have transitioned from independent to assisted living. More specifically, this study attempts to understand how the concept of home is defined in assisted living, how the assisted living environment supports the residents' overall concept of home, and how the concept of home may change among assisted living residents after a move to supportive housing. To design the study, create interview questions, analyze and synthesize the data, and determine appropriate recommendations for design, policy, and research, an in-depth, comprehensive literature review was necessary. The critical review of literature was ongoing throughout the entire project, including pre- and post-data collection.

To gain a better understanding of the concept of home among older adults in assisted living, it was important to explore literature that included facets of aging, senior housing, and relationships to place, especially regarding ties to home. Additionally, two theoretical frameworks were explored: Atchley's (1999) continuity theory and Oswald et al.'s (2006) four-domain model of perceived housing in old age. The literature and frameworks were useful in providing a well-rounded view of the aging process, housing options, and place-based theories in relation to meaning of home and self among older adults. Care was taken to include a wide-ranging span of relevant material to supply an overview of current knowledge and possible gaps in the literature surrounding the concept of home,

especially concerning transitions to alternative housing environments. The chapter concludes with a summary of concepts and their relationship to this study.

Section I: Aging

Physical Aging. Physical aging is often the sole determinant when defining the young-old and the old-old. Although each individual ages differently, change in physical health tends to delineate among the two stages of aging. People are more inclined to consider themselves young-old until faced with a loss in health, as they can still complete necessary and desired activities of daily living (Pipher, 1999). While some individuals have experienced physical impairments throughout their life course, age-related physical declines after retirement and beyond can be very debilitating, altering how one is able to function within their home environment (American Planning Association, 1994).

With age, individuals tend to experience physical changes in sensory perception including decreasing vision, loss of hearing, and declining taste, smell, and sensitivity of touch. Changes in the brain and nervous system, including a deterioration of mental status, learning, and memory combined with a slowing of the circulatory system, reduction of muscle strength, lowered agility, and decreases in fine motor control all affect the ability of an older person to utilize their home environment to meet their daily needs (American Planning Association, 1994; Pipher, 1999). Such physical changes in the aging body may also be exacerbated by certain medications, diseases, or lifelong medical conditions (American Planning Association, 1994). An understanding of physical aging is therefore essential to those working in design, policy, or research surrounding housing for older adults.

Social/Psychological Aging. Social and psychological aging is another component of growing old, and understanding changes in one's psycho-social needs can help explain how aging individuals relate to the physical environment (American Planning Association, 1994). Psycho-social needs are significant throughout one's life course, and are most often met by family, friends, social connections through school or work, and community involvement. These needs include, but are not limited to: self-concept and self-esteem, contact with others, belonging, independence and self-sufficiency, and autonomy. Those most valued by older adults include independence and autonomy, which include a sense of privacy and control over one's environment (American Planning Association, 1994).

As one ages, the loss of friends and family through death, relocation, or absence from the workplace can shrink the social circle of an older adult and affect overall outlook on life. Negative attitudes, loss of perceived individuality and belonging, decreased sense of worth, and feelings of helplessness are possible throughout the social and psychological aging process (American Planning Association, 1994). Those with few family and friends available as caretakers or supports in activities of daily living are often forced to reevaluate their living situation, potentially precipitating a move to more supportive housing environments (Johnson & Barer, 2003; Mutchler & Burr, 1991; Regnier, 1999; Tinsley & Warren, 1999).

Dependence is not a concept that American elders take lightly; in fact, many older adults perceive a significant loss of psychological control and autonomy over their home

environment when they can no longer live independently (American Planning Association, 1994; Rubinstein, Kilbride, & Nagy, 1992; Schwarz & Brent, 1999).

Another thing that makes old age a difficult stage to navigate is our American belief that adults need no one. We think of independence as the ideal state...[associating it] with heroes and cultural icons...and we associate dependence with toxic families, enmeshment, and weakness. To our postmodern, educated ears, the concept of a psychologically healthy but dependent adult sounds oxymoronic (Pipher, 1999, p. 51).

The losses due to social and psychological aging are an important concern, as they signify a world an older adult often describes as shrinking, isolated, and lonely.

Section 2: Senior Housing

In the coming years, the increased number of individuals who will reach retirement age and beyond will produce unparalleled age-related challenges in design, policy, and research related to elder living environments. A number of variables affect an older adult's living situation, including economic wealth, health status, and family and kinship relationships (Johnson & Barer, 2003; Regnier, 1999). The most significant prediction of an older adult's living arrangement is their economic and health resources (Mutchler & Burr, 1991). A variety of choices available to those unable to live independently is essential. In comparison to 68.2 years in 1950, older adult Americans can now expect to live until 77.7 years of age (U.S. Department of Health and Human Services, 2010). Additionally, the number of the oldest old is expected to increase by 382% between now and the year 2060 (Marsden, 2005). Housing options that include both medical and

human services at an appropriate, affordable rate will need to respond to the growing number of older adults, and the increased life expectancy in comparison to generations past (American Planning Association, 1994; Regnier, 1999).

Until older adults face a decline in health, they are less likely to migrate or alter their housing situation (Mutchler & Burr, 1991). Moving precipitates the necessity to adjust to new friends, a new home, and a new social network which can be a difficult transition (Pipher, 1999). However, a change in physical or cognitive health characteristically requires a closer look at different housing options, depending upon the level of care and support needed. This correlates with national statistics regarding migration patterns of American elders; the first wave of relocation among older adults typically occurs around retirement, while the second happens when assistance with daily functioning is necessary (American Planning Association, 1994).

Independent Housing. It is widely understood that older adults prefer to live independently as they continue to age, either with their immediate family (spouses or children) or alone. Considering all else equal, older adults would rather live in their current homes, despite potential change in life circumstances such as children moving away or marriage separation, divorce, or widowhood (Mutchler & Burr, 1991; Wagnild, 2001). The desire of older adults to age-in-place is clear when looking at nationwide statistics; homeownership rates among those aged 65 and older are at 80.6%, the highest among any other age group in the United States (U.S. Census Bureau (HHES), 2010). Additionally, 39.5% of those living alone in the United States are individuals aged 65 and older (U.S. Census Bureau (HHES), 2009). Living independently encompasses a variety

of housing, including apartment complexes, condominiums, townhomes, and duplexes. In general, older adults who are able to live independently have a variety of choices available to them.

Independent living can also include senior-specific dwellings, including cooperatives, retirement communities, or senior-only apartment complexes. These particular age-segregated facilities may be funded through federal Housing and Urban Development (HUD) subsidies, state grants, or market rate units. Many of these types of facilities offer services, if needed, which may be free, subsidized, included in costs of rent, or paid for through a small annual membership by the elder. One particular innovation in independent, senior-specific housing is the idea of the “Naturally Occurring Retirement Community”, or NORC, where older adults to age-in-place, reduce isolation, and postpone institutionalization through in-home services within a supportive community environment (Calkins & Keane, 2008; Lanspery, 1995). These housing choices provide opportunities for older adults to live independently yet still feel safe, secure, and socially supported without institutional oversight.

Although life circumstances among elders are subject to change, those in good health and with sufficient economic resources are most able to live independently (Mutchler & Burr, 1991; Wagnild, 2001). Culturally, the privacy and autonomy afforded by independent living is highly sought after by all individuals seeking housing, especially by older adults who have often experienced a range of living situations throughout their lifetime (Mutchler & Burr, 1991; Wagnild, 2001). In addition, the deinstitutionalization movement, which has attempted to move elders out of institutional long-term care

environments and back into the community, has created more effective, community-based service opportunities within the past few decades that allow individuals to independently live in their homes longer (Regnier, 1999). Older adults are now able to obtain in-home care, attend elder day programs, or acquire personal care assistants, pending their financial status keep them away from the nursing home experience.

However, the ability to live independently is not an option for all elders, especially those facing economic or health hardships. Although the majority of older adults visualize growing old while aging-in-place, there may come a time where some are no longer able to care for themselves or cannot find the necessary community supports that allow them to remain in their homes (Brandt et al., 2004; Golant, 2009; Johnson & Barer, 2003; Marsden, 2005; Regnier, 1999). When facing such a transition, other senior housing options may prove appropriate in meeting one's needs.

Nursing Homes. Nursing homes are the older and more conventional of the two leading types of long-term care facilities for older adults (Brandt et al., 2004). Traditionally, nursing homes resemble hospitals with double loaded corridors, shared rooms, medical beds, and staff who are referred to strictly by their medical titles. The stringent regulations and medically-minded design in nursing home facilities is in response to federally-regulated Medicaid funding, which pays on average for 68.4% of individuals seeking long-term care in nursing homes (Ilminen, 1999). The focus on staff efficiency, controlled routines, safety, and centralized building design through the dedication of public funds all contribute to the institutional feel of nursing homes (Marsden, 2005).

Conceptually, nursing homes were created for individuals requiring 24-hour supervisory care and support with most activities of daily living. Individuals residing in nursing home facilities are primarily members of the aging population who cannot be cared for in their homes (Brandt et al., 2004). In addition, many older adults who have suffered a short-term illness or injury utilize nursing home resources for interim rehabilitation. As a result of both the population and its regulatory oversight, nursing home facilities follow a strict medical model, forcing their overall design to parallel that of a hospital-like environment (Brandt et al., 2004; Golant, 2008; Regnier, 1999).

Nursing homes do not come without a fair share of criticism. In fact, many aging individuals would choose any other living situation over that of moving into an institution (Marsden, 2005; Mutchler & Burr, 1991; Regnier, 1999). A common complaint in the design and regulation of nursing home environments includes both perceived and measurable deficiencies in independence and autonomy among residents. Designers, researchers, and policymakers alike agree that choices offered to nursing home residents are exceedingly limited and do not necessarily preserve one's sense of self or identity, which limits self-determination (Schwarz & Brent, 1999). In addition, the regulation of nursing home facilities can hinder personalization, flexible use of space, and individualized supportive care (Cutler, 2007; Marsden, 2005; Regnier, 1999).

Families of older adults in nursing homes often find themselves with a conundrum recognizing a need for assistance caring for elders with health declines and feeling guilty for institutionalizing relatives.

In the absence of better places and more social supports, nursing homes

are what we have for the old-old. They are difficult institutions to administer, with hundreds of feeble people who have individualized treatment plans that require coverage twenty-four hours a day, seven days a week. Usually there isn't money to hire skilled workers or as many workers as are truly needed. Furthermore, some visitors demonstrate their love for their family members by criticizing everything the rest homes do (Pipher, 1999, p. 46).

This common attitude toward nursing home environments has fueled new housing options, designs, and policies for older adults needing support in daily living (Regnier, 1999; Schwarz & Brent, 1999). One such option, the assisted living facility, has not only advanced the design of senior housing, but has also attempted to bridge the gap between independence, autonomy, and sense of self within a supportive environment.

Assisted Living. Assisted living can be conceived of as an attempt to “meld” the best practices and policies from existent senior housing options. Assisted living and nursing home residents have similar medical and human support needs, requiring comparable daily services (Schwarz & Brent, 1999). Therefore, the distinction between nursing homes and assisted living as a service option is sometimes difficult to identify, as the difference between type and amount of care in each facility is progressively becoming more vague (Eckert, Carder, Morgan, Frankowski, & Roth, 2009; Golant, 2008). Nevertheless, for the residents themselves, assisted living provides an opportunity to “avoid institutionalization and maintain remaining functional independence in a residential environment that provides affordable, secure, and supportive dwellings” (Schwarz & Brent, 1999, p. xviii).

In assisted living, individuality, flexibility, personalization of care, and tailored services are primary foundational objectives (Brandt et al., 2004). Medical and supportive care may include prepared meals, housekeeping, laundry, and assistance with bathing, dressing, or other activities of daily living. Overall, the focus of this housing model is on its residential rather than institutional character (Cutler, 2007; Marsden, 2005; Schwarz & Brent, 1999). Apartment units are traditionally private with design features such as door locks, individual temperature controls, personal bathrooms, and kitchens that encourage independence and autonomy. These characteristics “generate a sense of family, community, and belonging; the residents feel comfortable, secure in a setting that evokes memories and feelings of being at home” (Schwarz & Brent, 1999, p. xviii).

Due to its popularity and marketability as a supportive housing option boasting a home-like environment, assisted living facilities tend to be expensive and reserved for those who can afford to privately pay (Marsden, 2005; Regnier, 1999; Schwarz & Brent, 1999). Older adults who find themselves on either end of the economic resource spectrum are more likely to find themselves in a supportive housing facility (Mutchler & Burr, 1991). Elders with middle- or upper-incomes seeking supportive care are traditionally able to move into market-rate assisted living facilities, while those with less monetary resources are either forced into subsidized housing with little medical or social support or long-term nursing home complexes (Golant, 2008; Schwarz & Brent, 1999).

Overall, many older adults would rather live independently than in an assisted living complex (Wylde, 2008). “[The] search for home is made more frightening by our deep cultural mistrust of institutions for the aged. Many people feel they would rather die than

be in a rest home. And yet at a certain age, many people need assisted living” (Pipher, 1999, p. 30-31). In general, elders facing a decline in cognitive or physical health may not have a choice in their living arrangement. Increasing dependence, in addition to a lack of appropriate or affordable support services in the community, may necessitate a move to a more accommodating home environment (Johnson & Barer, 2003; Marsden, 2005; Mutchler & Burr, 1991). Assisted living tends to be the first choice for older adults facing a move, primarily because “assisted living conveys an image of receiving care in one’s own home” (Cutler, 2007, p. 69).

Section 3: Relationship to Place

The exploration of place-based theory has foundations in multiple disciplines and contexts. Initial investigation into how people form emotional relationships to places started largely in phenomenology (Bachelard, 1969; Relph, 1976; Seamon, 1979). Other early work stemmed out of philosophy with attention to the symbolic nature of the home in relation to the self. Cooper’s (1974) important work precipitated additional theoretical explorations into the overall meaning of home (Cuba & Hummon, 1993; Moore, 2000; Sixsmith, 1986). While this initial look into the lived experience of the everyday lifeworld of individuals and their relationships to place provided a solid foundation of conceptual language from which to work (Manzo, 2005), the ambiguity and empirical objectification of terms has somewhat stunted the progression of a theoretical framework aimed at understanding the multiple dimensions of place-based relationships.

Overall, individual relationships to place have been identified and discussed as separate, yet interrelated, concepts throughout decades of research. Proshansky, Fabian,

and Kaminoff's (1983) defined the concept of "place-identity" and furthered the phenomenological foundation of place-based relationships. By examining personal beliefs, values, goals, preferences, and behavioral patterns, Proshansky, Fabian, and Kaminoff were able to describe how an individual's identity is formed, shaped, and ultimately determined by their physical surroundings. While their initial work examined elements of the home, Proshansky, Fabian, and Kaminoff found that influential factors of place-identity extend beyond the physical structure of the house. Other identity-forming components include relationships with alternate geographical locations and society at large. In essence, this study found that an individual's personal identity can be defined as a response to their perceived relationship with various forms of the physical environment.

Other concepts including place attachment and sense of place have furthered theoretical frameworks surrounding relationships to place as well. Place attachment explores how people attach to places through what is considered "people-place bonding" (Low & Altman, 1992). It is a complex phenomenon that explains why places are meaningful and valued through emotional and cultural attachment (Hidalgo & Hernández, 2001; Low & Altman, 1992; Tuan, 1977). In its most general sense, place attachment involves a variety of places, people, relationships, and temporal aspects which all interrelate to form a bond between a person and place (Low & Altman, 1992). Hidalgo & Hernández (2001) found the degree of place attachment is influenced by spatial range, age, and gender. Furthermore, between both sexes, aging women report more social and physical place attachment to spaces including the city, neighborhood, and home.

Sense of place is another widely used concept in place-based theories. Shamai (1991) explored how 155 Jewish high-school students defined their sense of place across three geographic levels of their home environment in Toronto, Canada. Shamai (1991) defined three phases of sense of place: belonging to a place, attachment to a place, and commitment to a place. Hay (1998) conceptualized sense of place as different from place attachment by exploring the social and geographical context of person-place bonds in relation to aesthetics and personal feelings. His study examines how sense of place develops through one's residential status, life cycle development (age stage), and adult relationship bonds; ancestral and cultural connections play a role in how one forms a sense of place in a societal context.

In relation to the sense of place concept, Gustafson (2001) explored how meanings are attributed to and dependent upon place. Gustafson found that important places could be categorized around the themes of self, others, and the environment. Through this research, he created what was termed a three-pole triangular model through which the multidimensional nature of place meaning could be mapped. While this model parallels that of Sixsmith's (1986), which categorizes the meaning of home as personal, social, and physical, Gustafson (2001) argues that meaningful places involve self, others, and the environment, along with the interrelationship between those three poles across various contexts. In addition, he argues that meaningful places should be distinct, valued, continuous, and subject to change—all components of his conclusion that the attribution of meaning to places is often “implicit, not reflected upon, or taken for granted” (p. 13).

Following Gustafson's (2001) research, Manzo (2005) attempted to understand how people form relationships to place through a concept termed "place meaning". In essence, Manzo defines "place meaning" as the larger context where the concepts of place-identity, place attachment, sense of place, and place dependence are interrelated. Her qualitative research exploring the diversity of emotional bonds (or lack thereof) to places strengthens the argument that the meaning of place, regardless of context, is manifest in the physical, social, and psychological dimensions of an individual's environment. This meaning is typically influenced by the life course, social relationships, and experiences within place, highlighting that places significant to people are reflections of their evolving identity and continuity of development. Manzo's work showcases that several places often contribute to one's sense of self over time, including residential environments, whether viewed positively or negatively.

Ties to Home and Self. As a central component of place, the home is an environment within which place-based theories are often explored (Chaudhury & Rowles, 2005; Manzo, 2005). The ambiguous definitions separating the terms "house" and "home" are conceptualized as a difference between the physical environment versus the psychosocial environment, respectively (Rykwert, 1991). In other words, most researchers agree that a home is not reliant solely on the physical space or structure, but also the emotional, cultural, or psychosocial significance that is created within (Chaudhury & Rowles, 2005; Moore, 2000; Sixsmith, 1986; Weisman, Chaudhury, & Diaz Moore, 2000). As a result, studies utilizing place-based theories have suggested that a more tangible focus on the

role of self (as identified in a physical environment) be implemented in understanding how the meaning of home is constructed.

Among the first few studies exploring how the physical home and psychological self interrelate, Cooper's (1974) research on "the house as a symbol of the self" examined Jung's philosophical findings surrounding the human psyche. In this initial study, the self was defined as "the inner heart of our being, our soul, our uniqueness", while the house is "the basic protector of [our] internal environment (beyond skin and clothing) to represent or symbolize what is tantalizingly unrepresentable" (p. 131). The relationship between the concepts of house and self were used to describe how individuals identify and define their homes as an external symbol of themselves. In essence, Cooper argues that the house can be conceptualized as "a symbol-of-self in a self-world relationship" (p. 134).

While Cooper's (1974) research on the interrelationship between self and home advanced the general perception of how physical environments are understood as significant in everyday life, the initial findings were lacking in contextual placement. This type of early research was often based on philosophical thought without reliable empirical methodology, especially in regard to appropriate sampling techniques (Moore, 2000). Sixsmith's (1986) study, one of the first to empirically explore the meaning of home from an everyday, lived experience, also sought to understand how the concept of home is manifest beyond the physical walls of the house. This finding suggests that the home environment "provides a medium for all manner of personal and social activities through which meanings develop" (p. 294).

As researchers expanded philosophical thought, empirical testing influenced the conceptualization of home beyond its four physical walls. Cuba and Hummon (1993) integrated the concept of place-identity into the larger scale environment. While examining a small cohort of individuals in Cape Cod, Massachusetts, they found that people identified with their individual homes as well as the larger community and region. This study was among the first to explore one's "home" as a reflection of an individual's residential affiliations, social participation, and spatial activity, or geographical location. These findings showed that the qualities of places influence the formation of emotional bonds and that a sense of place is also "shaped by people's interpretations of place, their experiences with place, and the demographic characteristics they bring to place" (Cuba & Hummon, 1993, p. 126). Their study concludes that feeling at home in places is influenced by a range of factors, both in and out of the physical home environment.

Like Cuba and Hummon (1993), Manzo (2005) argued that the literal interpretation of "home" focused too much on the immediate physical structure rather than places beyond the residence, as well as more positive versus negative experiences. While Manzo used the broader concept of "place meaning" to explain how individuals attach to and identify with their sense of place, her findings suggested that the conventional, metaphorical use of home and family language has limited an overall understanding of "the complex relationships to places and to the residence in particular" (p. 68). As a result, she advocates for a larger view of the home environment in place-based research—one that looks into residential and nonresidential settings through personal experiences of both belonging and alienation.

A somewhat different approach to how the meaning of home and aging interrelate is through Heywood's (2005) study on housing adaptation. While it is widely recognized that adaptations to the physical environment of an older adult's home are necessary once disability ensues, Heywood argues that too often the individual's meaning of home is not taken into consideration when planning for modifications and alterations. Adaptations were found to be a "wasted expenditure" when such alterations did not restore privacy, autonomy, or one's self-perceived identity within their home environment (p. 531). For adaptations to be effective, Heywood concludes that a greater use of meaning of home factors needs to be employed in housing construction, policy, and research.

These studies, while identifying the need for more empirical work to further place-based theories, provide little more than an ambiguous understanding of how meaning of home is conceptualized through the physical and psycho-social environment. Decades of research stemming from multiple disciplines have not yet definitively characterized how people come to understand and define place, especially the multilayered concept of home. The critical issue is the continued focus upon trying to define an indistinct term rather than understanding the underlying meanings people impart within their environments. The objectification of "home" relies too heavily on literal and undue classifications that tend to ignore the psychosocial dimension of the meaning and the broad range of experiences lived both in and out of the physical walls of the house (Chaudhury & Rowles, 2005; Manzo, 2003; Manzo, 2005; Moore, 2000; Weisman et al., 2000).

Theoretical Framework

One fundamentally missing component of current place-based theories is the overall individual experience of home, especially among particular subgroups or within specific settings. Many of the theoretical frameworks surrounding sense of place have neglected non-traditional housing environments or negative aspects of home, including the perception of home as function, work, obligation, or prison, among others (Manzo, 2005; Moore, 2000). While some studies have specifically examined the multiple dimensions of home in later life, others continue to focus upon place (as separate from home) as a broader concept in an attempt to make more sweeping generalizations.

To further understand older adults' meaning of home and self after transitioning to an assisted living facility, the application of theoretical and conceptual frameworks that focused specifically on the lives and housing environments of older adults was necessary. The research questions regarding how older adults define the concept of home, how assisted living facilities support residents' concept of home, and how residents change in their concept of home upon moving to assisted living could not be answered using the place-based frameworks that make broad, philosophical generalizations. Since no specific place-based theory examines the meaning of home through both the individual self and their physical environment, concepts from two frameworks influenced the interview questions, analysis, and interpretation of data.

Continuity Theory. For the purposes of this study, elements of Atchley's (1999) continuity theory were applied, which argues that perceived continuity of self between past and current events can be maintained through adaptive internal and external choices

in relation to one's physical and social environment. "In this way, people maintain a stable, yet evolving sense of self as they age" (Putnam, 2002, p. 800). However, a stability of self does not imply that all adaptations are positive or that all self evolutions progress in a positive direction. Instead, continuity theory seeks to comprehend older adults' adaptation to life's events by understanding the dynamics of their self-development throughout the life course.

Continuity theory is constructionist in nature, assuming that people actively develop personal constructs about themselves (by participating in the creation of their identity), their relationships with others, and their individually chosen lifestyles through internal and external continuity. The theory presumes that the construction of self is influenced, but not determined by, the social constructions of reality that are learned through socialization and popular media discourse. In this sense, individuals are active participants in the creation, development, and perpetuation of the structure and dynamics of the self, creating "enduring patterns designed to enhance life satisfaction and adaptation to change" (Atchley, 1999, p. 7).

While continuity theory involves adaptation and generally predicts that most people will try continuity as their first adaptive strategy, it does not imply that all development and maintenance of "adaptive capacities" will be positive. Instead, it presumes that individual choices are made in an attempt to adapt to changing circumstances, whether positive or negative in nature, concerning itself more specifically with how people attempt to adapt through their own self-capacities. In this sense, the theory can help

further the understanding of why and how particular individuals have developed and whether they have adapted to changes in their life course positively.

An important implication of this theory articulates that the subjective perceptions of continuity as professed by the older adult are as theoretically relevant as researchers' perceptions of objective continuity. Each individual's thoughts, values, behaviors, and preferences are going to be different. Continuity for each individual may be positive or negative, depending on that person's life course development. In other words, sweeping generalizations are not feasible, nor recommended; subjective evaluations of the self and one's social relationships are equally as relevant and significant as objective assumptions or findings determined through data collection and analysis.

Fundamentally, Atchley's theory (1999) explores continuity over the three levels of physical aging, psychological aging, and social aging. Atchley hypothesizes that little discontinuity typically arises from physical or psychological aging, primarily because aging tends to be progressive, allowing one to maintain individual and social roles in most capacities. Social aging, while often involving a sense of freedom from former social responsibilities, can also be perceived as depreciation in individual contribution to larger society. Each level may be felt differently by particular individuals, regardless of theoretical hypotheses, especially considering the range of diversity among older adults. Therefore, continuity theory is not a model of successful aging, nor can it predict specific outcomes of adaptation. The framework can be used as a means to explore and explain the concept of self and adaptation processes following changes in one's life course.

Four-Domain Model of Perceived Housing in Very Old Age. Oswald and his colleagues have added significantly and substantially to the elaboration of theory and have conducted several studies based on theoretical concepts in previous years. A key part of the relationships to place movement, Oswald et al.'s research (2003; 2006) focused primarily on how housing is perceived specifically by older adults. Their more recent framework included a four-domain quantitative model of perceived housing in very old age (2006) aimed at better understanding the subjective and symbolic nature of home in relation to the psychological union of person and place.

Oswald et al.'s (2006) study on the perceived housing of older adults expanded an understanding of the importance of the home environment upon aging individuals. The home becomes an integral component of the daily lives of elders, as the majority of their time is spent both living and performing activities within the physical walls of the house (Oswald et al., 2006). One's home environment can be evaluated in terms of its objective qualities through whether it is conducive to activities of daily living or is adapted appropriately to encourage independence. However, it is much more complex to conceptualize and measure the subjective meanings that are created within the home. The person-place bond created through the relationship between the physicality of the house and the person who inhabits it is a subjective, symbolic, and psychological phenomenon; Oswald et al. defines this phenomenon as "perceived housing" (2006, p. 188).

In an attempt to define and measure the subjective nature of perceived housing as well as develop appropriate terminology, Oswald et al. (2006) conducted a study on 1,223 elders aged 80-89 years old. They lived alone in their private homes in three

European urban regions as part of the European ENABLE-AGE Project. Through this research, the authors were able to identify four domains: housing satisfaction, usability in the home, meaning of home, and housing-related control beliefs. The concepts were useful and valid in empirically modeling how older adults perceived their homes.

Quantitative in methodology, the results of the study suggest that the four domains are useful in attempting to explain the subjective perception of home among older adults.

Through Oswald et al.'s (2006) research, "understanding [the] psycho-social home requires the integration of satisfaction, meaning of home, usability and housing-related control" (p. 189). While housing satisfaction is largely misused in housing research, it is still an important concept as it requires the subjective evaluation of one's home environment. When combined with usability (whether or not a person's home effectively fulfills performance or use expectations), meaning of home (in regard to its physical, social, and psychological aspects), and housing-related control (the person-environment interchange), its evaluative properties are enhanced to provide the "big picture" of how one perceives their home environment. These four domains together are valuable in gaining a better understanding of both the subjective experience and the objective evaluation of home, which are important dimensions of the health and well-being of older adults (Oswald et al., 2006).

While still needing refinement, especially in regard to the creation of a simple assessment and evaluation procedure, the four domain model created by Oswald et al. (2006) provides useful dimensions toward a comprehensive understanding of the lived experience of transitioning to assisted living. The four concepts of housing satisfaction,

usability, meaning of home, and housing-related control provide a wider view into how home environments are perceived and endowed with meaning. Since Oswald et al. (2006) tested this conceptual model on older adults living independently, applying it to this study will provide even greater understanding of how home is perceived by elders facing transitions in their living arrangements. To move this place-based theoretical examination of relationships to place (and especially perceived housing) forward, a qualitative phenomenological approach is necessary.

Conceptual Framework

Even though relationships to place incorporate both the meaning of the physical environment and an individual's self-identity as lived within that physical environment, most place-based theories do not explicitly examine both components and continue to utilize unclear and undefined terminology (Manzo, 2005; Moore, 2000; Sixsmith, 1986; Weisman et al., 2000). Interestingly, the effort of past research to further place-based theories into an understanding of the meanings places have for individuals has continued to demonstrate a lack of agreed upon variables, foci, application, and appropriate level of analysis (Manzo, 2003). A useful, functional, and unambiguous theory is needed if place-based research is to have a significant impact on design, policy, and future studies.

In an attempt to explore how transitioning to assisted living impacts an older adult's meaning of home and self, it was important to merge concepts from frameworks that focus on the self and the perceived environment as experienced by the individual. Therefore, elements of Atchley's (1999) continuity theory and components of Oswald et al.'s (2006) four-domain model of perceived housing were combined as a guideline for

furthering an understanding of how home is a reflection of the meaning of the self and the surrounding physical environment. Within each of these theoretical frameworks, elements of how meaning is translated through the individual and the physical environment, such as adaptation, decision-making, and lifestyle roles, are inherent.

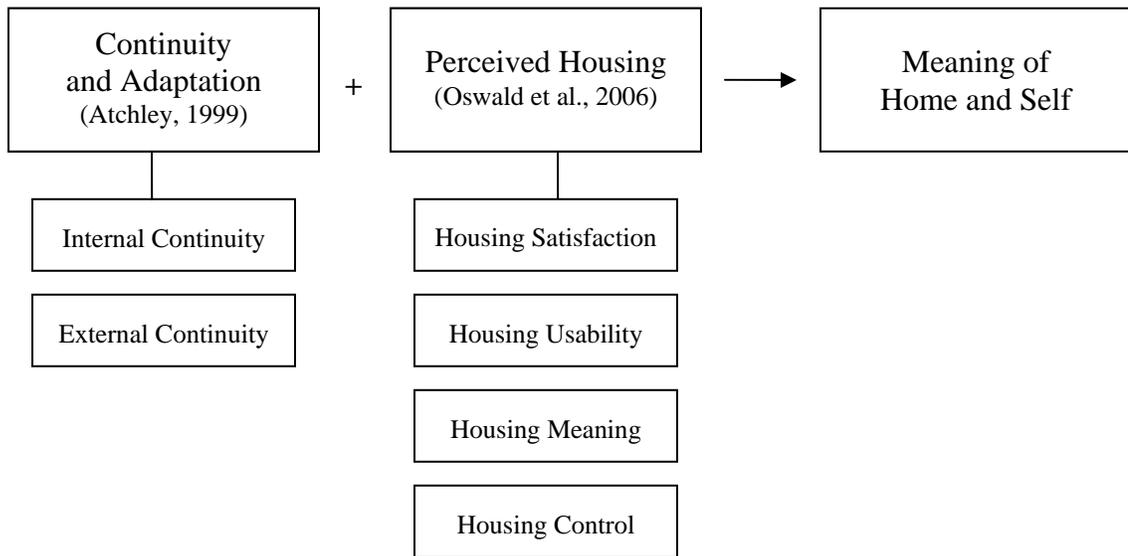


Figure 1. Conceptual model based upon Atchley’s (1999) and Oswald et al.’s (2006) theoretical frameworks surrounding the aging self and perceived housing.

The conceptual framework based upon theoretical models guided the analysis of the data and findings. While clear that relationships to place are manifest in the interrelationship between self and the physical environment, it is unclear how transitions in place may affect perceived meaning. This notion is true for older adults, who emphasize belonging, continuity, familiarity, and comfort as essential components of home upon aging (Reed, Payton, & Bond, 1998; Rowles, 1993; Rubinstein, 1990). “If

older people develop and maintain a sense of self through the medium of place, and place has been an important feature of their lives, then this suggests that relocation to another place is a serious matter” (Reed et al., 1998, p. 860). Utilizing the aforementioned conceptual framework which combines elements of self and place will help identify how a transition to an assisted living environment affects older adults’ meaning of home.

Chapter Summary and Discussion

Significant amounts of previous research agree that an individual’s sense of self is indistinguishable from the physical environment with which it surrounds itself. When considering the complex meaning of home, it is imperative that designers, policymakers, and researchers understand “the intertwined nature of the image of self and the image of home” (Heywood, 2005, p. 542). In this sense, the home becomes a physical, social, and psychological reflection of the self, highlighting its importance in the everyday lives of people (Chaudhury & Rowles, 2005; Moore, 2000; Sixsmith, 1986; Weisman et al., 2000). This is especially true for older adults, who spend increased time within the home, making it a critical element of their quality of life and well-being (Caouette, 2005; Oswald et al., 2006). When considering the impact a move from independent to assisted living may have upon an older adult, it is important to know the potential disruptions that transition may have for an individual’s sense of self (Heywood, 2005).

Two theoretical frameworks were influential in designing this study on the interrelated meanings of home and self. How one experiences place forms the basis for self-identification, as “places are important symbols of the self, cues to memories of important life experiences, and a means of maintaining, reviewing, and extending one’s

sense of self, especially in old age” (Weisman et al., 2000, p. 12). To understand how one’s sense of self relates to their meaning of home, neither concept could be examined separately, precipitating the use of two theoretical frameworks.

Continuity Theory. Atchley’s (1999) framework primarily concerns itself with adaptation to changing situations through the exploration of how individuals construct their self-identities, relationships with others, and perceived roles in general society.

Overall, continuity theory:

...assumes that adults’ patterns of thought about how best to adapt to change continue to develop through learning across the lifespan and that the goal is not to remain the same but to adapt longstanding individual values and preferences to new situations as adults experience life course changes, aging, and social change (p. 6).

The theory was applicable to a study involving transitional housing patterns of older adults, as it explains how they actively search out supportive housing that meets their values and preferences in an attempt to adapt well to life changes and maintain life satisfaction. Alternatively, the theory also explains maladaptation to a new living environment, likely when it does not fit the perceived identity, social roles, or continuity of self of the older adult resident. The theory is an appropriate fit in the quest to further understand how a transition in living environment affects one’s self-identity.

Four-Domain Model of Perceived Housing in Very Old Age. Oswald et al.’s (2006) four-domain model of perceived housing in old age proved a reliable means through which the meaning of home among older adults transitioning to assisted living could be examined. Through the four domains of housing satisfaction, usability, meaning, and

control, it was better understood how individuals relate to their home environments and endow them with meaning. Additionally, Oswald et al.'s (2006) model was relevant to this study because it provided a tested and valid framework from which research and interview questions could be conceptualized.

Summary. Together, with elements of Atchley's (1999) continuity theory, a better understanding of the meaning of home and self after transitioning to assisted living was possible. Often the move from independent to supportive housing involves a shift to multifamily living with different rules, regulations, and personal space. "Life in a group setting introduces people to a heterogeneous, complex sociocultural system in a proximity that is very different from the places in which most residents lived before their institutionalization" (Schwarz & Brent, 1999, p. xvi). Such long-term care settings have the potential to create conflicts as residents struggle to redefine their sense of self within a new home environment. An increased understanding of what home means in and following a transition to assisted living is necessary when designing facilities, creating policies, or conducting research for older adults needing supportive housing. Designers, policymakers, and researchers need to see the social dimension of senior housing as equally important to that of the medical care provided within that environment (Joseph, 2006; Schwarz & Brent, 1999).

Chapter Three: Methodology

Introduction

To gain a better understanding of how older adults define the concept of home, how that definition is supported by assisted living, and how that concept may change upon transitioning to assisted living, a phenomenological approach within a qualitative research design was used. This chapter describes the methodology of this study, including the rationale for the research approach selected, the sample and population, procedure for analysis and transcription, trustworthiness, ethical considerations, and limitations. The chapter then concludes with a brief summary of the methodological procedures employed in this research.

Rationale for Research Approach

Rationale for Qualitative Research Design. Many researchers utilize qualitative research; it is flexible and produces descriptive knowledge about a particular phenomenon through the exploration of attitudes, beliefs, behaviors, and opinions (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). While most scientific research prides itself on objectivity, qualitative studies aim to understand the lived experience, or meaning of a particular phenomenon through in-depth, exhaustive descriptions using the “voice” and perspective of the participants (Bloomberg & Volpe, 2008; Lincoln, 1995). In this manner, the social setting within which the lived experience can be examined and interpreted can provide a descriptive, yet holistic understanding of the meaning individuals attribute to phenomena. The findings can then be used to extend literature or act upon a particular problem (Bloomberg & Volpe, 2008; Creswell, 2007).

To explore and discover the meaning of home among older adults after transitioning to assisted living, a qualitative approach was most appropriate. A more in-depth understanding of how that transition affects one's meaning of home and self was needed. A detailed, complex description of the phenomenon as lived by the participants was possible through qualitative methods, which included direct conversations, story-telling, and researcher observations through lengthy visits to assisted living facilities. The importance of "voice" in qualitative research cannot be overstated, as "voices are the carriers of culture; they contain our stories transmit our beliefs, and communicate our emotions" (Bill Thomas, as cited in Eckert et al., 2009, p. ix). The exploration of the lived experience as heard through participant voices provided greater understanding of the complex meanings assisted living residents ascribe to their homes.

Rationale for Phenomenological/Narrative Methodology. The experience of transitioning from independent to assisted living lends itself well to a phenomenological research approach. Most research focusing on people's emotional relationships to place use phenomenological traditions, as "this perspective provides a rich understanding of complex, intangible phenomena that do not readily lend themselves to psychometric measurement" (Manzo, 2005, p. 68). Since the meaning of home is both objective and subjective, describing participants' experiences through their own words helps provide a deeper understanding of the impact moving to assisted living has upon older adults.

The importance of the lived experience as divergent from theoretical explanations is a key element in phenomenological research (Creswell, 2007). To develop and implement better policies, research, and design practices surrounding housing for older adults, a

better understanding of the concept of home as found through the common experience of moving to assisted living needed to be established. To ensure a full and unbiased description of the phenomenon, my own personal experiences and assumptions were bracketed out as much as possible (Bloomberg & Volpe, 2008; Creswell, 2007).

Sample

The Minneapolis/St. Paul metropolitan area has a variety of assisted living facilities for older adults, ranging from high-rise, multifamily facilities to small, single-family group homes, funded as HUD-202 government subsidized units or as market-rate apartments. Approximately 49% of all older adults 65 years of age and older in the Minneapolis/St. Paul metropolitan area live alone with a median household income of \$31,073 in comparison to the median area income of \$65,849 (American Housing Survey, 2009). Of those 65 years and older, 8% reported moving within the past year, citing primarily personal, family, or “other” reasons. Those who relocated within that year chose their new residence largely because of its convenience to friends or relatives (American Housing Survey, 2009).

For this study, specific selection criteria were established. Since the majority of assisted living residents are women (Marsden, 2005; Tinsley & Warren, 1999), only women aged 65 years and older were selected. St. Paul, Minnesota, proved a lucrative geographical area due to the sheer number of assisted living options. In an attempt to maintain the focus on the meaning of the home environment rather than geographic location, participants were selected from two facilities in residential neighborhoods of St. Paul.

Residents who had moved from independent housing to assisted living facilities within the last two years were selected. The intention was to interview women who had settled into their new residence, yet had a recent recollection of how the transition influenced them. Interviewing participants who had moved within this timeframe provided a unique exploration into how the timing of the move might have played a role in their meaning of home, a topic of study rarely explored in assisted living research (Cutler, 2007). The study was initiated in November of 2009 and interviews were completed in April 2010.

To start interviews, the facility's administrators identified residents who met the gender, age, and relocation requirements. Eleven residents at each facility were interviewed for a total of 22 participants, at which point theoretical saturation was achieved. Participants ranged in age from 73 to 96 years old; four participants were in their 70's, eleven were in their 80's, and seven were in their 90's. One was confined to a wheelchair, while the rest used walkers to aid in getting around. Two had motorized scooters that were primarily used for trips outdoors or for times when longer travel distances were required. Most did not drive, although a few mentioned taking their cars out for an occasional errand.

The length of time residents had been living in assisted living ranged from four weeks to two years. Eight had moved to assisted living directly from a single-family, owned home, eight had been living in rented apartments, and two had owned condominiums. Two participants had lived in senior-specific apartments, and one had lived in a co-op. The majority of participants who had moved to assisted living from an apartment had

lived previously in a single-family, owned home until becoming widowed, as the majority of the participants were. A few had never married, and two were living in assisted living with their husbands.

Setting

The first facility, built in 1979, had 105 HUD-202 subsidized apartment units on seven floors. This facility was a part of a Continuing Care Retirement Community (CCRC), located in a residential neighborhood adjacent to a parkway, recreational trails, and single-family homes. This CCRC was a faith-based Lutheran and Scandinavian heritage facility, offering on-campus church services. Services were also broadcast on resident televisions. The ethnic heritage of the facility was apparent in its design; walls in the dining room were painted blue and yellow and religious crosses were prominent throughout the building. Common areas, including the entrance, hallways, and elevator banks were painted in pastels with flowery wallpaper borders and neutral colored low-pile carpeting. Each floor had a common sitting area near the elevators with traditional furniture, including a couch, chairs, and dining room style tables. Resident rooms faced east and west off of double-loaded corridors on the furthest east side of the building. At the end of each hallway were open, outdoor balconies. These balconies were sizeable, with concrete floors, iron railings, and scant plastic patio furniture. This assisted living facility was federally subsidized, and the residents were all low-income.

The second facility was part of a new CCRC that opened in 2009. This complex offered market-rate assisted living units, situated on a relatively busy thoroughfare surrounded by multifamily housing, small businesses, and the Mississippi River bluffs.

This facility was a faith-based Jewish complex with 48 studio, one, or two bedroom apartments located on either side of a double loaded corridor facing north and south. Included on the first floor were a temple, prayer space, kosher dining room, auditorium, convenience store, and coffee shop. Movable, brightly colored furniture, low pile carpet, and a grand piano were situated within the entrance space. Vibrantly colored carpet with a geometric pattern was used throughout the five-floor facility. Residents had a small shelf outside of their door to showcase pictures or other possessions, and each floor offered a sitting room with couches, chairs, a television, dining table, and fully functioning kitchen. Although there were many Jewish symbols throughout the space, the facility was not limited to residents of any particular religious denomination.

Overview of Methodology

Interviews. In-depth interviews were conducted with participants that met the selection criteria. Open-ended questions were asked to understand the core essence of the participants' lived experience, per guidelines of phenomenological research (Bloomberg & Volpe, 2008). The stories and life experiences of the 22 participants provided a deeper understanding of the phenomenon and meanings for each participant.

The interview questions for this study were informed by a literature review and evaluated and revised through peer and adviser discussions. The questions followed the four domains of housing satisfaction, usability, meaning of home, and control, as identified in Oswald et al.'s (2006) quantitative study of perceived housing in old age through a phenomenological philosophical framework:

- (1) Describe how you feel about the place you live now. (Housing Satisfaction)

- (2) Describe your daily activities within the place you live now. (Usability)
- (3) Describe what being at home means to you. (Meaning of Home)
- (4) Describe why you moved to this place. (Control)
- (5) Is there anything you would like to tell me about your previous home that would help me better understand how you feel about where you live now?

The fifth question was added to provide the participants with an opportunity to discuss anything that would further my understanding of their perceived meaning of home in assisted living.

After Institutional Review Board (IRB) authorization, I conducted 22 interviews in a location convenient to each participant (three participants from initial lists declined to participate). Some interviews were completed within facility common areas, but the majority of discussions took place in participants' apartments. Upon meeting each participant, I read the consent form (Appendix A), provided each a copy, and gained permission to interview in compliance with IRB requirements. To gather specific, accurate accounts of the participants' experiences, I tape recorded each conversation and utilized interview note sheets to further validate my findings (Appendix B). I also kept a detailed field journal to document my observations, emergent themes, and feelings toward the process.

Administrators had a different procedure for approaching participants; one called residents first to invite them to participate, and the other suggested knocking on the doors of pre-selected participants during the afternoon hours. When setting up interviews through phone calls, it was not uncommon to schedule two or even three participants in

one afternoon. Scheduling back-to-back interviews required strict adherence to the time spent in each apartment, as the later interviewees would often wait around for their turn, even if that meant skipping activities they typically engaged. When approaching participants through random door knocking, I had to wait patiently to give each resident enough time to get to the door. In other words, adjusting to the behaviors of elders was important and was a learning experience as a researcher.

The participants followed a different pace of life than which I was accustomed. I learned quickly to use a low-key, patient attitude and approach when working with elders. With one-on-one interviews, this required a significant amount of patience and tolerance. Not only did participants take time to answer interview questions, they thoroughly thought through their responses with long pauses and fragmented answers. Tangents, life histories, and stories of accomplishments by family members were also frequently included in interviews, requiring persistence and good communication skills to extract answers to the questions. This result may have been a function of both the ages of participants and the qualitative research method, as open-ended interviews are more exploratory in nature, requiring in-depth thought and response.

Some residents tired easily, while others enjoyed chatting, sometimes keeping the interviews going well over an hour. The interviews lasted anywhere from 30 minutes to two hours, averaging around 45 minutes. While many participants were direct, others strayed discussing their children, husbands, or grandchildren. When transcribing, any tangents not directly related to the interview questions were noted but not recorded. Personal discretion was used to either include or disregard particular elements of a

drifting conversation past that of the specific interview questions. Interviews ceased when theoretical saturation was achieved.

Observations. An important aspect of this study included researcher observations. Throughout six months visiting the assisted living facilities, many observations were noted in my field journal and interview worksheets. For instance, each visit started by navigating through the lobby after checking in with administration or signing in at the front desk. From that vantage point, many activities in the public areas were visible. Some days were busier than others, depending on planned activities, time of day, or the weather. During the winter months, both indoor and outdoor activity among residents was significantly less at both facilities than during the spring months.

Since many of the interviewees preferred to meet in their apartments, I also spent time in the semi-public areas of the resident hallways or common spaces offered on each floor. Both facilities had a separate area for the elevators, which delineated the private spaces of resident apartments from the public spaces of the lobby, dining room, or other large activity areas. Due to the multitude of spaces found at each facility, it was important to note what was happening and at what time. I made a point to visit each facility on different days and times throughout the six months, which provided a unique vantage point of how the activities of residents vary over time.

While the facilities were different in aesthetics and ethnic heritages, certain elements were similar regarding behavioral patterns. Although residents were rarely observed outside, many congregated in the common areas that provided large windows with views to the outdoors. Common areas, or public spaces, were busy if visiting during a popular

scheduled activity, but were almost barren at other times. When a space was empty, it was useful to observe physical traces, or evidence that certain spaces had been used. These observational procedures allowed me to see how spaces in each facility were used and which elements of their overall design were successful. It also provided a unique view into the daily lives and activities of assisted living residents.

Photographs. Although photographs can only capture one specific moment in time, care was taken to showcase each facility's various spaces during different times of the day and week, similar to the observational protocol. Even so, depending on the activity encountered in a space at any given time, taking pictures was often inappropriate; no pictures were taken of individual residents, visitors, or staff members, which limited photographic evidence of observable behaviors. Photos were primarily taken of designed common spaces of the facilities; no pictures were taken of resident rooms or possessions. This limited the effectiveness of photography as a method of measurement, since no specific pictures of individual home environments were allowed following IRB restrictions. However, the pictures taken did provide a visual understanding of how each facility is designed and used.



Entrance area of HUD-202 facility.



Entrance area of market-rate facility.



Seven stories in residential neighborhood.



Five stories in residential neighborhood.



Double loaded corridor with pastel colors.



Double loaded corridor with vibrant colors.



Common room (traditional furnishings).



Common room (contemporary furnishings).



Elevator waiting area.



Elevator waiting area.

Figure 2. Photographs of assisted living facilities.

Compensation. To reward the participants for their time and contribution in making this study possible, each interviewee was compensated with a \$10 gift certificate for a facility owned and managed social center or gathering space. Each facility had their own privately run gathering site; one was a social club with daily activities, games, and food, and the other a coffee shop and convenience store. Although modest in cost, the gift certificates were well received by each participant and the facility as a whole. They gave each participant a reason to check out additional venues for socialization and involvement, while rewarding the facilities for their time, effort, and trust with their highly respected and cared for residents.

Procedures for Data Analysis

A number of analytical steps were taken to provide clarity, structure, and understanding of the meaning of home. An inductive and deductive system, adapted from Bloomberg and Volpe (2008), was followed to organize and categorize the data into patterns, themes, codes, and ultimate research findings. This type of system was cyclical

in nature; the narrow, deductive focus on the two theoretical frameworks of Atchley (1999) and Oswald et al. (2006) informed the research design and the open-ended, exploratory nature of the study allowed for an inductive process following data collection—one that analyzed and synthesized the findings to explore how the articulated themes related to the theoretical framework. Each step of the systematic plan was revisited and reanalyzed throughout the data analysis process to ensure validation.

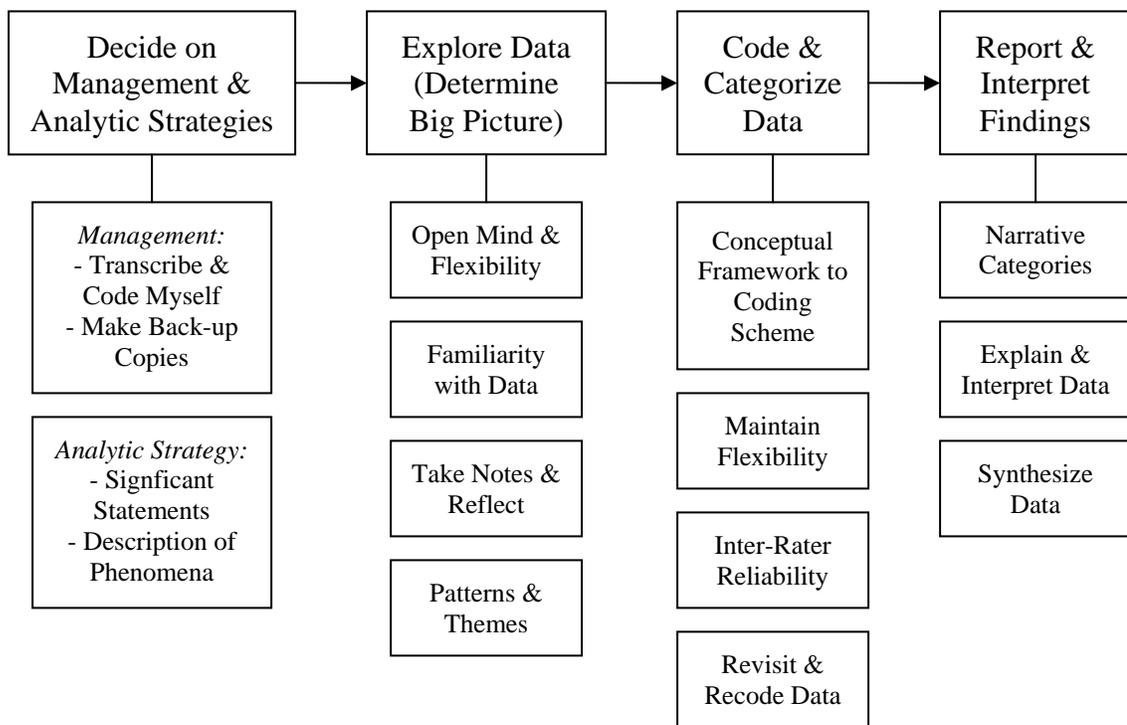


Figure 3. Data analysis chart adapted from Bloomberg and Volpe (2008).

Although the theoretical frameworks guided the interview questions, I was intentional in searching for and identifying additional concepts within the responses. Furthermore, this was an oft repeated topic discussed with advisors and reviewers. One strategy was to

intentionally search for exceptional cases and responses that did not conform to the concepts defined by the frameworks as well as those that did not agree with the themes (Bloomberg & Volpe, 2008; Creswell, 2007). The objective was to listen to the voices of the participants and accurately summarize the themes, not to force responses into categories that validated the frameworks.

Management and Analytic Strategies. To manage the taped and handwritten data, each interview was transcribed by hand on a computer using audio recording software. Exact words and non-verbal cues were recorded verbatim, with dates, notes, and observations written on each transcription sheet. To focus on the participants' own words, I highlighted emergent significant statements which provided a greater understanding of the lived experience through an in-depth, complex description of the phenomena (Creswell, 2007).

The analytic strategy utilized a template approach, which derives initial codes from research questions, theoretical categories, and initial scans of the data while remaining flexible throughout analysis (Bloomberg & Volpe, 2008). Using the theoretical categories related to continuity and perceived housing as a guide, significant statements were highlighted first. These statements were then put into a table and reworded into their formulated meanings (Appendix C). From there, formulated meanings were categorized into themes and compared back to the initial coding based on the theoretical categories (Appendix D). This approach provided a means to start the coding process and required flexibility in how outcomes were determined. Therefore, the final themes were guided by the original theoretical concepts and not forced to fit them.

Exploration of the Data. Keeping an open mind toward the data and emergent themes was important to maintain the integrity, validity, and trustworthiness of this study (Bloomberg & Volpe, 2008). With flexibility in mind, I transcribed the data and read it multiple times to familiarize myself before organizing relevant findings into significant statements and developing patterns. Throughout this process, I also documented thoughts and reflections regarding the analysis and developing themes in relation to the observations already recorded in my journal. Once a set of themes started to emerge, I searched across and within each finding for new insight or patterns that may not have been noticed initially. This process interconnected the themes and observations into a storyline for interpretation and presentation of the research findings (Creswell, 2007).

Coding and Categorization. The categorization of data was guided by Oswald et al.'s (2006) four-domain model of perceived housing in very old age. Although the framework informed my interview questions and organized initial coding of the data per the template approach, flexibility toward the unexpected was necessary for emergent sub-concepts beyond the Oswald model. As such, I worked with my adviser and classmates to validate and eliminate any biases in my findings by determining the appropriateness and relevance of significant statements from the interview data. This type of inter-rater reliability involved returning to the initial stages of categorization to alter my strategies or eliminate any unnecessary data (Bloomberg & Volpe, 2008; Creswell, 2007).

Reporting and Interpreting Findings. To report my findings, I grouped the key significant statements into their formulated meanings. This provided organization to describe the themes in relation to their textural and structural descriptions (Creswell,

2007). To identify the greater “essence” of the phenomena, the data were interpreted and synthesized beyond the initial thematic analysis of continuity and perceived housing as outlined in the conceptual framework.

Trustworthiness in Research

Qualitative research methods, while beneficial and innovative in the quest toward greater phenomenological understanding, are often criticized regarding validity, trustworthiness, and overall quality. A lack of acceptance has partially to do with its inability to agree upon evaluative language; terminology adopted from quantitative research is parallel in theory, but not necessarily applicable to nor a means of evaluating qualitative studies (Bloomberg & Volpe, 2008; Creswell, 2007). Although qualitative methodology is grounded in social science, it is both valid and realistic that scientific evidence results from such research studies (Brantlinger et al., 2005).

To achieve an understanding, or “deep structure of knowledge” of the phenomenon of moving to assisted living, it was critical to recognize whether or not my findings, interpretations, and analytical implications were valid, dependable, and transferable (Bloomberg & Volpe, 2008; Creswell, 2007). The analysis and interpretation of personal stories, attitudes, and beliefs made procedural transparency and researcher subjectivity a must (Bloomberg & Volpe, 2008). Although I attempted to bracket my assumptions to be as clear and honest about my personal biases and values as possible, this study is one of many experiences. Pretending to be objective after prolonged time in the field discussing personal and emotional experiences would be a disservice to qualitative trustworthiness,

however, making clear my assumptions and experiences was a key component toward validation of this study.

Although strict objectivity was difficult, I did complete this study as a trained designer with experience approaching the physical environment from an objective point of view. While a design lens detached my beliefs surrounding the physical environment, I still come from a background where elders are respected and held in the highest regard. Therefore, my personal values, beliefs, and goals in approaching this project included an overwhelming desire to improve the lives of older adults in assisted living. Normally the inclusion of personal values is thought to threaten validity, but in social science, “such an ostensibly value-free perspective may in fact not be possible given the values and goals inherent in efforts to understand and influence the places in which people live, work, engage in social interchange, or receive care” (Weisman et al., 2000, p. 4).

With respect to older adults and the effects of moving from independent to assisted living, it was also important to select appropriate participants and gain trust within interviews. Interviewing 22 participants from unique, ethnic-focused facilities in a theory-based phenomenological study was distinctive; such high participation provided in-depth, extensive data from which the conceptual framework could be tested and validated. To further add credibility, dependability, and validity to the study, I participated in peer and adviser review, debriefing, and coding of significant statements as a form of triangulation.

Conceivably the best strategy, however, included focusing predominantly on the beliefs, feelings, experiences, and perspectives of the participants (Creswell, 2007).

Lincoln's (1995) notion of "sacredness", or a "mutual respect, granting of dignity, and deep appreciation of the human condition" (p. 284), was the criteria I relied on most heavily; being an advocate and providing a voice for older adults facing this life-altering transition was my utmost objective in conducting this research. Allowing myself to be the research "instrument" permitted the voice and experience of the participants to guide the research and future implications. Implementing such strategies provided the credibility, dependability, and transferability worthy of a valuable qualitative research study.

Ethical Considerations

Ethical considerations are unavoidable in any study, and this research was no exception. First, interviewing and observing older adults, especially women, after an often difficult transition from independent to assisted living revealed emotional and complex feelings. Second, older adults in assisted living have admitted to physical or cognitive need, and therefore may be more vulnerable than the general population. Throughout the process, I had to make certain my body language and reactions to the participants' comments were not morose, even though many of their stories were sad. I strove to maintain composure and trustworthiness within each interview. I did not push the respondents past what they were willing to share, reminding them they could stop the interview or opt not to answer any question without compromising their relationship with myself, the University of Minnesota, or the assisted living administrators.

As a guest in both a home and work environment, I also had to continuously maintain the utmost respect and responsibility toward the residents, staff, and the physical environment per ethical standards. I did not intrude upon personal or private activities,

events, or time. If a resident was not feeling well or was not interested in speaking with me, I did not push the issue nor continue to approach them unless explicitly suggested by the residents themselves. Moreover, since there were human subjects involved in this study, Institutional Review Board (IRB) approval was obtained and consent forms were completed and approved per requirements of the University of Minnesota's Office of the Vice President for Research.

Limitations

Like ethics, limitations are inescapable in any type of research study limited by time, funding, and resources. In this study, only two homogeneous facilities located in one Midwestern city in the United States were involved. Since the assisted living facilities chosen were located within one city to minimize geographic variables, the consequence of only describing the lived experience of similar older adults living in one area limits applicability of the findings. In addition, only women were interviewed, as they tend to be the largest population group of assisted living residents (Marsden, 2005; Tinsley & Warren, 1999). Talking only to women thereby excludes the lived experience of men who are also subject to changes in the meaning of home and self after transitioning to assisted living.

Moreover, the administration of each facility chose prospective participants that fit the criterion for study and were also deemed competent in answering questions. While random participants were chosen from these lists, the lists themselves were subjective since they were hand-selected by staff most familiar with the population at each facility. In addition, the Institutional Review Board restricted interviewing cognitively impaired

residents, further limiting the analysis and synthesis of the lived experience of assisted living residents as a whole.

When considering an appropriate research approach for this type of study, a phenomenological/narrative qualitative methodology was used. Since typical qualitative research utilizes in-depth, open-ended interviewing methods, study findings have the potential to result in subjective or descriptive data rather than objective or evaluative data (Cutler, 2000). Furthermore, this study examined the lived experience of a transition to assisted living through a cross-sectional approach, which does not examine how the meanings of home and self may change or modify among participants over time.

Finally, research on aging individuals, especially in studies assessing quality of life and well-being within a home environment, tends to fall victim to issues of psychological adaptation, where the resident evaluates their environment as agreeable even though it may not support their physical or cognitive needs, or ecological fallacy, where group level solutions do not translate well to individual needs (Cutler, 2007). In each of these types of situations, the potential for disconnections between what the researcher is being told and how the environment actually supports an individual is possible.

Chapter Summary

This chapter outlined this study's research methodology, providing an overview of the qualitative methodological design. A phenomenological philosophical tradition was chosen to explore the meaning of home and self among older adult women who have transitioned to assisted living through their lived experience and own words. Twenty-two total women were interviewed, which was one of four methodological steps taken

throughout the study. In addition to interviews, a literature review was conducted, detailed observations were noted in a field journal, and photographs of each facility were taken and analyzed for emergent themes.

This study assured trustworthiness through various strategies including bracketing assumptions, peer and adviser debriefing, triangulation, and comparing data against current literature. Data were transcribed by hand and read numerous times to determine significant statements and emergent themes. Coding of transcriptions was conducted individually and compared against that of my adviser, further providing validity and dependability as outlined in traditional qualitative research. Additionally, reporting findings through the participants' own words provided a glimpse into the lived experience of older adults residing in assisted living. The methodological design of this study was intended to provide a better understanding of how home and self are perceived by older adult women after transitioning from independent to assisted living.

Chapter Four: Presentation of Findings

Introduction and Overview

Interviewing 22 women provided a unique, emergent, and extensive view into how home and self are perceived after experiencing a transition in one's living environment. Although every one of the participants had recently moved to assisted living, each had experienced a different pathway in getting there. Some women chose to move to assisted living on their own, while others were guided by their families. All of the participants had moved from different types of housing and had differing backgrounds, including marital statuses, family life, and work experience. Many had moved to assisted living from just down the block, and some had moved from across the country for the first time in their lives. The multidimensional nature of the findings has implications for future studies exploring the meaning of home among older adults, especially those facing transitions in their living environments.

Following the inductive and deductive system used to organize and categorize the data (adapted from Bloomberg & Volpe, 2008), I analyzed the findings according to their emergent themes. Concepts from two theoretical frameworks were used to guide the interpretation, including the formation of interview questions and data analysis. Although many themes matched the theoretical concepts, the findings were not forced to fit the categorical nature of each framework. Instead, the themes were emergent and discussed in relation to the lived experience, and later compared back to the theoretical frameworks for validity. Participant names were changed in reporting to ensure anonymity.

Perceptions of Self

Three emergent themes were found in relation to how participants perceived themselves after transitioning to assisted living: dependence, adjustment and adaptation, and socialization. These themes were discovered through analysis of participants' perceived experiences in assisted living, including perceptions of self in relation to social relationships, roles, and activities.

Dependence. Dependence was among the most prevalent themes found in this study. For participants, the reason they moved to assisted living was to accommodate a physical or cognitive dependence; many attributed the dependence to “getting older” or “the usual ailments of old age.” Self-identified dependence was most often discussed when explaining daily activities or the decision-making process involved in moving to an assisted living facility. However, this prevalent theme was intertwined with responses to multiple questions, often articulated in conjunction with how home and self is manifested and experienced in assisted living.

For most, becoming dependent was the catalyst behind realization that more supportive housing was needed. Many were open about physical ailments, stating that they were well aware of their situation and the outcomes of the aging process. Jean, a 96-year-old who had previously lived in a condominium for 26 years, was self-aware of her medical condition:

“I had fallen four different times; had to be in rehab each time. Apparently, why I came here—because I required the kind of services that I couldn't have in a condo, period.”

Ethel, a 91-year-old, had only lived in assisted living for four weeks. She had suffered from what was believed to be a stroke, precipitating her move from the hospital to assisted living. Adalyn, a 92-year-old, knew that she would need additional help with “physical things” as she continued to age; she had a terrible fear of falling after having fallen twice. Agatha, an 87-year-old, also had a fall where she broke her hip:

“Don’t ask me why I fell—I don’t remember tripping over anything. I was getting up from my chair, fell, and broke my hip. It sort-of made me a cripple for the rest of my life. I never would have moved here if it weren’t for that.”

Like Agatha, 85-year-old Shelly described her move to assisted living as a result of physical aging beyond her control:

“I wouldn’t be here if I didn’t have to.”

The snowball effect of becoming physically or cognitively dependent often defined the participant’s inability to continue living independently. Margie, now 91, had lived in the same neighborhood as her new assisted living apartment her entire life. It was only when she fell ill that she realized she was no longer able to care for her home:

“I was dealing with illness and all that. I probably would have moved anyway, because the house itself was a little too much to take care of, but getting sick made it actually happen.”

Margie was not only concerned about her health—the loss of her husband years earlier made the upkeep of the house difficult. Gladys, a very independent and active 84-year-old, had owned her own home for 18 years where she regularly gardened, a favorite activity. Recent illnesses led to her selling her home:

“I knew I had to sell it at some time because I wasn’t able to keep the garden up and everything that I wanted to. And you can’t always rely on neighbors for that kind of thing—I was realistic about knowing that it had to be done.”

Ida, aged 89, moved to assisted living with her husband after realizing neither of them was able to maintain their house. Ida and her husband put their names on the waiting list earlier than they felt was needed, as both of their health was beginning to decline:

“We had our name in but we didn’t push it or anything until we got so we couldn’t really stay in our house and do our work there anymore. Our to-do things around our home there—we couldn’t do it anymore.”

The process of aging was cause for resentment toward many participants’ new living environment. Ruth, aged 88, discussed a loss of pride:

“In the past, my home meant a lot to me. I was very proud of the fact that I got along, and I certainly wouldn’t have gone into assisted living, except for this last fall I fell and broke my hip—it was necessary because of my age, almost 89. And the injuries. But if I had my preference, I would be young, and well, and at home. But I’m not.”

Mabel became dependent through a sudden illness and knew she would need more care than was available at her independent senior housing complex. Regardless, the 82-year-old would have been happy staying put:

“I mean had I stayed healthy, I would have stayed there. I don’t do a lot here, because I’m limited to what I can do. To put it bluntly, my health went to hell in a hand basket. Really.”

A few participants, like 77-year-old Dorothy who was frustrated with her transition, were reluctant to admit that their dependence and medical conditions were likely to keep them in assisted living:

“I can’t accept that this is probably permanent because of the problems with my leg and all that.”

Regardless of the declines faced in physical or cognitive health, the participants frequently cited dependence as the number one reason a move to assisted living was precipitated, required, or necessary. This change in ability, often linked to the aging

process, was the basis for participants' housing adjustment and adaptation—another prevalent theme evident throughout this study.

Adjustment and Adaptation. Some participants adjusted to assisted living without issue, while others took longer to find comfort and satisfaction within their new apartments. However, not all adaptation to assisted living as professed by the participants was positive. This suggests maladaptation, or a lack of continuity between self and home.

Among those who adapted easily to assisted living, Marie and Adalyn found that previous volunteerism at the facility provided insight into the rules, regulations, and policies before moving. Others seemed uninterested in making a big deal out of the move. Jean, who gave authority to select her new apartment to her daughter, felt it was a waste of time thinking about what could have been or what used to be:

“I roll with the punches. I can't spend my time with what was. That's dumb. Living here is home at this period. Everything you become a part of needs an adjustment. You don't even know that you're adjusting, but you are. And if you aren't adjusting, you're having a hell of a time. And I didn't want to give that to myself!”

In Jean's case, although assisted living was different from her previous home, she was determined to deal with the adjustment as best as she could:

“This is a new life—it's different. This has to be and that's it. I don't say ‘Oooh, I have to go back!’ That was then, and this is now.”

To minimize the impact of losing continuity to her former home and perceived identity, Jean adjusted to assisted living because she perceived having no choice not to.

While some easily adapted or actively ignored the adjustment process as a means to make the best of the situation, others found themselves feeling almost indifferent in acclimating to assisted living. Even though Helen, aged 93, found it “hard to let go” of

her former home, she felt assisted living was comparable in many respects. Having downsized already to a single floor house, Helen did not see many physical or design differences between her former home and her new assisted living apartment. However, she did have trouble initially adjusting to the new routines in assisted living, especially in regard to meal times:

“All of a sudden I have to meet a new schedule. I wasn’t too happy about that. They didn’t tell me about these unhappy things—here, they go to bed with the chickens!”

Apart from some minor adjustments, when asked how she was adapting, Helen responded that she seems to be “meeting the challenge.” In other words, adjustment to the move affirmed her self-assessment of her ability to cope.

Betty, aged 78, found herself caught between adjusting to the transition and still fighting against it. The widow of a former professor, Betty was accustomed to moving. However, her last home which she shared with her husband before his passing was her favorite:

“I was very happy in my house. I would just sit there and think about how much I loved it of all the places I’ve lived. Everything suited me because I picked it out.”

Although sad to leave her home, she discussed her adjustment:

“I’ve lived in so many places, I can adapt to things. I’m very comfortable here now that I have all my stuff here. I had to give so many things away that I loved, but you can’t put a gigantic house full of furnishings into two rooms.”

Even though she expressed comfort in her surroundings, Betty found it difficult to adjust to a smaller space and congregate living. Furthermore, she resisted the faith-based activities and new spiritual conventions:

“I mean I’m not religious, so I find it kind-of annoying sometimes. I actually find it funny. I mean they’re not going to change it on account of me. I’ve gotten used to it.”

After moving to assisted living, Betty also lost the ability to do her once cherished stained glass craft which was not possible without appropriate hobby space in her new apartment. This required her to find new activities like reading, watching television, and napping, as she was “not keen on” the traditional assisted living activities including Bingo, cards, and congregate dining.

Similarly, Clara had difficulty adjusting to a new housing arrangement far away from her former home across the other side of the country. At age 93, a few months prior to the interview, Clara made the transition to assisted living at the insistence of her children, who were afraid for her well-being living alone in a large city:

“I can understand their feelings, but it’s difficult. I like to be here, but I want to be home. I’m lonely here. Not that I’m lonely for—I have people around me constantly, it’s just, it’s different living here. It’s very different—I shouldn’t say anything. I could say I’m getting accustomed to it. I’m getting accustomed.”

Although Clara lives closer to her children now than before, she misses the connection to her former community. She had lived there her entire life, both as a young child and in the condominium she shared with her husband. One way she copes is by maintaining contact with old friends via telephone, saying “Thank God for Alexander Graham Bell!”

Ruth had a harder time adapting to her new living arrangement, professing sadness and discomfort in having to leave her former home only a few blocks away:

“How do I get over that feeling? That’s still there—of my home. And that’s telling of something. I will not go back there. I haven’t been back once. See, I still kind-of long for that, but I’m adjusting. I’m not pretending that it’s perfect, but I am, well—I’m getting well adjusted.”

Additionally, Ruth expressed frustration in losing the ability to maintain her home:

“I’m a widow of 22 years. I was proud that I got along just fine. And it irked me a little that I had to be dependent on assisted living. I did my bookkeeping, I got my lawn cut and my snow shoveled, and I baked for my neighbors. It’s taken awhile to draw away from that background.”

In this respect, Ruth’s transition to assisted living spoke of an adjustment in her sense of self; no longer did she maintain the activities of mother and housing caretaker. This loss in her perceived sense of self made her adaptation to assisted living difficult.

Many others had difficulty adjusting to a loss of independence, especially in regard to losing their cars. Marie, aged 85, felt that losing her car was synonymous with losing her ability to leave the facility as she pleased, as she now had to count on her children for activities she used to do independently:

“I’ve had to impose on my children a lot more to take me places. I drove—I brought my car here, but my children asked me not to drive anymore. And I shouldn’t have given in, because I can certainly still drive.”

Losing her car was a difficult adjustment, occurring exactly at the same time she moved to assisted living. Gladys also mentioned the loss of a car as a difficult transition:

“I miss having a car that I can get around doing errands, but I guess I wouldn’t be in any condition to drive now. But at least it was for little errands before. Or to take in things.”

Shelly, aged 85, willingly gave up her car, stating “I figured my age was too much”, but still missed having the independence driving once gave her. When asked what she does on a daily basis, she mentioned she would like to get out more and go for a drive, as she is “not able to go out and around and enjoy myself like I used to.”

Although most participants have weathered the transition to assisted living, some exhibited maladjustment. Dorothy was very discontent with her new housing arrangement, primarily because she moved away from her family:

“I’m not happy here if you want to know the truth because I’ve always been with family and grandkids, you know, and I’m very lonely about that. They live close by, but not close enough so I see them as often as I used to. So my whole life has changed, and I’m sad about it.”

Although Dorothy lived in the same facility as her mother (albeit in separate apartments), she felt disconnected from her former relationships maintained in her old home:

“I am really fighting this, because I miss my family so much. So I’ve been—people might say that I’m not adjusting well.”

Dorothy almost felt abandoned by her children who decided it would be best for her to move to assisted living. She misses the connections to her family and resists the reality that she is aging and becoming dependent. Her physical ailments, aging, absent relationships, and perceived loss of control contributed to her lack of adaptation:

“I was always very busy with my family, and I’m having a bad adjustment. And I don’t accept that I’m old. I miss being in charge. I know they think they’re really being wonderful to me [her children], but it’s hard for me—I like to run the show. It’s frustrating.”

Agatha, after losing her husband and breaking her hip, felt that her life in the past few years was full of adaptations. While choosing to move to assisted living was primarily her own decision, she did so largely to avoid burdening her nieces or other aging friends. Her adjustment has been difficult; after eight months, she is still coping to acclimate to a new environment, new people, new dependencies, and new rules and regulations:

“I’m still trying to adapt here. It was a very difficult change. It was a whole change in my life, and something I never thought would happen to me. I wanted to be in my own home until the end. I feel like I keep getting thrown things to see if I can handle them—it’s not fun to have.”

When asked why she moved to assisted living, Agatha explained:

“I had a whole, wrong misconception of what assisted living was. And I was sort-of shocked when I came here in a bad way. I found it extremely depressing when I first

came. I kept looking around asking whether this was the place I was going to have to spend the rest of my life—and that’s what it amounts to, because where am I going to go from here?”

While honest about the difficulty she has found in transitioning to assisted living, she was not alone. More often than not, the participants in this study discussed some level of adjustment, whether relatively easy or quite difficult.

Socialization. Some participants had family and friends close by, and others had relocated great distances to be nearer their children. Most were still reliant on or searching for social relationships within their new home environment to maintain connections with others and society at large. For some, the proximity to women of the same age and situation offered increased opportunities for new and more close-knit friendships. Adalyn, an active volunteer in the facility prior to moving in as a resident, had many close ties to those who had also relocated to the same place in older age:

“I do have a lot of friends that either stop over and we go out or have lunch downstairs. It’s fun having people to have meals with that you know. I am fortunate to have a lot of friends—[they] make my life very happy.”

She was also adamant about how her transition has afforded her new social connections:

“I have some friends in the building too that were my friends before, and some that I’ve met here. But I do have friends that are here that I’ve become closer to—of course, I see them more, which is why.”

Adalyn’s skill at developing and maintaining relationships helped her transition to a new environment.

Although some participants had a strong base of social support prior to moving, a number of participants expressed a desire to make friends within the facility in response

to living alone in a new environment. Dorothy was able to find a close friend with a similar college background:

“I have one friend in here—I went to St. Kates and she went to St. Bens, and she lives down the hall there. She’s a pretty close friend now; we call each other on the phone often, about two to three times a day.”

Beverly also made a few close friends after moving to assisted living. These friendships helped her connect to her new home by helping her “integrate” into the assisted living lifestyle. She found it easy to maintain new friendships because they live close.

Many participants found themselves enjoying the socialization that came with living in congregate housing. Ruth enjoyed meeting new people:

“I have found it interesting all of the variety of women that I have met. And that helps because these women here and I are all in the same boat.”

Josephine, aged 79, felt the same way:

“Where I live now is a perfect place to be for someone of my age and not being married. I’m with people of my own age who suffer from being old and everything too.”

Although taking pleasure in a new set of people, participants wanted to ensure that group living and private living were appropriately separate. Margie had made some friends at her assisted living facility that she enjoyed eating with:

“Once we’re through eating, though, we don’t mingle in each other’s apartment at all. You see these people at meal time, but they never interfere with your home. And I kind-of like that.”

In this respect, the ability to choose where and when they socialized was an important aspect of well-being.

A common method of staying socially connected was participation in planned activities, including coffee hours, snack times, card games, Bingo, musical events, and

faith-based programming. While not all participants joined the activities, many found it a means to “get out” of their apartments and to socialize. Jean attempted to make the most of her new situation by partaking in most of the activities, identifying Bingo, exercise class, and afternoon Bridge games as her favorites.

Some participants were not successful in making new friends or maintaining connections to family after moving to assisted living. Betty had difficulty connecting with other residents:

“I’m just a little lonely for people that share my interests. I just keep hoping that somebody will decide to come here that I like. The problem is that these places are full of boring people. When you’re in your 70’s, you’re really boring. There really isn’t sparkling conversation. I still haven’t found any people who have any life experience on par with mine, or education on par with mine, so I guess you just find the people that you can tolerate the most, and we all complain about the food together. It’s just so monotonous.”

Comparatively, Ethel was disappointed with her new surroundings in assisted living, discussing a lack of the social life she had anticipated:

“I’m unhappy. I expected there to be more social life than there is. I would have been happier if I had found a close friend. I knew several people when I moved in, but have not been close to them.”

When meeting with Ethel, it was apparent she was ill. Although others dealt with various health problems, Ethel’s health prevented her from leaving her apartment; her new housing arrangement left her feeling isolated and alone.

For others, friendships formed in assisted living did not compare to their old relationships. Laurel, aged 80, was lonely in assisted living due to her newfound distance from her previous cohort of friends:

“Somedays I feel good, and somedays I feel lonesome I guess is the word. Lonesome for my friends of course.”

Agatha had a similar experience as another participant who moved from a long distance to be in her new assisted living environment:

“As far as here, I’ve made friends—if you want to call them friends. I have friends over 80 years that I left behind. And you’re not going to make friends like that; we went through all the good and bad of life. My only contact with them now is the telephone.”

Losing close contact with friends from the past was a difficult loss of continuity in personal relationships, especially among those who enjoyed socializing.

While some participants struggled to find a happy social life in assisted living, others chose not to socialize. Bernice, aged 80, was cordial to her neighbors, but was not interested in making new friends:

“I very seldom associate—I’m just not, I just don’t go for people. I mean I’ve got my own family, and that’s more or less where I stay. I guess you could say I’m just not socially-minded. I enjoy people, but it’s gotta be people I know.”

Gladys found herself interested in group activities only when she felt up to it:

“I like being alone, but yet I like doing things socially when I felt good. It’s sort-of like Greta Garbo said one time: ‘I don’t want to be alone, I just want to be left alone.’”

These participants spent the greater majority of their time in their own apartments, which is exactly the way they wanted it.

Perceptions of Home

Four themes were found related to how participants perceived home: satisfaction, rules and regulations, memories of previous home and family, and decision-making.

These themes were discussed in relation to the participant’s new home environment in assisted living, including personal apartments and shared, common spaces.

Satisfaction. For many, the concept of satisfaction is a very personal and subjective term. Some may relate it to a feeling of happiness or content, while others may use it as a means to compare particular situations. Satisfaction is a complex concept dependent upon personal circumstances, objective and subjective characteristics of the home, and cognitive evaluation of the individual (Oswald et al., 2006). Trying to define a largely ambiguous term was difficult, making researcher intuition and assumptions a vital aspect of the analysis of satisfaction with assisted living by the participants in this study.

In terms of overall happiness or contentment with their new living situation, Adalyn was satisfied because it fit her personal needs. As one who had a fear of falling, Adalyn was at ease knowing that someone would be available to help her should the need arise:

“I can fall here like I can fall somewhere else, but at least here I know there’s somebody I can get to help me, and most of the time it doesn’t take very long.”

This response went hand-in-hand with her initial outlook at her new home:

“I’m very happy; I’m very content. I don’t know if the two words are separated, but that’s how I describe how I feel here. I like it here very much. I feel very relaxed and at home.”

When asked what about her new apartment made it feel like home, she stated the overall “warmth” of the surroundings, the availability of activities, and the fact that “the whole atmosphere is very livable.”

Helen had fallen multiple times, one happened only a few days before our interview. She was also satisfied with assisted living as it provided the safety she needed at a time she was becoming more dependent:

“I’m fortunate that they had this built when it was time for me to move from my own home—living alone to a safe environment, and this is a safe environment.”

Overall, Helen was an advocate for assisted living:

“I like where I live now. In fact, I would highly recommend assisted living for older people, and especially for folks who can go to a facility such as this. The people are congenial, and they seem more or less in the same economy as what you grew up in. Most of them are well-to-do, according to the floors that you go to.”

Helen’s satisfaction with her new home was based upon the continuity to her former housing environment and surrounding community. To her, the people in the assisted living facility were relatable and socio-economically comparable to what she was used to, further aiding in her satisfaction with assisted living.

With respect to meeting personal needs, Marie tied her satisfaction more specifically to the overall design of the building and the offerings within. Aside from being comfortable, the facility provided a means for her to maintain her ethnic heritage through certain dietary restrictions, Torah study group, and prayer services. She moved:

“Well mainly for the Kosher food. That was my first priority. And another thing—it was a new building. It’s beautiful. And I like the environment. And nice people; the staff is very nice. And the people are friendly, yeah.”

The facility offered her a newly designed and state of the art environment as well as the capability to continue to follow her religious beliefs. Additionally, it was close to her former neighborhood, allowing her to maintain cultural and community ties.

Continuity in design, socialization, and activity can equate to higher levels of satisfaction even after experiencing a transition in one’s home. The newfound freedom in not having to complete household chores anymore was a relief associated with satisfaction for many. Ruth, while missing a sense of pride after losing her former role of domestic caretaker, was still relieved to be freed from mundane chores:

“I appreciate that I don’t have to keep up a home anymore. It’s taken away the duties of housekeeping.”

Charlotte, aged 80, expressed her satisfaction with not having to fix her meals anymore.

In assisted living, Clara was able to relax without worrying about housework:

“Don’t forget, I get my meals, I don’t have any housekeeping to do—I’m a lady. Whereas at home, there’s washing the floors, there’s everything, and I’m a fusspot.”

Ida felt that assisted living allowed her to continue to participate in daily activities, even in light of her changes in health, which she thought was “wonderful.”

Although many of the participants were able to identify a specific reason they were satisfied with assisted living, some still professed being content even after discussing multiple and overwhelming issues, adjustments, and adaptations they experienced since moving. Many of those who had difficulty transitioning found the care they received in assisted living a primary reason to be satisfied. Betty compared her professed satisfaction to recent events in her life course:

“Considering everything that I’ve been through, because I’ve had a few bad years, I’m happy here.”

In Betty’s case, assisted living was the least of her worries when weighed against losing her husband, dealing with painful arthritis in both knees, and moving from her “dream home” across the country to be closer to her children.

While not explicitly stating dissatisfaction with assisted living, it appears that the participants actively chose to accept assisted living as their new home because they felt there was no other option. In light of few perceived housing alternatives, many participants expressed satisfaction with assisted living as a means to cope or negate the possibility of having to live in a more institutional environment. The participants felt that

their new housing arrangement was comfortable, even if not what they had desired, sought after, or anticipated for their later years. Herein lies the subjectivity of the concept of satisfaction in assisted living, making it a complex and multilayered phenomenon.

Rules and Regulations. Participants frequently discussed the facility's rules and regulations as hindrances in their ability to "use" their new environment. Since assisted living facilities are already adapted for safety, participants focused more of their attention on the social aspects of dealing with a multitude of rules and regulations, including scheduled dining times, payment structures, and planned activities, among others. Ruth was annoyed by the new set of rules, but instead chose to conform as a means to adapt:

"I comply with all of their wishes, and I follow all of the 120 rules and regulations—that's the best way to get along. It took me awhile to get used to regulations. And I'm not arguing about any charges, but it took me a year to understand and comply with their orders."

Beverly discussed disruptions in her daily life as a result of the facility's rules and schedules; in effect, she was unable to maintain consistency in her own routine:

"I never know what's going to happen next. They set up a week for me that I was starting to fit in to, but then it got changed. I don't ever know what's going to happen next. I am a person who—I like order. So I'm looking forward to a time when there's order."

Nevertheless, Beverly chose to comply with the facility's agenda, mentioning "I understand why it has to be the way it is."

Conversely, Ethel was overwhelmed with her transition to assisted living, confused with how to navigate the building and new environment. She was irritated by what she considered a lack of communication about rules:

“They gave me no rules to follow, and there are always rules in a place like this. And they—I don’t even have a list of the telephone numbers of the nurse’s office or if I needed somebody quick.”

Ethel felt that her move was unorganized, almost as if she had been dropped into a new environment with no knowledge of who people are and where she should go. She provided a suggestion:

“I feel they should take a new person and show them around. I think every new person should have an indoctrination and be able to say what they expect of this place.”

In her opinion, being made aware of the rules and regulations of the facility prior to moving would have helped her understand how to adapt to her new environment.

Many were frustrated by a lack of understanding of how their rental agreements were structured and how “a la carte” assistance was priced. Helen experienced significant adjustments getting accustomed to paying rent, as well as additional charges she now faced after requesting help to accommodate increasing dependencies:

“This is the first time in my life that I’ve lived in a place that we rent. It’s a large amount of money. I always have to ask first how much things are going to cost me—the big dollar signs come in on the extras. You can have a nurse come in, but look out—next thing you know you have a bill. I’ve learned you always need to ask about how they charge for things here.”

Erma appreciated the convenience that assisted living afforded her, but was quick to mention her frustrations with the costs:

“Everything is convenient—‘course you have to pay for what you want. You don’t get anything for nothing. You’re always spending money here—they always send you a bill for what you owe. Everything is itemized for what you pay for.”

Agatha was aggravated with how her new apartment and services were priced:

“I thought when I was moving to a place called assisted living, I thought I would get help with things I needed assistance for. But they make you pay for everything. And

I'm not talking about a price that would be reasonable. They go by a point system which I don't understand. I was a very, very outgoing, independent person, and suddenly I have to go by the rules and regulations which I'm not happy with."

These participants, among others, were confused and disheartened by such regulations.

Agatha later went on to mention that she learned to do for herself many of the things she had previously been contracting for, including getting dressed, calling in her prescriptions, and bathing. In her opinion, this went against the concept of assisted living, leaving her baffled about what she was paying for.

Memories of Previous Home and Family. When asked to describe their meaning of home, participants frequently discussed elements of their previous home or particular members of their families. The most common response included the ability to feel comfortable in their own space, which was described in conjunction with having control over their daily routines and activities. This response was often said in relation to their former home rather than their new assisted living environment.

Jean seemed uninterested in adjusting to assisted living and discussed her previous home in relation to where she lives now:

"If you're asking me if I'm thinking of going back to my home, no. This is where I am, and it doesn't have any great nostalgic feel to it, but that's fine. It takes care of me."

Jean was determined to not dwell on her previous home, choosing to make the best out of assisted living. When asked what about her previous house made it home to her:

"They had my family, number one. I was able to make and serve meals, be with my friends, and run my life, including going to a grocery store. None of those things do I do here."

Jean's attempt to exert personal control over her own adjustment appears to be in response to losing her former home, autonomy, and connections to her family. This

behavioral observation further points to the fact that her perceived meaning of home resides with her previous housing environment.

Ruth never once called her assisted living apartment her home, saying that instead for her former house:

“If being at home means—I’m not really attached to [this] building, but I have not gone back there [in reference to her former home]. Not once. Because I’m afraid I might sit down on the sidewalk and cry.”

Ruth’s meaning of home was still connected to her previous dwelling, including memories of her family, neighbors, and community. Similarly, 92-year-old Suzanne associated her definition of home with her former residence:

“I was happy at home raising my children.”

Dorothy, who experienced difficulty in adjusting, was adamant about discussing lost relationships with her family:

“I have a hard time calling this home, so I’m going around it. Because I have a real thing with my family and kids and all of that. To me, home is connected to my family.”

A number of participants had difficulty conceptualizing assisted living as home, especially in light of changes to their familial relationships.

Many participants found meaning in home according to memories of their families or the roles they once assumed. For some, these self-perceived roles were as a mother raising children, but for most it was as a wife living with their husbands. Agatha had a powerfully supportive marriage, one that was frequently brought up when discussing the concept of home. When he passed away, she lost a sense of herself that was closely tied

to how she felt about home. Laurel, aged 80, cried when I asked her to describe how she felt about home:

“I just lost my husband, and that’s what home means. He was doing fine, and he just got up one morning and died. And I’m very lonesome. I miss my kids—even though I see them, it’s different. It’s lonesome.”

Shelly, one of the most reserved of all participants, quietly stated that “having a husband” was what home meant to her. The decision to move to assisted living equated to a loss of former roles, routines, and memories for many participants, all aspects of self-perception and continuity. Meaning, therefore, goes hand-in-hand with decision-making, another prominent theme in this study.

Decision-Making. In this study, housing-related decisions often involved participants’ children or immediate family. Although assumed that decisions to move to long-term care facilities are made by family members without elder input, the majority of the participants were either the sole decision makers or at least a part of the decision-making process when choosing supportive housing. While not all made the decision to move alone, some willingly gave all control to their immediate family, choosing to “roll with the punches.”

Among those making their own decisions to move to assisted living, Ruth felt the necessity to move to more supportive housing as she continued to age:

“About three years ago, I went and made a visit here to check it out, not thinking I’d need it right away. I put myself on the waiting list after I visited. And I think the thing is, it’s close to home, and that was mainly it.”

Charlotte had also made the decision to move to assisted living as a means to be closer to her son and his family. Ida, who had known about the facility prior to moving, put her

name in “just in case,” but did not push the move until she knew she was unable to stay independently in her home. In each of these cases, however, the decision to move to a more supportive assisted living environment was supported by their children.

Jean, the 96-year-old, was among the many who delegated housing decisions to her children. While aware of her inability to live independently, Jean felt that moving to assisted living was largely out of her hands. When asked to describe why she moved to her new apartment:

“Well, I don’t think the decision rested with me. I didn’t know that.”

Jean shared that both her doctor and daughter had decided she needed more daily support than what she could obtain in her condo. While not explicitly expressing satisfaction with her new home, she did feel that her daughter’s decision to move her into assisted living was done with her best interests in mind:

“It was certainly her research that decided that this was, that this would be the ideal place. And I leave it to her decision—[she] looks out for the best thing for me in her mind. And I leave it to her decision, I really do. I don’t argue it.”

Jean effectively gave up control of her housing situation by granting authority to her daughter—a self-controlled decision not unlike other participants.

Some participants chose assisted living in response to their personal beliefs supported by their families or close friends. Adalyn felt that the control over her housing situation resided primarily with her; her decision was influenced by her desire to preserve her children’s independence:

“I’m getting older; I need some attention now and then. I don’t like to burden my son, and my daughter is too far away. My children did agree with me and give me reasons, but they never pushed me into it.”

Adalyn was not the only participant who discussed avoidance of burden; Beverly also wanted to have her own place, deciding that living with her children was inappropriate. Beverly had weathered multiple surgeries which resulted in a perceived a loss of personal control. This made it difficult to accept her children's help with moving to assisted living. Although grateful for their assistance in moving her across the state, Beverly lost control over what possessions she could keep and what she was forced to get rid of.

“The kids packed me up and sent me here so I wouldn't interfere, because I am very sentimental and hang on to things for emotional reasons. I'm still weeping over the time before they moved me. I still really don't know what I don't have.”

Beverly was visibly upset at having lost some of her things, wishing that her children had consulted with her more before giving away her belongings.

Although an exception to the views of most participants, a few felt left out of the decision-making process when moving to assisted living. Ethel, who had lived in her own apartment for 21 years, was offended when her children moved her to assisted living without her consent while she was sick:

“I had no say in the subject. My car is still in the garage at my old apartment. I feel contained. I'm sorry my kids rushed into this.”

Shelly also professed having no say in moving to assisted living:

“My family moved me. I haven't come to any decision about how I feel about that.”

While Laurel was not upset at her daughter for having selected the apartment she now lives in, she admits that the decision to move to assisted living was not hers:

“Pretty much my youngest daughter told me that I had to come back to Minnesota. The car was taken away. This was all thinking on her own. I wasn't offered another choice. How about that?”

Although her daughter put her name in prior to consulting with her about the decision, Laurel was okay with how everything was handled. As long as she was not going to a nursing home, Laurel was willing to make the best out of the decision.

Participants also expressed issues of decision-making regarding their daily activities. Some participants felt that the new routines resulting from rules and regulations in assisted living were equivocal to a loss of personal control, but others felt they were able to manage their daily activities as they saw fit. Marie felt that her lifestyle has remained in her control since moving to assisted living. She regularly chose where and when she wanted to participate and what her daily routine would look like:

“Being at home means I can sleep as late as I want, and nobody bothers me to get up, go here, or go there—they let me have my routine as I wish it. I’m really much more comfortable being a loner here than I have been in the past—I pick and choose whatever the daily activities might be.”

Marie’s decision-making abilities were unaffected by the transition, finding similarities between how she led her life in her own apartment versus where she is today.

However, many expressed frustration with a loss of decision over the timing of particular activities and events, especially mealtimes. Helen, the resident night owl, was one of many annoyed by the necessity to adhere to a new schedule:

“First thing which I was unused to was getting up so early in the morning. Breakfast is at 7:30 [a.m.], and I hadn’t even gone to bed yet!”

The transition to multi-family housing altered choice and decision-making abilities; many participants expressed frustration with having to be on a schedule now that they were residents of assisted living. The decision, or lack thereof, to move to assisted living, in

addition to a change in routine, can lead to a lost sense of continuity in decision-making and management of daily activities.

Additional Findings—Home Related to Self

With seven key themes, the majority of participant responses fit within at least one throughout multiple stages of analysis. However, there were some key findings not specifically related to a particular theme that encompassed a broader view of self and home. In particular, the following responses linked the concept of home to self in a unique way, almost transcending categorization attributed to either the theoretical frameworks or the themes. This level of thought and response was only found in a few select interviews, but nevertheless sheds light onto how home and self are conceptualized after a transition to assisted living.

Adalyn, the 92-year-old involved with the facility as a volunteer prior to moving there, mentioned the decision to move to assisted living was primarily hers. This provided her a sense of control and meaning behind living in her new housing environment. Through the support of her children, she also gave up driving when she felt it was time, further preserving her confidence throughout the aging process. She was one of few participants aware of how her decisions and control over her future were related to who she was as a person:

“I guess maybe it’s because I’m a strong person? I’m not sure if I’m strong or weak; I’m not sure which it is. I think I’m realistic—I think that’s the best word for it. But I’ve thought about all of these things a lot in making this decision—all these things you and I have talked about were a part of my decision to do this. And I have no regrets at all about this.”

To Adalyn, being realistic about her aging body and the need for more supportive housing not only eased her transition to assisted living but preserved her sense of self in the process. The right combination of support, education, and involvement in the transition helped her maintain dignity and pride in light of her increasing dependencies.

Mabel was “pleased” to live in her nice new apartment that gave her newfound access to supportive services she did not have when living independently. Although Mabel had received a physical health diagnosis that precipitated her move to assisted living, she decided that she would make the best of her transition by being resilient. A self-defined “homebody,” Mabel mentioned that she would “rather be at home than anywhere else in the world.” To her, a house was physical, while a home was social:

“Home means security. It’s being among stuff I like, my own stuff. When I was raising my children, we had our own home and we always had lots of company. And meal time was special. I always said that a house was a house—a home is the people in it.”

Mabel was able to find home no matter where she was, as long as she could stay connected to her family and friends. Even though she missed her former apartment, as she had made great friendships and formed a sense of community, she decided that she would stay positive about her transition:

“I’m quite an optimistic person; my glass is always half full. I don’t have much time for complainers. This is the time of my life where I have nothing to worry about—I’m going to enjoy it.”

While most participants linked their sense of self to their former physical house, one participant had moved frequently due to her husband’s life work as a Pastor. Charlotte defined home as a connection to her family and church congregation:

“I guess wherever we are, because we’ve moved a number of times, so anyplace—the parsonage, the house, the apartments—anyplace we land, that’s home. I guess that being in ministry all those years, you kind-of make a home wherever you are.”

Charlotte’s connection to her husband, children, and spirituality was indistinguishable from her concept of home. When asked what home meant to her:

“One of the things we did when the children were still with us, we felt at home when we were traveling in the car. The four of us. Isn’t that strange? The times we had in the car were times just for the four of us. So I think of the times that we are together, just the four of us...those little car trips were always just a little cocoon for us. They were fun.”

Even though the church and her religion were a significant aspect of her life, contributing to how she defined herself, Charlotte found special meaning in the time she spent as a family. In her words, that was how she defined home—moments in time when she was with the people who meant the most to her.

Although most of the participants had living family, one participant only had herself to count on. Erma, aged 88, had experienced a difficult last three years, losing her sister and dealing with financial issues related to the sale of her estate and belongings. Erma was frustrated that she had been responsible for all of the details of her sister’s passing. Losing her close sibling precipitated her move to assisted living. This transition, in conjunction with other life events, had a profound effect on her meaning of self:

“Now this is home to me because that’s where I live. ‘Course, it may be different for people that have a different interpretation of what home means. I have to depend on myself—I don’t have anybody to depend on but myself. You have to take care of what you’ve got, and this is my apartment. I have a kitchen, dining room, bedroom, and a bathroom. What more do I need?”

In light of her age, dependencies, and lack of family or other social supports, Erma was determined to remain as independent as possible, shirking at those who complained about

trivial things. In her opinion, she needed nothing more than that which was essential to daily life. Without additional support in her new surroundings, perhaps she felt that she was not able to care about much else.

Theoretical Findings

Continuity and Adaptation. As a means to understand older adults' self-perception after a transition from independent to assisted living, Atchley's (1999) continuity theory was used as one theoretical framework guiding the analysis of the findings. Continuity theory argues that individuals are "active participants in the creation, development, and perpetuation of the structure and dynamics of the self" through the constructs of internal and external continuity (Atchley, 1999, p. 10). Internal continuity relates to one's self-concept, values, beliefs, and attitudes. External continuity is expressed through one's social roles, activities, living arrangements, and relationships. Through these concepts, it is possible to understand how individuals adapt to changing situations and circumstances, both positively and negatively.

Although no direct questions related to self-perception were asked of the participants, it was clear that physical, social, and psychological aging had an effect on how each perceived the meaning of home and self after a transition to assisted living. In essence, elements of Atchley's (1999) continuity theory were embedded in participant responses. Through analysis of the qualitative data, it was clear that dependence (physical aging), adaptation (psychological aging), and socialization (social aging through roles, activities, and relationships) were major themes in how meaning of home and self were perceived.

Perceived Housing. The concept of perceived housing, coined by Oswald et al. (2006), is defined as “the totality of subjective phenomena of experiences and symbolic representations related to living at home” (p.188). In other words, perceived housing can provide greater understanding of the importance the immediate home environment has for older adults. Oswald et al. (2006) make the argument that home is not only where an older adult spends a great majority of their daily lives, but it is also a place where one’s subjective account of their home environment provides greater understanding into how person and place interrelate. Through his rigorous quantitative study, perceived housing is thought to be manifested within the four domains of housing satisfaction, usability, meaning, and housing-related control (Oswald et al., 2006).

While this study used Oswald et al.’s (2006) four-domain model of perceived housing as a guide for the development of interview questions and data analysis strategy, it also applied the framework to a very specific, different population group. In Oswald et al.’s (2006) study, the four-domains were tested on older adults living independently, while here they were used to explore whether the concepts held true among elders facing transitions to more supportive housing. However, it was clear that Oswald et al.’s (2006) housing domains of satisfaction, usability, meaning, and control paralleled the themes found in this study: satisfaction, rules and regulations (usability), memories of previous home and family (meaning), and decision-making (control).

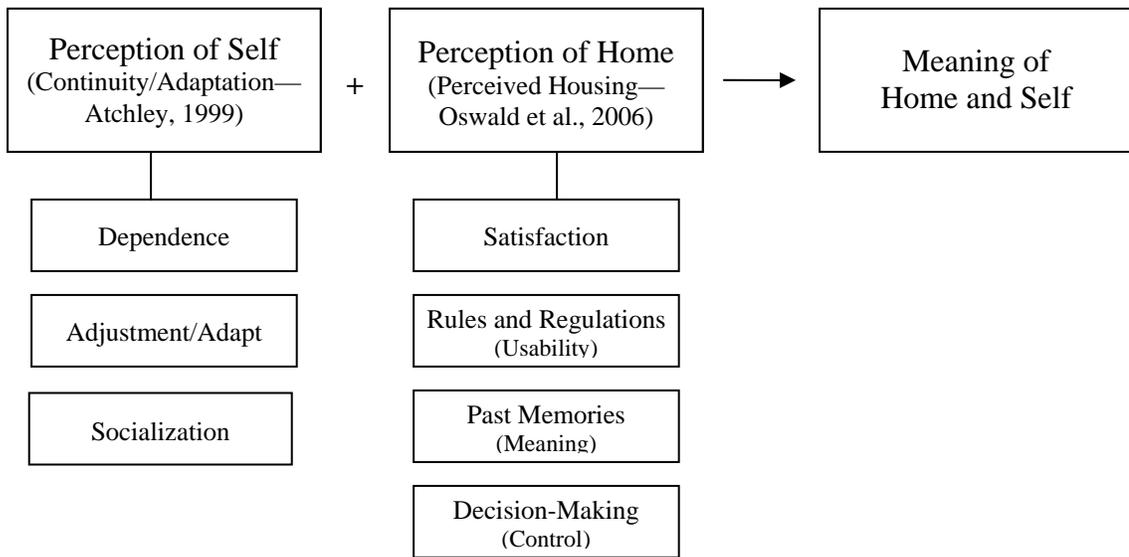


Figure 4. Conceptual model based upon research findings—parallels Atchley’s (1999) and Oswald et al.’s (2006) theoretical frameworks surrounding the aging self and perceived housing, showcasing theoretical fit.

Chapter Summary

While the lived experience of the participants varied between the facilities in relation to their individual life courses (experiences, relationships, roles, among others), the responses were relatively similar. Each facility allowed residents to bring their own furniture, and often interviewees would comment on the meaning behind their possessions. A number of participants discussed how bringing their own furniture, pictures, artwork, and personal belongings helped make their new home more comfortable. Many residents also commented on their connections with the staff at each facility; the safety and security they felt living in a more supportive environment helped ease the transition to a new home. The strong social bonds evident with members of the

staff made social connections with those responsible for their comfort and care an important aspect of their daily lives.

Although professing “satisfaction” with their new homes, many of the participants confessed to a difficult adjustment moving to assisted living. The level and type of support provided to each resident by family and friends varied, making the transition either relatively smooth or more complicated. The location of the facility also played a role in the adaptation process of residents; some chose their new apartments because of proximity to their old homes, while others moved to be closer to their children. The distance between their previous homes and their new assisted living apartments played a role in the transition process. Perhaps the biggest difference between the two groups of responses was the variation in building design and management; one facility was a HUD-202, Lutheran faith residence, while the other was market rate, Jewish, and Kosher-based. The subsidized facility was built in 1979, while the market rate opened in March of 2009, making the design, finishes, materials, and aesthetics quite varied.

Despite the similarities and differences in the general findings, one especially beneficial discovery was how the residents defined assisted living. For most, assisted living was identified as the best option out of any of the alternatives, ranking it far above a nursing home or moving in with family. Many considered it to be a supportive environment where they are well taken care of both physically and socially. Participants associated their great care with the friendliness and support of the assisted living staff. To them, assisted living is also associated with privacy, as they each have their own apartment within which they can do as they please. However, newfound rules and

regulations were often difficult to understand, and multi-family living was an adjustment. Additionally, it was simply not like their previous homes. Many had lost connections to family, friends, and communities, and struggled with forging similar relationships with new neighbors. The difficulty in packing up an entire home full of memories and possessions into a small, congregate style apartment was profound, further linking a move to assisted living to a change in sense of home and self.

Chapter Five: Conclusions and Recommendations

Introduction and Overview

The purpose of this study was to explore how a transition from independent to assisted living affected perceived meaning of home and self by older adults. Through analysis and synthesis of the literature and data from interviews, observations, and photographs, it is clear that the meaning of home and self involves dependence, adaptation, socialization, satisfaction, rules and regulations, memories, and decision-making. The findings discussed in this chapter follow the research questions and address the dominant themes of how older adults define the concept of home, how assisted living supports the residents' concept of home, and how assisted living residents change their concept of home after moving to more supportive housing. Additionally, recommendations and implications for design, policy, and research based upon the conclusions, as well as a final reflection on the study are discussed.

Concept of Home Involves Perception of Self within Housing Environment

The multidimensional concept of home in assisted living is intertwined with one's self-perception. Becoming dependent after a health issue was a life event that precipitated each of the participants' moves to assisted living, linking the changes they experienced in their physical, social, and psychological aging self with how they perceived assisted living. An important motive behind the decision to move into supportive housing, the issue of dependence was common among the participants and confirms that a person's health helps "shape the amount of independence and autonomy that he or she can retain" (Mutchler & Burr, 1991, p. 378). It is clear that those experiencing cognitive or physical

declines are likely to transition to a more supportive living environment, thereby affecting how they perceive themselves and their homes.

American cultural norms thrive on independence and choice, marginalizing those who can no longer live on their own (Johnson & Barer, 2003; Rubinstein et al., 1992). In this cultural context, the home becomes a symbol of “personal coherence and continuing physical viability” (Rubinstein et al., 1992, p. 19). For those unable to age in independent housing, the issue of dependence becomes intertwined with how one defines their identity. For many of the participants in this study, their sense of self as related to their home was affected by moving to assisted living; while they once took pride in maintaining a household, they now no longer had such responsibilities. Therefore, the issue of dependence as a symbol of one’s self-perception is important when considering how home is conceptualized in assisted living.

Perhaps the most prominent theme in this study, self-perceived dependence, affected participants’ adjustment, socialization, satisfaction, rules and regulations, memories, and decision-making as related to assisted living. Self-perception, how the participants perceived themselves, was interrelated with their environmental surroundings.

People are not passive observers and reactors to their surroundings; rather they actively participate in their environment, creating their social reality and sense of self as they engage in community life and as they interpret and evaluate the meaning of their interactions with others (Kaufman, 1986, p. 19).

Self-perception develops and changes as people age, as “one continues to interpret one’s environment and interactions throughout life” (Kaufman, 1986, p. 19). In this sense,

participants' self-perceptions and interpretation of their home environment continued to evolve after a move to assisted living.

The findings in this study confirm the complexity of attempting to separate perceived sense of self from perceived meaning of home. How a participant perceived themselves was manifested in how they approached their new housing arrangement. For example, those who felt strongly about close friendships and memories from previous homes had a difficult time adjusting. Those resilient and adept at remaining positive in lieu of life changes adapted to assisted living more easily. "Within a temporal context, individuals are continuously reconstituting their self-representation in response to new situations faced in late life. Such a process...constitutes an effective adaptive technique" (Johnson & Barer, 2003, p. 6). Since self-perception is ongoing throughout the aging process (Johnson & Barer, 2003; Kaufman, 1986), it is important to understand how a change in sense of self is intertwined with a change in meaning of home.

Concept of Home within Assisted Living is supported on a Broad Scale

Part of what made assisted living appropriate housing for many of the participants was that it offered a supportive housing environment in light of declines in health. To them, assisted living was more home-like than other institutional settings due to increased usability, support, and autonomy provided in design and staffing. Participants felt a greater sense of physical safety and security knowing that nurses, doctors, and other staff were there to help if needed.

Assisted living also provided a sense of home and comfort for participants by eliminating the often stressful responsibility of household chores. Most participants

discussed that they were able to enjoy themselves more knowing that daily household tasks were no longer their responsibility. Since assisted living provided for the regular maintenance of routine chores such as cleaning, laundry, and food preparation, daily life became more open to the activities residents are interested in doing.

Although most of the participants concluded that they needed supportive housing due to a decline in physical or cognitive health, none of the 22 described their move to assisted living as a lifestyle choice or an expressed desire to live in an elder-friendly community. The participants were motivated by a need for assistance with daily activities, yet struggled to define their assisted living residence as a home. This conflict appeared to stem from competing factors. The mission of assisted living to provide a supportive and user-friendly environment clashed with requirements that the participants adapt to new routines, rules, and regulations that stymied individual conceptualizations of home as a domain over which they have control.

For many participants, this was their first time living in multifamily housing, especially one restricted to certain ages and abilities. Congregate dining, specific hourly routines for activities, and living with others of various capacities was often difficult. A few resented changes in abilities due to aging, stressing that a part of their well-being or sense of self was compromised with the inability to maintain their independent homes. Many were anxious about being compared to others of lowered abilities, expressing that sharing a living space with people incapable of certain activities was demeaning (see Schwartz & Brent, 1999). In essence, the supportive environment of assisted living offered participants some basic semblances of home, such as comfort, safety, and

security, but compromised individualized continuity to self when required to adapt to new rules, routines, and regulations (Atchley, 1999). As a result, the concept of home in assisted living was supported on a broad rather than an individualized scale. According to the participants, assisted living did not necessarily reflect the concept of home or self that they had experienced in previous home environments.

Moves to Assisted Living Generate Changes in Concept of Home

While some researchers argue that the concept of home is overly romanticized (Manzo, 2003; Moore, 2000), home is a vital component in individual well-being, especially for older adults (Caouette, 2005; Chaudhury & Rowles, 2005; Oswald et al., 2006). Previous research has attempted to define home as more than a physical structure with four walls and a roof, but instead “[a] repository of memory, [whose] loss causes a loss of connection to the self” (Pipher, 1999, p. 165). In this respect, home is a critical aspect of older adults’ lives as well as a crucial element in how they conceptualize their self-identities. A move and change in a home environment would therefore stand to be a difficult transition, requiring great adjustment and adaptation on behalf of the older adult in a very capricious stage of life.

The stories and descriptions shared by the participants in this study illustrate that transitions to assisted living create changes in how older adults perceive their homes and selves. Active meaning is tied to the physical and autobiographical experiences in one’s home over time (Shenk, Kuwahara, & Zablotsky, 2004), implying that individuals coping with physical or cognitive issues in conjunction with a move from independent living will redefine their perceived meaning of home and self within their new environment.

Therefore, changes in individual ability can affect how home and self are conceptualized in assisted living, which is illustrated by the participants' discussion of their adaptation and adjustment. For many, the transition to assisted living was both a symbolic and real change in independence, one that was intertwined with a change in their physical and social surroundings. Assisted living facilities' rules and regulations emphasized the concurrent loss of continuity between former roles, routines, relationships, and living environments.

In this examination of older women, maladjustment after experiencing a change in their housing environment may reflect their life experiences. The self-defined identities of this cohort of older women in the United States were focused around home and family. Traditional gender roles as full-time homemakers rearing children tied their sense of self to the roles of wife and mother (Shenk et al., 2004). When older adult women move from their homes where they have symbolically developed their sense of selves to the physical environment through raising children and keeping a family, they can expect to experience a change in how their new housing is perceived as a home.

Ties to Theory

Although not all of the major themes drawn from analysis of the data perfectly fit the two theoretical frameworks, I was surprised to discover many themes paralleled the findings of Atchley (1999) and Oswald et al. (2006). Oswald et al.'s (2006) four-domain model of perceived housing was used to develop interview questions and elements of Atchley's (1999) continuity theory were inherent in the responses. The major themes of dependence, adaptation, and socialization found in this study fit the key concepts of

internal and external continuity (Atchley, 1999). Place-based theories exploring transitions in home environments need to be expanded and incorporate elements of continuity theory (Atchley, 1999) focused upon self-perception and identity.

Oswald et al.'s (2006) four-domain model of perceived housing proved an appropriate framework to categorize themes about the meaning of home among older adults transitioning to alternative living environments. Even though Oswald et al.'s (2006) original model was tested quantitatively among elders living independently, the model fit a qualitative methodological research framework. Satisfaction was a strong theme found in this study, but usability, meaning, and control were conceptualized somewhat differently from the quantitative study among the assisted living participants. Since traditional usability in assisted living facilities is supported through appropriate design combined with assistance and support in daily activities, participants likened usability to dealing with new rules and regulations. Meaning of home in assisted living was often tied to previous homes through memories of past events, relationships, or personal roles. Control over the living environment was inherent in the decisions and decision-making process used to move to assisted living, in addition to choosing activities, levels of participation, and socialization.

Recommendations and Implications for Design

Assisted living as a residential and service option is often marketed as a “home-like” environment. However, participants did not exemplify continuity between the experiences of living independently and living in assisted living. Their recollections or conversations about their current situations did not demonstrate consistency in how they

symbolically perceived home and self. In theory, it is possible for assisted living residents to establish a sense of home when there is a level of continuity between the physicality and symbolic roles, relationships, and experiences of their former homes and their new assisted living environment (Dobbs, 2004). The design of assisted living is capable of enabling similarities in daily life for older adults following declines in medical or age-related abilities (Gitlin, 2000; Marsden, 2005), thereby minimizing impacts of a residential transition.

Unfortunately, the design of most assisted living facilities is primarily successful in creating a sense of home through physical connections between former and present living environments, missing the mark in establishing symbolic links between former and current selves (Cutler, 2007; Dobbs, 2004). There are often contradictions in assisted living facilities between “supporting a resident’s independence, creating a strategy that meets the needs of residents and care staff, and the definition of risk” (Eckert et al., 2009, p. 31). Therefore, it is important for designers to not only focus on the physicality of assisted living environments, but also how those spaces can innovatively and creatively maintain symbolic continuity between the former and current roles, choices, relationships, and experiences of its residents.

The need to design assisted living facilities well in advance of the perceived need for a more supportive environment is significant, especially considering that the majority of elders plan to age-in-place rather than move to another home as they age (Eckert et al., 2009; Golant, 2008; Wagnild, 2001; Wylde, 2008). Designers have been successful in meeting the needs of older adults by creating supportive physical assisted living

environments that maintain safety and security. Largely missing, however, is design's ability to communicate that assisted living is a viable option in meeting older adults' housing desires at an appropriate time where future residents are able to enjoy the experience (Wylde, 2008). In general, "decisions to enter assisted living are likely to be crisis-driven, rather than deliberate consumer choices" (Eckert et al., 2009, p. 226). Designers need to understand the preferences as well as the needs of older adults to more plan supportive housing—one that takes into consideration how meaning of home and self is established and cultivated within senior housing facilities.

While the design of assisted living facilities has improved significantly, there is much work to be done. Although typically restricted by building codes, zoning, costs, and other regulations, designers have the responsibility to design first and foremost for the client. In the case of assisted living, the client includes both the residents and the staff. One primary oversight in many senior housing facilities includes a preference to design for the efficiency and good of the staff instead of what is best for the residents (Cutler, Kane, Degenholtz, Miller, & Grant, 2006; Joseph, 2006; Pipher, 1999). While staff are essential in the well-being of long-term care facilities (Ball et al., 2000), resident autonomy, control, support, satisfaction, and maintenance of self should not be ignored.

There are numerous ways in which the perception of self can be integrated into the meaning of home through design, but it is important to note that changing the aesthetic appearance alone will not necessarily forge an emotional attachment to assisted living for older adults (Dobbs, 2004). However, by focusing on the lived experience, there are some viable solutions for maintaining continuity in self and home between independent and

assisted living. For instance, creating multiple living spaces through flexible layouts that allow various activities, gatherings, and levels of socialization can help maintain continuity between former and current roles, choices, relationships, and experiences of assisted living residents. Participants used to enjoy activities like gardening, crafting, cooking, or entertaining family. Incorporating craft and project rooms, functional kitchens, and places for families to gather privately and visit for extended periods of time can help foster a positive relationship to assisted living by increasing control, autonomy, and independence that maintain a positive sense of self through individual interests.

Allowing residents to maintain long-time relations to friends, communities, and organizations helps maintain a sense of continuity between previous homes. Many participants discussed the difficulty of moving away from neighbors, friends, volunteer opportunities, or religious organizations. Providing space and opportunity for assisted living residents to visit old neighborhoods and attend churches, synagogues, or temples is a simple way to preserve sense of self. Religion was a significant aspect of participants' lives, and offering different religious services and spaces of worship would provide continuity in self-identity. Providing increased transportation options or facilities within walkable distance of services would potentially increase the emotional, self-perceived connection to self that would positively influence a perception of assisted living as home.

At each visit, residents in assisted living gravitated toward views of the outdoors or patches of sunlight coming in through windows. Since aging adults are less likely to engage in direct connections with nature and the outdoors, it is important for designers to include comfortable spaces with year-round views. This could include four-season

porches, balconies, patios, or large, operable windows. Pleasurable sensory experiences like spaces with good views, sunny places to sit, and comfortable chairs are important for aging individuals, “partly to offset the loss of physical powers” (Pipher, 1999, p. 247).

Designers should also not lose sight of the entire facility and its surroundings, including outdoor spaces and site-specific amenities. Providing well-lit walking trails and barrier-free, widened sidewalks across and through long-term care campuses would allow able-bodied residents the freedom to enjoy nature and get exercise. Placing benches and other outdoor seating throughout campus at appropriate intervals for resting is another way for designers to encourage the use of outdoor spaces for resident activities, such as walking, reading, eating, or playing cards. The attraction to updated facilities was apparent in this study, making the exterior design of facilities equally as important as the interior spaces. Signage and landscaping should be neat and attractive to encourage future residents and increase visitation by families. Entrances to each building should be clearly marked, visible, accessible, and welcoming. Facilities should provide sufficient parking for visitors in ways that does not offset views or direct access to natural plants, trees, and other outdoor spaces.

Overall, designers and developers need to move away from creating assisted living facilities focused solely on the delivery of care and staff efficiency, remembering the older adult residents as individual people (Wylde, 2008). Older adults need connections to the outside world, including nature, people of differing ages, and former communities. They need freedom to participate in activities that were and are meaningful, including crafting, hobbies, or volunteering. The need for devoted religious space is important to

many elders, as it provides a means to stay connected to their faith and spiritual community. Providing aesthetically pleasing spaces that allow for and encourage these activities is essential in maintaining continuity between self and home after a transition to assisted living.

Recommendations and Implications for Policy and Programming

Like nursing homes, assisted living facilities face many issues surrounding autonomy, privacy, and overall regulation. In reality, few significant steps have been made toward regulation in assisted living as a long-term care option since the Assisted Living Workgroup (ALW) was formed in 2003. Assisted living facilities suffer from the misconception that their design, policy, and regulation parallels that of a nursing home, causing undue stigma and disdain (Eckert et al., 2009). If there was greater consensus regarding how assisted living is defined and regulated, it would see improvements in design, policy, livability, and perhaps acceptance as a viable option for older adults needing supportive housing.

A large issue regarding senior housing facilities is the stigmatization that is attached to needing additional support. The discourse surrounding such facilities has created a cultural misnomer that long-term care is a failure, method of abandonment, or process of “warehousing” our elders (Pipher, 1999; Wylde, 2008). There is an increased need for alternate housing options, flexibility in design and service delivery, and streamlined regulation to assure good quality care (American Planning Association, 1994). Long-term care is a practical option for older adults unable to live independently (Golant, 2008; Marsden, 2005). Instead of solely focusing on policy that perpetuates aging-in-place as

the best and only humane option for elders, policymakers should concentrate on developing a variety of viable and supportive housing and care options for older adults (Golant, 2008; Wylde, 2008).

There is an obvious disconnect between our current cultural attitudes and the reality of older individuals needing supportive housing. These attitudes may encourage older adults to ignore senior housing options rather than plan for housing that fits changes associated with aging. Moves to assisted living typically occur at a time of crisis rather than a time where their housing options can best meet their needs and sense of self (Eckert et al., 2009; Golant, 2008; Marsden, 2005). Additionally, older adults recognizing a need for assistance yet unable to afford assisted living are “sometimes admitted into the nursing home environment even though this environment may not be completely compatible with their physical and emotional needs” (Brandt et al., 2004, p. 76). These conflicting issues showcase the need for better regulation and management of senior housing facilities; streamlining regulatory, funding, and admissions processes would help define the various stages of long-term care and help individuals select which level is most appropriate for their needs.

Short-Term Goals. In the short-term, facilities could focus on offering programming that helps older adults choose, adjust, or transition from independent to assisted living more easily. Community outreach and workshops that aid in attracting future residents before the point of crisis would help showcase assisted living as a viable, exciting option for older adults needing supportive housing. Additionally, obtaining residents that more

appropriately fit assisted living's marketing profile would help classify this type of housing in the spectrum of long-term care options for older adults.

Programs that aid in the process of moving, including how to successfully reduce a house full of belongings, would assist both elders and their families through such an emotional process. Concern over possessions and how the home is sorted is often associated with a loss of control, yet "this loss is mitigated significantly if the owner is able to exert some control over where things go" (Stafford, 2009, p. 4). If facilities offer a service or advice to families in anticipation of moving to assisted living, it would help manage the emotional aspect of reducing meaningful belongings. This type of programming could be accomplished through in-facility workshops, group discussions, or one-on-one meetings with the elder and their family. The involvement of family members in these types of programs is important, as they are often a key aspect in the decision-making process of transitioning to assisted living (Marsden, 2005).

Similar programming clarifying the rules and regulations, especially costs associated with moving and individualized supportive housing services, would also help minimize confusion. There is a great need for individualized attention, support, and follow-up in understanding the fees and overall costs for particular services. Moreover, the fee structure should not be overly complicated or "hidden." Administrators and staff members of assisted living facilities can make this process easier by helping elders and their families through the financial process both before and after the move. Since family members are often the decision-maker in a move to assisted living, proper initial and

follow-up communication that ensures the older adult is receiving accurate information in understanding the rules and regulations in assisted living is important.

Short-term programs that welcome new residents to assisted living and acquaint them to policies needs to be incorporated into the management of assisted living and revisited over time. Older adults experience change in their sense of self after moving from independent housing. They face significant adjustments and adaptation to a new living environment, new people, and new rules and regulations that can be overwhelming. While administrators and staff could help encourage welcoming ceremonies or rituals, assisted living residents could also form a committee which focuses on easing the transitions of new elders by introducing them to their new environment. These types of celebrations would help new residents feel welcome and at ease after an often emotional and stressful move; “we need calming rituals that assure the old they are still loved and part of the human community” (Pipher, 1999, p. 169).

To encourage the design of assisted living in walkable communities, policies surrounding senior housing should encourage facilities to embed themselves within areas that offer a range of services, including grocery stores, coffee or deli shops, and religious services. Opportunities for outdoor recreation through safe walking trails and local parks should also be considered in the planning process. Proximity to old communities is an important factor in choosing an assisted living facility, as currently “the majority of assisted-living residents move from their own homes” (Tinsley & Warren, 1999, p. 28). Planning for assisted living facilities in neighborhoods of growing elder populations would help ensure that residents maintain continuity within a community.

Policymakers have spent significant efforts focusing on subsidies, programs, and opportunities for elders to remain in their homes, even though it is not possible for all (Golant, 2009). Societal acceptance of assisted living as a positive housing choice can lessen the stigma of moving to a safe, supportive environment. Meaning and sense of home for older adults is still possible in assisted living, pending that design, policy, and research continues to make long-term care and supportive housing for elders a priority. “If being and dwelling are identities, and if home and travel are not antithetical, it follows that achieving a sense of place in old age does not require ‘aging-in-place,’ in its narrow sense of aging in the house” (Stafford, 2009, p. 13). Refocusing both short- and long-term policy and programming goals for assisted living can help maintain continuity and a sense of self and home for older adults transitioning to supportive housing.

Long-Term Goals. In the past, most low-income older adults were forced either into subsidized housing offering no support for aging, or into nursing homes that provided federally funded medical care (Brandt et al., 2004; Golant, 2008; Schwarz & Brent, 1999). As indicated by the findings in this study, subsidized assisted living has the potential to improve well-being and quality of life by providing another option to older adults. With the aging of the Baby Boomer generation, the Federal government “will be pressured to increase funding options for assisted living, as the preferred long-term care setting for high-acuity care and as a lower-cost alternative to nursing homes” (Calkins & Keane, 2008, p. 109). This calls for increased federal funding for assisted living development, operation, and management, including increased regulation of resident

eligibility and individual need assessments between both assisted living and nursing home facilities.

Funding for assisted living has become a precarious issue. Policymakers have expressed concern over the increasing costs of long-term care, while consumers continue to question whether or not the services are valuable (Regnier, 1999; Wylde, 2008). The continuing upward costs of long-term care and an overwhelming aversion to nursing homes by older adults and their families has led some consumers to consider assisted living as a suitable housing option for growing care needs. Although a viable choice for those needing care while seeking independence and autonomy, most assisted living residents do not receive similar federal or local funding as residents in nursing homes (Marsden, 2005; Tinsley & Warren, 1999). Residents receiving aid from assistance programs including Medicaid or Supplemental Security Income comprise only about 12% of the national assisted living population (Calkins & Keane, 2008), versus 68.4% of the nursing home population (Ilminen, 1999). A lack of funding and regulation makes it difficult for assisted living facilities to efficiently meet the needs of an increasingly aging population (Regnier, 1999).

The long-term feasibility of assisted living facilities also depends upon their ability to redefine themselves among the long-term care options available to older adults, including agreed upon regulation, funding, terminology, and classification (Golant, 2008; Regnier, 1999). The same is true for other types of senior living facilities; an older adult needing greater care and support may not know about options and which is most appropriate. The lack of “a systematic approach for classifying different options leads to ambiguity in

what consumers can expect” (Cutler, 2007, p. 69). This issue calls for greater political consensus among housing alternatives, more education for consumers, and increased collaboration between designers, policymakers, and researchers.

Aging is a very personal, individualized experience, making it difficult to plan for (American Planning Association, 1994). Community planning designed to meet the needs of an aging population requires the participation of all professional experts, service providers, caregivers, family members, young adults, and older adults themselves, as “they are most keenly aware of how the built environment affects their day-to-day lives” (American Planning Association, 1994, p. 6). Older adults must honestly and openly discuss their personal experiences with aging in order to provide a greater understanding of the impacts a transition from independent to assisted living has upon home and self. This type of thinking shifts the focus away from how individual elders succeed at aging to how neighborhood characteristics enable entire communities of older adults to thrive (Stafford, 2009).

Recommendations and Implications for Research

This research has hopefully emphasized the need for increased attention to place-based theories. As researchers, we need to continue to build upon the foundation provided by Atchley (1999) and Oswald et al. (2006). Not only is the transition from independent to assisted living an important focus, but renewed interest in housing transitions in general needs to be revived. Further exploration into how to create senior housing environments that capture a sense of home and continuity to former selves and enable successful aging is necessary.

The findings support that concepts from Atchley's (1999) continuity theory and Oswald et al.'s (2006) four-domain model of perceived housing were successful in defining how older adults perceive home and self after transitioning to assisted living. However, some of the concepts were more prevalent and new themes emerged. While Atchley's (1999) theory and Oswald et al.'s (2006) model are a good step toward a greater understanding of person-place relationships, additional research and theory development is needed.

While this study has provided insight into how transitions in living environments play a role in the meaning of home, there is still more to be learned. Many places contribute to one's sense of self over time, especially those that were settings of meaningful experiences throughout the life course. For instance, a childhood home may be significant to some, while a school, classroom, or playground may be important remembrances to others. While nearly impossible to concretely define home, it is still imperative for future research to explore the range of multiple places which may hold significance in the quest to further understand the meaning of home environments for older adults. "Several places can simultaneously contribute to one's identity...many places together form a 'web of meaning', and complete the gestalt of who we are" (Manzo, 2005, p. 76).

Considering that an assisted living apartment within a larger complex is home to many residents, "environmental research in [assisted living] is most likely to be meaningful if it anchors itself in the study of housing rather than of hospitals, nursing homes, and other health settings" (Cutler, 2007, p. 82). This focus calls for a greater collaborations between researchers and designers, as well as gerontologists and geriatric

medical professionals. Stafford (2009) has argued for such a paradigm shift from “a predominant focus on the individual aging body to a focus on the body-in-place, where ‘place’ refers not merely to the physical forces of the environment, but to the meaning-laden lifeworld that we occupy” (p. 31). While researchers agree that conceptual frameworks surrounding the meaning of home have successfully expanded into the psychosocial realm of the individual, little research has yet been done to apply such theoretical and empirical findings to the designed environment of older adults.

To move theoretical and applied place-based research forward, a variety of methodological approaches should be considered. Although qualitative research is often the chosen methodology for understanding the experience of a particular phenomenon, other methods of research could be utilized in future studies surrounding the meaning of home and self in assisted living. For example, a future study might employ the thematic findings from this research into the development of quantitative measures to be combined with the work of Oswald et al. (2006). A mixed methods approach could help provide a larger “picture” of the essence of transitioning to assisted living. A mixed methods approach would “herald a new era of research on perceived home” through which person-place bonds can be more meaningfully explored (Oswald et al., 2006, p. 198).

Additionally, more exploration into the psychological discipline in future studies would aid in the progression of terminology and theoretical clarity.

Future research designs should also consider more advanced sampling techniques. As stated previously, the lived experiences of 22 women from one metropolitan location does not, and cannot, explain the overall big picture. One possibility for the advancement

of this type of research is to utilize a multiple methods approach with a larger number of individuals, across geographic locations, with variations in gender, race, ethnicity, and abilities. Cross-sectional methodology allows the researcher to collect data in a shorter amount of time, but particularly limits the broader view of an individual's feelings toward home and self that may change, alter, or modify over time. Longitudinal studies on the quality of life and well-being in assisted living are limited (Cutler, 2007). Longitudinal research, especially studies that include housing career or life course concepts, needs to explore changes in meaning as one continues to age.

A farther-reaching goal includes a change in cultural discourse including how researchers conceptualize aging. While many agree that aging can be a fun and successful part of life, we often approach the concept from a humorous (and sometimes demeaning) perspective. Although many older adults express a desire to age-in-place, it is not a possibility for all, and our focus needs to turn from a one-size-fits-all attitude to housing and services that provide more valid and varied options without the stigmatization of institutional-based terminology.

Our ideas about independence also hurt families with aging relatives. As people move from the young-old stage to the old-old stage, they need more help. Yet in our culture we provide almost no graceful ways for adults to ask for help. We make it almost impossible to be dependent yet dignified, respected, and in control (Pipher, 1999, p. 51).

As individuals, we are all responsible for the attitudes we carry toward aging, but it may be beneficial for academic disciplines to collaborate upon terminology that reduces

stigmas associated with the admission of dependence and transition to supportive housing. Until we learn to avoid common stigmatizing language, older adults will continue to believe that a move to supportive housing is somehow an admission of defeat.

Final Reflection on the Study

Overall, conducting research in assisted living facilities was an extremely rewarding experience. Although my primary research experience with older adults was somewhat limited to my own familial knowledge, I found it easy and rewarding to talk with residents one-on-one. I was surprised with how open and honest each participant was during the interview process, and how many not only readily opened up their homes but also provided me with an intimate look at their past, present, and future lives. In-depth stories about their families, especially children and grandchildren, provided a great backdrop for understanding how transitioning to assisted living can be mediated through regular contact with family. Many interviewees were also candid about broken past relationships, including the after effects of divorce, estrangement, and widowhood.

Seemingly a private aspect of one's life, medical issues, problems, and suffering were openly discussed in interviews. While some residents were vague regarding their troubles, most were very open and outspoken about day to day concerns. One resident even spoke of her embarrassment discussing medical issues with her family and friends, yet was extraordinarily blunt when explaining them to me. My ultimate goal in conducting the interviews was to create a safe and comfortable atmosphere where residents felt relaxed and at ease, and the results of some discussion topics are evidence that my careful respect for each participant was successful.

One significant thing I learned when conducting research at assisted living facilities is the necessity to be flexible both in timing and conduct. One facility I visited did not have a central lobby or desk area, which required being buzzed in by administration at each visit. Although timing was loosely set each week, some things could not be anticipated, which sometimes required me to revisit. Also, getting into the facility was only one step of many; sometimes I would plan to visit on a given day, but occasionally participants would not be feeling well or did not want any visitors. Another thing I learned was the need to respect religious and facility-wide events (such as Monday afternoon bingo) that took many of my possible interviewees away from their rooms. These types of unplanned, unforeseen circumstances required flexibility on my part to finish the project interviews.

Once my interviews were completed and the data were analyzed, I realized that some of my assumptions had changed. An initial assumption included that moving to assisted living would be a difficult experience, one that would have residents longing for their old homes. I also had presumed that children were the primary decision-makers behind the transition, and that the congregate nature of assisted living would result in a lost sense of self. What I found, however, is that while the transition is often difficult and can lead to negative emotional reactions, it is usually mitigated by other forces including the compassion of staff, administration, and regular visitation by family. I also learned that many older adults are primary decision-makers in regard to their living environment, if not a strong component of the decision-making team. Finally, I found that many older

adults are incredibly resilient in the face of change, choosing instead to make the best of their new living situation, even when not congruent with original plans.

Perhaps the most important thing I learned throughout the course of this project is the importance of design in our everyday world. Design can be successful if the lived experience of the users is understood and respected. It is not enough to gather simple demographic characteristics of current or future residents of a senior housing facility; designers need to move past an acceptance of the basic “program” to knowing and applying the life course, history, and behavioral patterns of upcoming cohorts of adults to create appropriate home-like environments. The mark of good design is one that moves past aesthetic beauty into the realm of functionality. Nevertheless, one cannot possibly understand the needs and preferences of an aging adult better than the person themselves, which calls for bridging the knowledge gap between design and research.

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Appendix A: Consent Form (Reduced from 14 Point Font)

INFORMATION SHEET FOR RESEARCH

Transitioning to Assisted Living:
Exploring Older Adults' Perceptions of Home and Self

You are invited to be in a research study on the meaning of home among older adults who have moved to assisted living. You were selected as a possible participant because you are a woman, aged 65 or older, who has moved to an assisted living facility within the past few years. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Laura L. Lien; University of Minnesota

Procedures:

If you agree to be in this study, I would ask you to answer a few questions about your previous and current home to the best of your ability (the short interview will be audio taped for accuracy).

Confidentiality:

The records of this study will be kept private. In any sort of published report, no identifying information (names, pictures, etc.) would be included about participants. Research records will be stored securely. Laura will have the only access to the interviews and photographs, which will be erased after five years.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or the researcher. If you decide to participate, you are free to not answer any question or stop the interview at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Laura L. Lien. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 240 McNeal Hall, 612-625-5906, or llien@umn.edu. You may also contact Laura's adviser, Dr. Marilyn Bruin, at 612-624-3780, or mbruin@umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. SE, Minneapolis, Minnesota, 55455; 612-625-1650.

You will be given a copy of this information to keep for your records.

Appendix B: Interview Guide

Date:

Time of Day:

Demographic Information (Bloomberg & Volpe, 2009, p. 70)—

Participant Name/Code:

Age:

Years/months lived at assisted living facility:

Previous residence location:

Years/months lived at previous residence:

Type of previous residence (single family home, apartment, etc.):

Interview Questions—

1. Describe how you feel about where you live now. (*Housing Satisfaction*)
2. Describe your daily activities within the place you live now. (*Usability*)
Prompt: What elements/aspects of this place do you use the most?
What elements/aspects of this place do you use the least?
3. Describe what being at home means to you. (*Meaning of Home*)
4. Describe why you moved to this place. (*Control*)
Prompt: Did you choose to move here on your own? Why/why not?
Describe the events that led up to your decision to move.
5. Is there anything you would like to tell me about your previous home that would help me better understand how you feel about where you live now?

Appendix C: Analytic Strategy, Coding, and Categorization (Formulated Meanings)

Selected Examples of Significant Statements from Older Adults Transitioned to Assisted Living from Independent Housing and Related Formulated Meanings

Significant Statement	Formulated Meaning
<p>In the past, my home meant a lot to me. I was very proud of the fact that I got along, and I certainly wouldn't have gone into assisted living, except for this last fall I fell and broke my hip.</p> <p>But if I had my preference, I would be young, and well, and at home. But I'm not.</p>	<p>The decision to move to assisted living is tied to becoming dependent (physical and emotional); individuals experience a loss of pride and independence upon moving.</p>
<p>I visited this place, and I also put myself on the waiting list...after I visited. And I think the thing is, it's close to home--and that was mainly it. Although they didn't push it, my family felt better that I'm here.</p>	<p>Individual choice can be retained when moving to assisted living, but decision is often made to appease other family members (usually children).</p>
<p>And I think I've realized now, that because of my age, that this is the best for me.</p>	
<p>It's taken away the duties of housekeeping. I've met some very nice ladies. I do socialize to a point. And there is a nurse and a doctor on hand; that's a good feeling.</p>	<p>Assisted living includes newfound freedom (satisfaction), socialization, and safety/security.</p>
<p>I do feel that the people here take good care of me, and I have found it interesting all of the variety of women that I have met....And that helps because these women here and I are all in the same boat.</p>	<p>Socialization and building new relationships with others helps root residents with the assisted living environment.</p>
<p>It took me awhile to get used to regulations. And I'm not arguing about any charges—but it took me awhile to understand everything.</p>	<p>Changes in routine, regulations, and rules can make the usability of the assisted living environment difficult.</p>

It took me a year to understand and comply with their orders...I would rather be young and healthy than here. But I am over all of that; I'm well satisfied.

The change in home environment can make adjustment difficult; even in the face of life altering changes and unmet desires, older adults will still agree to satisfaction.

I'm not real attached to this building, but I have not gone back there. Not once. Because I'm afraid I might sit down on the sidewalk and cry...how do I get over that feeling? That's still there...of my home. And that's telling of something...I still kind-of long for that.

Emotional attachment remains with previous home, which is hard to overcome.

No, I'm not pretending that it's perfect, but I am, well I'm getting well adjusted. My adjustment has come slow but sure.

Adjustment to new home takes time.

Appendix D: Analysis of Themes from Selected Formulated Meanings

Dependence:

Lost sense of pride and independence when moving to assisted living
Illness or disability prevented ability to remain in independent housing

Adjustment and Adaptation:

Adjustment takes a significant amount of time
Moving from previous home forces adaptation

Socialization:

Staff is supportive and accommodating of individual needs
A home is made by people in it
Loneliness is kept at bay by having others around dealing with the same issues

Satisfaction:

Security in having services that are either currently needed or may be needed in the future
Ability to bring own furniture and belongings to new unit

Rules and Regulations:

Complicated financial regulations
Confusing requirements made transition to new home environment difficult

Memories of Previous Home and Family:

Memories tied to previous events/activities in independent housing
Social/neighborhood ties hard to lose
“Home” in reference to previous home, not assisted living apartment

Decision-Making:

Decision to move to assisted living often on behalf of children or other family members