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Voices on Relocation and Aging in Place in Very Old Age - A Complex and Ambivalent Matter

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### Abstract

**Purpose of the Study:** This cross-national qualitative study explores how very old people reflect upon relocation and aging in place. **Design and Methods:** Swedish and German data is utilized in this study. Eighty community-living participants, 80–89 years of age were interviewed with open-ended questions at home by trained interviewers. The interviews were analyzed by using conventional qualitative content analyses. **Results:** Reasoning about relocation or aging in place in very old age is a complex and ambivalent matter. A variety of reflections, emotions, and behaviors, for and against a move are revealed. Reasons to move reflect the urge to maintain independent, to stay in control and avoid loneliness. This is mainly expressed reactively. Reasons not to move reflect a strong attachment to the home and neighborhood. Moreover, reasons not to move reflect practical aspect such as economy and strain, as well as fear of losing continuity of habits and routines. **Implications:** There is a need for society to develop counseling systems to meet very old people's ambivalence and practical considerations to a move or not to move. Thus, the ambivalence to stay put or to relocate needs to further be explored from an applied perspective by also taking non-movers into account.

Keywords: Move, residential relocation, ENABLE-AGE, cross-national, housing options, qualitative research

## Introduction

Very old people's reasoning about where they want to grow old is an important issue which needs to be further investigated. To a large extent very old people live in ordinary housing, and to better address the housing option needs of this rapidly increasing age group, we now raise the question: In what way is relocating to another home part of the reasoning on home and health during the process of aging? By listening to the voices of very old people who live alone in ordinary housing in two European countries, we want to increase our understanding of the decision-making process about aging in place and relocation. This process includes mixed feelings and negotiations about personal health and housing aspects (Sim, Liddle, Bernard, Scharf, & Bartlam, 2012), and the process takes place over a long period of time throughout the aging process (Nygren & Iwarsson, 2009). Even though the home is known to be very important and strongly linked to autonomy and independence, the target population for our study is known to be vulnerable and thus likely to consider a move (Chapman, 2006; Haak, Fänge, Iwarsson, & Dahlin-Ivanoff, 2007; Wahl, Fänge, Oswald, Gitlin, & Iwarsson, 2009). Studies that address very old people's decision-making process about relocation versus aging in place capturing a variety of personal and environmental aspects of relocation are still rare (for an overview see Oswald, & Rowles, 2007). With very old people representing a larger proportion of the global population and with an increasing proportion living in ordinary housing into very old age, studies are needed to address everyday environments as important arenas for activity and participation, and they need to also include processes related to moving and adjusting to a new home (Golant, 2011a; Wahl, Iwarsson, & Oswald, 2012; Walker, 2011). To improve our knowledge base and to support societal planning for very old people, we need to develop a deeper understanding of the

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complexity of the topic ‘where to grow old’ and of the dynamics underlying a person’s decision to relocate.

Given the complex processes involved, relocation is known to be a stressful major life event (Sergeant, Ekerdt, & Chapin, 2008). Causes, processes, and consequences of relocation have been examined theoretically as well as empirically, and many studies have targeted these perspectives (see for example, Bradley, Longino, Stoller, & Haas, 2008; Golant, 2011b; Oswald, Schilling, Wahl, & Gäng, 2002). Reasons to move during aging differ between young old and very old and between single-living people and cohabitating people (Longino & Bradley, 2006). Results from relocation studies in Europe show that younger people mainly move for family and social reasons, and good health might also trigger relocation (Oswald, et al., 2002; Tyvimaa & Kemp, 2011). Also found, in Europe as well as globally, young old choose to relocate because they want a smaller, more convenient and accessible dwelling (Golant, 2011b; Hansen & Gottschalk, 2007) ; because they want to live closer to services and social contacts; or due to economic reasons (Abramsson & Niedomysl, 2008; Saito, Lee, & Kai, 2007). For very old people (aged 80+) decline in health plays an important role or is more obvious as a predictor in making the decision to relocate or to age in place (Oswald & Rowles, 2007; Stoeckel & Porell, 2009). This is also exemplified in two Swedish studies where increased dependence in activities of daily living (ADL) predicted relocation to institutional settings (Hallberg & Lagergren, 2009), especially among cohabiting very old people, as were cognitive deficits, worrying and feeling unsafe (Larsson, Thorslund, & Kåreholt, 2006). Recently, Bekhet and co-authors (2009) found that reasons to move into retirement communities in the U. S. reflected push factors such as failing health as well as attracting pull factors such as social aspects, security and familiarity of

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the facility. Even though research addressing the relocation process has been extensively examined and has gained increased interest during the last decade, we still have limited knowledge about how single living very old people of today face new housing options and reason about the multifaceted issue about aging in place and relocation.

When addressing the impact of people's current beliefs on future behaviors (i.e. moving), there is a need to take into account that there is a gap between what we aim to do and what we will do because the decision making is complex in many aspects of life (Ajzen, 1985; Ajzen & Fishbein, 1977; Golant, 2011a; Wiseman, 1980). In one of the few studies published that focuses on hypothetical questions about relocation, 333 older Americans (mean age 71.6) were asked if they were considering a move, and the main reasons for deciding to move were personal illness or the death/illness of their spouse (Erickson, Krout, Ewen, & Robison, 2006). Even though the proportions of very old people living in institution-like settings differ between countries, they constitute only a small percentage of the age group: e.g. 12% in Germany and 14% in Sweden (Bundesamt, 2011; Engstler & Menning, 2003; National Board of Health and Welfare, 2012). The corresponding figures for those 85+ in the U. S. are 12% living in institution-like settings and 7% in senior housing (Lipman, Lubell, & Salomon, 2012). In this study, the terms relocation and move will be used interchangeably and will refer to short-distance residential moves; the terms stay put and age in place will also be used interchangeably and will refer to continuing to live in the same place as before.

To sum up, previous research on relocation versus staying put in old age has often focused on causes and processes and is not conclusive. The overall relocation process and moderating aspects that are potentially important for relocation have gained an increased interest only during

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the latest decade. Aging in place and relocation needs to be further elaborated because it is a complex topic of age-related subjective considerations in the everyday lives of older people, and it is particularly important among very old people living alone in private housing or those who consider relocation when facing changes in health and disability (Oswald & Wahl, 2004; Sergeant, et al., 2008; Stoeckel & Porell, 2009). Thus in the context of a larger European study of home and health (Iwarsson et al., 2007), the objective of this study was to explore how very old community-living people reason about aging in place and relocation in very old age.

## **Method**

### **Project Context**

Data from the Swedish and German national samples of the European ENABLE-AGE Project (Iwarsson et al., 2005) were used. The main aim of the ENABLE-AGE Project was to examine the home environment as a determinant of autonomy, participation and well-being among very old people (N = 1,918) who were living in single-person households in urban areas in five countries. Quantitative and qualitative data were collected. Further details on study design, methods, and data collection procedures are described in depth elsewhere (see for example Iwarsson, et al., 2005; Iwarsson, et al., 2007; Nygren et al., 2007; Oswald et al., 2007).

For the qualitative ENABLE-AGE In-depth Study, conducted in 2002–2003, purposeful sampling was conducted comprising a subsample of 40 participants in each national sample. The overall purpose of the qualitative interviews was to examine the meaning of home and housing and health (see for example Fange & Ivanoff, 2009; Haak, et al., 2007), which provided the data for the present study. Together with the richness of data we had at hand, the rationale for performing a secondary analysis of interview data according to Stewart (1993), was the overlap



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between meaning of home and relocation, since thoughts about different housing options and relocation often appear when discussing meaning of home (Erickson, et al., 2006; Fange & Ivanoff, 2009). Moreover, the fact that it was possible to involve three of the interviewers from the data collection of original data, already familiar with data also in this study, further supported the opportunity.

Ethical guidelines in each participating country were followed. Once the participants were enrolled in the ENABLE-AGE Project, written informed consent was obtained and data were treated with confidentiality.

### **Sample**

In the Swedish and German ENABLE-AGE In-depth Study samples, all 80 participants (Sweden = 17 men and 23 women; Germany = 14 men and 26 women) were 80–89 years of age (median = 85 years). Based on baseline information from the ENABLE-AGE Survey Study database (Iwarsson, et al., 2007), diversity in the sample (Patton, 2002) in terms of sex, age, type of dwelling and self-rated health was met. Furthermore, diversity in terms of dependence on another person in ADL (Sonn & Asberg, 1991), the magnitude of accessibility problems in the home (Iwarsson & Slaug, 2001) and engagement in leisure activities was also attained. Thus, the sample was very old people who had a variety of experiences and lived in two different countries in Europe. They all lived in their own homes and had in a sense accumulated experiences of aging in place. Some of the participants had recently moved, which gave them current experience of relocation. Both national samples included participants who had experienced one or more moves over the lifespan and those who had lived in the same dwelling for very long.

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## **Procedure**

During 2002-2003, interviews were conducted at home by an interviewer that underwent project-specific training. The interviews lasted 40–80 minutes and were transcribed verbatim. Open-ended questions were used, and to encourage free narration, modifications were made to the questions during the interviews. Data relevant for the current study emerged when participants were encouraged to reflect on questions such as: “Thinking back to the places you have lived in, which do you think felt like home to you and why do you think that is?”, and “What makes a house a home for you? Has this changed as you’ve grown older?”.

## **Analysis**

The interviews from the two countries were analyzed with conventional qualitative content analyses (Hseih & Shannon, 2005; Krippendorff, 2004). The software ATLAS.ti (version 6.2.2) was utilized to keep the transcripts and quotes in the respective native language during the whole analysis process and to share each step of interpretation among the first (CL), third (IH), and last (MH) authors in a valid way. In addition, regular face-to-face meetings, email correspondence, and telephone meetings took place between the authors during the analysis process.

The analysis was performed as an iterative process, and treated all 80 interviews as one sample. To obtain a general sense of the whole and to become familiar with data, CL, IH and MH each read the transcripts several times in their respective native language. After this initial naive reading, half of the interviews (20 in each national sample) were read again and analyzed by the Swedish (CL, MH) and German (IH) authors in their respective native language. This resulted in a preliminary joint English code list which included for example codes concerning environmental

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changes, turning points in life, emotions and autonomy. Thereafter, codes and their contents were discussed, clarified, and agreed upon, and guidelines for cross-national coding were developed in parallel with an extended joint code list. This process was carried out regularly during the analyses to ensure that fluid descriptions were given to the meaning of the codes. In the next step, another 10 interviews from each national sample were incorporated into the analyses and coded as described above. Once all the interviews had been incorporated, a face-to-face analyzing session took place, and the code list was discussed, further developed, and optimized. In this part of the analysis process, codes related to reflections, emotions, practical considerations, and strategies were added. The final agreed upon code list was then validated against the final 10 interviews available in the respective national samples. The codes were linked and sorted into categories based on interpretations of underlying meanings. Finally, the second (MG), fourth (SI) and fifth (FO) authors (not previously involved in the analysis process) validated the categories and underlying quotes, as recommended by Lincoln and Guba (1985).

The authors represented different disciplines and experiences: one senior researcher (SI) was the principle investigator of the ENABLE-AGE Project, and had accomplished 10 of the original interviews in the Swedish sample, the other senior researcher (FO) was part of the ENABLE-AGE Project consortium and the German research team, and the junior scientist (MG) represented an outsider's perspective, however experienced in relocation research. Finally, CL and MH optimized the analyses, resulting in the final version of the findings.

### **Findings**

A variety of reflections (thinking), emotions (feeling), and behaviors are described. They involve different types of processes, are both in favor of and against a move, and are illustrated by quotes from the interviews. Three contextual categories emerged: relocation as a likely outcome causing ambivalent reflections and emotions, relocation not seen as an option at all, and practicalities as a means to stay in place but also to prepare for relocation.

Ambivalent reflections and emotions are seen foremost in the category relocation as a likely outcome but are also seen to some extent in the other two categories. Reflections on moving and staying put are permeated with the desire to maintain independence and to avoid loneliness. This is mainly expressed reactively particularly when health decline or loneliness becomes too hard to cope with. Reasons not to move reflect strong attachment to the home and to the neighborhood, and they include processes of social, physical, and emotional bonding to the environment. Moreover, reasons not to move reflect practical aspect such as economic and health-related strain as well as fear of losing continuity with familiar habits and routines.

A realistic, accepting, but mostly hypothetical way of reasoning is revealed in the category reflecting relocation as a likely occurrence that causes ambivalent feelings. While the reluctant and avoiding attitude, also with emotional worries and fears, appear in the category of relocation not seen as an opinion. Actual behaviors are described in terms of practical hands-on behaviors, both to be able to stay at home and to plan for a move. That is to say that sometimes hypothetical reasons and ambivalent emotions to some extent mirror the gap between attitudes and thoughts and actual behaviors in the process of decision making on moving or staying put.

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### **Relocation - a Likely Outcome Causing Ambivalent Reflections and Emotions**

The participants were aware of the fact that they should perhaps move even though they expressed ambivalence and did not really want to move. Thus, being realistic about different circumstances in the social situation, they reflected upon different reasons for relocation such as increased loneliness due to friends and family members passing away, not having the same social network anymore, death of a partner, or increasing environmental pressure. Though at the same time, they worried about not being able to bring meaningful objects and inherited furniture or not feeling comfortable in a smaller home. Reflecting such ambivalence and hesitation, one of the Swedish women, who long ago had placed herself in line for an apartment situated in a nice area for older people, was still far from convinced about the move she was considering, *“I don’t know; I’ve been a little hesitant lately about whether I should try to get a smaller flat. This place is too big, with six rooms and a kitchen ... I have to realize that it will be harder and harder to cope.”*

More personal aspects of this category demonstrate increased loneliness and striving for independence as potential reasons for a move, even if still ambivalent, *“I feel lonely, and that is why I think I should move, but I don’t want to really.”* In contrast, the ‘opposite’ circumstance of finding a new partner to live with could lead to a move, as stated by one participant, *“If I find a new partner, someone who is suitable, then I would move, since it is very hard for me to be alone.”*

Another facet reflected upon was that the participants felt that because of their high age, they were almost forced to move due to increased pressure from others. Still, they felt ambivalent as they wished to really stay put. Even though the participants were well aware of their increased vulnerability, maintaining important life roles was mentioned as one a reason to age in place or at

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least to postpone the ambivalent decision about whether to move or not, *“Yes, I have also hesitated to (move). Will I get a small two-room flat in an old-people's home, but how would I take care of my grandchildren then? ... All that noise and uproar, the screaming and shouting they can make. Here they can make trouble how much they like and a here is also a garden in which they can play in... But then, on the other hand, I am getting older, it is my 81st birthday in a fortnight. So I'm not so young anymore.”*

Difficulties in everyday life that emerged gradually along the course of aging were easier to accept and cope with than suffering from a chronic disease. Major changes in health conditions that caused major changes to everyday life were commonly expressed and reflected upon as a prominent reason for relocation, yet they were expressed with definite self-distance in a hypothetical way. For example, having a stroke or dementia were unambiguously considered to make it impossible to continue living an independent life at home. If such a condition would occur, then a move was considered to be inevitable, *“No, if I get worse and worse and get dementia – then I won't want to live by myself at home.”* Or expressed as, *“It is possible that I will get into this situation. For example, if I get dementia, then it is just inevitable that I will need to be looked after and I will have to go to a nursing home or similar. You cannot leave someone who is not able to help themselves in a flat that really doesn't work. But this would only happen if I was not sane anymore. This is a critical crossroads for me right now.”*

### **Relocation - Not Seen As an Option at All**

The participants had a strong desire to continue with daily life the way it always had been; to stay put and age in place. Some participants gave reluctant statements such as a move would be too burdensome or expensive, which comprised reasons to hesitate or postpone a decision.

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*“Actually, I would [move]... if it was not such hard work and so expensive to move ... I would do it. It is too big here ... I do not need such a big flat for one person.”* Strong emotional attachment to home or not believing that they could cope or feel at home anywhere else, were also strongly emphasized, *“I like it here in this flat, and, no, the thought of moving now (laughing), never. Never in my life, I am too old for that.”*

The participants felt very well off living in their neighborhoods, having their social lives, being close to family and friends, and having a dwelling that was properly and nicely equipped (including natural light, a lift, a garden or a public outside area, etc.). Due to these reasons participants postponed the relocation decision and they consistently thought they could manage at home a little bit longer. Some of them spoke strongly against a move but without much nuance and perception that a move would actually happen, as expressed by one man, *“If I had to move from here? Well that would be my end. I wouldn’t know what to do then. That would be the end of my life. I absolutely can’t imagine moving.”*

Even though some of the participants expressed that they had moved several times earlier in life, the thought of moving now was very burdensome due to all of the practical arrangements that come with a move. The following quote exemplifies how belongings were intermingled with the meaning of home making it practically impossible to consider a move, *“Over the years we have gathered so many things. My husband and I have a lot of antiques and, on top of that, my husband collected books. So I am still here because a) I cannot clear things out due to sentimental reasons and b) I cannot sort things out due to practical reasons, since it is absolutely impossible [...], how can I, 81 years old, clear this library of 10,000 volumes that is spread around the whole house?”*

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In general, the participants felt afraid of not being able to continue with their daily habits and routines if they moved because that was a way for them to manage the challenges of everyday life. In particular, a move to a nursing home was expressed as the final frontier and constituted negative and distressing thoughts that evoked strong feelings, *“I definitely want to stay alone as long as possible. I do not want to go into a nursing home – that is something I absolutely can’t imagine. I cannot imagine living here today and tomorrow being in a nursing home.”*

The participants feared that they would lose their autonomy in terms of freedom and privacy if they moved to a nursing home: not having a room of their own, not being able to decide for themselves, or not receive visitors the way they were used to. Participants believe that all nursing home residents were very ill with multiple functional limitations. Such environments were not perceived as a stimulating, attractive, or desirable, *“Moving to a home or similar, yes? No, I don’t want that. No, No. As long as I have the strength, as long as these legs will carry me I will stay here ... I have been down there [at the nursing home] and looked and up on north when mother staid there, and I thought uhhh, that is the final frontier...it is also because those moving there will not come from there alive.”*



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### **Practicalities as Means to Stay in Place but Also to Prepare for Relocation**

In order to stay in control, the participants described how they had developed constructive, hands-on practicalities, to manage daily life at home and thus stay in place but to also be prepared for a move. Moreover, they voiced strategies to avoid making decisions about moving or not moving.

Some of the participants described how they planned their daily lives in order to stay in place by accepting and appreciating the help that was offered by the social services. Another way some participants managed to stay in place and keep control was by hiring help or engaging family and friends with household chores such as food shopping, window cleaning, household cleaning, and gardening. One woman stated somewhat ambivalently about whether to stay or not, *“Sometimes I think it is a little lonely in the house, but at the same time, the garden and house, well, they provide me with a little therapy, because I feel I can cope with a lot and do a lot myself. There is a man who comes round to help me cut the grass, because it’s pretty heavy work. But then, I have my dear brothers here in town as well who come and help me out.”*

Practicalities in order to prepare for a move were also voiced. To reduce the burden on their children or to maintain independence and control, they started reducing their number of belongings; a few participants also expressed how they prepared, step-by-step, for a probable move in the future, *“For sure, I still have a lot of furniture and belongings that I now give away to people, piece by piece. I am currently planning to donate my library, which I collected throughout my apprenticeship and my professional life, to a good cause.”*

Another strategy used to avoid practical planning and decision making and to stay put as long as possible was to give somebody else (e.g. a close family member) the responsibility for

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making the decision about when it was time to move, *“That is of course so, should I become worse, then I would move to a nursing home, that is obvious. That is up to my children to decide”*.

### **Discussion**

Based on extensive data collected from in-depth interviews with 80 very old people in two European countries, the findings of this study illustrate how very old people reason about relocation or staying put, and manifold reflections, feelings, and behavioral strategies were expressed. Through the voices of very old people, the findings add to the knowledge about how very old people reason about their housing situation, and the results indicate that thoughts of relocation are an important issue for very old people and involve diverse, complex, and ambivalent matters. In-depth knowledge about reasons to move or stay put provides a first step to develop interventions directed to very old people’s concerns and decision-making about relocating or staying put.

In accordance with others (Golant, 2011b), this study shows that most very old people want to age and remain in place. A strive for autonomy and privacy and attempts to avoid loneliness were expressed, and worries about a future move were raised. The findings highlighted that very old people use practical strategies to stay in control in everyday life whether or not they were considering a move. While this study did not aim to make any cross-national comparisons, it should be noted that the reflections of very old people in Sweden and Germany seem similar, pointing to the universality of this kind of process. Still, much more knowledge on the similarities and differences among very old people who live in different countries is needed. This study highlights the importance for a preventive approach when handling the living situation of very old people in supporting and counseling in respect to relocation issues.

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Turning to theoretical perspectives, there is a need to use the views of several theories to better understand the complexity of relocation and staying put in old age (Oswald & Rowles, 2007). Although our study does not explicitly contribute to theory development, the findings do mirror existing theories. For example, our study shows that there is a need for going deeper into the ambivalence about relocating for very old people elucidating the importance of striving for stability and normalcy in old age as proposed by Golant (2011a). When growing old, according to Golant, the wish to gain normalcy and stability is so strong that we constantly use coping skills in everyday life, either mind or action strategies, to be able to fulfill goals and needs in the residential environment. Since moving is one of the most prominent and strenuous coping strategies for older people, residential relocation will not be voluntarily initiated until residential normalcy is not met by the present living situation and moving is seen as a viable option. By moving, overall residential comfort and/or mastery should be enhanced and not seen as overwhelmingly stressful. To some extent, this is also reflected in our findings, where feelings of reluctance, worries, fears and dealing with practicalities mirror these conditions. Moreover, the ambivalence seen and the tendency to postpone and/or avoid making a decision to relocate could be interpreted as several of our participants were close to meeting the conditions mentioned by Golant. This was also described in a Swedish study (Westlund & Persson, 2007) that reported how older people gradually accept their decrease in capacity and increase in dependence, which results in a constant postponement of the decision on when to move; a 'transfer of the horizon'. In addition, the ambivalence mirrored in the decision-making process in our study is in line with the findings by Söderberg (Söderberg, Ståhl & Melin Emilsson, 2012), stating that old people tend to go back and forth between whether to move to a residential home or not, struggling with justifying the decision. That is to say, when reflecting upon relocation or not, very old people

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seem to move between these two approaches. In order to deepen our knowledge base and contribute to the development of theory in this field of research, we also need to take into account those who have not yet moved, because thoughts and reflections are certainly present with or without the actual experience of a move.

Many factors impact on relocation in very old age such as balancing independence, negotiating with others, and the social situation, as suggested in different studies (Nygren & Iwarsson, 2009; Stoeckel & Porell, 2009). Our findings reveal awareness of the process of aging were reflections on the relationship between their own capacity, environmental demands, and personal preferences occurred frequently in our data, which is also described in several theoretical models (Kahana, 1982; Lawton, 1982). As shown by our findings, a move is clearly reflected upon as a way to decrease environmental press but also to maintain or increase autonomy and control over everyday life. There are other reasons to move in old age besides individual health and functioning: beliefs and attitudes, the physical environment of the home, and social pressure. These reasons are described as interactive and might also be cumulative (Sergeant & Ekerdt, 2008). Our findings also touch upon the same reasons. Our findings also suggest that very old people are likely to relocate for reactive reasons such as decreased health or major changes in life in contrast to proactive behavior. This is similar to the findings of Pope & Kang (2010); older adults are much more likely to relocate for reactive reasons, such as a crisis or a stressful event in life, rather than plan for their residential relocation in advance.

In our study, very old people reflect upon relocation as well as staying in place when considering managing everyday life in the home. This corresponds with a previous study by Cutchin (2001), who argued that since the perception of remaining in place and the decision-

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making process regarding relocation are intricately linked, the decision to move should never be treated as an isolated event. In contrast, it is part of the older person's life history and attachment to their home. The findings also reveal stereotyped images about what it is like to live in special housing, in particular in nursing-home like settings. This stigmatizing view makes it hard to even think about such a move, and it is thus rarely seen as an option. These negative understandings might be a reflection of the debate in Swedish media at the time of the interviews, where quality problems in special housing facilities were frequently discussed. Also the ongoing societal debate within Europe at large highlights the need for more diverse housing options with different levels of care similar to, for example, American Continuing Care Retirement Communities (CCRC) (Leith, 2006). Our findings support the need for 'in-between-housing', which could make the move towards more suitable housing, with the possibility of receiving care and support, a minor step rather than such a dramatic step.

We made use of data from a larger study on home and health for a secondary analysis from a different angle than originally planned (Van den Berg, 2005). Such an approach comes with challenges, but the fact that several of the authors had been involved in the original data collection and analyses is considered an asset and strength, since they were well acquainted with data and questions that not had been addressed in prior research (Stewart, 1993). Many aspects of relocation were found in the comprehensive dataset from two national samples. We had an unusually large sample for a qualitative study with very old people, which adds to a deeper understanding of the phenomena under study.

Language differences in qualitative analyses are known to be a challenge (Van Ness, Abma, Jonsson, & Deeg, 2010), but by using the Atlas.ti software, it was possible to use the large

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amount of data, transcribed in two different languages, in a valid way. Most importantly, using the software made it possible to stay in the native languages long into the analysis process and made it feasible to develop and discuss a joint code list. Codes and categories were validated in the two languages, respectively, and the translation into English was not performed until after these discussions, which was considered an important advantage and to some extent helped to overcome language differences and the risk to lose nuances in translation. The specific approach developed for this study could be seen as contributing to the arsenal of methods on cross-national research. Studies that make use of different methodological approaches in different national contexts are certainly needed in order to deepen the understanding and further the theoretical development on relocation in very old age. Most importantly, it should be kept in mind that data for this study was collected ten years ago. Longitudinal studies in this field of inquiry are certainly needed, and since we do have access to such data, it is certainly our ambition to proceed to take on a longitudinal perspective about questions on relocation.

In conclusion, the findings highlight the need to further explore the area of relocation, taking groups of aging people with different needs and experiences into account and focusing on the ambivalence to a move or not to move as reflected by very old people. There is a need for society not only to develop counseling systems to help deal with very old people's ambivalence, fears, worries, and practical considerations about the future in their decision making process, but also to provide in-between housing options as alternatives prior to being admitted to a nursing-home like setting.

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