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# **Residential Normalcy and Environmental Experiences of Very Old People: Changes in Residential Reasoning over Time**

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## ***Abstract***

The decision to relocate in old age is intricately linked to thoughts and desires to stay put. However, most research focuses either on strategies that allow people to age in place or on their reasons for relocation. There is a need for more knowledge on very old peoples' residential reasoning, including thoughts about aging in place and thoughts about relocation as one intertwined process evolving in everyday life. The aim of this study was to explore what we refer to as the process of residential reasoning and how it changes over time among very old people, and to contribute to the theoretical development regarding aging in place and relocation. Taking a longitudinal perspective, data stem from the ENABLE-AGE In-depth Study, with interviews conducted in 2003 followed up in interviews in 2011. The 16 participants of the present study were 80-89 years at the time of the first interview. During analysis the Theoretical Model of Residential Normalcy by Golant and the Life Course Model of Environmental Experience by Rowles & Watkins were used as sensitizing concepts. The findings revealed changes in the process of residential reasoning that related to a wide variety of issues. Such issues included the way very old people use their environmental experience, their striving to build upon or dismiss attachment to place, and their attempts to maintain or regain residential normalcy during years of declining health and loss of independence. In addition, the changes in reasoning were related to end-of-life issues. The findings contribute to the theoretical discussion on aging in place, relocation as a coping strategy, and reattachment after moving in very old age.

## ***Keywords***

Relocation, Aging-in-place, Housing, Longitudinal, Sensitizing Concepts, ENABLE-AGE

## ***Introduction***

The decision to relocate is intricately linked with thoughts and desires to remain in the home as long as possible when aging (Cutchin, 2001; Löfqvist et al., 2013). However, the topics of relocation and aging in place are far too often treated separately (Wiles, Leibing, Guberman, Reeve, & Allen, 2011). Older people who are at the moment aging in place might have experience from several previous moves and some older people might in fact have decided to move into their current dwelling in order to be able to age in place. More profound knowledge on how older people reason regarding their living arrangements when balancing goals and desires in everyday life with increasing health decline as they age, is needed. To gain greater understanding of such issues, we conducted an empirical study of changes in the processes of reasoning of older people concerning relocation and aging in place.

The fact that most people want to age in place has received much interest among policy makers and researchers. This interest is reflected in the increasing number of scholarly articles on the topic (Vasunilashorn, Steinman, Liebig, & Pynoos, 2012). According to the same authors, a strong focus has been placed on the need for support and care systems that make it possible for older people to remain in the home despite decline in health. The existing literature on relocation in old age deals with decision-making, reasons for moving, and the process of the actual move (Oswald & Rowles, 2007; Oswald, Schilling, Wahl, & Gäng, 2002). Declining health and the need for assistance for oneself or a spouse are common reasons for moving (see Cheek, Ballantyne, Byers, & Quan, 2006; Erickson, Krout, Ewen, & Robinson, 2006; Sergeant & Ekerdt, 2008), and relocation in old age is considered as a major life event (Sergeant, Ekerdt, & Chapin, 2008). The process that precedes the decision to

move can be extended over a long period of time (Nygren & Iwarsson, 2009; Young, 1998). It is associated with ambivalent thoughts and emotions and perceived as an ambiguous matter (Löfqvist et al., 2013). To age in place can as well be seen as a process where the older individual constantly adjusts to declining health and other age-related changes to be able to stay put in the home (Oswald, Jopp, Rott, & Wahl, 2011; Wiles et al., 2011). However, despite the considerable number of studies on relocation and aging in place, empirically grounded studies regarding the intertwined, evolving process on where to grow old, in this paper referred to as residential reasoning, are scarce. Introducing the term residential reasoning, we intend to deepen the knowledge on how older people reason about relocation in relation to aging in place. Residential reasoning is a changing process that covers both decision-making and adjustment by applying a life course perspective and an ecological perspective. That is, previous life experiences as well as present experiences gained when the aging individual interacts with the home environment forms each individuals process of residential reasoning.

## **Theoretical Framework**

The relationship and congruence between the aging individual and the physical and social environment is the core of environmental gerontology. In this field there has been an increased emphasis on the meaningful content of person-environment transactions, which has in turn brought greater focus to terms as place and home (Diaz Moore & Ekerdt, 2011; Oswald & Wahl, 2013). Place can be defined as “the psychological, social and architectural attributes of settings that contribute to how place is experienced by individuals or groups” (Scheidt & Windley 2006, p. 122). In this study, we want to relate theories from the field of environmental gerontology to the process of residential reasoning of older people. The

process perspective on residential reasoning can be found in theories, put forward by scholars in environmental gerontology. One such theory is the Theoretical Model of Residential Normalcy<sup>1</sup> (Golant, 2011; 2012). It highlights, that the decisions of older people to age in place or move can be linked to the subjective assessments of their residential settings and the strategies they use to cope with their unmet needs and goals. Another example of the process perspective is the Life Course Model of Environmental Experience<sup>2</sup> (Rowles & Watkins, 2003), which focuses on the reattachment process after a move. Both models take into account the present living situation as well as the accumulated experiences throughout the life course. That is, both models take a process- or life course perspective. The Model of Residential Normalcy and the Model of Environmental Experience have to the best of our knowledge not yet been applied in empirical studies.

According to Golant (2011), older people have residential normalcy when they live in residential environments that are congruent with their needs and goals, i.e., when they are in their comfort and mastery zones. In the residential comfort zone, people experience pleasurable, hassle-free and memorable feelings about where they live, and when in the residential mastery zone, they occupy places where they feel generally competent and in control. Since competence and control are potentially contradictory, each individual makes an overall judgment regarding the experience of environmental mastery in his/her present situation. Undesirable changes relating to, for example, health, social network or physical environment issues can lead to a new and unfavorable interpretation of the situation, and people might find themselves out of their comfort and mastery zones. In such situations, people tend to initiate accommodative (mind strategies) and/or assimilative (action strategies)

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<sup>1</sup> In the rest of the paper the model will be referred to as the Model of Residential Normalcy.

<sup>2</sup> In the rest of the paper the model will be referred to as the Model of Environmental Experience.

forms of coping to regain residential normalcy. According to this model, a move is the most strenuous coping strategy and will only be used voluntarily when four conditions are met; a) other adaptive efforts have not been sufficient to regain residential normalcy; b) moving is considered a feasible option; c) the individual believes that the move will improve their residential experiences; d) the individual does not perceive the actual move as too strenuous.

In the Model of Environmental Experience, two core concepts space and place describe the manner in which people attach to a new living environment. A space transforms into a place when the individual using it feels attached to it and it is loaded with meaning. Home is a specific type of place (Rowles, 1987). According to Rowles & Watkins (2003), being in place in a living environment, is a state characterized by feeling comfortable and at home in an environment which has a physical intimacy and social meaning. The sense of being in place is shaped by the autobiographical component, i.e., the individuals' unique life-story. Each move to a new setting or adjustment to change in the current dwelling involves a process of transforming the newly reconfigured space into a place. This transformation is accomplished by transferring past environmental experiences to the new space, integrating former experiences into the new circumstances and redefining one's own individual view of being in place. According to this model, making spaces into places is a skill that evolves over the life course where history, habits, heart and hearth are interwoven elements. People with little or bad experience of transforming spaces into places develop poor place-making skills and might not be able to attach to a new dwelling after a move. Such experiences thus have a negative influence on the individual's well-being.

Theories such as those above can be linked to empirical data by using them as sensitizing concepts. A sensitizing concept is an idea, theory or concept deriving from a literature review

that gives guidance in approaching data (Thornberg, 2012). Sensitizing concepts can enhance sensitivity to nuances in the data and stimulate questions during the analysis process. These concepts can help the researcher to make constant comparisons between the data and the literature and thus to elaborate, revise or criticize pre-existing knowledge and extant theories (Corbin & Strauss, 2008; Thornberg, 2012). Even though using sensitizing concepts might direct the attention away from possibly relevant aspects of the data (Bowen, 2006), this approach enables the cumulative generation of knowledge, which pure inductive methods sometimes are criticized for not being able to accomplish (Bryant, 2009; Thornberg, 2012).

Utilizing the Model of Residential Normalcy (Golant, 2011) and the Model of Environmental Experience (Rowles & Watkins, 2003) as sensitizing concepts, the aim of this study was to explore the process of residential reasoning and how it changes over time among very old people. An additional aim was to discuss the implications of applying the models in empirical studies and in this way to contribute to the theoretical discussion on aging in place and relocation.

## ***Method***

This study is an extension of the Swedish and German part of the ENABLE-AGE In-depth Study (N=80), the qualitative section of the ENABLE-AGE Project. The overarching aim of the project was to explore home and health relationships for those of very old age (Iwarsson et al., 2007). The present study applied a qualitative longitudinal design (Saldana, 2003), to analyze in-depth interviews carried out on two occasions, eight years apart.

## **Participants**



For the ENABLE-AGE In-depth Study, purposeful sampling was performed based on diversity in terms of perceived health, need of assistance in ADL and type of dwelling, information that was available from the ENABLE-AGE Project (for details see, Haak, Dahlin Ivanoff, Fänge, Sixsmith, & Iwarsson, 2007). Due to the inclusion criteria, at the time for the first interview of the ENABLE-AGE In-depth Study (in 2003) the participants were 80-89 years old and lived alone in ordinary housing in urban areas.

Eight years later (in 2011), 10 participants from the Swedish and 11 from the German national samples, that is, those who were still alive were contacted. Eight participants from each of these samples accepted to take part in an additional interview. At the time of the second interview, the participants were 89-97 years old, 11 women and five men. Two men were no longer living alone. Four participants had moved during the eight years; 13 participants lived in ordinary housing. Two German women had moved into skilled nursing facilities, and one Swedish woman had moved to an assisted living facility<sup>3</sup>. She was the only participant who did not move for explicit health- or need-of-assistance-related reasons. One Swedish man had moved into a one-family house next door to his daughter. Of the other 12 participants, a Swedish woman's application to a skilled nursing facility had been rejected and a German man had signed a contract with a skilled nursing facility which promised that there would be a room available when needed. Several participants had experiences of moving after the age of 65 (see Table 1).

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<sup>3</sup> Housing options for older people varies between countries and goes under different names. In order to minimize confusion a simplification has been made throughout the paper. In *assisted living facilities* less health care and/or social services are provided than in *skilled nursing facilities*. Both options are funded by taxes/mandatory insurance (Sweden/Germany) and are provided by the community after an approved individual needs assessment.

--Table 1 in about here --

### **Ethical Considerations**

For the respective national data collection, the ENABLE-AGE In-depth Study was formally approved by the local Ethics Committee at Lund University (LU 842, 2002), Sweden, and by the Data Protection Officer from the Federal State of Baden-Wuerttemberg, Germany.

Following the ethical guidelines of each country, informed written consent was obtained at both interviews, anonymity was assured, and the participants were informed that they could withdraw from the interviews at any time. The data were treated with confidentiality.

### **Data Collection**

The original ENABLE-AGE In-depth Study was conducted using a project-specific thematic interview schedule focusing on the relationships between the core concepts of home, independence, participation, health and well-being (Haak, Dahlin Ivanoff, Fänge, Sixsmith, & Iwarsson, 2007). The interviews took place in the home of the participants. They were conducted by an interviewer who was part of a national team that had undergone project-specific training. The interview team included the second (IH), third/fourth (MH) and last author (SI). The interviews lasted 40–80 minutes, and were transcribed verbatim.

For the data collection in 2011, the co-authors of this paper (who represent both countries) were involved in the development of an interview schedule that was based upon the original interview. Since the first interview had generated rich data on relocation as well as on aging in place, only small changes were made. Specifically, prompting questions were added to each theme regarding perceived changes over the intervening 8-year period. The interview

schedule, developed in English, was translated into Swedish and German and adjusted by the interviewer in each country that is, first (MG) and second (IH) author. For the interviews of the Swedish participants in 2011, MG, a registered occupational therapist experienced in interviewing at home-visits in clinical work was carefully instructed about the data collection procedure by IH. The interviews were accomplished during home visits that lasted 30 to 70 minutes, and were afterwards transcribed verbatim.

### **Analysis Procedure**

The analyses were primarily performed by MG and IH, using regular sessions face-to-face, web conferences and telephone. Analysis sessions including all co-authors were held throughout the analysis process in order to enhance the validity of the analytic process and the emerging findings. The authors represented the disciplines of gerontology, occupational therapy, psychology and the educational sciences; all had expertise in aging research and qualitative methods.

A specific approach was developed for analysing interview data in two different languages, with English as the common language for communicating and reporting (Haak, Himmelsbach, Granbom, & Löfqvist, 2013). The transcripts were kept in the native languages during the analysis. However, in order to perform a joint analysis and treat the Swedish and German participants as one sample, the authors translated codes, and essential quotes into English as the analysis progressed. Translation was kept to a minimum to avoid to the extent possible the problems involved with translation of qualitative data since that poses a threat to the trustworthiness of the findings (Van Nes, Abma, Jonsson, & Deeg, 2010). To organize a large amount of data and memos and facilitate cross-national analyzes, the ATLAS.ti software was used.

In order to get familiar with the data, MG and IH read all 32 interviews generated from the 16 participants several times and noted their first impressions as memos. In an analysis session these first impressions were discussed. Subsequently, the Model of Residential Normalcy (Golant, 2011) and the Model of Environmental Experience (Rowles & Watkins, 2003) were used as sensitizing concepts. Even though the models originate from North America, they do not seem to be so contextually or culturally bound that it would not be meaningful to use them with data collected with very old people in Western European countries. Meetings with the authors of the two models and co-authors of this paper were then arranged, to discuss the definitions of the core concepts of the models in relation to the empirical data.

An analysis process based on pairwise analyses of cases was initiated, starting off with two of the participants; one whom had moved voluntarily and another who had moved involuntarily during the study period. Based on an overarching question (Corbin & Strauss, 2008) - “What home-related topics occur in the interviews?”, in-vivo-codes were identified. The sensitizing concepts were brought to the data by raising the questions “How does space become place (or not)?” and “How does striving for normalcy appear in the data?”. Two kinds of changes were focused upon in the longitudinal analysis (Saldana, 2003): a) When comparing the first and the second interview of each participant, we looked for changes in terms of differences or similarities in having or not having normalcy; b) When combining data from the first and second interview of each participant, we examined changes within the process of transforming spaces into places over the eight years. In this way, theoretical codes including longitudinal data were generated on a more abstract level.

Thereafter another pair of participants was selected. In this pair one participant was aging in place voluntarily and one seemed to be doing so involuntarily. Again, analyses were performed by using inductive and sensitizing questions as well as by making use of emerging findings and interpretations. In the third round of analysis, yet another two participants displaying contrasts regarding health conditions were selected and analysed as described above.

This pairwise analysis of the three pairs of participants resulted in rich and fluid descriptions of findings and interpretations. The content of findings, which reflected the process of residential reasoning as well as our insights about the theoretical models used, was compared and contrasted against data from the remaining 10 participants. This comparison allowed us to further elaborate on the findings. Finally, the main findings consisted of six different aspects. In order to present and illustrate the findings, five participants were selected.

## ***Findings***

Based on the examples of Margret, Anna, Carl, Beth and Edgar, we will describe some important aspects of changes in the process of residential reasoning. They will also provide a context in the second part of the findings to the theoretical discussion, on aging in place and relocation in relation to the two models used as sensitizing concepts.

### **The Process of Residential Reasoning**

#### **Making Use of Environmental Experience**

For most participants, the attachment to home was expressed as strong and seemed to grow even stronger with time. Over time it became more important that the home could be a place to keep memories and history, a place for remembering and enjoying the past. The participants who had experiences of moving previously described how attachment to the new home had developed by making use of their environmental experiences i.e., using their place-making skills, in a variety of ways. They brought belongings such as inherited furniture which had accompanied them through all previous homes, pictures and photographs, clothes, books and cherished plants. In this way attachment and bonding to one home was transferred to the other. Anna, a woman from Sweden, serves as an example of someone who had well-developed place-making skills which she made use of over time.

Anna had made three moves after the age of 70; the latest was made when she was 91 years old. First, she moved from the city to a small summer cottage by the sea where she lived for 10 years. Then she moved back to an apartment in town, and after another 10 years she moved to an assisted living facility close to a senior citizen center she had started to attend. Anna had never been married or had any children. She used to work night shifts at the national telephone company until her retirement at age 57. She perceived her health as good and lived an active life despite her advanced age. By the age of 95, she used a rollator when walking outdoors and had hired help to do the cleaning. Anna said in both interviews that life only got better when growing old. It seemed easy for her to settle in and get attached, or putting it differently: making space into place. Anna looked back at her previous homes with positive memories but did not regret her moves. The dwellings had been great places to live in, and they had all felt like home to her. Applying the Model of Environmental Experience enhanced our understanding of Anna's case, since she made good use of her environmental experience in order to make a new space into a place, or a home. Most prominent was how

she kept up her habits regardless of where she lived. The latest move to the assisted living facility made it possible for her to keep her habits of attending the different activities at the senior citizen center. According to Rowles and Watkins the use of habits is a necessary element in transforming space into place. It enables the process of using past environmental experience and integrating it in new circumstances. Despite the fact that Anna changed her environment by moving, her will to perform daily habits were strong and she did not change them much.

She described her home as somewhere safe that she wanted to keep private, a place that gave her comfort. That her home was the center of her habits, resembling “hearth” as expressed by Rowles & Watkins was evident when she explained what home meant to her:

*“Well, if you have been out and had fun and then come home and sit down and still enjoy it a little bit and if there have been setbacks, then you need to compose yourself and think it through. It is like that saying; like putting on a good cardigan or coat or something. And then you try to make it comfortable in order to enjoy it, especially because there are so many (people) who can’t enjoy being at home. But I do, and I always have done.” (2003)*

The very center of her home was an armchair which she mentioned several times in both interviews. It was an important object in many of her daily routines. She started every morning, took daily naps, watched television or listened to the radio in the chair.

*”... I get up and put my robe on and then I sit down over there and I get some coffee, I turn the radio on then I sit there and listen.” (2003)*

*... “That armchair over there is my little nest. My nest that I use in the mornings”. (2011)*

Being able to keep up what she was used to do despite the disruption of a move enabled her to attach quickly to a new environment, that is., to get into place.

### Not Being Able to Make Use of Environmental Experiences

Most participants expressed a strong wish not to move away from their home, an opinion expressed even more intensely over time. Contrary to the example of Anna, examples of difficulties with bonding to a new environment after moving were found. Making an involuntarily move and not being able to bring memories in terms of beloved things, or to keep up habits, resulted in that they felt a lack of familiarity and in what seemed to be a lack of attachment to their new home. Not being able to make use of place-making skills due to the lack of environmental experience is revealed in the example of Beth, a woman living in Germany.

Beth was born in 1922 and had lived alone since the death of her husband in 1991. At the first interview she was living in a large apartment where she lived for more than 45 years and with her husband had raised five children. She had not yet retired from her job as a physiotherapist and still received clients at the time of the first interview. At the age of 88 she suffered a hip fracture and reluctantly moved to a skilled nursing facility. Lack of former experience of relocation and of transforming spaces into places was not the only reason why Beth did not get into place after the move.

*"B: Well, the size of the room was the hardest here, in terms of getting used to living here...I am always bumping into everything and besides that there is the problem that you are not able to move so much in a wheelchair... currently I am, well also in my dreams, in prison and such things matter.  
I: And could you tell me what in this little room makes you feel at home?  
B: At home, no, the fact is that I HAVE to stay here until I die." (2011)*

Her former apartment had room for a large family, and while working as a physiotherapist, she received her clients at home. For her, the meaning of home was intermingled with her professional identity and autobiography including both tragedy and immense luck relating to



both her family and clients. For her, spaciousness and movability were preconditions for being in place, and closely linked to her identity as a mother and as a working woman.

At the time of the second interview, Beth had been living in her new environment for three years, and space there was limited to a minimum. She was not able to use her biographically learned place-making skills, and the new space did not seem to have been transformed into a place. Beth seemed “placeless”. Beth and her family decided to keep her former apartment (a rather uncommon thing to do in Germany), and that decision had a great impact also on other decisions, e.g., selecting an appropriate skilled nursing facility.

*“ And there was the question of which nursing home would come into account and there was this one, being the closest to my apartment and thus it was the most favorable to choose this nursing home. (.) Always with the intention, that I have contact with my apartment. (2011)*

She expressed strong attachment to what she still considered to be her home. She was longing for the few moments when she could visit the apartment. It was however only possible occasionally since she needed to be carried up the stairs.

*“When I managed to go up there, the first thing I have to do is to sit down and take a deep breath and then I go, well then my wheelchair is brought up as well and then I stroll throughout the apartment from room to room, that’s then (.), I stay in the living room then for a long time and just enjoy being in that room or I go with my walking aid to the kitchen and (...) and I just enjoy being there and looking out of the window and then seeing all that, but at the same time I know that after half an hour or hour I will have to leave again.” (2011)*

Keeping the idea of the old home as her place seemed to relieve her of taking on the struggle that is needed to get into place in the skilled nursing facility.

### Not Focusing on Environmental Experience; Attachment to a Home is not Wanted

In contrast to the strong attachment to place expressed by Beth, one participant objected to any place attachment and to the concept of home. He expressed the attitude, which might seem rather “atypical” for an older individual, that bonding to a home was not important. Edgar serves as an example of someone aiming at withdrawing attachment from material goods and preferring to “*live a simple life*”.

Edgar, a German man born in 1921, did not have an apartment of his own; instead he borrowed his partner’s apartment. At the beginning of their relationship, she had stayed in it as well on weekends, and later they lived together full time. Edgar never married and did not have any children. He had worked as a teacher until his retirement at 55. His economic and material resources were very limited. Edgar was restricted by many health problems and later on in life developed cancer. At the time for the second interview he had learned that he only had a few more months, and he was completely dependent on his partner for assistance. Edgar’s philosophy of life consisted in defining himself as a Good Samaritan living for others. For many years, his daily life had been focused on caring for his sister and a friend in a city 300 km away, which he still did in 2003. His experience in and opinions about caring for and helping older people and those in need did not help him take precautions for his own health or housing situation. Edgar elaborated on the concept of ‘being in place’ and ‘home’, and explained:

*“I want to stress that I believe it’s narrow minded, if people only judge as their home, what they are surrounded by within some meters, or only reduce themselves to objects around themselves that they have learned to like or define it only by people. (...) But in general, I think, one should strive for, for example in case of the aging individual, that love is not limited to the people surrounding him, one should try to achieve another dimension.” (2003)*

Even as his health status and everyday doings changed considerably over time (for example, no longer being able to care for others) his opinions about home and identity did not change. His few notions about home expressed a very functional view; he talked of space rather than of place:

*“I have lived very simply for a long time; ten years in an attic without a sink and it does not bother me to live in a cell without comfort. Today, of course, being aged I need some more; I need a bathing chair near me, because I have to get up at nights. (...) But... when I have enough to eat and a roof over my head that is very much for me”. (2011)*

No transformations from space to place could be detected in the example of Edgar. Our interpretation is that this lack of importance of place resulted in a kind of placeless identity (a different pattern from the case of Beth). In contradiction to the Model of Environmental Experience, Edgar stressed the notion that place should not be an issue. Instead, his philosophy of life was based on the importance of spiritual awareness and a holistic connection to the world and mankind in a more holistic way. Autobiographically, another explanation for his placelessness was given when he described more about his life as a young man.

*I: What did home mean to you throughout your life?*

*E: You know, I was expelled by the Nazis. (.) I had to leave Germany and (...) if you do not know where you should go and do not know if you will have a roof over your head, the mere thought and idea of a ‘living situation’, yes, that’s a bit, how shall I say; German (...) I rather belong to those kind of people who are affected by homelessness. (...) If you have become familiar with loneliness, you don’t long for a dwelling, it’s more the opposite. (2011)*

Due to a life full of insecurity regarding both his living situation and safety, it seemed as though previous spaces never had a chance to be transformed into places. According to Rowles and Watkins, people who never succeed in transforming spaces into places will live alienated from place and live in a placeless world. This might be the reason for Edgar’s unwillingness to give any importance to where he lived and the concept of home; not wanting

place could be a coping strategy for not being able to get into place. However, it does not do Edgar justice to dismiss as a coping strategy his statement that he did not want a place. Edgar's eloquently reported view of life supports the idea that people in certain contexts do not see home and place as important aspects of identity and life purpose. The Model of Environmental Experience which is based on a contrasting premise and thus focused on the relevance of place for one's identity, can be questioned with this example. Possibly, the definition of place made by Watkins and Rowles is not appropriate for describing an individual like Edgar.

#### Maintaining Residential Normalcy by Subconscious Adjustments

We found examples of participants both achieving and not achieving residential normalcy. A range of assimilative and accommodative strategies were used to cope with everyday hassles and to fulfil needs and goals; that is, to be able to stay in comfort and mastery zones. A commonly used assimilative strategy was the acceptance and use of help during activities related to the home and everyday life. Such assistance could include home care services from the community, paid help or help from friends and family. Help varied from assistance with medication or getting dressed in the morning to help with transportation to the city center. Accommodative strategies were also very common. One strategy was merely not wanting to do things that had once been appreciated. Participants supported such strategies with justifications such as that they appreciated being on their own and enjoyed their own company (attitudes which changed over time). Another strategy was to prioritize activities due to limited energy. Many coping strategies seemed to be chosen in a subconscious way, even the assimilative strategies. Gradually declining health and a constant striving to cope with everyday life and doings may have caused individuals to be unaware of the constant changes, as can be seen in the example below of Margret.

Margret was a German woman born in 1920. She was a widow and lived alone in an apartment in a multi-dwelling building of which she was the owner. She had lived there for 45 years with children and family close by. Margret had worked as an accountant and ran her own business. She had a few clients long after retirement age, but closed the business down when she turned 85. She lived an independent life, taking care of herself, her business and managing the building, a lifestyle reflecting both autonomy and determination. At the time of the second interview many external circumstances had changed in her life; she had closed her business and also needed help with some personal doings of everyday life. Margret was very explicit about not wanting to move and wanting to age in her home. At first, she described rather vaguely that she would be able to take precautions if needed in order to stay put. Later she described how she had discussed different scenarios with her daughter, regarding for example, how to deal with possible health problems or need for help. For her, the only reason that a move would seem unavoidable was if she were to begin to suffer from dementia. If burdened by other future health problems she had a solution for everything, such as installing an elevator or using an available room for nursing staff. Margret had not changed any physical features of the apartment during the eight year study period; however she had employed more people to help her with the building as well as with doings of everyday life.

Margret's perception of her own health had not changed at all over time. Nevertheless, she had been granted federal money for home care, had employed professional help for showering and making breakfast, and had changed from employing students as helpers in the household to relying on a more reliable neighbour. As she did not perceive any decline in her health, she did not interpret the situation as negative. Based on her descriptions of daily life

she seemed to have coped very well with losses and kept herself in her mastery zone by competently using assimilative strategies such as organizing help and being able to pay parts of it herself. By using accommodative strategies that neglected changes due to her declining health, she also remained in her comfort zone. Thus Margret was an example of how residential normalcy can be maintained by using a set of coping strategies accomplished in an almost subconscious process. In Margret's own words: nothing had actually changed. Will Margret be able to keep on aging in place in her apartment? According to Golant the model could have a prognostic value and predict whether an individual will age in place or move. At the moment we know that Margret will not move, but the future is unknown, as can be seen in the quote below from her second interview:

*M: But I have been offered by "HOME", my home care provider, that if I need someone, they also employ housekeeping personal, and they cook for people, let's say they come an hour to cook for two days and then freeze it, so that could be an [option]*

*I: [option]*

*M: Yes, if it doesn't work out at all anymore. I find it hard sometimes already (...) It's no longer the way it was. You always think it's still as in earlier times, (.) >> Laughing>> but it's not. (2011)*

Change is already knocking on the door. Cooking is becoming more difficult, but she already had a strategy at hand. Crucial in the example of Margret is whether she will continue to be able to transform her strategies into actions. Margret will probably age in place but not necessarily be in both her comfort and mastery zones, which according to Golant is necessary in order to have residential normalcy.

#### Moving did not Help: Trying to Regain Residential Normalcy

Along with increasing health problems, over the years concerns were expressed more persistently about the struggle to be able to stay put and manage to age in place. The

participants' reasons for not wanting to move correspond to the argument put forth by Golant. Namely, in order for older people to want to move, they must expect that a future move will enhance their overall residential comfort and mastery. For most participants, a future move was seen as a move to a skilled nursing facility (which was probably realistic). Most stated that they could not see how they would be better off there. They brought up reasons such as not wanting to move for economic reasons or because a move would be too burdensome, but these were not the main concerns. The deeper reasons were the uncertainty about whether they would feel safe, comfortable and to enjoy their remaining days of life. However, a few participants who struggled for a long time trying to cope with health problems resigned and actually expressed the opinion that a move could be acceptable. This shift in opinion was justified by their reasoning that they would not have to live at the skilled nursing facility for long. It was merely a place in which to die.

As Golant states, even if a move can be planned, wanted and feasible, that is, could meet the conditions for relocation as a coping strategy, residential normalcy might still not be regained after a move. Carl, a man living in Sweden serves as an example of such a situation.

Carl was born in 1914 and had been a widower for a few years. He had lived in the same home since he had married 60 years earlier. Carl had worked as a carpenter and teacher but retired early in order to take care of his wife, which he did for about 20 years. He had a large house and garden, which he had previously taken pleasure in maintaining and still did to some extent. By the time of the first interview, Carl had advanced plans about moving to a smaller house closer to his daughter, who lived 250 km away. He felt lonely and the garden and house had become a burden. His plans seemed reasonable and realistic and he looked forward to moving:

*"Well, I would love to stay here but I'm starting to feel that it is, well it is not possible forever, then you rather have to make plans while you still can. That's a fact. "* (2003)

Carl moved shortly afterwards and the move was carried out as planned. He then lived in a smaller two-story house 75 m from his daughter's home. His health had changed over the years, and he was very limited because of poor eyesight, poor hearing, diabetes and mobility problems. The house did not feel like home to him, he said. He felt lonely and bored.

*"I have the newspaper in the mornings ... and then I usually listen to the radio. Otherwise, I just sit and wait. That's the worst part. It's pretty tiring."* (2011).

This move should have been the optimal coping strategy for achieving normalcy in a more appropriate environment than his previous home. He had been out of both his comfort and mastery zones in the former house and had looked forward to moving, but in the new home he still seemed to be out of both zones. Possibly the move had been too late. His health decline had been fast and he had not had the chance to adjust to the new dwelling.

Additionally, performing the doings of everyday life in an unfamiliar environment demanded coping strategies as well. Carl seemed to have given up and no longer tried to achieve what he wanted to do. His steep health decline limited him, and possibly his growing awareness of impending death had a similar effect. Despite the best of intentions with the carefully planned move, Carl had not managed to attain his previous comfort and mastery zones, that is, he had not achieved residential normalcy.



## Changing Direction and Giving up Control: Residential Normalcy and Skilled Nursing

### Facilities

As mentioned above, when thinking of a future move, the participants most often seemed to spontaneously visualize a move to a skilled nursing facility. A move to such an institution triggered different opinions than a move to a dwelling within the ordinary housing stock.

Looking once again at Anna from Sweden, who had voluntarily moved three times in old age, we find an example of someone with changed reasoning in case a future move would be to a skilled nursing facility.

Anna seemed to use moving as a proactive coping strategy. She appeared to be very considerate about her being in both the comfort and mastery zone. Her needs and goals (to be close to and enjoy nature, to have privacy, but also to be active and interact with others) had always triggered her moves. The move to the summer cottage had enabled her to enjoy nature and have privacy, but after a while she felt isolated. Her social needs seemed to grow in importance over the years. With the move she then made to an apartment in the city, she started to attend activities and events at a senior citizen center. The center became important because it offered possibilities to meet people, make friends, travel and do handicraft; that is, it fulfilled her social needs. For example, Anna took charge of a card game activity held once a week. About the same time that she needed a rollator for managing to walk outdoors, she moved again, this time to an assisted living facility next door to the senior citizen center. This move enabled her to remain active and social, and she loved the large windows and the nice, open, green view of this apartment. Thinking about the years to come she said:

*“No, I won’t have to move (again). Because here I can get this home care service. You can have it six times a day. And if they think it gets too tiresome, then they move you over there (pointing through the window at the building next door) in the wing*

*below the water tower. It is a room with bathroom and a small kitchenette. Really cute and many have balconies. Really cute little apartments. There you can stay as long as you can. As long as they (the staff) can handle it. After that you go to hospital, but that is mostly just for a few days. So I don't intend to move at all."*

(2011)

An independent and strong woman, who had planned and carried out several moves, left the decision up to the home care personnel. She did not mind to live in a skilled nursing facility but in the event of a future move, she was willing to give up control and leave the decision to someone else. One explanation is related to the way she defined home: home was her own apartment as well as the close surroundings, including the senior citizen center. A move to the skilled nursing facility within the same complex would not be a change of home for her. Possibly this is also an end of life-issue. Health decline and death cannot be planned for which makes it necessary to give up control. Let the staff decide! Giving up control could be an accommodative strategy; losing control in favour of gaining feeling competent. Anna seems to be a person who values both control and competence deeply. However, her subjective evaluation at end of life, of the trade-off between the two is not possible for us to grasp based on this data.

### **Suggestions on further theoretical elaboration**

Using the Model of Residential Normalcy (Golant, 2011) and the Model of Environmental Experience (Rowles & Watkins, 2003) as sensitizing concepts not only supported our exploration of the process of residential reasoning. It also generated reflections on how the models could be further developed. However, our suggestions and discussions are based on empirical data from people 80 years and older. Our findings sheds light on a stage of life

often involving moves to skilled nursing facilities, involuntary moves as well as moves made in the light of impending death. These situations, impacting strongly on decision-making and adjustment are however not highlighted in the two models and deserve further attention.

Previous research has shown that the involuntary dimension of a move seems to impact negatively on the adjustment process (Laughlin, 2005; Rossen & Knafl, 2003). Our empirical findings revealed similar negative impacts and we thus question whether it is in fact possible to get into place when a move is not wanted. Not wanting to move implies not wanting to accept the new dwelling and situation. According to Rowles & Watkins' definition, the ability for people to transform spaces into places is a skill developed over time and consequently an individual can then choose to develop and use this skill or not. If the involuntary move is made to a skilled nursing facility, relatives and staff often have limited ability to assist the individual to attach to the new dwelling by continuing old habits and bringing belongings. When the move is not wanted, it thus may be that remaining attached to a previous home is an efficient coping strategy and more beneficial to the well-being of an individual that is moving involuntary. As supported by others regarding very old people (Wahl and Lang, 2003, Carstensen, 2006, Wahl, Iwarsson, & Oswald, 2012), attachment to home was expressed as growing stronger over time. Still, in addition, the space the participants referred to when talking about home or place was not necessarily the dwelling they currently lived in. To explore elements that could foster place-making skills to be used in dwellings that very old people move to involuntarily would add an important dimension to the Model of Environmental Experience, one that could not only be useful for further research but also benefit a large group of the aging population.

If the very old individual thinks that a potential move will be to a skilled nursing facility this has consequences also for decision-making. Golant states that a move will only be made voluntarily if the older adult thinks that residential normalcy will improve in the new dwelling. As confirmed also by others (Löfqvist et al., 2013; Nygren & Iwarsson 2009; Peace, Holland, & Kellaheer, 2011), our participants typically expressed negative attitudes towards a move to a skilled nursing facility. To achieve residential normalcy, Golant states, older adults must "...experience overall pleasurable, hassle-free, and memorable feelings that have relevance to them; and where they feel both competent and in control – that is, they do not have to behave in personally objectionable ways or to unduly surrender mastery of their lives or environments to others" (Golant, 2011 p. 193). According to our findings, this description sets a high goal for anyone who is considering a move to a skilled nursing facility. Residential normalcy is a subjective phenomenon and older people change their standards and expectations to fit the reality of their aging bodies. This tendency to change with time could mean that residential normalcy is perceived differently before and after a move. In order for the model to be valid for a broader segment of the aging population, we suggest that the idea of residential normalcy should be limited to voluntarily moves within the ordinary housing stock. Alternatively, it could be further elaborated, possibly by relating it to the concept of "new normal" (Stephen Golant, oral communication, GSA November 15<sup>th</sup> 2012), which acknowledges that the subjective definition of residential normalcy can be redefined by older adults when lowering their expectations during the aging process.

How the process of residential reasoning evolves during a steep decline in health or at the end of life is yet another closely related issue. Over time, the participants showed an increasing awareness of approaching death and an acceptance of vulnerability, which sometimes made them let go of their need for control over everyday life. Step by step, they withdrew from

society and family and stopped striving for independence. Control and mastery are core concepts of the model (Golant, 2012), and consequently loss of control and loss of the will to strive impact on the ability to get back into the comfort and mastery zones. Possibly, the concept of residential normalcy as defined by Golant loses some relevance at the end of life. Leaving the control to others might be a way of reducing feelings of worry and being unsafe; that is, giving up control allows people to still feel competent and in control on a more global level. This kind of resilient behavior has been described in the relocation literature (Kwan, Love, Ryff, & Essex, 2003). As we looked at this end of life issue empirically, we saw the need to elaborate on the relation between competence and control in further developments of the model. That is, giving up control might increase competence which makes it possible for the older individual to stay in the mastery zone. Additionally, Golant (2011) acknowledges that coping strategies do not always work. Comparing the theoretical model with empirical data highlights the need for future theory development taking into account that the appraisal processes of older people may be faulty, and that coping strategies that first seem realistic may be flawed. To attach to a new dwelling and to develop bonding after a move takes time, but interpreting our findings we see it as a necessity in order to achieve residential normalcy.

Considering that both models have their the theoretical foundations of ecological theory, the life course perspective and human geography (Golant, 2011; Rowles & Watkins, 2003) our study supports that the models can be applied and used in combination when exploring the process of residential reasoning in very old age. Concerning the time perspective, the models have complementary but somewhat different foci. That is, the Model of Residential Normalcy focuses on the decisions that precede a move, while the Model of Environmental Experience focuses on how people adjust after a move and how they become attached to the new home. This study supports the relevance of a life-course perspective when investigating very old

people's perceptions on relocation and aging in place. Such a perspective helps to show how environmental experience shapes the decision-making as well as the adjustment/attachment. Additionally, according to Cutchin (2001) being able to imagine future needs and goals in a new dwelling impacts on the individual's decision-making, and the connection between the present and the future is preeminent in order to apply a true process perspective. Our study suggests a need for further elaboration in relocation research as regards the meaning that the future, that is, "the future life course", holds for very old people. To the benefit of the theoretical development on residential reasoning in old age, relating the Place Integration Model (Cutchin 2001; Cutchin, Owen & Chang, 2003) to the models used in the present study would probably be beneficial.

According to the Model of Residential Normalcy, residential normalcy exists when people live in environments that are congruent with their goals and needs; they are in the comfort and mastery zones. In other words, the home is the means older people have to reach to their goals, which was also supported in our findings. In contrast, some participants were so strongly attached to their home so their main goal was to keep on living in the home, no matter what. Our study suggest that by combining knowledge on residential normalcy with that on environmental experience, we can learn more about these so-called "attachment-related goals" and "doing-related goals". Additionally, to understand the adjustment phase after a move we probably need to know more about people's doing-related goals, since attachment to home and adjustment after a move seem to be closely related to habits and everyday doings.

## ***Concluding Remarks***

The overall findings revealed changes in the process of residential reasoning of very old people. We studied their reasoning processes in relation to their use of environmental experience, their striving to build upon or dismiss attachment and their efforts to maintain or regain residential normalcy during years of declining health and loss of independence. The present study indicates that people are not always able to make use of such experiences and skills when moving involuntarily or when moving to skilled nursing facilities. In such instances, attachment to the former home seems to reduce the stress of living involuntarily in a new dwelling. Being out of the comfort and mastery zones can trigger relocation, and a move requires a sometimes tough and long strive to regain residential normalcy. Despite the fact that a move is planned, wanted and feasible, residential normalcy might not be regained in the new dwelling due to a steep decline in health or a growing awareness of impending death.

A comparison of the Model of Residential Normalcy (Golant, 2011) and the Model of Environmental Experience (Rowles & Watkins, 2003) and the empirical data gathered with very old people in Sweden and Germany led us to reflections that can nurture further theoretical development. Our findings and interpretations did not seem to be exclusive to the European context. However, further empirical studies are needed to further examine potential cultural differences in residential reasoning between different continents and cultures. Considering this, it should also be kept in mind that cross-national analyses of qualitative data in different languages are challenging and require careful consideration.

The present study acknowledges the complementary foci of the two models when used as sensitizing concepts. However, it should also be noted that even so, during the interpretation of our findings reflections related to yet another model were generated. That is, even though the theoretical models selected as sensitizing concepts serve as the departure of the iterative analysis process, the final interpretation might benefit from reflecting upon additional theoretical perspectives.

Moreover, the findings strengthen the support for the relevance of exploring residential reasoning with an integrative process perspective, that is, relocation should not be separated from aging in place. For the participants the thoughts on relocation and the desires to stay put were just as inseparable at the age of 80+ as at the age of 90+. Additionally, the present study suggests that future research should take both the past and the future into account in exploring empirically how aging people reason regarding living arrangements over time. Even in very old age, the reasoning and choices made are to a large extent influenced by past experiences as well as by present and future goals and needs.

With the present study, we introduce new concepts such as “residential reasoning”, “the future life-course”, “doing-related and attachment-related goals”. We found these concepts useful to frame and describe our purpose and findings based on empirical data. That is, the research topic residential reasoning aimed at studying relocation and aging in place as one intertwined process from an ecological and a life course perspective. To be able to determine whether residential reasoning has potential to contribute to the much needed conceptual and theoretical development, future research must acknowledge and take the complexity of this research topic into account.



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**Table 1.** Overview of residential and moving experience of the participants.

Participant	Sex	Nationality	Year of birth	Living situation	Moving experience between retirement age and 2003	Type of dwelling 2003	Number of years lived in dwelling of 2003	Moving experience between 2003 and 2011
Participants with moving experience during the study period 2003-2011								
Sophie <sup>1</sup>	♀	German	1920	Widow	No	Multi-dwelling	30	Moved to skilled nursing facility
Beth <sup>2</sup>	♀	German	1922	Widow	No	Multi-dwelling	40	Moved to skilled nursing facility
Anna <sup>2</sup>	♀	Swedish	1915	Never married	Moved twice	Multi-dwelling	6	Moved to an assisted living facility.
Carl <sup>2</sup>	♂	Swedish	1914	Widower	No	One-family house	60	Moved to another ordinary dwelling
Participants who aged in place during the study period 2003-2011								
Emil	♂	German	1916	Widower	No	One-family house	45	
Irma	♀	German	1914	Widow	No	Two-family house	70	
Edgar <sup>2</sup>	♂	German	1921	Divorced	Moved twice	Multi-dwelling	0.5	
Maria	♀	German	1922	Widow	No	Multi-dwelling	50	
Margret <sup>2</sup>	♀	German	1922	Widow	No	Multi-dwelling	45	
George	♂	German	1921	Widower	No	One-family house	45	
Elly	♀	Swedish	1919	Widow	Moved once	Multi-dwelling	5	
Judith	♀	Swedish	1920	Widow	Moved once	Multi-dwelling	5	
Doris	♀	Swedish	1919	Widow	No	Multi-dwelling	23	
Sara	♀	Swedish	1917	Never married	Moved once	Multi-dwelling	10	
Lily	♀	Swedish	1922	Widow	Moved once	Multi-dwelling	10	
Sven	♂	Swedish	1922	Widower	Moved once	Multi-dwelling	3	

<sup>1</sup>All names are pseudonyms<sup>2</sup>Used in the paper to illustrate the findings