

“Home is where the heart is...or is it?”<sup>☆</sup>

## A phenomenological exploration of the meaning of home for older women in congregate housing

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### Abstract

This qualitative study explored the meaning of home for older women living in a congregate housing complex in a Southeastern city of the United States who have been more or less successful in making it a home. Through in-depth interviews, 20 older women shared detailed descriptions of their thoughts, feelings, and ideas of home and of their current environment as a home. All but one of the women were emotionally attached to their new environment and considered it home. Common themes were that for the women, the meaning of home was manifested in (1) the autonomous decision to find a place somewhere, (2) the deliberate resolve to feel in place anywhere, and (3) the ongoing effort to stay placed there. A successful late-life move depends less on concrete and/or external factors and more on social and/or intrinsic factors. U.S. housing policy must become more reflective of the processes older adults use to be “at home”.

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### 1. Introduction

*Aunt Em had just come out of the house to water the cabbages when she looked up and saw Dorothy running toward her. “My darling child!” she cried, folding the little girl in her arms and covering her face with kisses. “Where in the world did you come from?” “From the Land of Oz,” said Dorothy gravely. “And here is Toto, too. And oh, Aunt Em! I’m so glad to be at home again!”*

(L. Frank Baum, *The Wizard of Oz*)

Most of us have a deep and passionate connection to our homes, though our understanding of and attachment to them are often uniquely personal. We understand that the idea of home captures much more than a physical dimension; it is a “diffuse and complex condition that integrates memories and images, desires and fears, the past and the present”

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(Pallasmaa, 1995, p. 133). In the United States, the historical foundation of this nation is rooted not in the cultivation of home but in the spirit of pioneerism and geographical mobility. For the past 40 years, the annual rate of all Americans who move has continued to fluctuate between 16% and 20%, with understandably higher rates of mobility for younger age groups (Long, 1990). According to the 2001 American Housing Survey (U.S. Bureau of the Census, 2002), Americans of all ages remained in their homes for a median of only 6 years. On the other hand, those ages 65 and older remained there much longer, for a median of 22 years.

Yet, these numbers are misleading because they do not reflect moves into institutional settings: those surveyed who experienced severe or moderate physical impairment remained in their homes only for a median of 5 years (U.S. Bureau of the Census, 2002). And because the likelihood of disability increases with age, a late-life move is something many older people do face. Where they find a new home depends on their existing housing tenure, their income and savings, and the level of available family support (Sykes, 1994). Older women are in a particularly vulnerable position: after the death of their husbands, they often must or choose to consider alternative living arrangements because they are financially and/or physically unable to maintain the family home (Sykes, 1994).

What is it, then, that makes their new living quarters a home after older women have moved? How do they come to feel at home again? And how do they change their conception of home over time? Or do they? In this study, I sought to explore the meaning of home for older women who have moved from their own homes into congregate living because gaining a better understanding of the processes involved in making a home after a late-life move is an essential step towards determining and responding to the changing housing needs of the steadily growing segment of older Americans.

## 2. Background

The search for the meaning of home is long-standing and ongoing. Many have attempted to answer the question of what home means to people, including anthropologists, sociologists, environmental psychologists, geographers, and philosophers. Undoubtedly, the meaning of home is complex and incorporates many dimensions. It must be understood as dynamic and context-bound: as peoples' circumstances change, the ways in which they experience and conceptualize home change as well. Home, in its material form as house, often becomes a symbol of the self, a place in which we can be more ourselves than in any other (Cooper, 1974). This symbol of our self as it reflects our self-identity, it is possibly the most integral feature of the way we define the concept of home for ourselves.

### 2.1. Place attachment: home as extension of self

Research to explore how we form, experience, and express affective bonds to place has been slow to emerge (Giuliani & Feldman, 1993). The processes underlying our attachment to home, as an extension of the self, are explained by two conceptually related theories, the Theory of Place Attachment and the Theory of Place Identity (Moore, 2000). According to these theories (Giuliani & Feldman, 1993; Low & Altman, 1992), people develop attachment bonds with certain places, thereby entering into meaningful relationships with these places and ultimately incorporating them as part of their self-identity (Moore, 2000). Geographical space is eventually experienced as place through long-lasting emotional involvement in, and with, a certain location (Tuan, 1980).

Because all interaction can be considered spatially located, attachment to a place is formed when a particular interaction there is accompanied by significant meaning. Specifically, people develop strong feelings that bind them to a specific place due to its interactional past – past experiences or memories associated with the place – and its interactional potential – the imagined or anticipated future experiences or expectations associated with the place (Milligan, 1998). A geographic space becomes a place to which we attach meaning through the significant personal life experiences and social interactions we accumulate there over time (Rubinstein & Parmalee, 1992). Hence, an understanding of the concept of home, and of our strong attachment to home, must necessarily incorporate an understanding of the changing transactions we make, as well as the dialectical experiences we gather, throughout the life course (Dovey, 1985).

### 2.2. Place attachment and old age: aging in place vs. placement with age

Not surprisingly, their homes often become much more special to people as they grow older and have gathered a multitude of meaningful experiences in them (Sixsmith, 1990; Sixsmith & Sixsmith, 1991). It is well established that

most people prefer to remain living in their own homes as they grow older (Fogel, 1992; Mutschler, 1992), even as they face the reality of increasing disability and functional decline. The majority of older people want to stay in their homes not simply because they own them, frequently mortgage free, but because their homes are repositories of, and give locational access to, physical, social, and biographical meanings of place (Fogel, 1992; Rowles, 1993). This phenomenon, now commonly referred to as *aging in place*, has been widely documented in the literature and has generated much debate about how best to deliver long-term care (LTC) services that are responsive to the desire of older persons to live at home. Aging in place can be understood as “a transaction between an aging individual and his or her environment that is characterized by changes in both person and environment over time, with the physical location of the person being the only constant” (Lawton, 1990, p. 288).

The aging in place concept suggests that because people often develop deep attachments to the houses they have owned for a long time, they should stay there as they age, rather than move, or be moved, to more specialized accommodations (Cookman, 1996; Rowles, 1993). Their houses truly are their “homes” because they most often are that place with which older persons associate close and intimate relationships, cherished memories, and a sense of historical continuity (Bowlby, Gregory, & McKie, 1997; Cookman, 1996). In effect, their homes become their “haven”, a special place where they can be themselves without intrusion by or interference from others (Kearns, Hiscock, Ellway, & Macintyre, 2000, p. 389). There they have freedom to do what they want to do, and when and how to do it. The desire of older people to stay at home may in large part be motivated by their need to maintain control over their daily lives and to have their individualized needs addressed (Krothe, 1997). Not surprisingly, evidence exists that older persons who are able to age at home perceive the quality of their lives to be better (Challis & Davies, 1985).

### 2.3. The inter-connectedness of home and health

Undoubtedly, the home environment greatly influences personal health and well-being through its mediating role in supporting everyday competence and through its capacity to nurture and sustain psychosocial processes (Gitlin, 2003; Lawrence, 2002). Researchers now know that “place matters” (Golant, 2003, p. 638), i.e., “it is better, more enjoyable, easier, and less adaptationally costly to grow old in some places than in others” (Golant, 1984, p. 2). In other words, the physical and psychological health of older adults is impacted by a variety of factors directly related to where they live (Holmes, Beissner, Welsh, & Krout, 2003).

To consider the entire range of dimensions that define the interrelated nature of housing and health means to view health as bounded within its “residential context” (Hartig & Lawrence, 2003). An important aspect of this context is the occurrence of and exposure to life-events and other demands, or stressors, and their relationship to health. Evidence suggests that this relationship is bi-directional (Wethington, 2003), that is, one’s environment, and the various stressors in that environment, influence one’s health, and one’s health influences one’s environment (Hartig, Johansson, & Kylin, 2003). Ultimately, the manner in which an older person’s health links to the quality of his or her home and to how well his or her physical, psychological, and social needs are met depends not only on the home’s physical form and the resources available in its surrounding neighborhood but also on the social networks connected to it, the strength of attachment to it, and the amount of self-identity derived from it.

### 2.4. Home and older women: special bond or mixed feelings?

To some degree, the multiplicity in meaning of the concept of home appears to be related to societal differences between the genders, be they real or perceived. The meaning of home as a central concept may be particularly salient to the self-identities of older women. Because historically, few socially approved alternatives to a primary focus on domestic activities were available these women, many of them sought psychological validation of their identities through investment in their home lives (Howell, 1994). And because it appears that the ways in which women incorporate their environments into their life experiences are revealed most clearly and individually during the later years of their lives (Howell, 1983), the meaning of home for older women may represent a unique blend of their existing self-identities, established previously through primary involvement with family- and home-centered activities, and their current life situation, characterized by the physical and psychological autonomy and independence of living alone.

2.5. Aging in place in assisted living

Over the past two decades, policy makers and healthcare professionals have become more sensitive to the demands that health-related and LTC service delivery be based on a consumer-directed model, allowing older adults direct input into where, how, and by whom they receive care. To accommodate the multiple needs and preferences of older adults, a variety of housing alternatives has surfaced, each designed for a specific subgroup (Earhart, 1999). Fig. 1 provides an overview of the array of residential housing options for older adults, ranging along the continuum of LTC from least to most restrictive.

In tandem with these developments, a LTC housing alternative emerged in the late 1980s and early 1990s that has variously been labeled assisted care, catered living, and assisted living (Regnier, 1991). Since then, assisted living, as it is now commonly referred to, has come to be viewed as a viable living option that attempts to incorporate the concepts of autonomy, choice, and dignity through creative residential design and delivery of supportive services. Today, approximately 800,000 persons aged 65 and older are living in assisted living communities; an additional 750,000 and 500,000 are living in continuing care retirement communities and congregate living facilities, respectively, with increasing numbers expected to move to such supportive settings in the future (Anikeeff & Mueller, 1998).

Although most experts agree that assisted living represents a type of residential rather than institutional living arrangement that combines some kind of housing and services, one of the unique characteristics of assisted living is that no universal definition exists and is unlikely to be formulated soon (Frank, 2001; Schwarz, 1999). Not surprisingly, many older adults are not knowledgeable about or even familiar with the assisted living concept; thus, they do not consider it a viable option when making relocation decisions. One way to categorize the various assisted living housing arrangements is by juxtaposing level of privacy with level of services (Hawes,

Type	Description
<b>Least restrictive</b> <i>Independent Living Facility</i>	This type of senior housing is most commonly an age-restricted multi-family apartment complex that offers a range of amenities, social activities, and services, such as planned activities and outings, resident- and special interest groups, and exercise rooms. However, it provides few or no health care services to residents and can therefore not accommodate frail older adults.
<i>Congregate Housing Facility</i>	This type of senior housing also provides age-restricted multi-family living but offers a common dining facility in addition to many of the amenities offered by independent living facilities. Congregate living units usually have a kitchen or a kitchenette, along with many aging in place features. They provide a more quiet, compact, low maintenance residential environment and sometimes resort-style amenities.
<i>Assisted Living Community</i>	These types of communities offer help with non-medical aspects of daily activities of living in an atmosphere of separate, private living units. They provide a wide range of services and amenities, ranging from the minimum care mandated by law to luxurious appointments.
<i>Nursing Home</i>	These types of institutions offer hospital-like attention and 24-hour supervision in a residential setting and may specialize in short-term acute nursing care, intermediate care, or long-term skilled nursing care.
<b>Most restrictive</b> <i>Continuing Care Retirement Community</i>	This type of senior housing offers a continuum of housing options, ranging from independent living in private homes to multiple levels of care, including skilled nursing care, regardless of future medical needs of residents, all on the same campus. It generally requires a buy-in or up-front entrance fee, followed by monthly payments that cover services, amenities, and any medical care needs.

Fig. 1. Types of senior long-term care housing options, from least restrictive to most restrictive.

Rose, & Phillips, 1999). As shown in Fig. 2, four assisted living models can be derived: (1) low privacy/low services, (2) low privacy/high services, (3) high privacy/low services, and (4) high privacy/high services.

### 3. Focus of the study

Past research on late-life moves has largely been quantitative, focused on nursing home populations, and aimed at the relationship between institutional factors, such as admission policies, staffing patterns, and resident frailty profiles, and quality of care, resident health outcomes, and/or resident satisfaction. Unfortunately, few studies exist to date that have incorporated a transactional view of behavior in residential settings, in which places and processes are considered as integral unity. The more complex dimensions of transactions that mediate successful aging in place – dimensions beyond those captured by satisfaction or quality of life – remain poorly understood (Cutchin, 2003). In addition, all too often, the voices of women are not heard in accounts of home, although research suggests gender as important factor in how women and men feel about, and explain home (Gurney, 1997). Both the gerontological and the environmental psychology literature continue to show a need for research that explores the full range of the meaning of home, including ambivalent and negative feelings of place and the connection between the micro-sphere of home and health, for various groups of older women (Howell, 1994; Manzo, 2005; Shenk, Kuwahara, & Zablotsky, 2004; Swenson, 1998).

The main purpose of this study was to explore how a group of older American women, who had just entered the long-term care system for the first time, re-conceptualized “home” after their move from their previous, long-term residences into a congregate living facility. Because it was my intent to capture the decision-making processes involved during the initial stage of entry into the long-term care system, sample selection focused on older American women who were living alone, had made the decision to move voluntarily, and opted for a congregate living facility. The women were encouraged to share the processes they used to incorporate their experiences of home in maintaining a sense of identity, to actively re-define the concept of home in response to growing older, needing more assistance, and relocating, and to dynamically integrate their understanding of what home meant to them into their current living arrangement. Exploring the processes involved in how older American women form significant attachment to a new living space and how their attachment to their new homes

		Privacy	
		Low	High
Services	Low	<ul style="list-style-type: none"> <li>• A majority of rooms are shared</li> <li>• Little to no assistance is offered with activities of daily living</li> <li>• Most services are provided with instrumental activities of daily living</li> </ul>	<ul style="list-style-type: none"> <li>• Private rooms or apartments are available</li> <li>• Private bathrooms are included</li> <li>• Very little to no help is provided with any activities of daily living</li> </ul>
	High	<ul style="list-style-type: none"> <li>• Majority of residents live in rooms rather than apartments</li> <li>• Some of the rooms are shared</li> <li>• Nursing services are available to address residents' health-related needs</li> </ul>	<ul style="list-style-type: none"> <li>• Private rooms or apartments are available</li> <li>• Nursing services are available to address residents' health-related needs</li> </ul>

Fig. 2. Models of assisted living (Source: Results of a National Survey of Facilities by Hawes et al., 1999).

operate in support of their self-identities can greatly contribute to a better understanding of their needs when making late-life residential transitions.

#### 4. Methods

The specific research technique I employed in this study to gather older women's descriptions about home was the hermeneutic phenomenological interview. This approach was particularly appropriate because it guided both the collection and my final interpretation of the data by emergent design – a design that allows the researcher to formulate a rich understanding of the phenomenon “as is”, as it was present in the natural environment of the research setting (Denzin, 1988; Hill, 1991). The hermeneutic phenomenological interview is a data-gathering technique that aids the collection of detailed, richly textured, person-centered information from one or more persons (Kaufman, 1994). It should be used when researchers want to discover what is meaningful to people (Rubinstein, 1988). In this study, phenomenological interviews with older American women were used to explore what home means to these women and how they re-defined this meaning after they moved to and had been living, by themselves, in an apartment at a congregate living facility, a place they may or may not call home, based on their previous and personal lived experiences of home.

##### 4.1. The setting

The setting for this study was a congregate living facility in a Southeastern city, because I had previously established close working relationships with its director and staff and social relationships with many of its residents. The facility is a multi-story congregate living complex situated at an intersection of two very busy streets that are located in the historic downtown section of the city. That section is itself part of a larger area whose character is shaped by the physical, intellectual, and social presence of a large state university. The facility provides apartment living and conducts recreational activities and social services programs for people ages 62 and older, many of whom have limited income and who meet Department of Housing and Urban Development income requirements. It offers a total of 204 apartments, 136 one-bedroom and 67 efficiency, or studio, apartments, to be furnished by residents with their own belongings. Occupancy remains at nearly 100%.

##### 4.2. The sample

In qualitative inquiry, it is important to include as much information as possible about the phenomenon under study, in all of its various ramifications and constructions, so as to be better able to detail the many specifics that make a context unique and to generate the information upon which the emergent design can be based (Lincoln & Guba, 1985). The combined use of convenience and criterion sampling made it possible for me to find eligible older women who were living in the congregate facility and were willing to share in-depth, qualitative information about their understanding of the meaning of home with me. Because one of the study objectives was to explore the thought processes that prompt older women to seek initial entry into the long-term care system and how these processes, and the type of facility selected, alter women's understanding of home, I made an effort to recruit older women who had been living alone and were viewing themselves as independent but had decided voluntarily to enter into a non-restrictive long-term care facility because they were seeking greater social and familial support while hoping to maintain some degree of autonomy. In addition, because the study also sought to discover how the meaning of home may be affected and re-adjusted by the perception of altered life circumstances over time, it was important for me to recruit women who had been living at the long-term care facility for various lengths of time.

To be eligible for the study, participants had to be at least 62 years of age (the minimum age required for admission to the facility), speak English fluently, be cognitively intact, able to verbalize their thoughts, and willing to share their experiences in an in-depth interview. Upon approval from the Institutional Review Board of my university, I collaborated with the administration of the congregate living facility to introduce myself and my study to eligible residents. I approached these residents to explain the purpose of my study, recruit potential participants, and schedule times for personal interviews. Actual interviews took place in the participants' homes, with their permission. All participants received a reminder phone call two days prior to each interview. On the day of the actual interview, I visited participants in their apartments, reiterated the purpose of my research study, answered

any questions participants asked, and obtained written informed consent. They received \$20.00 for their time spent in the interview.

4.3. The data collection procedure

All data were collected through a series of unstructured, in-depth personal interviews. After they answered questions regarding their socio-demographic and socio-environmental information, participants responded to four general questions intended to elicit detailed narrations and descriptions of events, thoughts, feelings, and ideas of living at home. The women were encouraged to share their stories as they saw them, with subsequent open-ended questions to elucidate emerging topics of interest further. Where appropriate, I probed for specific details when thought to be useful, to learn about and make sense of the reality that is each woman’s life. A total of 20 interviews were attempted, with each interview session expected to last about 2 h. All sessions were audio-taped, with participants’ permission, to capture all nuances of the interviews, and detailed field notes as well as a reflexive journal were maintained to record additional observations.

4.4. Data analysis – initial phase

The goal of hermeneutic phenomenological data analysis is to develop a thick description that accurately captures and communicates the meaning of the lived experiences of the research participants (Cohen, Kahn, & Steeves, 2000). I began the process of data analysis with the conclusion of the first interview and continued throughout the remainder of interview sessions. Data analysis involved the process of identifying, coding, and categorizing patterns and themes and then reducing the number of categories by selecting, ordering, and clustering them. First, I transcribed all interview audiotapes augmenting transcriptions with observations from field notes and the reflexive journal. This initial analysis was guided by “early hunches” I had formed based on potential themes about home I believed to have heard emerge from the data during the interview process and/or had recorded in the field notes.

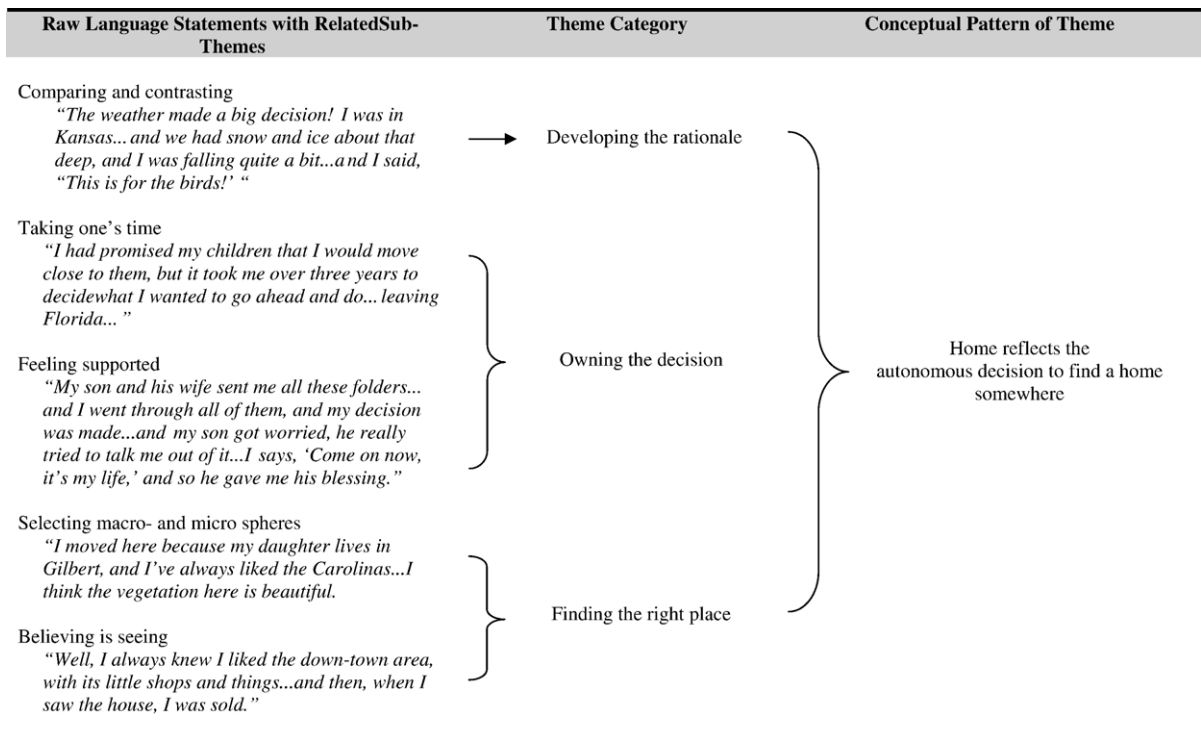


Fig. 3. Example of procedural steps to develop conceptual theme patterns, Theme 1.

#### 4.5. Data analysis – computer-assisted phase

Further in-depth data analysis of the interviews involved the use of the qualitative computer software program NUD\*IST Vivo (NVivo) (Qualitative Solutions and Research International, 2003). This program allows code-based inquiry, searching, and theorizing for researchers who wish to display and develop rich data in dynamic documents (Richards, 2000). After I had transferred all interview transcripts into NVivo, I established a provisional “coding tree” about “home” by ordering early hunches and themes into a hierarchical structure that served as basis for further analysis. As additional topics and themes continued to emerge, it was possible to discern several main theme patterns. Under each pattern, related categories and sub-categories could be identified. I completed a reflexive analysis by means of the sub-categorical framework provided by the coding tree. Through an iterative process of reflecting and refracting, I could refocus and refract categories of participants’ actual language statements about what home means to each of them and sorted them into even larger theme patterns that represented and encompassed a meaning of home across participants. This process involved moving from raw data (actual language statements) to sub-categories of themes to theme categories to final overarching, conceptual theme patterns (see example Fig. 3).

While I analyzed data by interviews in the earlier stages of the analytic process, I now began to analyze them by category content by pooling data across interviews and by reviewing, reconsidering, and re-interpreting underlying themes and patterns about what home meant to all the participants. By revealing conceptual relationships between the final patterns and themes, I constructed a final coding structure about the meaning of

- |    |  |
|----|--|
| 1  | <b>(1) Home reflects the autonomous decision to find a place somewhere</b> |
| 2  | <b>(1.1) Developing the rationale</b>                                      |
| 3  | <b>(1.1.1) Comparing and contrasting</b>                                   |
| 4  | <b>(1.2) Owning the decision</b>   |
| 5  | <b>(1.2.1) Taking one’s time</b>   |
| 6  | <b>(1.2.2) Feeling supported</b>   |
| 7  | <b>(1.3) Finding the right place</b>                                       |
| 8  | <b>(1.3.1) Selecting macro and micro spheres</b>                           |
| 9  | <b>(1.3.2) Believing is seeing</b>   |
| 10 | <b>(2) Home reflects the deliberate resolve to feel in place anywhere</b>  |
| 11 | <b>(2.1) Making up one’s mind</b>  |
| 12 | <b>(2.2) Taking things as they come</b>                                    |
| 13 | <b>(2.2.1) Being open to change</b>  |
| 14 | <b>(2.3) Having trust</b>  |
| 15 | <b>(3) Home reflects the ongoing effort to stay placed there</b>           |
| 16 | <b>(3.1) Merging macro and micro spheres</b>                               |
| 17 | <b>(3.2) Being a part</b>  |
| 18 | <b>(3.2.1) Practicing the Golden Rule</b>                                  |
| 19 | <b>(3.2.2) Choosing what and when</b>                                      |
| 20 | <b>(3.3) Being “apart”</b>   |
| 21 | <b>(3.3.1) Controlling the doorknob</b>                                    |

Fig. 4. Final coding structure of interview data analysis.



home for participants (Fig. 4) and ultimately a theoretical understanding of what home means to these older American women and how they have re-defined their concept of home after a late-life move into a congregate living facility.

## 5. Results

### 5.1. Quantitative description of sample demographic characteristics

A total of 20 women who met the eligibility criteria agreed to participate in the current study. Actual interviews ranged in length from 50 min to 110 min, with the average interview being 90 min long. Tables 1 and 2 show summary descriptions of the sample demographic and socio-environmental characteristics.

The majority of all women who participated in the current study was White. All of the women were living alone; however, almost all of them had been married and were now either separated, divorced, or widowed. Their ages ranged from 63 years to 91 years, with a mean age of 77.95 years and a median age of 80 years. More than two-thirds of the women were over 75 years old; almost as many reported suffering from at least one chronic condition, including heart disease, high blood pressure, adult-onset diabetes, arthritis, and vision and hearing deficits, and over half of them reported taking at least one medication. Yet, almost all women described their health to be as good or very good. The women's length of residence (LOR) at the facility ranged from 2 months to 14 years, with a mean LOR of 3.18 years and a median LOR of 2 years. At the time of the current study, more than half of the women were living at the facility for 2 years or less, while almost one-fifth of them were living there longer than 8 years. Most commonly, the women moved because they wanted to be closer to family, feel more secure, have warmer climate, and have fewer household responsibilities.

### 5.2. Qualitative description of common themes

The phenomenological context of the current study entailed unearthing how the women experienced the day-to-day living involved in making a home, such as staying at home and moving from home to home. The reflexive analysis of their interviews revealed three overarching themes that capture how the women conceptualize, and continually re-conceptualize, their experiences and how these experiences contribute to the meaning of home as it is relevant for them. The three themes, with their related sub-themes, are shown in Fig. 2 and are discussed below.

Table 1  
Demographic characteristics of study participants

Variable	N=20
<i>Age</i>	
62–75 years	7
76–85 years	9
86 years and above	4
<i>Race</i>	
White	17
African-American	3
<i>Marital status</i>	
Never married	1
Separated, divorced or widowed	19
<i>Self-reported health status</i>	
Very good	11
Good	8
Fair	–
Poor	1
<i>Self-reported medical status</i>	
No chronic condition	8
At least one chronic condition	12
No medications	9

Table 2  
Socio-environmental characteristics of study participants

Variable	N=20
<i>Type of previous residence</i>	
Single family house	13
Apartment	7
<i>LOS at previous residence</i>	
Less than 5 years	5
5–10 years	4
10–25 years	8
More than 25 years	3
<i>Top 4 reasons for moving to congregate living</i>	
Being closer to family	18
Feeling secure	15
Warmer climate	14
Fewer household responsibilities	14
<i>Top 3 reasons for moving to congregate living facility<sup>a</sup></i>	
Location	18
Ambience	15
Financial resources	15
<i>LOS at congregate living facility<sup>a</sup></i>	
Up to 2 years	11
3–5 years	6
6–8 years	1
More than 8 years	2

<sup>a</sup> Totals more than 20 because participants could select more than 1 reason.

### 5.2.1. Theme 1: *Home as a reflection of the autonomous decision to find a place somewhere*

Perhaps the most important facet of the meaning of home was that the women all decided voluntarily and independently that it was time to move. Being able to make this decision autonomously, without actually being pressured or believing to be pressured by others, allowed the women, in their own time, to come to terms with leaving all they had known behind and feel comfortable with their decision. In fact, although they felt compelled to move, they did so only by reasons they themselves had constructed. As a result, they viewed these reasons as sound and rational and took them to be valid justification for initiating the moving process.

*“My son and his wife sent me all these folders with information, but...come on...it was my decision to make! My son got worried; he really tried to talk me out of it...I says, ‘Come on now...it's my life.’”*

An interesting aspect of the reasoning processes used by the women was that they rationalized their decisions by comparing and contrasting the status quo with the anticipated move. Through the ongoing process of comparing and contrasting the advantages of moving with the disadvantages of staying, the women were able to move towards a specific course of action. As they continued to develop their individual rationales for giving up their current home and finding a new one, they progressed from merely thinking and talking about the move to actually planning and executing it. The women were adamant that being able to control the decision to move greatly contributed to their sense of comfort and ease with it. Once they had made up their minds, they were excited about the prospect of moving out and on. They considered finding a new home an adventure and opted not to “turn back” or “look back” once they had made the decision.

*“The weather made a big decision! I was in Kansas...and we had snow and ice about that deep, and I was falling quite a bit...and I said, ‘This is for the birds!’”*

*“Well, I finally just made up my mind that I was going to [move]...I was paying \$100 just to have the grass cut, and I said, ‘Betty, you can't afford this...it's crazy to keep on with it.’”*

Positive feedback the women received from family and friends further validated their decisions and strengthened their resolve to move. Although the amount of time needed for contemplation varied among the women, they all described a rather linear decision-making process in that they gradually progressed from recognizing their current

living space as untenable to rationalizing a new living space as prudent to planning a move in increasing detail to executing the plan. They also relied on feedback from family and friends in determining where to look for a new home. Identifying just the right place to move to and live in involved two stages: first the women selected the overall space to which to move, the macro-sphere; then they selected the specific place in which to live, the micro-sphere. Generally, they chose the macro-sphere based on familial ties, while environmental factors, such as atmosphere of the setting and amenities in the immediate neighborhood greatly influenced their choice of the micro-sphere.

*“Well, I moved to the South because my daughter lives in Gilbert...then I’ve picked this place here because I’ve always liked it...I think the vegetation here is beautiful.”*

*“My sister lives in Baton Rouge and my daughter is in Concord, North Carolina, so coming down here was a no-brainer...but I used to live in Columbia and...well, it feels more like home over the long haul.”*

Also important to a successful transition was the women’s willingness to move to a location without having the opportunity to “see for themselves” first. Essentially, the women needed not see the facility they had selected and what it had to offer because they believed that it suited their need for a new home quite well. Once they had actually moved into their apartments, they began to collect evidence that strengthened and justified their belief. In contrast to the earlier, linear decision-making process in planning the move per se, the process to make the facility the new home place was circular. Because the women believed that they had made the right decision in selecting the facility, they tended to see its qualities, and those of the surrounding neighborhood, in a mostly positive light, confirming in turn that they had in fact made the right decision.

### 5.2.2. Theme 2: Home as a reflection of the deliberate resolve to feel “in place” somewhere

Once the women had made the independent decision to move and had found a place to live, they now deliberately set out to feel “in place” there. The most crucial aspect of this process was their resolve to “make it happen”. They were unequivocal in their conviction that they themselves controlled whether or not they felt at home, be it at the facility or anywhere else. Rather than to take a “wait-and-see” attitude, the women believed that they should be actively pursuing their new home. Essentially, they chose not to wait until the congregate living facility became their home, if ever, but to make it their home.

*“I got over here and the first night, I laid down in bed, and I just...you know...I said, ‘Well, I’m here, and I’m going to make the most of it.’”*

*“I made up my mind [about the facility]...make up your mind and you’re a lot happier!”*

In an effort to make themselves feel at home at the facility, the women also set out to take things in stride. They described themselves as “flexible”, “adaptable”, and “easy-going”, and believed these character traits to be key attributes of their ability to make an easy and positive transition from moving from their previous residence to settling into the congregate living facility. This ability was fostered in part by the women’s recognition that “turning back” or “looking back” was counterproductive, and by their subsequent decision not to “hang on to the past” and to “keep an open mind”. Doing so enabled them to commit fully to the congregate living facility as their new home and begin taking the needed steps to turn it into just that.

*“The Saint Paul said that wherever he was, he could make himself content...I hope I can do that too, and I will surely try!”*

*“No matter where I go I would try to make it a home for myself...try to acclimate to the conditions...I mean you could move into a barn and make it a home; I think how happy...I feel content here.”*

*“That’s in God’s plan [the move], I just go along with what I know of Him...I think you do have to deal with it, but the more you go along with it, the happier you are.”*

This willingness to be open to change was the fundamental mind-set with which the women approached all tasks related to becoming at home at the facility. One such important task was to deal with their physical belongings. Because in all cases, their new apartment at the congregate living facility was much smaller than their previous residence, the women were limited in their ability to bring their possessions with them. Despite the strong emotional attachments they

held to their things, they also understood that many of these things represented ties that could hold them back in their efforts to re-adjust. They decided that their physical possessions were not a crucial component of their sense of feeling at home and were able to let them go in preparation for the impending move. Being prepared to change the manner in which they had shaped their immediate living environment through their possessions allowed the women take control over creating a new environment for themselves that was admittedly different, yet still theirs. They continually re-evaluated their belongings before, during, and after the move, eventually paring them down to only their most cherished items.

*“Oh, I had a lot of things...but I brought only what would be good in here and that's all; I'm happy with what I have.”*

*“I have this grandfather clock...at the time I thought I could never part with it...but now...I look at it now, and I think, ‘Ugh...Lord.’ Now, I am ready to get rid of it.”*

*“Well now, I really love my books...I had lots of books, but when I was moving, I picked them up, one by one, and thought, ‘Well, would I like to read that one more time?’ and that way, I ended up sorting them and then gave most of them away.”*

### 5.2.3. Theme 3: Home as a reflection of the ongoing effort to stay placed there

Once the women had made the independent decision to move, selected the general environment and a facility within it, and resolved to become at home in that new environment, they now set out to develop and maintain a sense of belonging, a feeling of true “at-homeness” that originates from staying placed in and becoming connected to a community. They realized that they needed to make an active, ongoing effort to become fully recognized and accepted as members of their new community.

*“There's places I could be and not feel at home...where I never saw anybody walking, or cars...but here...just look out the window and see what I'm looking at all day...you can see people all the way up the road...oh, I love it!”*

*“I wanted to be some place I could walk. I love the idea of having little shops nearby. My son, when he has a free moment, we walk to Starbucks together and get us coffee...that's what's so neat, is the neighborhood itself.”*

*“The one thing: I wanted to be close to a grocery store, close to a drug store, close to a post office...I didn't want to have to drive anymore but still be able to be part of it all. Here, I can walk there.”*

Essentially, the women connected themselves to their new environment by merging its micro- with its macro-sphere. Doing so satisfied an essential need for the women, namely making themselves a part of their new community and subsequently feeling “in place” there. Of interest is that this need consisted of two opposing but equally important poles. On one hand, in the micro-sphere of the facility, the women could be “with their own kind”; that is, they were with other older adults of their generation who understood, even shared, their needs and wants without much effort or explanation. It fostered a sense of camaraderie and familiarity among the women and provided them with instant membership to a ready-made peer group. On the other hand, in the macro-sphere of the facility's lively downtown neighborhood, the women had continuous access to age-integrated interactions, allowing them to feel affirmed by both their peers and by the community.

*“I found that living in a place with all older people...it's better! Here, you have friends that know your problems!”*

*“When I first came here, immediately, I went and played Bingo here...you know, us old folks still know what that is. And then I went to the front desk and volunteered...well, if I'm going to live here, then I might as well get involved with everybody, do what I can to...get to know all of them and be a part.”*

As important as social integration was for the women's sense of being at home, they nevertheless also needed to preserve their unique self-identity. They believed that it was not only desirable but imperative to be, at the same time, both a part of and apart from the social network of the facility. Thus, they defined themselves as individuals who are at once distinctive from and similar to other individuals with whom they share a common environment. By establishing and interpreting this dialectic, with its dynamic tension between their roles as members of the collective and as unique

individuals, the women successfully synthesized a new identity for themselves by re-adjusting their previous understanding of themselves and of their place within their environment.

*“I just feel like...well...this is mine! Ain't nobody else got no business in here unless I let them in! If I want to sit here and read, or watch television...or whatever...by myself..I can!”*

*“I can do what I want to...I can eat when I want to...I can sleep when I want to...I could get up early and meet some of the others, but if I didn't want to, I didn't have to...it's a feeling of...especially at our age...to be independent.”*

One essential element of synthesizing this dialectic was the women's tendency to designate a “proxy”, a tangible sign that clearly demarcated to themselves and to other residents the line at which they crossed to and from being facility members or being individual persons. Invariably, that sign was the front door of the women's apartments. Each of the women, as did most of the residents, expended some effort to decorate her front door uniquely and individualistically. These doors were truly a reflection the women's unique personalities: some held elegant floral wreaths or bouquets, others bore stickers and cards with inspirational or biblical quotes and sayings, and still others charming rag dolls crafted by the women themselves. Moreover, the women were firm in their conviction that, although they needed to abide by facility regulations and that, for safety reasons, staff had access to all apartments, their apartments and the choice of whether and when to admit others into them, were theirs alone to make. The ability to withdraw to their apartments, to shut the door behind them, and to do as they pleased was crucial to the women's sense of control and of “at-homeness” at the facility.

## 6. Discussion

In this phenomenological, qualitative study I sought to explore the perceptions, thoughts, and beliefs of older American women, who had recently and voluntarily entered the long-term care system at the least restrictive end of the continuum and were now residing, alone, at a congregate living facility, regarding their understanding of the meaning of home and of the processes involved in their making a new home at the facility. In a series of in-depth personal interview, the women shared the unique experiences they had collected in and with the various homes they had over their life courses, including their most recent home at the congregate facility. They related the following impressions about the meaning of home to them: (1) home reflects the autonomous decisions to find a place somewhere; (2) home reflects the deliberate resolve to feel in place anywhere; and (3) home reflects the ongoing effort to stay placed there.

Close examination of the themes reveals an inter-relatedness among them, suggesting that “home” as a concept does not simply constitute a finite product in the women's lives at which they arrived at some point in their lives and to which they rigidly adhered. Rather, the women conveyed that for them, home, and the way in which they conceptualized it, was an ongoing process of evaluating their current life situations in relation to their residential environments and to the totality of resources available to them in those environments. In effect, they were making a rationally bound judgment as to the relative ability of both their environment and available resources to maintain their current situation and continually adjusted their understanding of how well their environment fit this situation. Their residence was a true home only for as long as it was functional and purposeful, i.e., fit with their view of what home should be. Similarly, their view of what home should be was valid only for as long it supported their personal competences. As their life situations changed, so did their understanding of how well their residence matched their new circumstances, and subsequently, of its value to them as a home. In essence, their concept of home was not an unalterable constant but remained fluid and dynamic, changing over time just as they themselves changed to adapt to new life events. Their ability to see home as an ongoing process that evolved along with them over their life course, along with their willingness to modify their understanding of home as they progressed through the various life course stages, greatly contributed to their ability to feel at home wherever they lived.

### 6.1. Rethinking aging in place: Not status quo of location but permanence of place

For the women in this study, aging in place did not mean to remain forever wherever they had been living but to “place” themselves wherever they were aging, or living, at any given time. In other words, they were actively

integrating themselves into their current community, thereby identifying it as their new home and, eventually, themselves with that new home. As such, these women were re-defining aging in place; it was not the product of staying put but “a complex set of processes that is part of the universal and ongoing emergence of the person-place whole, and the creative social effort to re-integrate the whole in a meaningful way when problems arise, compounded by an older adult’s evolving situation” (Cutchin, 2003, p. 1079).

It appears that the women in this study were able to navigate the processes of making a new home for themselves in part because they already had formed some attachment to the congregate facility and its surrounding environment. In fact, place attachment quite possibly holds a primary role in the process of becoming at home in a new environment, because if older adults are truly attempting to age in place there, as opposed to somewhere else, it is reasonable to believe that they had some degree of place attachment prior to their move and that the place attachment had some relationship to their new environment and the activities within it (Cutchin, Owen, & Chang, 2003). The surprising finding in the current study is that it appears possible for such “pre-place attachment” to be virtual. Several of the women had not been able to experience the facility, along with its surrounding environment, in person. Yet, their attachment to both was nonetheless real for one crucial fact: they had made the decision to relocate there autonomously for themselves and based on reasons they judged to be legitimate and germane, thereby validating both their decision and their choice of location.

The potential for place attachment to be virtual is significant because it sets the stage for enabling older adults to feel at home almost anywhere, if they are able and allowed to make that decision independently. The women in this study formed an initial attachment to place on a community scale. It mediated their subsequent attachment to the congregate living facility. In effect, their positive attachment to the general location offset their ambiguous feelings about a move anywhere in general, and to assisted living specifically. As the women actively entered into transactions both inside the facility and outside in the surrounding environment, they began to blur the demarcating line between inside and outside, merging facility and surrounding environment into their new home. They were able to do what experts view essential to successful aging in place: re-shape the place in which one is aging by engaging in a process of creating new meaning as circumstances change (Rowles & Ravdal, 2002).

### 6.2. Defining place through independence and environmental control

The individual stories told by the 20 older women in the current study serve quite well to highlight the importance of place in old age. Place is integral to how old age is experienced and constructed, and “locating” older adults within their living environment identifies the physical, emotional, and experiential realities their homes hold for them (Kontos, 1998). For many of them, changes in place, through a move to a new living environment, frequently a LTC institution, are superimposed over health-related changes that they are already experiencing with advancing age (Young, 1998). Evidence does suggest that older adults often view personal independence as synonymous with the ability to manage their activities of daily living and maintain their environment (Ball et al., 2000; Carder & Hernandez, 2003), i.e., with having control over their environment. Yet, age-related changes often lead to a loss of both personal independence as older people become increasingly frail and of environmental control as they must adhere to institutional regulations.

For the women in this study, having independence in and environmental control over their micro- and macro-spheres seems to generate a strong feeling of “at-homeness”. And, it appears to be the women’s beliefs about how well their new living arrangement stacked up as a home that determined their attachment to the facility. The women were independent and in control because they believed their chosen living arrangement to be well suited as a home. Thus, although they would score dependent in many activities of daily living, as rated by conventional measures, they creatively and proactively fit themselves into their new environment through “strategies of personal accommodation” (Rowles & Ravdal, 2002, p. 94). For example, by switching from preparing meals from scratch to preparing pre-cooked meals in the microwave or from driving their own car to the store to riding the facility van or car-pooling with other residents, the women were able to maintain a self-image of independence and control while renegotiating their new environment.

### 6.3. Implications for LTC policy and practice

Gaining insight into the processes that operate to facilitate successful adjustment to a new living arrangement in old age is relevant from a service delivery perspective. Aging and housing policy and programs are needed that create and

support the conditions under which older adults can stay in control in these environments for extended periods of time. To become more responsive to the needs of older adults for maintaining a self-identity of competence and feeling “in place”, aging policy and practice must incorporate three main themes: (1) emphasis on consumer direction and consumer values; (2) preference of residential, home-like, “caring” settings over institutional, hospital-like, “curing” settings; and (3) establishment of a continuous LTC system both able and willing to provide supportive services that facilitate aging in place. Translating these themes into practice will require analogous shifts in the way policy makers and practitioners alike have traditionally thought about older adults and the aging process: (1) from doubt about to confidence in the older adult as capable, competent, and rational individual who has the right to self-direction and choice; (2) from reliance on to re-examination of the medical model as optimal framework for delivering supportive care services; and (3) from indifference about commitment to an aging-in-place philosophy as fundamental guiding principle for re-structuring the LTC policy and practice arena.

In trying to define a system of LTC that is responsive to and inclusive of not only the needs but also the preferences and desires of older adults, we may need to go beyond questioning older adults, the current users of the system, and ask ourselves, the future users of the system, where and how we want to spend our later years. At issue is not how to keep older adults in their long-time homes at all cost but how to integrate an aging-in-place philosophy into the design of a wide selection of LTC housing options so that they facilitate the ongoing, dynamic process of becoming and feeling at home. Ultimately, the meaning of home, as understood by the women in the current study, appears bound not by their maintenance of status quo of location but by their lived experience of permanence of place, which they accomplish by transporting meaning across physical spaces through an ongoing process of merging life-long expectations and experiences of previous places they inhabited with their new environment, thereby creating an essence of home that is at once old and new.

#### 6.4. Conclusion

The study’s purpose was exploratory, and its findings allow a beginning understanding of the meaning of home to older women as they move from their long-time residences into assisted living facilities. It is encouraging that the findings of this study are consistent with the experiences of other older women who chose to relocate to congregate living (see Rossen & Knafl, 2003; Young, 1998). In explanatory terms, the findings are valuable in establishing an initial understanding of the processes older women may use to make themselves feel at home again after moving. However, they are reflective only of a very selective group of individuals: older women who continue to be independent and thus are able to live alone, who have come to believe that seeking long-term care and moving is “the right thing to do”, and who have the financial and social resources to do so. To capture the full range of the concept of home in old age, future research must include the thoughts and perceptions other groups of older adults, including older men who live alone, older men and women who live with spouses or partners, the frail elderly, and older persons who can no longer freely choose their final home.

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