

**Beyond the Relocation Trauma in Old Age:
New Trends in Elders' Residential Decisions**

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Setting the Stage

Development in later life involves a dynamic of person-environmental exchanges over time. One of the most important developmental events in this regard is relocation. Although most elders want to remain in their homes, "...to move or not to move is really part of the aging in place debate" (Pastalan, 1995, p. 1). Consider two archetypical scenarios. First, there is the voluntary decision to move after a long period of residential stability, often early in retirement. This decision to relocate from one residence to another may be made after months or even years of evaluating positive and negative aspects of a long distance migration. It may involve discussions with friends and relatives, comparing costs of living and climates, reflection on vacation experiences and a final decision to move with a spouse to a more attractive setting with better amenities. In studying such moves, one might focus on demographic and geographical patterns, on personal and environmental predictors, on motivations, on the subjective experience of the event itself, or on the process of settling in and accommodation to the new environment. Under a second scenario, one may think of relocation as the result of a sudden health-related crisis in very old age. After an extended period of frailty and a short-term stay in a hospital, there may be a reluctant relocation into a long-term care facility. Again we may focus on demographics, on risk factors, on the relocation itself and on emotionally laden and often traumatic consequences of having to give up one's home—a process that may lead to further health decline and even death.

It is important at the outset to clarify our use of the words migration, relocation, and movement. In this chapter the notion of moving refers to all changes in location. By migration we are referring primarily to long-distance moves. Use of the word relocation refers primarily to short-distance moves. Clearly there is considerable overlap among these three concepts.

In recent decades the contrast between our two scenarios has come into sharper focus with increasing differentiation between elders in their “Third Age” and those in their “Fourth Age” (Baltes & Smith, 1999). Whereas long-planned decisions to migrate from one home to another are often made by relatively healthy and affluent elders, the sudden and unexpected loss of home tends to occur more frequently among very old frail individuals. Indeed, the growing number and proportion of very old people in the population can be anticipated to lead to an absolute increase in the number of relocations in very old age. Migration from one community to another is increasingly popular: it is a relatively common, anticipated and generally positively evaluated event. In contrast, relocation into a long-term care facility is a clearly non normative experience with arguably adverse effects on health and well-being (Ryff et al., 2002; see also Gitlin in this volume).

The diversity of housing arrangements for elders has increased during recent decades, affecting residential needs and decisions as well as subsequent outcomes for both those who move and those who remain in place (Krout & Wethington, 2003). Moves now take place not only from one community residence to another or from a traditional family home to an institution. Today, the phenomenon also embraces moves to an array of different kinds of purpose-built dwellings, often providing supportive services and characterized by the umbrella term “assisted living.” Continuing care retirement communities (CCRCs), independent and assisted living facilities (in the United States), co-housing and assisted housing (in Europe) as well as an increasing number of facilities specially designed for demented elders are now important options within the relocation landscape. In addition, this landscape now encompasses, naturally occurring retirement communities (NORCs) that result from increasing concentrations of elders left behind as younger persons move out of an area and increasing numbers of elder “snowbirds” or “sunbirds” who engage annually in seasonal migration, temporarily moving to environmentally attractive amenity-rich locations. Even for

those who choose to remain in place, there are now many alternatives as a result of environmental adaptations and technical aids that allow the individual to remain in a familiar dwelling, even when suffering from significant loss of environmental competence.

As understanding of diverse types of relocation increases, growing sophistication is reflected in distinctions between voluntary and involuntary moves. Voluntary moves generally involve a combination of personal and environmental factors. The main reasons for involuntary moves continue to be declining physical health and, to an increasing degree, progressive cognitive impairment. In most cases, relocation involves a mixture of voluntary and involuntary factors, especially in very old age. Increasing sophistication is also apparent in considering the dichotomy of “push” (away from the old location) versus “pull” (toward the new location) motivations (e.g., Haas & Serow, 1993), and “basic” versus “higher-order” needs in accounting for migration (Carp & Carp, 1984). Finally, there is increasing recognition of the need to regard relocation from experiential and life course perspectives and to place emphasis on understanding the processes involved in successfully re-establishing a sense of place attachment after losing a home through relocation (Rowles & Watkins, 2003).

As we focus on experiential aspects of relocation, the contrast of our two scenarios becomes ever more blurred. In this chapter our goal is to clarify the current status of knowledge by reviewing aspects of relocation and residential decision making and by identifying recent trends likely to have significant impact on the relocation patterns and processes of future cohorts of elders. We begin by discussing options that often precede or provide an alternative to relocation, emphasizing the increased role of housing modification as an adaptive strategy. Against this baseline, the core of the chapter considers theoretical perspectives and presents empirical data from four different paradigms of relocation in old age in order to give a comprehensive picture of the complex societal and individual phenomenon of relocation. Employing a demographic perspective, we focus first on the

prevalence of relocation as a changing societal phenomenon reflected in trends such as increasing numbers of moves into purpose-built homes and the emergence of seasonal migration as a significant phenomenon. Next, adding a process-oriented decision-making perspective, individual motivations for relocation are considered, moving beyond a simple push versus pull dichotomy. Differences in motivations among relocation from home to home, into purpose-built homes, and into institutions are explored. A third paradigm enriches our understanding by adding an outcomes perspective that weighs both positive and negative consequences of relocation. Although we consider relocation to be basically a stressful event, we also emphasize positive aspects of a change of residence (Golant, 1998). Finally, adopting an experiential life course perspective that further broadens and deepens the realm of discourse, we focus on relocation and the transformation of place in old age, considered from both short-term and long-term temporal perspectives. Together, the decision-making perspective, outcome perspective, and experiential life course perspective provide a comprehensive window on the developmental impact of relocation in later life. In a concluding section, the four paradigms are melded within some integrative and future-oriented remarks.

Staying Put: The Baseline

Although the likelihood of living in a nursing facility increases with age and the number of alternative purpose-built homes is increasing in modern Western societies, elders have a high degree of residential stability; most want to avoid relocation, and the majority wish to live independently for as long as possible. This preference has resulted in growing emphasis on aging-in-place as a policy priority (BMFSFJ, 2001; Rowles, 1993; U.S. Bureau of the Census, 1996). This has been accompanied by a recent increase of scientific interest in the phenomenon (e.g., Gitlin, 2003; Wahl & Weisman, 2003).

As people age-in-place, decrease of functional capacity often leads to increased environmental stress and a person-environment misfit (Kahana, 1982; Lawton & Nahemow, 1973). Recent decades have witnessed an increasing propensity for retrofitting housing with environmental aids and other forms of home modification and adaptation (Gitlin, 1998; Lanspery & Hyde, 1997; Pynoos, 2000; Regnier, 2003). Although systematic analysis of home modification for older adults has revealed somewhat mixed results (Gitlin, 1998), there is evidence of positive outcomes with respect to maintaining daily activities (Harper & Bayer, 2000). Finally, the emergence of universal design and growing recognition of the value of “smart home” technologies is transforming the potential for elders to remain in and function effectively in familiar settings (Mann, 2001). For some elders, extensive modifications may facilitate remaining in the familiar space of home for an extended period. For others, this solution may not be viable, particularly if the home cannot be easily adapted to cope with changing circumstances. To conclude, changes in relocation patterns can not be regarded independently from increasing numbers of moving alternatives for today's elders to facilitate remaining in place, as "staying put" remains an important potential outcome of the residential decision-making process in old age.

Paradigms of Relocation in Old Age

A Demographic Perspective on Relocation

Relocation as a societal phenomenon has often been addressed from a demographic perspective (Carlson, Junk, Fox, Rudzitis, & Cann, 1998; Golant, 1998; Longino, 2004; Pastalan, 1995; Serow, 2001). Transitions in older adults' living arrangements are relatively rare events in Western societies (Brown, Liang, Krause, Akiyama, Sugisawa, & Fukaya, 2002; Speare, Avery, & Lawton, 1991; U.S. Bureau of the Census, 1996). “In any recent five-year period, people of retirement age are only about half as likely to make long-distance moves as is the U.S. population as a whole. So most people tend to stay put when they retire”

(Longino, Perzynski, & Stoller, 2002, p. 45; for further information see Longino, 2004).

However, extrapolations based on a German survey revealed that an increasing number of elders in their "Third Age" expect to move at least once before they reach their "Fourth Age" (Socio-Economic Panel, SOEP; Heinze, Eichener, Naegele, Bucksteeg & Schauerte, 1997).

Many existing studies are based on theoretical frameworks identifying moving types. Litwak and Longino (1987), for example, divided relocations in late life into first, second and third moves. First moves often take place close to retirement during the "Third Age" and are usually prompted by amenities associated with a desired place of residence. Second moves tend to be characterized by moves back to a place of origin. Third moves often are disability-related relocations of frail elders to institutions during their "Fourth Age" (Hazelrigg & Hardy, 1995; Litwak & Longino, 1987). Although this typology provides a useful global perspective on migration and relocation patterns in old age, it understates the broad range of conceivable environmental changes and alternative housing opportunities confronting elders.

Moving from Home to Home

Relocation behavior among relatively healthy and affluent elders in their "Third Age" has changed over time. Paradoxically, older adults today are both increasingly attached to their familiar residence and, at the same time, increasingly mobile (Clark & Davies, 1990).

Relocations within community boundaries, often the same county, are the most frequent in old age (e.g., Krout, Moen, Holmes, Oggins, & Bowen, 2002; Oswald, Schilling, Wahl, & Gäng, 2002). As the spatial range of activities decreases, the proximate living environment including the home, the area immediately outside—the "surveillance zone" (Rowles, 1981), and the neighborhood, become more important, especially in very old age. Two thirds of 217 involuntary movers in a German study have moved within the same town, half of them within the same district (Oswald et al., 2002). In a recent European study on housing and health with 1314 elders (65 years and older) 46% would chose to relocate within

the same neighborhood, if necessary (WHO, 2004). Moving within a neighborhood facilitates achieving the benefits of a supportive home without losing social contacts, outdoor routines, and emotional bonding to a familiar place.

At the same time, the number of elders undertaking long-distance migration is increasing (Longino, 2004). Research on older international migrants within Europe has focused on flows of British, German and Norwegian retirees to southern Europe, with the majority of studies concentrating on older migrants on the coasts of Spain (King, Warnes, & Williams, 2000; Wolthuis, 1997). Little is known about the long-term consequences of such migration. Supplementing permanent migration, there is a growing trend, especially within the United States, toward seasonal migration (McHugh & Mings, 1996; Scheidt & Windley, 1998). Although permanent migration has been well documented, this is not the case with seasonal migration (Hogan & Steinnes, 1998). Increasing numbers of elders now have different homes for different seasons, sometimes maintaining dual residences over decades. Living in such a "circle of migration" (McHugh & Mings, 1996) is a relatively new phenomenon that affects the structure and temporal dynamics of person-environment transactions in terms of everyday behavior, environmental preferences, and place attachment. Thus, basically, both the number of elders who relocate in the near future (baby boomers) will increase and the pattern of migration will change in terms of a greater variety of destinations and in terms of more cyclic patterns of seasonal migration (Longino, 2004).

Moving into Purpose-built Homes

Increasing numbers of older adults are moving into purpose-built dwellings or assisted living facilities designed to address specific support needs. In the United States about 2.4% of those 65 and older reside "in congregate facilities or assisted and/or board and care homes" (Administration on Aging, 1996, cited in Krout et al., 2002, p. 237). In Germany the corresponding figure is about 2.6% (Großjohann, 2003). The number and proportion of

elders living in purpose-built homes is increasing. Some authors suggest that proportions up to about 10% of those 65 years and older are living in an array of purpose built alternatives including retirement communities and subdivisions, senior apartments, congregate housing, assisted living, continuing care retirement communities (CCRCs) and skilled nursing facilities (Regnier, 2003). In Europe, co-housing (Palsig, 2000) and “assisted housing” options (Großjohann, 2003; Saup, 2001) have proliferated during the last decade. Assisted living provides an alternative for those who want to combine the amenities of modern community residence with a guarantee of easy access to basic social support or health care services in the future.

Moving into an Institution

Relocation to a nursing home has long been a major topic of research and application (e.g., Aldrich & Menkoff, 1963; Bourestom & Tars, 1974; Green & Ondrich, 1990; Schulz & Brenner, 1977; Tobin, 1989). Although a small number of people 65 years and older are residing in institutions at any particular time, the lifetime risk of relocation to a care facility is much higher. In the United States, Kemper & Murtaugh (1991) projected that 43% of the population turning 65 years of age in 1990 would be admitted to a nursing facility at some time during their life. Due to different life expectancies, the risk is twice as high for women compared to men. In Germany, about 20% of men and 40% of women will be admitted to a nursing facility during their lifetime (BMFSFJ, 2001).

Large-scale hospital-like nursing homes of the past are being replaced by small-scale skilled nursing-care facilities, especially for the very frail, the demented and the oldest old (persons 85 years of age and older). Numerous purpose-specific creatively designed nursing homes and small-scale dementia-care settings have been established (e.g., Weisman, 2003; Weisman, Chaudhury, & Moore, 2000). As a result of rapidly increasing prevalence rates of dementia, relocations due to cognitive deficits, especially dementia, have and are likely to

continue to increase. Relocation into an institution often occurs due to a combination of the increased caregiving burden on a spouse at home and/or the potential for obtaining more specifically targeted skilled nursing care in an institutional setting. As a result, nursing homes are dealing with increasing numbers and proportions of demented residents—often about 50%. Recent studies suggest that interventions, involving combinations of environmental adaptation and training, enable some elders who are not living alone to remain at home (Gitlin, Corcoran, Winter, Boyce, & Hauck, 2001).

Facing increasing numbers of very old elders who will need to move to a dementia care-setting, recent model facilities have focused on innovations based on a more sophisticated understanding of dementia. There is increased emphasis on building into design not only recognition of specific cognitive and physical impairments but also the creation of homelike places that recognize the social and emotional needs of the most vulnerable cognitively impaired elders in "special care units", although in the future, positive results are likely to extend beyond these model facilities (Day, Carreon, & Stump, 2000; Weisman, 2003).

A Decision-making Process Perspective on Relocation

Moving beyond the demographic perspective, we turn to a focus on the individual. "The essential problem of studying the migration decision is that it is a process (Longino et al., 2002, p. 33)." We consider the process of relocation decision making, risk factors for relocation, and subjective motivations for moving—juxtaposing consideration of relocation from home to home with moves into purpose-built residences and into institutions. The decision-making process which leads to relocation in old age can take many years to crystallize and is triggered and shaped by several moderating factors (Johnson-Carroll, Brandt, & McFadden, 1995; Ryff & Essex, 1992; Smider, Essex, & Ryff, 1996).

One of the most-often cited theoretical perspectives on relocation is the "retirement-migration-model" (Wiseman, 1980) a two-stage model of migration decision making—showing that the decision to move and the decision of where to move are influenced by different factors. This model has been extended to a heuristic framework based on key events in the migration process (Haas & Serow, 1993), on reasons for choosing a destination (Cuba, 1991), and other considerations affecting the relocation process (Carlson et al., 1998).

Empirical evidence from a subjective motivational perspective often differentiates between "push" and "pull" factors in the relocation process. Factors which "pull" or attract an elder to a new destination seem to be more important than those which "push" older adults away from a current location (Haas & Serow, 1993; Carlson et al., 1998; De Jong, Wilmoth, Angel, & Cornwell, 1995). Although the push-pull dichotomy is useful, its value is enhanced by examining the motivations (e.g., personal considerations versus environmental forces) that lead to relocation. A similar motivation (e.g., having extensive living space) can, in one case, be a push factor, and in another case, a pull factor influencing an elder's decision-making process (Oswald et al., 2002).

Finally, an important differentiation can be made on the basis of the "complementary-congruence model" of person-environment fit (Carp & Carp, 1984). It is plausible to assume that a hierarchy of intrinsic environmental needs permeates the relocation process. Carp and Carp's model differentiates between "basic environmental needs" and "higher-order needs." Basic needs are oriented toward maintaining personal autonomy with respect to necessary activities of daily living and competencies in everyday-life. Higher-order needs reflect more subjective development-oriented domains including privacy, comfort, familiarity, stimulation or favored personal activities. Research on relocation motivation would benefit from this more differentiated categorization of reasons for moving with respect to both the content and level of intrinsic need (Carp & Carp, 1984).

Moving from home to home

Previous empirical research, primarily addressing processes of voluntary relocation, has uncovered a great deal about the differential importance of personal and environmental factors in the decision-making process. Such factors include age, health and well-being (e.g., Choi, 1996; Nelson, 1997; Ryff & Essex, 1992), proximity to kin, socioeconomic and demographic considerations (e.g., Hazelrigg & Hardy, 1995), environmental bonding, neighborhood ties, and the chance to form attachments with new places (e.g., Carlson et al., 1998; Rowles & Ravdal, 2001; Rowles & Watkins, 2003). Friedrich (1995) in a comparative study on relocation in the United States and Germany, identified three typical moving incentives: to have an "attractive home," (especially in the "Third Age"); to be "closer to the family," (especially in the "Fourth Age"); and to "overcome bad housing conditions" (see also Serow, Friedrich, & Haas, 1996).

The bulk of the evidence suggests that good health is a major predictor of migration to amenity rich destinations (first moves at around the time of retirement; Litwak & Longino, 1987), whereas poor health is a major contributing factor to relocation to medically and socially supportive settings and to health care facilities (second, and third moves) (e.g., Silverstein & Zablotsky, 1996). Findings from a recent nine-year longitudinal study reinforce this conclusion that poor physical and mental health conditions trigger transitions in living arrangements (Brown et al., 2002). In contrast, a recent investigation of the actual health status of community-dwelling elders found that health status did not predict future housing expectations (Robinson & Moen, 2000).

Beyond physical and mental health, psychological resources such as environmental mastery, purpose in life, or positive relations with others have been hypothesized as factors influencing the process of relocation decision making (Ryff et al., 2002; Ryff & Essex, 1992; Smider et al., 1996). For example, Rutman and Freedman (1988) reported increases in

environmental satisfaction following relocation that were related to perceived control beliefs. Participants in their study reported dealing with stress by exercising personal control over their environment. Nearly all the respondents wanted to view the relocation process as one over which they had choice and control. An ability to transfer treasured possessions and to recreate interior environments providing a semblance of the abandoned setting through, for example, a similar spatial arrangement of furniture and artifacts, may significantly reduce the stress of relocation through its ability to sustain elements of the individual's sense of control (Rowles & Ravdal, 2001; Rowles & Watkins, 2003).

To learn about relocation decision making it is important to compare elders who make a move with older adults who decide to remain in place and to explore the processes of their decision-making or avoidance of decision-making (residential inertia) in temporal context (Krout, Holmes, Erickson, & Wolle, 2003). In a recent study of retirement migration decision-making among 848 older persons from the United States, Longino and colleagues empirically demonstrated that not only the relocation decision itself, but also features of the potential future destination, the pre-retirement location, pre-retirement familiarity with potential destinations, and lifetime migration experiences constituted key elements of a life course perspective on relocation (Longino et al., 2002). Comparing those who moved with those who remained in place, Longino and colleagues revealed that the most important factors influencing relocation decisions included climate (cold: push, warm: pull), personal ties (proximity to family / friends as a factor in residential inertia), community characteristics (high costs of living: push, natural beauty: pull), lifetime migration experiences and past vacation experiences.

Another study providing empirical evidence on motivations for moving involved a group of 217 older adults in Germany who moved from one home to another within the 3-year period, immediately prior to being interviewed. Using a combined qualitative and

quantitative methodology, data on reasons for moving were obtained by assessing responses to open-ended questions supplemented by more in-depth probing of each of the motivating factors identified by the participants. The study differentiated between content (e.g., person, physical environment, social environment) and level of need-related motivations (basic needs, higher-order needs) (Oswald et al., 2002). It emerged that the subjects of this study had multiple reasons for moving, with many of these involving the satisfaction of higher-order needs (see Figure 1).

[Insert Figure 1 about here]

Participants mentioned an average of four different reasons for moving. These reasons reflected different combinations of the levels and categories shown in Figure 1. With respect to the content level of motives, physical environment related motivations were the most prevalent. These included basic housing needs ("I found the apartment was too large to do my daily work") as well as higher-order needs ("We wanted to have a balcony and a view"). In the domain of motives pertaining to the social environment, the differentiation between basic ("My daughter can do the shopping for me now, because she lives just around the corner") and higher-order needs ("I wanted to spend more time with my grandchildren") can also be shown. We conclude that there is rarely one single reason for moving, but rather a set of needs that, in conjunction, lead to relocation. Although the participants in this study varied in health status and basic needs, most reported that higher-order needs became increasingly significant elements of relocation decision-making in old age (Oswald et al., 2002). In sum, results on voluntary moving from home to home consistently show that the complexity of the residential decision process necessitates more sophisticated methodologies.

Moving into purpose-built homes

There is accumulating empirical evidence on decision-making processes involved in relocation to purpose-built senior housing and assisted living residences. The "Pathways"

study revealed in great detail the process of residential decision-making over time by comparing elders who moved to senior housing facilities or other dwellings within the community with those who remained in place in a sample of 868 elders (60 years and older) living in different housing arrangements (Krout & Wethington, 2003).

Moving into the typical CCRC “guarantees lifetime access to housing and health care in return for an up-front “buy-in” cost and fixed monthly fees (Krout et al., 2002, p. 237).” The amount of guaranteed support in comparable European “assisted housing” facilities is generally more limited. It involves the provision of barrier-free apartments, medical emergency call systems and an in-house warden who can facilitate access to medical care and provide health care information and counseling.

As a pilot study of the “Pathways” survey, an assessment of 91 older adults who subsequently moved to a new CCRC facility revealed that primary motivations for their relocation involved the anticipation of future needs (Krout et al., 2002, 2003). There was a desire to remain independent, a desire for continuing care, for freedom from the upkeep and maintenance required in the participants’ current residence, and the desire to avoid dependency or becoming a burden to anyone. The location and reputation of the facility were also mentioned as important motivating factors. As Krout and his colleagues note, “Relocation to a CCRC can be seen as an anticipatory move taken by people who are relatively healthy and wealthy and who want to combine amenities with the guarantee of further health care in a community that may be near to family (Krout et al., 2002, p. 241).”

Comparable conclusions are reached in a study of 173 older adults residing in seven “assisted housing” facilities in Germany (Saup, 2001). The longitudinal component of this study revealed, however, that the participants held unrealistic expectations and were poorly informed about housing alternatives. Assessments conducted both before and after relocation, indicated that participants had moved in order to circumvent or anticipate certain

risks they perceived would occur in their old age, though many of them were already suffering from loss of competence when they moved in. The majority expected that they would be able to remain in their new home until death, even if intensive care was required or if they were to exhibit mental deterioration. These were unrealistic expectations given the mandate of the “assisted housing” to provide only non-intensive support within home-like housing with barrier-free environments and some basic instrumental and social support (Saup, 2001). The increasing numbers who relocate to special purpose-built housing clearly demonstrate that the current generation of elders considers both amenities and anticipated future needs for support when they select their future home. Unfortunately, in most areas there is a discontinuity between elders’ preferences and available options (Golant, 1992). The potential for combining an attractive home in a pleasant location with good supportive care that is less expensive than skilled nursing home care is limited. This is especially the case with respect to purpose-specific care units for persons with dementia (Regnier, 2003).

Moving into an institution

A basic underlying motivation of most elders is to avoid moving to an institution. Indeed, relocation into an institution presents a paradigm of involuntary transition in residence. Often there is limited personal involvement in the decision-making process. Consequently, relocation into institutions has been viewed primarily from a loss perspective, emphasizing the risks and consequences of stress and trauma. Many of these risks and consequences stem from the poor health status and functional-cognitive impairment of persons making this move (e.g., Coffman, 1981; Green & Ondrich, 1990; Schulz & Brenner, 1977). Low socioeconomic status and ethnicity may also be contributing factors. Other risk factors directly or indirectly relate to social context, for example, living alone or having no children living nearby (e.g., Silverstein & Zablitzky, 1996). High levels of loneliness increase the likelihood of and accelerate nursing home admission, even after controlling for

other variables (Russel, Cutrona, & Wallace, 1997). Beyond the negative outcomes of involuntary relocation (trauma, accelerated health decline and death), the impact of limited personal (especially psychological) resources to cope with the new situation, the process of relocation itself, and the impact of the institutional environment in determining well-being have each been analyzed. Lack of control before and after the move, as well as difficulties in making necessary adjustments to different levels of care, are responsible for high levels of relocation stress and trauma (Coffman, 1981; Langer & Rodin, 1976; Rodin & Langer, 1977; Schulz & Brenner, 1977). There is accumulating empirical evidence that those elders who can anticipate and who have enough time to prepare for their move can adjust more easily to the new environment (Coffman, 1981; Kruse & Wahl, 1994; Thorson & Davies, 2000). Building on this insight, Lee, Woo and Mackenzie's (2002) qualitative research revealed that newly admitted elders in institutions "adjusted through the stages of orienting, normalizing, rationalizing, and stabilizing as they struggled to regain normality with a life that was as close to that lived before admission as possible (Lee, Woo, & Mackenzie, 2002, p.667)."

Not only purpose-built homes but also institutions are increasingly designed to address the specific needs of demented, very old and frail elders (e.g., Day et al., 2000). Relocation into a skilled nursing facility in the case of dementia cannot easily be discussed from the perspective of decision-making, as the elder may only be marginally involved in the relocation decision, especially when relocation occurs late in the progress of the dementia.

An Outcomes Perspective on Relocation

Moving to a third paradigm, we consider positive and negative outcomes of relocation in old age. Relocation in old age is a stressful event *per se* (e.g., Ryff et al., 2002) and there is evidence of negative consequences, especially with respect to involuntary relocation into institutional settings. Although evidence is sparse, we want also to emphasize some positive outcomes, both for voluntary and involuntary relocation. Within this rubric, a wide range of

theoretical perspectives on healthy aging, well-being, stress and morbidity derived from disciplines ranging from health psychology to gerontology can be interrelated. From the perspective of theory in environmental gerontology (e.g. Kahana, 1982; Lawton & Nahemow, 1973), we can focus on the increase of person-environment fit or decrease of person-environment misfit through environmental adaptation following relocation.

Within the "environmental proactivity" model (Lawton, 1985), the individual's active shaping of his or her environment becomes very important, especially when interpreting *the outcome of moving* in response to a perceived misfit between the person and the environment (Kahana, 1982; Lawton, 1985, 1998; Parmelee & Lawton, 1990, p. 470). Accordingly, the outcomes of environmental changes due to relocation can be examined to determine the degree to which they represent truly goal-directed efforts to optimize an environmental context or merely happenstance events unrelated to the quest for improved person-environment congruence. Some recent models explain outcomes of environmental change by recourse to consideration of temporal context—in terms of the individual's life course, past levels of experienced person-environment fit and other individually-defined subjective reference points for the assessment of current outcomes (Golant, 1998; Wheeler, 1995). Although identification of moderating aspects of time on individual relocation decisions is integral to such research, the more interesting question is how subjective motivations and subsequent environmental changes are linked to outcomes with respect to well-being throughout the life course.

Moving from home to home and into purpose-built homes

In order to describe positive and negative outcomes of relocation from home to home, one might ask if subsequent environmental conditions have changed for better or for worse. It is also important to know the manner in which environmental changes are related to pre-relocation expectations and motives. In one study of relocation motivation, objective changes

in the environment due to relocation were examined through a list of detailed questions on “household amenities,” “stimulation characteristics of the setting,” “availability of resources” and the “social network” of the person (Oswald et al., 2002). Most participants reported high levels of stability with an optimization of relationship with the new environment more prevalent than deterioration of the relationship with the old one. Participants optimized their homes in all domains as a result of their relocation—even with respect to visual stimulation (e.g., scenic view). Beyond the environmental outcomes of the relocation itself, the relationship between objective change and subjective motivation was analyzed. Links were found between basic housing needs and physical barrier reduction, as well as between social motives and the proximity of family after the relocation (Oswald et al., 2002). Thus, elders who are able to exercise choice do not necessarily report negative outcomes of changes in their home environment when moves are voluntary. Rutman and Freedman (1988) have reported increases in environmental satisfaction following relocation. Based on a register of 22,579 older persons, Danermark and colleagues analyzed the effects of residential relocation among elders. They found, “that residential relocation among elderly people does not have any significant effect on mortality or consumption of health services (Danermark, Ekstrom, & Bodin, 1996, p. 212).” However, it should be noted that for the subgroup of elders who moved permanently and, presumably, reluctantly as a result of urban renewal, the mortality rate was higher than among non-movers and those who moved for other reasons.

The “Pathways” study recently explored how housing types and residential decisions affect different aspects of health, well-being and life quality. As far as the impact of relocation on social integration is concerned, differences between long-term and new CCRC residents are reported. Whereas long-term residents in CCRCs with high attachment to their facilities perceived an increase in role participation, recent movers reported fewer social roles after the move (Moen, Dempster-McClain, Erickson, & Boyce, 2003).

Moving into an institution

Involuntary environmental changes, such as forced relocation to a nursing facility, can result in increased mortality rates, seriously compromise functional health, reduce life satisfaction, and undermine the psychological well-being of elders, especially if they are already vulnerable in terms of declining health or financial status (Danermark et al., 1996; Pruchno & Resch, 1988). Early studies on relocation to institutions emphasized “relocation trauma” or “transfer trauma,” phrases used to describe harm that may occur when an older person is moved. An involuntary relocation may lead to physical or psychological decline and even death. Indeed, a series of studies conducted in the 1960s and 1970s documented significantly increased mortality rates as a result of relocation (Bourestom & Tars, 1974; Killian, 1970). In Bourstom and Tars’ study, almost twice as many persons died in the year after the relocation in a “radical environmental change” group in comparison with a matched control group that did not relocate. Those who did not die as a result of the relocation frequently became depressed and disoriented and reduced their level of activity (Bourestom & Tars, 1974). Psychological deterioration and serious physical illness were also reported to be more pronounced as a result of relocation (Miller & Lieberman, 1965).

Declines in health status among persons after relocation can be attributed to a combination of effects including characteristics of the person, the nature of the transfer and the environment itself. Personal effects were that those who moved were selectively more ill than those who did not relocate. Controlling for health status prior to the move, mortality and morbidity rates increased after unexpected relocation into institutions. Characteristics of the new environment (e.g., lack of amenities, limited recreation facilities, high population density, and lack of personal space) can have a negative impact on the individual, leading to a decrease of health status (Bourestom & Tars, 1974; Kruse & Wahl, 1994; McKinney & Melby, 2002). Finally, the “social dislocation” of relocation to an institutional setting is

disorienting for a frail older person and may itself cause a “cultural shock” leading to negative outcomes (Tobin, 1989).

Although consequences of relocation of elders with dementia are not easily documented, recent data show negative outcomes. Using data on 272 persons with Alzheimer's disease who were admitted to a nursing facility, Aneshensel and colleagues found that, on the one hand “relocation is associated with a two-fold increase in mortality risk net of health status (Aneshensel, Pearlin, Levy-Storrs, & Schuler, 2000, p. S152).” As one might assume, these researchers found selection effects for post-admission mortality due to poor health, advanced age, being male, and being White. On the other hand, none of the specific indicators of stressful admission or unsatisfactory nursing home conditions were significantly related to mortality for this group of demented elders, although the authors emphasize a couple of methodological caveats.

Studies in this area, and especially those which suggest moderate or even low mortality and morbidity rates after relocation to nursing facilities (e.g., Borup, 1983) have repeatedly been criticized for methodological flaws. Such shortcomings include selectivity problems which lead, for instance, to the exclusion of non-interviewable elders (Horowitz & Schulz, 1983). In one study of 269 elders moving into a new nursing home no increase in mortality was found (Thorson & Davies, 2000). However, there was an increase in mortality in the one year preparation phase prior to this relocation. The authors argue that this outcome may have resulted from unintentionally creating great stress among those to be moved during the anticipatory period prior to the actual move (see also Tobin & Lieberman, 1976).

There are somewhat mixed results on the outcomes of the relocation of persons with dementia into special care units (Borup, 1983; Day et al., 2000). Some elders suffer from high rates of depression and mortality following relocation. On the other hand, moving from a non-supportive setting to a new and more pleasant environment can reduce negative

impacts for some residents (e.g., McAuslane & Sperlinger, 1994). Increasing knowledge and expertise with respect to the design of specialized units for persons with dementia (Day et al., 2000) will likely lead to improved outcomes and enhancement of resident well-being.

An Experiential Life Course Perspective on Relocation

In recent years, studies of relocation in old age have increasingly adopted a phenomenological life course perspective (McHugh & Mings, 1996; Rowles, 1983; Rowles & Ravdal, 2003; Wheeler, 1995). From a long-term temporal perspective, relocation can be understood as a dynamic ecological transition, a developmental process in which each change of residence is experientially linked to the move that preceded it and to future moves that are anticipated to follow as a normative component of the individual's life course (Bronfenbrenner, 1999). Within this rubric, life events such as widowhood and severe disability trigger relocations to more supportive settings—purpose-built special housing, assisted living facilities or even skilled care nursing homes (e.g., Walters, 2002). From an experiential life course perspective, each move is not an independent event but rather an integral part of a life trajectory—the elder's story. Each move along a life course trajectory involves the transference and recreation of a sense of place as the individual adapts to changing circumstances and engages in processes of place modification to facilitate or preserve a sense of being in place.

Individual relocation histories manifest a wide array of mobility scenarios ranging from, at one extreme, the residential inertia of lifetime residence in a single dwelling to a history of frequent relocation. Wherever along this life course mobility continuum an individual's experience may lie, it provides the template for relocation decisions in old age. The individual's personal history of moving also determines his or her patterns or styles of adaptation to each new environment (Longino et al., 2002; Rowles & Ravdal, 2001; Rowles & Watkins, 2003). Persons who relocate relatively frequently develop learned processes of

“place making” that involve the transference of elements of previous experience. Adapting to a new environment involves processes of creating, or more accurately recreating, a sense of comfort, of “being in place” or “at home.” The underlying motivation in most cases is to develop a relationship with each new setting that is both consonant with changed circumstances and consistent with the individual’s evolving personal history and identity (Oswald & Wahl, in press; Rowles & Watkins, 2003; Wheeler, 1995).

Place-making and developing a sense of being in place has a number of components. It involves reconciling elements of previously established patterns of habitation of familiar spaces (the places of our past) with the constraints and opportunities provided by the size, architecture, spatial configuration and social context of each new residence (the place of our present). Typically, this process involves the transference of selected possessions such as furniture, photographs, and other treasured artifacts (Belk, 1992). If the move is to a smaller space, for example from a family home to an apartment, there may be some anguish in this process as the elder is obliged to divest him or herself of treasured possessions accumulated over a lifetime—possessions that may have become not only cues to the resurrection of fond memories but also important symbols of continuing identity. There is a need for much more research on this process of divestiture of possessions as a component of relocation in old age (Ekerdt, Sergeant, Dingel, & Bowen, in press; Morris, 1992). With respect to the transference of possessions, accommodating to a new space following relocation may be eased by a conscious attempt to arrange furniture in a configuration similar to that which existed within the former environment (Hartwigsen, 1987). Over a succession of moves, there is a tendency to establish a distinctive style of place-making as each new environment is transformed from a space to a place and endowed with meanings that blend the old and familiar with the new and novel (Reed, Cook, Sullivan, & Burrige, 2003; Rowles & Watkins, 2003; Wheeler, 1995).

For elders with a history of frequent relocations, recreating a sense of familiarity and “being in place” in a new environment may be relatively easy. Emotional bonding is achieved rapidly. For others, especially those who have relocated on only a few previous occasions or perhaps never at all, the process of establishing a sense of identification and belonging within a new space may take much longer and be highly stressful. Some elders experience great difficulty adapting to a new setting even after a lengthy period of residence. For a small but regionally significant number of “snowbird” elders both in the United States and Europe, the process of place-making following relocation involves an annual ritual of establishing seasonal place attachments to two or more residences as, over the years, they migrate between winter and summer residences (McHugh & Mings, 1996). Such individuals tend to develop a distinctive style of being in place within each residence and to decorate each interior space accordingly (McHugh & Mings, 1996).

Placing these themes within a life course developmental perspective, Rowles and Watkins (2003) recently proposed a conceptual model of accumulating relocation experience that blends the trajectory of relocations over the life course with subjective attendants and sequelae (Figure 2). Building on the transactional person/environment framework employed by most environmental gerontology theories (e.g. Kahana, 1982; Lawton and Nahemow, 1973; Rowles, 1978; Scheidt & Windley, 1998), this model is a modification of the transactional “attunement” model of Kindermann and Skinner (1992). The focus is on the process whereby an individual involved in relocation *attunes* him or herself to new circumstances as, over time, he or she accommodates to a new setting.

[Insert Figure 2 about here]

The x-axis of Figure 2 represents age/time. Each paired individual (open circle) and environment (shaded circle) represents a five-year period extending from the age of 5 to 90. Influence/exchange magnitude (the y-axis) refers to the lagged arrows representing an

evolving individual/environment relationship, with longer arrows representing greater magnitude of influence. As the individual's capabilities change, he or she may modify the context. This may involve modification of the existing setting to make it more consonant with personal capabilities. Alternatively, it may involve relocation; perhaps a move to an assisted living facility. Three event scenarios, each tracing potentially disruptive relocations, are depicted in Figure 2. Event A represents a midlife employment-related move, event B represents Litwak and Longino's retirement-related "first move," and event C represents a long-term care relocation for assistance—Litwak and Longino's "second or third move" (Litwak & Longino, 1987). In each case, the model hypothesizes an initial lack of congruence between the individual and the environmental context. Over time, as the individual accommodates to the new setting and transforms it from a space into a place, there is a progression toward stasis and a new level of person-environment congruence.

Paralleling this process, the model suggests a transition in the reservoir of place images that constitute the totality of the individual's environmental experience (represented in the model by each column). Environmental experiences available to immediate consciousness are represented by the shaded area while those that remain latent or relegated to the subconscious are represented by the open area. The model hypothesizes that relocation results in heightened environmental awareness and increased utilization of the individual's reservoir of environmental experiences, including latent experiences raised to consciousness by the event. Thus, from a life course experiential perspective, relocation involves a synthesis of new experience, the sloughing off of redundant elements of an abandoned space, and selective resurrection and transference of prior environmental experience during the process of transforming a new environment from a space into a place. With progression toward person-environment stasis, an increasing proportion of the individual's reservoir of environmental experiences lapses into the subconscious. Over time, a process of habituation

to the new space once again results in a taken-for-granted affinity associated with an increasing sense of being in place. Clearly, the nature of the environment and the degree to which it facilitates the individual's accommodation to new circumstances is a strong determinant of the rate at which this process can occur. While it suggests interesting new directions for research, this model has still to be empirically tested.

Pathways To the Future: Toward an Integrative Perspective

Although they provide different theoretical and empirical lenses on relocation in old age, the perspectives presented in the previous pages are very much intertwined. From a demographic perspective, migration trends, relocation alternatives and accommodation options for an increasingly diverse group of elders in their "Third" and especially "Fourth Age" have been presented. Processes of individual decision-making shaped by personal, biographical and environmental influences have been explored. A broad range of both positive and negative outcomes of relocation—from enhanced autonomy and well-being to stress, morbidity and mortality—have been discussed. Finally, an experiential perspective on relocation has been presented. This perspective has considered relocation, an emotionally meaningful event at any time in the life course but particularly so in old age, as involving the recreation of place in a manner that is embedded within autobiography.

Both theory and empirical evidence in each of these domains are currently somewhat fragmentary. There is evidence on relocation motivations and the process of decision-making for relocation from home to home and into special purpose-built residences. We know most about risk factors and outcomes when we consider relocation into institutional settings. The evidence clearly indicates that different motivations underlie different types of relocation in old age. Functional environmental characteristics (e.g., cost of living, environmental barriers, amenities, distance to services), community attributes (natural beauty of the physical environment, climate), personal ties (proximity to family and friends), and lifetime migration

and vacation experiences may all be considered when moving from home to home. A combination of search for a simplified lifestyle (e.g., freedom from upkeep and maintenance of a current residence) and anticipation of future needs (e.g., opportunity for access to support, potential for continuing care, desire to avoid dependency or becoming a burden to anyone) appear to be prominent considerations when relocating into purpose-built special housing alternatives. Prominent risk factors in relocation to a nursing facility include poor health, functional-cognitive impairment, low socioeconomic status, living alone, having no children living nearby, and experiencing loneliness. Relocation to a care facility is eased by a sense of perceived control, low levels of stress, and successful adjustment to different levels of care both prior to and after the move. For elders with dementia, relocation to dementia care facilities may have a positive effect on maintaining a sense of partial autonomy and well-being (at least temporarily) as a result of features of the designed environment and the presence of specially trained skilled staff, although outcome effects are difficult to measure.

Emergent Trends

To integrate the different perspectives, we conclude by projecting some trends, based on the evidence presented, that indicate possible cohort changes in relocation patterns and motivations among older adults that go “beyond the relocation trauma”.

Relocation in old age is becoming increasingly prevalent, perhaps reflecting the growing mobility of Western societies. Although most elders want to remain in familiar settings and consider home adaptations and refitting measures as well as new technologies to avoid involuntary relocation, voluntary relocation, including seasonal migration and relocation to forms of assisted living (e.g., CCRCs), is becoming an increasingly common event—and is likely to become even more so among future cohorts of elders.

We detect a trend toward *increasing variability in the relocation process* on several levels. With regard to the relationship between the selection of housing alternatives and

personal circumstances, the simple elegance of past perspectives—for example, Litwak and Longino’s three-fold typology of late life relocation decisions (1987)—is giving way to an increasingly variegated array of strategies and options. Conceptual boundaries among housing alternatives are becoming increasingly blurred. Most relocations from home to home still take place among the relatively healthy and wealthy young old. Relocation to long-term care facilities most often involves frail elders in their “Fourth Age,” many of whom are suffering from dementia. Data on relocation decision-making processes reveal more complex combinations of motives (e.g., Krout et al., 2002; Krout & Wethington, 2003; Oswald et al., 2002). Generally, there is no single motive for relocation. Rather, a combination of motivations are brought into play, reflecting a meshing of basic and higher-order needs (Carp & Carp, 1984) during both the “Third” and “Fourth” age.

The proliferation of new types of assisted living facilities (including CCRCs) seems to address these mixtures of future-oriented basic and higher-order needs among both young-old and old-old elders (Krout et al., 2003). From a demographic view, there is evidence for an increasing number of short-distance relocations within the same district or county, and an increase of mobility, shown for instance in the increasing numbers of temporary or seasonal long-distance migrations (Hogan, & Steinnes, 1998). The range and variety of housing options for elders along the continuum that has replaced an historical dichotomy of private homes and institutions has already tremendously increased (Großjohann, 2003; Regnier, 2003). But there is still a lot to be done in terms of clarifying and assessing the advantages and disadvantages of different types of facilities and related services.

We detect significant trends in *the emergence of residential settings designed for demented elders*. While the emphasis of research on risk factors for morbidity and mortality continues, new data reveal more highly differentiated explanations for negative outcomes and suggest the importance of intrapersonal resources such as anticipation, control and

monitoring in coping with the stressful relocation event. The focus has changed, in part, because relocation into institutions is increasingly a phenomenon experienced by elders with dementia and those who are very frail. Comparing the socio-physical setting and care of persons living at home with their situation following a move to a modern skilled nursing facility, one may argue for positive effects of relocation as a result of the creation of especially supportive environments and services (Day et al., 2000; Weisman, 2003).

There is an *emerging emphasis on preparation for relocation as an element of elders planning for their future*. Reducing the potential for relocation trauma in old age is one outcome of the anticipation of different relocation possibilities earlier in life, e.g., during the “Third Age.” Engaging in informed discussions with friends and relatives, making anticipatory arrangements with a partner and, perhaps most important, visiting alternative community and institutional care settings can be helpful in enhancing the psychological permeability of residential alternatives (Rowles, Concotelli, & High, 1993). Such strategies are important in terms of information gathering, the exchange of opinions and, most significantly, as a component of the development of a life course perspective on the process of relocation. Such a perspective, we suggest, is enriched with the accumulating reservoir of relocation experience that results from each residential change. Such an information and experience-based perspective may be helpful in reducing feelings of anxiety when relocation is necessitated by changing personal capabilities or environmental circumstances—it may facilitate our moving beyond the relocation trauma. Finally, increasing focus on anticipatory awareness of the process of environmental change over the life course may provide an important stimulus to movement from a diffuse, often inchoate, understanding of future residential possibilities toward more concrete and deliberate planning for a personal future. Anticipatory planning for diverse possible exigencies of the “Fourth Age” may translate directly into actions ranging from a post-retirement relocation into a CCRC or assisted living

facility to the decision to prepare for staying put and aging in place in a residence that is adapted according to principles of universal design and the use of “smart home” technology.

Finally, we perceive increasing emphasis on *developing deeper understanding of the experiential processes involved in transforming spaces into places* that may be a critical element of relocation adjustment. Progress in this domain offers considerable potential for developing interventions to minimize the trauma of relocation and promote effective adjustment to new spaces through assistance with the process of regaining a sense of normalcy following relocation. Such interventions (e.g., offers of relocation assistance as part of housing counseling for elders and their partners or relatives or as part of the geriatric assessment in hospitals) may be especially important for frail and/or demented individuals in facilitating their adjustment to institutional living. The key here lies in evolving person-focused interventions that are consistent with the elder’s life experience and socio-cultural values. Progress in these directions will enable us to move “beyond the relocation trauma” in innovative ways that enable us to enrich the lives of even the most vulnerable of our elders.

Enriching Methodologies in Relocation Research

In providing deeper insight into these emerging trends, it will be important to engage in research that is especially attuned to the identification and interpretation of the subtleties and complexities of contemporary relocation transitions. In order to accomplish this it is necessary to confront some methodological constraints that have limited the conclusions that we have been able to draw from previous studies. Consequently, we conclude this chapter with considerations of two methodological issues.

There is a *need for more detailed and discriminating analyses of specific predictors and outcomes of relocation*. Much of the established evidence on push versus pull influences on community migration (e.g., socioeconomic status, climate, costs of living, available amenities) and stressful consequences of relocation into institutions (e.g., functional

limitations, compromised cognitive and physical health) can still be regarded as valid. However, there is a need for more refined predictors, e.g., in the relation of health and relocation. While some data support the suggestion that good health tends to trigger amenity-seeking relocations and poor health serves as a predictor of relocation to supportive settings (e.g., Silverstein & Zablitzky, 1996) other community relocation studies conclude that health status does not predict future housing expectations (e.g. Robinson, & Moen, 2000) and findings on actual relocation into CCRCs suggest that high levels of perceived health are associated with positive outcomes (Krout et al., 2002, 2003). In sum, more discriminating and sensitive predicting indices of relocation and its outcomes are needed to disentangle the diverse elements that contribute to contemporary trends.

Studies of relocation and residential decision-making need to utilize *more sophisticated methodologies* to reveal subtle dimensions of the relocation process. This is true for both, qualitative and quantitative research. Studies of the process and consequences of relocation decision-making are compromised by methodological shortcomings. In some studies the relocation process is only addressed from the perspective of a limited population of already relocated persons who can only view their experience from the potentially distorting perspective of hindsight. Such an approach increases the risk of selective recall in the sample and the retrospective adjustment of both perceived needs and wishes (e.g., Oswald et al., 2002). Sometimes resource limitations dictate a focus solely on the *post hoc* recollections of a sample of relocated individuals. There is a need to complement such work with data collection at different phases of the relocation process, i.e. prior to and following the relocation (e.g., Krout & Wethington, 2003; Saup, 2001). Unfortunately, most studies do not have the resources to follow relocation trajectories as they evolve longitudinally over many years and in parallel with the process of aging and an individual's passage through multiple residential transitions (Brown et al., 2002). Other forms of research design-related

selectivity, for example, the selective effects of increased stress-related mortality during the pre-relocation phase should also be avoided (Thorson & Davies, 2000). Finally, to develop a fully comprehensive perspective on the relocation decision, it will be necessary to compare the deliberative processes of people who decide to relocate with those whose resolution is not to move but rather to remain aging in place in a familiar although perhaps unsuitable environment. To date few research endeavors have had the capacity to consider both populations. The development of such studies would facilitate the comparison of risk factors, the development of insights into the resources used in making decisions, and more in-depth understanding of the decision-making process (e.g., Longino et al., 2002; Krout & Wethington, 2003).

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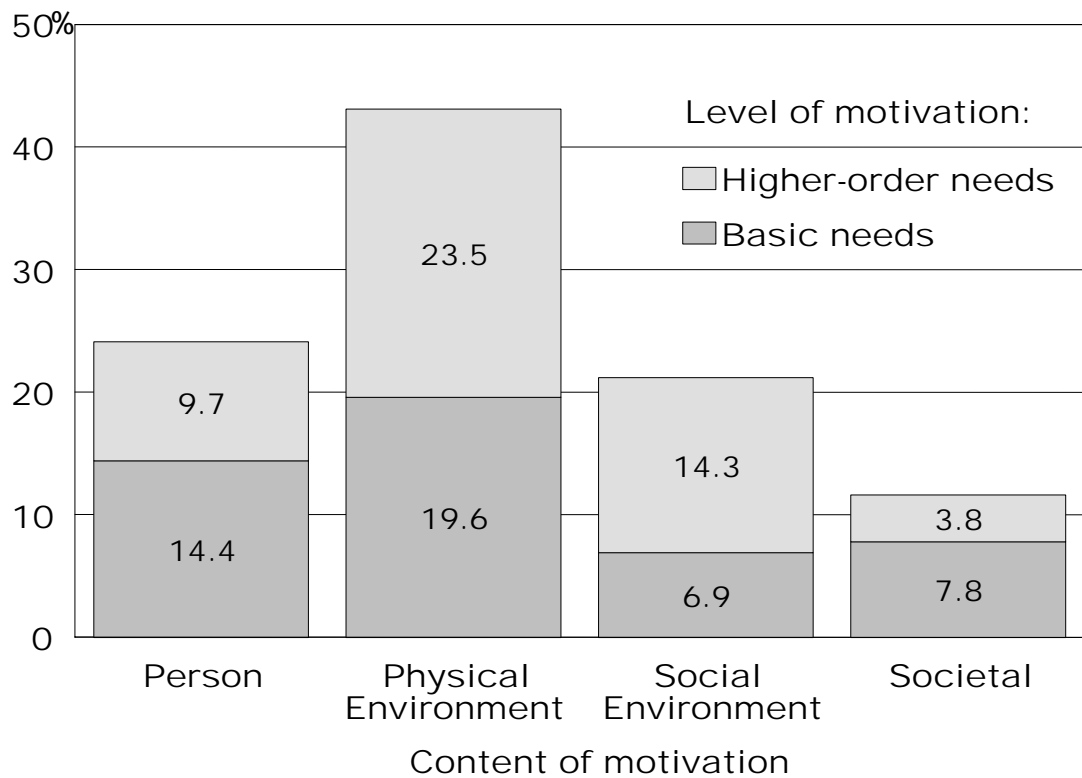
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Figure Captions

Figure 1. Reasons for moving cross classified by level and content of motivation.

Figure 2. Life course model of environmental experience.

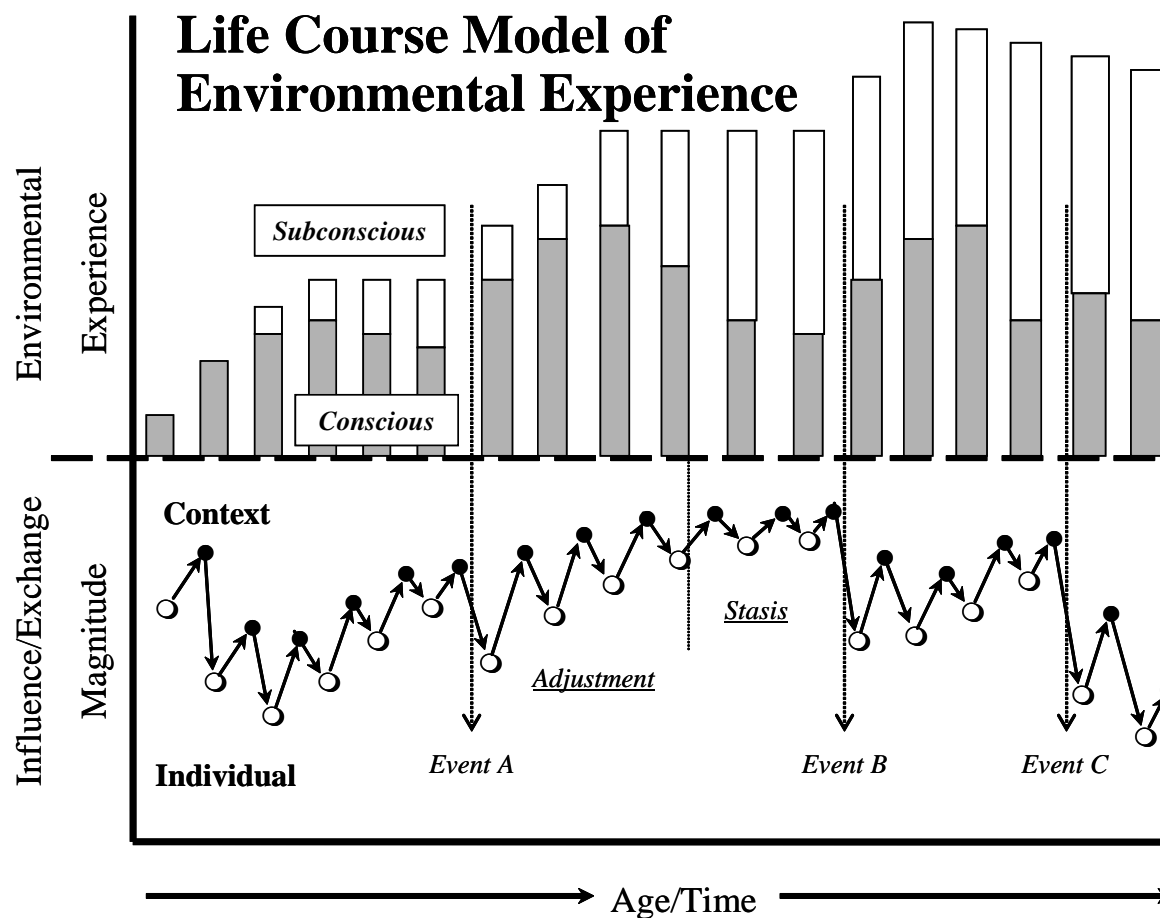
Figure 1



Note. The relative frequency of varying move motives are shown above. A total of 961 reasons for the move were coded from $N = 217$ participants, which represents a mean of 4.4 reasons for moving per person.

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Figure 2



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