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## Grief in the initial adjustment process to the continuing care retirement community

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## ABSTRACT

This paper examined the transition to continuing care retirement communities (CCRCs) within the framework of anticipatory and disenfranchised grief. Qualitative interviews with 29 residents and 19 adult children were conducted. Three major thematic categories emerged from the data. The first theme reflected *ambivalence, dialectics or uncertainty* about the CCRC as manifested by the various names assigned to it by respondents. The second theme reflected the acknowledgement of *present and anticipatory losses and grief* in response to the move. The final theme reflected respondents' *disenfranchisement of their grief and loss* and their *view of the transition in a positive light*. In their early adjustment period, residents and adult children are ambivalent about the transition, but often refrain from acknowledging their losses openly because of the image of the CCRC as a status symbol. Open acknowledgement of losses associated with the transition might be beneficial.

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A continuing care retirement community (CCRC) or life-care community is considered a residential community that older adults move to for the remainder of their lives. CCRCs provide housing and services to older adults who usually enter the CCRC when they are functionally independent. In Israel, CCRCs are composed of private apartment buildings or gated communities, specifically designed for seniors with financial means. Units are equipped with a kitchenette and cooking facilities. They are cleaned weekly and have an emergency call button. The entire complex usually offers a pool, gymnasiums, game rooms, libraries, and a wide array of social activities (The Marker, 2008). Most CCRCs also offer assisted living units, skilled nursing facilities, and nursing services to meet older adults' evolving needs until their death (Sherwood, Rucklin, Sherwood, & Morris, 1997).

Israel is a diverse society, highly influenced by Western values (e.g., participation of women in the workforce, individualism), yet it is situated in the Middle East and is highly

influenced by Middle Eastern values (e.g., the centrality of the family) as well. The family system in Israel is considered strong, central, and stable, especially when compared to other Western countries (Lavee & Katz, 2003). This may partially explain the relative low percentage of older adults over the age of 65, who reside in CCRCs in Israel, which is only 2.6% (Brodsky, Shnoor, & Be'er, 2010). Nevertheless, the number of CCRCs has expanded dramatically in the past decade, with an estimated increase of 8% in 2006 alone (Mirovsky, 2008), mounting to 11,950 units in 2010 (Brodsky et al., 2010).

To date, much of the research on the transition of independent older adults to the CCRC has emphasized residents' autonomous decision to relocate in order to increase their social contacts and protect their autonomy (Groger & Kinney, 2006; Heisler, 2004). Among the reasons for relocation are unfulfilled social needs in current residence, characterized by low levels of informal support and fewer interactions with family members (Sheehan, 1995) vs. security and companionship (Graham & Tuffin, 2004) in the form of closer proximity to family members or friends upon transitioning to CCRC (Groger & Kinney, 2006). Advanced planning and the anticipation of future needs due to deteriorating health status, the desire for continued care,

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availability of medical services, freedom from maintenance of residence, protection against rising costs, and the desire not to burden family members were other common reasons for relocation (Cheek, Ballantyne, Byers, & Quan, 2007; Krout, Moen, Holmes, Oggins, & Bowen, 2002; Maloney, Finn, Bloom, & Andresen, 1996).

Whereas highly informative, less attention has been given to potential losses and ambivalence associated with the move. This is in contrast to the literature on nursing home placement or assisted living facilities that has emphasized the role of dialectics or ambivalence in residents' and carers' experiences (Davies, 2005; Fitzgerald, Mullavey-O'Byrne, & Clemson, 2001). This is also in contrast to the literature on transitions within the CCRC facility, which has also emphasized loss and ambivalence (Shippee, 2009).

The present study is focused on residents' and adult children's ambivalence and dialectics concerning the transition to the CCRC. It examines the transition to the CCRC within the framework of anticipatory and disenfranchised grief. Anticipatory grief refers to the grief reaction in response to impending losses. It often takes place prior to the death of an intimate figure or prior to one's own death (Rando, 1986). Disenfranchised grief is "the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported" (Doka 1989: p.4). Because use of formal (paid) services does not take place in void, but is often highly related to the perceptions, beliefs, attitudes, and availability of family members (Knight & Buys, 2003; Strang, Koop, Dupuis-Blanchard, Nordstrom, & Thompson, 2006), we evaluate not only the perspectives of CCRC residents, but also of their adult children.

Examining the move to the CCRC in the context of older adults' migration style (Litwak & Longino, 1987) provides some hints into potential losses and ambivalence experienced upon the transition to the CCRC. Accordingly, the first move, occurs relatively early following retirement and is termed the 'amenity migration'. Movers are often married couples in good health with satisfactory financial means, who move in order to improve their life style (Wiseman, 1980). A warmer climate, recreational amenities, rural qualities, and reduced cost of living have all been considered as facilitators of such a move (Carlson, Junk, Fox, Rudzitis, & Cann, 1998). The second move usually occurs following impairments in instrumental activities of daily living in the absence of a spouse who could have otherwise compensated for this functional loss. This move is characterized by bringing parents and adult children geographically closer to one another (Choi, 1996; Colsher & Wallace, 1990; Longino, Jackson, Zimmerman, & Bradsher, 1991; Silverstein, 1995). This move usually takes place at an older age than the 'amenity' migration. The third move is to a nursing home following the inability of the family to provide informal care (i.e., unpaid care provided by family and friends) (Wolinsky & Johnson, 1992). Moving into a CCRC is similar to making the first type of move with the anticipation of making the second and third moves in the future (Groger & Kinney, 2006). Whereas the first move represents the wish to fully enjoy and celebrate life, the latter two moves reflect an anticipation of future negative consequences and may potentially stimulate grief and mourning about present and future losses.

As the number of older adults worldwide continues to grow, there is a need to develop adequate housing options for

this population. The present study provides a unique perspective by comprehensively evaluating duality or ambivalence about CCRC and its residents during the initial adjustment process.

## Methods

### Sample

The study was conducted in collaboration with Bait Balev Maccabi Health Care Services Group (an Israeli CCRC chain) during 2010. This health fund runs several CCRCs that are geographically located in the North, Center and South of Israel. All CCRCs are located in urban areas and each hosts between 100 and 200 residents. All are privately owned, designed to cater to financially stable older adults. Inclusion criteria for CCRC residents were: relocation into an independent living unit within six to twelve months of the time of the interview.

A list of 54 eligible residents was provided to the principal investigator (LA), who selected interviewees in order to reach maximum variations (Patton, 1990) in terms of age, gender, marital status, and geographical location (sampling three different CCRCs located in different regions). Eligible CCRC residents were subsequently asked to name an adult child that was most involved in their care. An attempt was made to interview each respondent separately in an intimate location that would allow him/her to talk freely about his/her experiences. Interviews with residents took place in their apartment within the CCRC. Most interviews with family members also took place within the CCRC facility. Interviews lasted between 1 and 3 h.

Overall, 29 CCRC residents and 19 adult children participated in the study. The majority of residents (24) and adult children (13) were female. Residents' ages ranged between 72 and 88 and adult children's ages ranged between 42 and 64. Most residents (18) were widowed. These demographics are consistent with previous reports concerning CCRC residents (Buys, 2001).

### Procedure

This study was approved by the Helsinki ethics Committee of Maccabi Health Care Services. Interviews were conducted by one of four interviewers. All interviewers had prior training in qualitative interviewing including the conduct of mock interviews prior to the start of this study. The focus of early interviews concerned the decision to move to the CCRC. Subsequent interviews included a more elaborated discussion of the adjustment process, losses and gains associated with the move, division of roles within the family, and social ties. We followed a funnel approach, starting from broad research questions followed by more detailed ones for clarification and emphasis. See Table 1 for the interview guide. All interviews were recorded using a digital recorder and transcribed verbatim.

### Analysis

We coded data categories in stages, with each stage representing a more complex conceptual level (Strauss & Corbin, 1998). Each interview was first coded thematically for

**Table 1**

Sample questions for residents and adult children.

Questions for residents	Questions for adult children
<i>Tell us about your decision to move?</i>	<i>Tell us about your decision to move?</i>
<i>What were the main reasons for the move?</i>	<i>What were the main reasons for the move?</i>
<i>What made you choose this particular CCRC?</i>	<i>What part did you take in the decision to move?</i>
<i>What were your expectations and fears about the move?</i>	<i>What were your expectations and fears about the move?</i>
Which expectations/fears were fulfilled and which were not? Why?	Which expectations/fears were fulfilled and which were not? Why?
Tell me about your initial transition? How are things different from now?	What has changed since the transition?
What has helped you adjust? What has made the adjustment more difficult?	How did your parent respond to the transition?
What has changed since the transition? In what way is life in the CCRC different from life in the community?	How do you view the adjustment process of your parent?
Tell me about your social contacts today? In what way are they different from the period prior to the transition?	What has helped and what has made the transition difficult for your parent? For you?
How have family relations changed since the transition?	How have family relations changed since the transition?
How have family roles changed since the transition?	How have family roles changed since the transition?
Tell me about your relationships with staff?	Tell me about your relationships with staff?
What would you tell a friend who considers moving to the CCRC?	What would you tell a friend who considers moving to the CCRC?
What are the advantages and disadvantages of this place compared with the community?	What are the advantages and disadvantages of this place compared with the community?

The questions that opened all interviews are italicized. Additional questions were developed based on early interviews.

major content areas. Next, commonalities and differences across interviews were evaluated and themes were regrouped to represent major content area that received considerable attention across participants. Data were not forced into preconceived themes, but instead an open coding approach was employed, so that interview data guided the creation of the categories (Creswell, 1998). Searching for inter-theme consistencies and contradictions, descriptive and then interpretive categories were created to represent interview data. The final stage was selective coding, which involves the identification of core categories to create a story line (Strauss & Corbin, 1998).

Because we had two sets of data sources: CCRC residents and their adult children, we analyzed data from each group separately and only after reaching a summative interpretation of each of the groups, we attempted to identify similarities and differences across the two groups and integrate the findings according to major themes. Overall, there was high concordance between residents and their adult children. Therefore, we do not divide the analysis according to these two sources, but instead note differences when present. Due to the large volume of data presented in each interview, we selectively presented only themes that were directly related to our present research question. Additional common themes that emerged

from these data concern social ties in the context of the continuing care retirement community (FOR BLIND REVIEW) and intergenerational ties (FOR BLIND REVIEW). These themes are discussed elsewhere. We maintained an audit trail (Rodgers & Cowles, 1993) by recording the data analysis process and keeping records of all stages of analysis. To establish the rigor of the study and to ensure its conformability (Guba & Lincoln, 1989), interviews were analyzed independently by two raters and disagreements were discussed. The reliance on two sources of data was yet another method of triangulation (Long & Johnson, 2000), in order to ensure that our analysis captured themes that were common to the various stakeholders involved.

## Results

Three major thematic categories emerged from the data. The first theme related to the nature of the CCRC and respondents' *ambivalence or dialectics* about the CCRC, as reflected by their uncertainty even in relation to its name. The second theme reflected respondents' view of the CCRC as a place that symbolizes one's age and ageing processes which are associated with inevitable *losses and death*. This theme can be characterized as respondents' reports of present and anticipatory losses as well as their grief reaction in response to these losses. The final theme reflected respondents' portrayal of the CCRC in a positive light and their decision to move to the CCRC, as the right one. This theme can, to some degree, be seen as respondents' *disenfranchisement* of their own grief and grieving process, but also as a *true adjustment and acceptance* of their move. The latter two themes contribute to respondents' ambivalence about the move and about the nature of the CCRC as they represent somewhat contradictory perceptions of the CCRC.

Interviews contained an overarching latent communication of grief and sorrow about present and anticipatory losses. These losses were spoken and, then, again, unspoken, with many respondents vacillating between not "knowing what this place is" (the first theme), to wondering whether this is "a place of the dead" (the second theme) or actually "a place of the living" (the third theme). In reviewing these themes, it is important to keep in mind that interviews were conducted within the first year of transition and thus, reflect some of the adjustment difficulties of new residents and their adult children.

### *Ambivalence and dialectics*

Attitudes towards CCRC vacillated dramatically, not only across interviews, but also within the same interview, demonstrating a strong sense of ambivalence and uncertainty about its nature in society at large. One of the most notable examples of respondents' uncertainty and ambivalence was manifested by the terminology used to describe CCRC, ranging from a nursing home, Gold age institute, Golden cage, old age home, parents' home, hotel, club, the 'second temple,' bubble, country club, kibbutz, institute, sanatorium, public kitchen, the home of the millionaires, or simply, 'this place.'

When talking about his children's reaction to the move, a resident said: "*they (children) were concerned because all of a sudden, we entered this place that was always referred to as a*



nursing home. There was a need to explain that this was a CCRC, that this was different from a nursing home.”

When reflecting on his impressions of CCRCs, an adult son stated: “They (CCRC) are still the same grey nursing homes, with small rooms and a little kitchen and people are repelled by that and it is usually really expensive...”

A resident noted, “For me, this institute... once I said an institute, every one shouted at me, this home is...”

With a few exceptions, the term ‘home’ was used in reference to their old home in the community and was hardly ever used in reference to the CCRC. This is despite the fact that all CCRCs from which respondents were recruited had the word ‘home’ as part of their name.

As noted by one of the residents, “...no...no...it is not that it (CCRC) is not good, but sometimes, I am bored, sometimes, I remember my home...” The language of negation could provide a hint to an unspoken message about the difficulties this resident has been facing following her move to the CCRC and her strong yearnings for her old home. Others went as far as comparing their old home to a kingdom, using royalty terms to describe their experiences, “I would have returned (home) without any hesitation, because I had a life of a queen. Simply, I lacked nothing there. Home is home, there is no arguing about this.”

Apparently, when the term home was used in reference to the CCRC, this was perceived as a real achievement that symbolized one's successful adjustment process: “yesterday, who was this? Ah...my neighbor ...so she is saying, ‘let's go home’ and she catches herself, ‘I said home... you see...it means something.’”

### Present and anticipatory losses and grief

A second theme that emerged from the text was respondents' grief and sense of loss concerning their age and ageing processes in light of the transition. Many reported at least some difficulties about the transition, which served as a constant reminder to their vulnerabilities. The move was often portrayed as the ‘final move,’ serving as a potential reminder of one's impending mortality. Whereas some of the reports were explicit, others were more implicit in nature, serving as an indication of the sensitive nature of respondents' experiences.

#### *This is a place of death*

The most ingrained dilemma that respondents were forced to at least implicitly acknowledge upon transitioning to the CCRC was their own and their loved ones' age and ageing processes. This was largely intensified by the age segregated nature of the CCRC. Many respondents spoke about CCRC as a place of death, arguing that given the age of its residents, death is an inevitable and inescapable phenomenon.

As noted by an adult son who distinguished between the community and the CCRC, “...there is this fear that every minute someone dies there (CCRC), but I can tell you that in my building, more people die, so it doesn't need to scare you...”

Similarly, a resident said, “But, people fall here (CCRC) all the time, one from bed, one from...maybe because there are so many people here. Maybe when you live at home, you don't hear about this and it still happens frequently, and when it's here, you hear

about everyone who falls down...There are many people here with canes and wheelchairs, a lot, and there is an assisted living unit over here, for heaven's sake...”

#### *Seeing but not seeing the next stage*

Whereas some respondents specifically mentioned the availability of an assisted living unit as a plus, because they have already anticipated future losses, others made every attempt to ignore it, not only during the interview, but also physically, trying to avoid the unit and its residents, viewing it as a potentially gloomy future that symbolizes the last step before death. Nonetheless, even those who viewed the unit as a plus reported making every attempt to ignore it and its residents for as long as they possibly could.

An adult daughter, talking about her mother's move to CCRC, clearly stated: “The option to move to CCRC is the right one; we are talking about moving only to independent living, not to the assisted living facility. As mother didn't see herself as such and we also said it wasn't time to enter the assisted living facility in terms of physical or emotional aspects...”

The same daughter later on during the interview described her mother's attempts to actively avoid the presence of the assisted living unit, “once, we entered the assisted living unit, by mistake...she (mother) was horrified. You understand? ... and she says, ‘what is this? A hospital?’ I said ‘no’, ... I said an assisted living unit, it has nothing to do with you.”

A resident, who cared for her husband in the assisted living unit, provided a profound example of her difficulties to physically and mentally separate the CCRC from the assisted living unit, “when I exit the assisted living unit, I feel like in a different world. The happiness here...makes me forget about the sadness there. As you say, here I cry a little bit and there I laugh again...”

#### *The move as a metaphor to one's inevitable death*

Sense of death was intensified not only by the age segregated nature of the CCRC and its nursing unit, but also by the moving process itself, which was largely portrayed as ‘the final move,’ representing one's separation from life. Many respondents, adult children and residents alike, viewed the actual move as symbolizing a gradual death, manifested by the physical death of their old home. Hence, these respondents experienced not only anticipatory grief in response to future losses, such as the ones seen in the nursing unit, but also had to deal with present losses and grief.

As noted by an adult son, when talking about his parents' move, “I am telling you...this (transition) is not nice. I do what they (parents) ask me...but inside, it is really difficult for me...because this is an act of separation, at some form...at some age...it is some type of gradual goodbye...and it is painful.”

Similarly, when talking about her move, a resident described it as if she were distributing her lot, “my son wants this (possession) and my daughter wants that, but so far, I am not giving any one...they took many things, my granddaughters...”

### **Disenfranchisement of grief and loss: things are not that bad**

Talks about present and anticipatory losses and grief were often supplemented and, at times, shuttered by talks that negated or 'corrected' for these negative contents. This can be seen as another indication of respondents' ambivalence, which contains both positive and negative reflections of their move. At the same time, this can also be seen as respondents' disenfranchisement of their own grief and grieving process.

#### *But I am different*

Several respondents vacillated throughout the interview, between their view of themselves or their older parents as young and independent to their understanding and acknowledgement of their own and their parents' (in the case of adult children) ageing process. Pointing to distinctions between oneself or one's parents and the other residents served as a way to deal with the anxiety precipitated by the move to an age segregated community. Some respondents did not associate themselves with the CCRC community and viewed the other residents as completely different from themselves and of themselves as non-representative of the CCRC community.

For instance, when describing her first encounter with the CCRC, one of the residents had a hard time placing herself within existing categories of residents, "...when we first came to look at it (CCRC), we saw those with canes and wheelchairs, and I. I had a really hard time when I saw that. I started crying. I became crazy, 'where am I going to?' 'what am I doing here?' and then, we had a meeting, and we saw the people, and after all, all this new building consists of young people...who are independent. No canes, no wheelchairs. And not...people like me. I don't know if like me, maybe even in a better shape. Yes...."

An adult child commented that after first visiting the CCRC, his response was to tell his parents: "... no this is not for you...this is not you....you are not old....this cannot be..."

#### *But I am lucky*

Ambivalence about CCRC was further intensified by the fact that CCRC is marketed as a place for affluent older adults and as a status symbol, a place to enjoy stimulating social activities. As such, respondents should feel lucky for making the transition. Some made direct references to the public image of the CCRC. For instance, an adult child referred to the advertisement campaign when talking about his parents' decision to move, "when they started marketing the CCRC as a place that sets new standards of living, my father started to show interest...." Many other adult children expressed the hope that when they grow old, they will be financially able to afford such a place.

In response to a question about the disadvantages associated with the CCRC, many respondents pointed out primarily to the financial costs associated with the transition, "there are advantages here, there are social advantages, but there is also a major disadvantage, it costs money. The entire thing costs a lot of money..." Others noted that their friends would have liked to join the CCRC if it wasn't for financial constraints.

#### *CCRC could be different*

The desire to make a distinction between the CCRC and its older residents was apparent in most interviews. Respondents expressed this desire in a variety of ways, ranging from a suggestion to integrate children into the CCRC, enter the CCRC at a young age in order to fully enjoy its facilities, or ban participation of older adults with disability.

"An adult daughter acknowledged, 'my husband tells me,' listen, if there were more kids here, I would have agreed to live in a place like that. See, this is a respected and respectful place and good atmosphere...."

An adult son stated, "I kept telling her (mother) that as long as she is young and can still function and enjoy the place and not get there as a dependent..."

One of the resident stated, "... we came and immediately saw someone with a cane and here someone with a wheel chair, so I don't want to see this atmosphere, I thought it would be something else."

### **Discussion**

Given the ageing of Western society, constant efforts are being made to offer older adults housing options of their choosing. One such housing alternative is the CCRC, which has received considerable attention in recent years due to the increase in lifespan and improved overall health status of many older adults (Sherwood et al., 1997). Respondents' difficulties to clearly name the CCRC served as an indication of their uncertainty about its nature. Examining the history of long term care arrangements for older adults, may cast some light on this. In Israel, CCRC represents a relatively recent alternative to more traditional long term care institutes, with its emphasis on residents' independence and autonomy (Gamliel & Hazan, 2003). Whereas nursing homes or assisted living facilities are specifically designed to meet the needs of older adults with disability, CCRCs are designed to cater to a different audience of older adults who are functionally independent (Sherwood et al., 1997). Consistently, there are tremendous efforts to distinguish the CCRC from the traditional nursing home and to market it to older adults who are functionally independent (Croucher, Hicks, & Jackson, 2006). In their early adjustment process to the CCRC, CCRC residents and their adult children are vividly aware of present and anticipatory losses and as a result, have a hard time distinguishing between the traditional long term care facilities of the past and the present form of CCRC.

Attempts to portray homelike qualities to the CCRC are clearly evident even from the name of the CCRC chain examined in the present study, which has the word 'home' as part of its title. Despite these efforts to place the CCRC as an alternative to traditional old age institutions or to home in the community, most respondents in the present study had a hard time classifying the CCRC and only very few residents referred to it as their home. The various terms used in reference to the CCRC demonstrate the strong ambivalence about the CCRC and its purpose, with most respondents wondering about its exact nature. Ambivalence and uncertainty about the nature of the CCRC were evident not only among residents, but also among their friends, family, and colleagues, hence, contributing to residents' confusion. Nevertheless, in considering these findings, it is important to note that we evaluated respondents

upon their early stages of adjustment to their new setting. It is possible that several years into the transition, respondents will view the CCRC as their home. Hence, further longitudinal research is recommended in order to more fully portray respondents' early adjustment period to the CCRC and distinguish it from later periods. It is quite possible that grief and ambivalence that were so vividly evident in these early interviews will not be present in subsequent interviews with this population.

Finally, the name CCRC in Hebrew potentially creates yet another reason for ambivalence, as it literally translates as 'protected living' (*diur mugan*). Hence, the name implies that residents need protection. CCRCs offer a doorman, an emergency call button, cleaning services, and health and psychosocial services in addition to optional services, such as social activities and prepared meals. Many of the residents make the move specifically because of these 'protective services' provided by the CCRC (Bekhet, Zauszniewski, & Nakhla, 2009). Thus, they are forced to acknowledge their frailty, but at the same time are expected to also view the CCRC as an opportunity to celebrate 'middle age' (Gamliel & Hazan, 2003). This confusion about the nature of the CCRC is further intensified by the fact that some of the services provided by the CCRC, such as a doorman or 24-hour surveillance are also available in affluent gated communities or five-star hotels that are not age segregated.

The second theme concerned with one's age and ageing processes, as manifested by grief about present and anticipatory losses. Mourning and loss were evident in most interviews and reflected respondents' ambivalence about the move, which symbolized not only a separation from their old lives in the community, but also an inevitable move one step closer towards death and dying. Respondents' ambivalence about their own age and ageing process was evident in interviews with residents and adult children alike. Although the CCRC by definition is designed to serve independent older adults, it is also seen as the 'final move,' as it offers long term care services to residents at need (Sloan, Conover, & Shayne, 1995). The presence of a nursing unit and an assisted living unit within the same setting likely intensifies anticipatory grief and a sense of loss and elicits many anxious feelings concerning death and dying as well as heightened stigma regarding old age (Shippee, 2009).

The third theme reflected respondents' attempts to portray the CCRC and their own ageing process in a more positive light. At times, this disenfranchised the grief associated with the move, reflecting their ambivalence and dialectics about the move. Many respondents argued that they celebrate life and health and portrayed the CCRC as an opportunity to do so. CCRC was portrayed as a status symbol, available only to the lucky few. Consistently, researchers have argued that the façade of the CCRC is aimed at worshipping middle age by ignoring disability and death associated with the ageing process (Gamliel & Hazan, 2003). Grabbling between these dialectic view points, which on the one hand reflect loss and grieving, yet on the other hand, reflect a celebration of life can to some degree, be considered as a disenfranchised grief response; grief that in the present study is not fully acknowledged by respondents, who are expected to 'celebrate' their move.

In reviewing the results of this study, it is important to acknowledge its limitations. Although the study was conducted

in three geographically distinct settings, they were all under the same management, hence are likely more similar than other CCRC settings. In addition, given its qualitative nature and reliance on a relatively small non-representative sample size, the present study does not attempt to represent a generalizable experience of CCRC residents and their adult children. Because only 2.6% of Israeli older adults use this living facility, it is important to note the uniqueness of our population and research question. Nevertheless, it does provide important insights and new perspectives on grief in the context of early adjustment to the CCRC. This living arrangement continues to receive increasing attention, with the aging of the population and the increasing levels of modernization in Israeli society, which place high demands on the formal care system.

### Implications

The present study demonstrates a need for open communication about and acknowledgement of grief and loss associated with one's transition to the CCRC. Although the admission process to the CCRC is gradual and usually involves ongoing communication with social workers and staff as well as a trial period, our study demonstrates potential difficulties and ambivalence faced by older adults and their adult children upon transitioning to the CCRC. Openly grieving the transition implies admitting to one's present and future losses associated with the ageing process. It also can be seen as an ungrateful attitude, given the portrayal of the CCRC as a care alternative that enhances one's social life and independence and is available only to the most affluent older adults. The CCRC provides a safety net for the (unthinkable) losses expected as one ages. Therefore, ambivalence could be a normal, if not an inevitable response to this move. Giving room to residents and their adult children to acknowledge their ambivalence about the transition may be helpful. A longitudinal study of residents and adult children's experiences is warranted to better conceptualize the adjustment process of residents and their adult children over time.

The exact mechanisms for assisting older adults and their family members in the transition remain unclear, given the important role that denial plays in our everyday life (Becker, 1973; Kubler-Ross & Kessler, 2005). The majority of research on successful ageing indicates that the ability to stay optimistic, despite adversity, to see the potential and strengths rather than the hurdles, and to stay active and creative, despite physical limitations is adaptive (Stephoe, Wright, Kunz-Ebrecht, & Iliffe, 2006; Vahia, Chattillion, Kavirajan, & Depp, 2011). There is also research indicating that one's subjective age may be more meaningful than one's objective age and that a gap between subjective and objective age is both adaptive and normative in old age (Infurna, Gerstorf, Robertson, Berg, & Zarit, 2011). Consistently, the separation between young and old or independent and dependent as clearly depicted in respondents' reports is aimed to keep residents in denial about future losses (Hagestad & Uhlenberg, 2005). Some may consider this a healthy approach that allows to continuously deny our impending death and to engage in meaningful activities throughout our lives (Kubler-Ross & Kessler, 2005). On the other hand, these same policies that attract residents to CCRCs, as they provide a real or perceived protection from the threats associated with ageing are the ones that possibly disenfranchise



residents' and adult children's grief and increase their dialectics about their present and future losses.

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