



# A Typology of New Residents' Adjustment to Continuing Care Retirement Communities

Liat Ayalon, PhD\* and Ohad Greed, MSW

Louis and Gabi Weisfeld School of Social Work, Bar Ilan University, Ramat Gan, Israel

\*Address correspondence to Liat Ayalon, PhD, Louis and Gabi Weisfeld School of Social Work, Bar Ilan University, Ramat Gan 52900, Israel. E-mail: [liat.ayalon@biu.ac.il](mailto:liat.ayalon@biu.ac.il)

Received August 12 2014; Accepted October 29 2014.

**Decision Editor:** Rachel Pruchno, PhD

**Purpose of the study:** The study was designed to examine the diverse experiences of older adults upon their transition to continuing care retirement communities (CCRCs).

**Design and Methods:** As part of a larger qualitative study on CCRC residents and their adult children, the first wave of interviews with 59 CCRC residents located in 12 different CCRCs was analyzed. A line-by-line analysis was followed by constant comparisons within each interview and across interviews in order to identify commonalities and differences. Subsequent to the identification of major thematic categories, whole interviews were analyzed to identify unique response-patterns across interviews.

**Findings:** Three major themes emerged: (a) continuity versus discontinuity in life experiences following the transition to the CCRC; (b) time-orientation (e.g., past, present, or future); and (c) place attachment (e.g., within the CCRC or in the larger community). These 3 themes distinguished among four different types of CCRC residents: "shades of gray," "still searching after all these years," "disapprover," and "I finally found it."

**Implications:** The study offers a unique perspective on the adjustment process to CCRCs, by stressing the need to view qualitative differences in adjustment, rather than level of adjustment. Whereas CCRCs allow a segment of older adults to truly enjoy the opportunity for a new beginning in old age, for others, the transition does not pose a major change from past life experiences and is not viewed with the same level of enthusiasm.

**Key words:** Continuing care retirement community, Institutional care, Adjustment, Social support, Older adults, Long-term care

Continuing care retirement communities (CCRCs) represent a relatively flexible care alternative which allows older adults to maintain some autonomy and independence, while providing them with tailored assistance to meet their specific needs (Doron & Lightman, 2003). CCRCs provide a living arrangement available to older adults of high socioeconomic status, who are independent upon entering the CCRC. They offer extra amenities such as a pool or a gym, whereas other services such as meal preparation or laundry

services are available on an as needed basis. Although CCRCs are designed for independent older adults, given the almost inevitable decline that occurs in the last few years of life (Smith, Walter, Miao, Boscardin, & Covinsky, 2013), CCRCs have also been portrayed as the "final station" in one's life (Hays, Galanos, Palmer, McQuoid, & Flint, 2001). As such, CCRCs usually have an attached nursing unit which caters to the needs of older adults as they age and lose physical or mental functioning.

Although CCRCs have received considerable attention as a potentially valid option for older Israelis (Mirovsky, 2007), the majority still live in the community. In 2012, there were 184 CCRCs in Israel, which provided 23,040 living units for older adults. This constitutes 31 units per 1,000 individuals over 65 or 64 units per 1,000 individuals over the age of 75 (Brodsky, Shnoor, & Be'er, 2012).

The transition to a CCRC is voluntary. However, it does not go without difficulties (Perry, 2014). The strong emphasis on possessions and place attachment in Western culture make the transition to a semi-public space, such as CCRCs challenging (Ekerdt, Sergeant, Dingel, & Bowen, 2004; Wiles, Leibing, Guberman, Reeve, & Allen, 2012). Research has noted a discordance between the joyful nature of CCRCs on the one hand, and the underlying implicit realization that CCRCs are the tenants' last station, on the other hand (Gamliel, 2000). Consistently, a recent study has portrayed the transition to CCRCs in the context of anticipatory or disenfranchised grief (Ayalon & Green, 2012). A study on the transitions within the CCRC has stressed the dissonance between one's wish to maintain autonomy and the loss of autonomy as one's physical health declines and the transition to a nursing unit becomes inevitable (Shippee, 2009).

Thus far, the majority of research on the adjustment process to CCRCs has used concrete indicators to portray adjustment. Among the factors that have helped older adults in their transition to a CCRC are their level of activity engagement (Cutchin, Marshall, & Aldrich, 2010), intact cognitive functioning and mastery level (Moen & Erickson, 2001), perceived social support from family members and friends (Armer, 1993; Sugihara & Evans,

2000) and intrinsic factors, such as perceived choice in relocation (Armer, 1993; Young, 1998) and the deliberate resolution to feel in place (Leith, 2006). Whereas informative, this research has largely viewed the adjustment process to the CCRC using a continuum of well-defined researcher-driven characteristics. The present study, in contrast, uses a bottom up perspective of the older adults, themselves, to portray the adjustment process of older adults who transitioned to CCRCs within the past year.

## Methods

The study was approved by the Helsinki committee of Maccabi Health Care Fund and by the ethics committee of the principal's investigator's university. The data used for the present study are part of a larger longitudinal qualitative study of older adults and their family members, partially funded by the Israel Science Foundation. In order to be eligible to the study, the first interview had to occur within the first year of the older adult's transition to a CCRC. A CCRC employee approached the older adult and described the study. Interested individuals were subsequently contacted by a research assistant. All participants signed an informed consent.

The present study is focused on data from the first wave of interviews with 59 older adults within the first year of their transition to the CCRC. Data were collected between 2010 and 2014. When constructing the sample universe, we attempted to reach maximum variations (Patton, 1990) in terms of CCRC residents (e.g., age, gender, marital status; Table 1) and CCRC characteristics (e.g., geographic location, socioeconomic characteristics, organization type; Table 2). We concluded the recruitment process when we

**Table 1.** Demographic Characteristics of Participants

	R (N = 3)	“Disapprover” (N = 6)	“Shades of gray” (N = 27)	“Finally found it” (N = 23)
Age	79.57 (4.37)	81.19 (4.64)	79.17 (5.94)	74.67 (4.993)
Gender				
Male	13%	22.2%	16.7%	33.3%
Female	87%	77.8%	83.3%	66.7%
Months in CCRC (SD)	7.95 (2.54)	7.77 (2.92)	7.80 (4.14)	6.67(4.72)
Marital status				
Married	34.8%	33.3%	33.3%	33.3%
Widowed	56.5%	63%	66.6%	33.3%
Divorced	8.7%	3.7%		33.3%
Financial status				
Can't make ends meet		8.3%		
Just enough to get along	25%	4.2%	100%	66.7%
Comfortable	75%	83.3%		33.3%
Excellent		4.2%		
Years of education (SD)	12.29 (2.7)	12.08 (3.48)	13.67 (4.5)	12 (0.0)

Note: CCRC = continuing care retirement community.

**Table 2. CCRCs' Characteristics**

Name	No. of interviewees	Year built	Year renovated	A pool	Nonemergency medical care	Nursing unit	Free shuttle services	District	Dwelling	Rooms <sup>a</sup>	Average age	Monthly payment (in shekels) <sup>b</sup>	Ownership	Type
GO	2	1988	2009	Yes	Weekdays	No	Twice per week	South	Town home	210	85	Variable	NPO	Nonchain
BY	1	1999	2006	No	Weekdays	Yes	No	South	Condo	160	82	8,000–10,000	NPO	Nonchain
NA	4	1962	2011	No	24/7	Yes	Daily	Center	Condo	140	87	Unavailable	Private	Chain
TR	4	1997		No	Weekdays	Yes	No	Center	Condo	60	90	4,000–7,000	NPO	Nonchain
AD	1	1992	2012	Yes	24/7	Yes	Daily	Center	Condo	180	Unavailable	Variable	Private	Chain
GB	1	2001		Yes	6 days	Yes	No (central location)	Center	Condo	120	85	7,000 average	Private	Nonchain
VS	2	1975	2009	No	None	Yes	Daily	Center	Condo	55	87	3,000–4,000	NPO	Chain
BJ	3	1979	1997	No	3 days	Yes	No	Center	Condo	120	87	7,000–30,000	NPO	Nonchain
BBJ	7	1989	2007	No	3 days	No	No	Center	Condo	90	80	5,000–7,000	NPO	Chain
BBR	2	1989	2007	No	24/7	Yes	Daily	Center	Condo	66	85	5,700–10,000	NPO	Chain
LG	2	1995	2005	No	4 days	Yes	4 days per week	North	Condo	80	82	4,600–7,200	Private	Nonchain
BBI	30	1993	2010	Yes	24/7	Yes	Write-daily	North	Condo	300	84	3,000–7,000	NPO	Chain

Note: CCRC = continuing care retirement community; NPO = nonprofit organizations.

<sup>a</sup>Not including nursing department rooms.

<sup>b</sup>In ILS, Not including initial deposit.

reached content saturation and no new data in the form of thematic categories emerged from the interviews.

Interviews were conducted either in Hebrew or in English. All interviews were conducted in a quiet location identified by the participant. Interviews were conducted by five different interviewers with experience in qualitative interviews. All interviewers had prior training in qualitative interviewing including the conduct of mock interviews prior to the start of this study. Ongoing supervision and mentoring regarding interviewing style was provided by LA, a psychologist with over 10 years of experience in qualitative research.

Interviews followed a funnel approach (Tracy, 2012), starting from broad questions, followed by more detailed and specific ones. Sample questions included descriptive items, such as the decision to move into a CCRC or expectations from the move; interpretive items, such as perceived resources that have made the transition easier; and comparative topics, such as a distinction between CCRCs and the community. Following the review and analysis of a select number of interviews (Ayalon & Green, 2012, 2013), interview style was changed to include a much broader perspective, starting with a general request to tell one's life story. This was subsequently followed by more specific questions related to the transition to the CCRC as detailed earlier. All interviews were tape-recorded and transcribed verbatim. Interviews lasted between 1 and 2 hr.

Analysis was conducted by two independent raters (LA and OG). A line-by-line thematic coding was employed (Strauss & Corbin, 1998). 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). This was followed by constant comparisons within each interview and across interviews. Themes were regrouped in order to create meaningful thematic categories (Strauss & Corbin, 1998). Various themes such as the transition process, ageism, and the blurring of boundaries between children and their older adults emerged at this stage. For the present study, the major theme of adjustment to the CCRC was selected and related themes were identified to create a coherent story line (Strauss & Corbin, 1998). This was then followed by a review of each of the interviews as a whole interview in an attempt to identify prototypes of residents who follow a unique response pattern with regard to the particular themes identified. The classification of individuals into prototypes by the two raters was examined and disagreements were discussed. Atlas.ti was used for the purpose of data management (Friese, 2012).

### Sources of Trustworthiness

Several interviewers conducted the interviews. This allows for obtaining a broader range of responses that are less

directed by the unique characteristics of a single interviewer (Tietel, 2000). Open-coding analysis was conducted by two independent raters and disagreements regarding the typology were discussed (overall agreement was 94%). An audit trail (Rodgers & Cowles, 1993) was maintained to thoroughly document all stages of analysis. To increase the rigor of the study (Onwuegbuzie & Leech, 2007), the typology was developed based on 60% of the interviews, using open coding. The adequacy of the proposed typology was then examined and slightly modified against the remaining 40% of the interviews.

### Reflexivity

Our interviewing technique has changed over time as detailed in Appendix 1. We found that asking interviewees to tell a very broad life story resulted in richer and more complex responses throughout the interview. At this stage, we also decided to rely primarily on a single interviewer (OG) who was able to relate more openly and freely with the interviewees, possibly because of his background in social work and gerontology. His own bias, however, was a tendency to focus on the positive during interviews. This was discussed during supervision.

In contrast, the principal investigator initiated the study with a critical view of CCRCs, as affluent total institutions in disguise. She was able to identify individuals who substantially benefited from the transition, only after engaging in a whole interview read in search for a typology. A numeric count of each typology has forced her to change her original perspective on CCRCs.

### Findings

Three major themes emerged in relation to the adjustment process to CCRCs. The first theme addressed continuity versus discontinuity in one's portrayal of the transition to a CCRC in light of one's overall life course. The second theme addressed the tenant's time orientation. This theme focused on the portrayal of the transition to the CCRC, within a past, present or future time perspective. A related third theme focused on place attachment or the location at which the tenant's activities and interests occurred: within the CCRC or outside of the CCRC. These three themes demonstrated a distinguishable pattern across four types of CCRC residents: (a) "the shades of gray" type consisted of 27 new tenants. This type portrayed the transition to the CCRC as being consistent with his or her lifelong experiences. Some of the experiences throughout life as well as following the transition were portrayed as good, whereas others as mediocre or bad. Most members of this group explained the motivation to move to the CCRC in future oriented terms, viewing future declines as the main

reason for the transition. They were physically present within the CCRC premises and their contact with the broader community was gradually fading; (b) “the disapprover” type consisted of six new residents. This type was characterized by a continuous sense of dissatisfaction from life. The transition to the CCRC was no different from other life dissatisfactions. This type reported a mixture of time perspectives, vacillating between negative past, present, and future orientations. Although the “disapprover” type was physically present in the CCRC, “disapprovers” were mentally present in their old community; (c) the “still searching after all these years” type consisted of three new tenants. This type was characterized by a continuous, yet unfulfilled, search for meaning, love, and self-actualization throughout life. “Still searching after all these years” were future-oriented. The physical location within the CCRC was only secondary to their experiences and interests; finally, (d) the “finally found it” type consisted of 23 residents. Individuals classified as “finally found it” portrayed a discontinuity between negative past life experiences and the recent transition to the CCRC, which finally brought peace, interest, and happiness to their lives. This type was primarily concerned with the present time orientation and was both physically and mentally present within the CCRC (Table 1). Below is a description of the four prototypes of adjustment to the CCRC and their characteristic responses to the three major themes identified:

## The “Shades of Gray” Type

### Continuity Versus Discontinuity

The “shades of gray” type characterized his or her life-long experiences, including the transition as a mixture of bad, good, and mediocre experiences. Hence, the transition to the CCRC can be viewed as a continuation of past experiences:

I have had more expectations (about the CCRC), that this is indeed a sheltered housing, that you don't have to be fully independent. It is sometimes difficult. Being here is difficult. Medical care is not good. The family physician is not always available. And I can't go back to the city for every little thing. Socially, things are okay actually. (interviewee #17)

The next quote provides another example of how life prior to the transition was dissatisfying, yet the transition was not easy to make or adjust to either. The interviewee explicitly acknowledges not having any good reason to miss her old life in the community prior to the transition. Nonetheless, the transition has intensified her sense of loneliness:

In the beginning (following the transition), the loneliness. I will tell you, I was lonely here (CCRC) in the beginning. I used to enter a room and I had sadness in

my soul, I missed. I don't really know what I had to miss (at home), but I missed. (interviewee 31#)

### Time Orientation

Most individuals classified as “shades of gray” were highly oriented to future decline and deterioration and viewed the CCRC as a potential outlet in the face of an inevitable decline:

Slowly, slowly, you are after all aging, and each time there are functions you can no longer perform, and then we saw that indeed there are many activities over here (CCRC) and we have relatives here...If people ask us, we certainly recommend (the CCRC). Because you need to see the future (decline). I have been like that for a long time. You need to look forward. To look ahead. Not to wait for something to come up. (interviewee #31)

### Place Attachment

The “shades of gray” type was physically present within the CCRC. Connections with people and activities outside the CCRC were fading gradually:

We haven't disconnected the ties (with friends from the community). Indeed, we have a little less because the activities here and many of our friends have already passed away. But, with the few that were left, we keep in touch. Once every 2 weeks, every month. (interviewee #31)

In the following quote, the interviewee realistically appraises her losses and challenges in the community in light of current challenges to adjust to the CCRC:

There is grass, there is a yard, there is a swing (good things present in the old home, but not in the CCRC). It's true, it is different life over here (CCRC). It's true that there we sat at home. It's true that our neighbors died and it wasn't a company any more. A real company, we didn't have (in the community). (interviewee #40)

## The “Disapprover” Type

### Continuity Versus Discontinuity

Overall, there was continuity in the portrayal of the transition to the CCRC as being part of one's overall dissatisfying life experiences. The disapprover type tended to view his or her past and present life experiences and relations negatively:

I don't think things have changed (since I moved to the CCRC). It will stay the same. The same bad situation. It isn't easy. It isn't easy for everyone. Some people are here for many years. They have gotten used to things... (interviewee #24)

Consistently, the disapprover type viewed the present situation in a negative light and was critical towards the transition to the CCRC, its facilities and the activities and experiences it provided:

I showed her [manager] an empty can of tuna. I asked her, "why does it have to be here on the ground?"...If you want us to live here, this is a sheltered housing. It should be protecting me. I shouldn't be seeing all this. I have suffered enough with my mom (as a caregiver in the past). (interviewee #7)

#### Time Orientation

The disapprover type did not hold a specific time orientation, but rather a mixture of past, present, and future orientations, which were all portrayed in a negative light. This is seen in the following quote of a woman who describes her entire life story including the transition to the CCRC in a negative light:

My life story is difficult. I was born in Poland and a year after I was born, I do not have a birth certificate. We had to destroy everything. I do not have anything. Nothing at all. I was a year old in 41 and the Germans entered our city...When you move to a new house or something, you need to feel as if you belong. I do not belong (in the CCRC). Maybe in the future, I do not feel as if I belong. I do not go to the dining room. No- I live here. Maybe it's not for me (the CCRC). (interviewee #7)

A different interviewee also used negative terms and emotions to describe her past experiences in the community as well as current experiences in the CCRC. This woman did not want to live her home in the community, despite acknowledging the fact that it did not meet her social needs. Her disappointment was intensified given her realization that the CCRC did not meet her needs either:

I didn't really want to leave home. Because I had a big home and I lived in a nice neighborhood and I didn't want to move. But, I was lonely. I was all alone, in this big house. I had told my son many times that I wanted to sell the house and move somewhere smaller. But, due to fate, I had to move to a CCRC. My daughter forced me to visit, "just to see." Because she felt sorry for me that I stay all alone and don't do anything with myself (in the community). And now, I am here in this sheltered home. Not sure how sheltered it really is if you ask me. Did they even ask you where you were going, downstairs in the lobby?

#### Place Attachment

Most disapprovers were physically present in the CCRC, but mentally present in their past community. This is despite the fact that the community no longer met their needs and they all willingly moved to the CCRC:

Things have narrowed down a bit (activities outside the CCRC)...I had some sort of a crisis, so it was difficult for me to go back to volunteering. I had my personal issues that I wasn't in complete agreement with (the transition). I wasn't afraid ... (interviewee #6)

A similar account was provided by a different resident, "this (CCRC) is boring for me. As someone who lives across the hallway from me says, 'and then I go alone to eat in my own apartment.' This (CCRC) has no taste. This is not it. If it is supposed to replace a family-no, it doesn't" (interviewee #1)

### The "Still Searching After All These Years" Type

#### Continuity Versus Discontinuity

This type described his or her entire life as a lifelong quest for "something else" that has been unreachable, thus far. Even though individuals classified as "still searching" have not yet reached their intended goals, they have not given up, even in the face of a transition to a CCRC. The following quote is taken from an interview with a divorced woman, who reportedly, has never found her true love, despite actively searching for an intimate relationship and love throughout her life:

I feel that at some point, my time too will come (to find love). Maybe, maybe I will live to the age of 100, with fun. You never know. Today people live for ten years more.... I am having fun, fun, fun (in the CCRC). But, the loneliness, sometimes it is difficult, I am quite lonely. But, then I go on dates and everything, and I want to meet. But perhaps I do not want to meet. I want less. As if I want, but do not want. (interviewee #33-1)

#### Time Orientation

Individuals classified under this type were future-oriented, fully motivated to pursue their goals. The following quote is taken from an interview with an older adult who describes lifelong, thus far, unfulfilled, aspirations for personal fulfillment in the fields of music and photography. The revival of an old music band from the 50s, performing in live concerts across the country and engaging in active attempts to establish a photography studio are atypical when compared with other older adults interviewed for this study. This interviewee is future-oriented, all focused on achieving his lifelong goals, which have yet to be achieved:

Because of my disability, I am not sure I will be able to fulfill all the things I had hoped to do upon retirement... I have to get out of this situation and I believe I am in the process of getting out. I might be fooling myself. Maybe I have passed the point of no return. I do not know...I do not want to give up. I still have the ambition to be

the person I thought I would be and I still hope to be (interviewee #13-1)

### Place Attachment

The “still searching after all these years” type had goals and interests that were somewhat atypical compared with their peers, such as active attempts to develop intimate relations with a new partner or develop professional skills or a professional reputation. As such, their attitude toward their peers in the CCRC was often distant, as they did not perceive themselves as fully belonging to the CCRC:

This is high society (the CCRC), they have well-developed intellectual life here. Sarah (pseudo-name of partner) really flourishes here. You cannot ask for more for Sarah. But, I am not involved with the social aspects here. I am not very interested in that...The public area here (CCRC), I have no interest in it...My challenges are that I do not have a storage room here and do not have a car. Possibly, if I had storage here, it would have solved my problem or perhaps I also need a car.” (interviewee #13-1)

Even though the “still searching after all these years” type was physically located in the CCRC, they were neither physically nor mentally fully present. Instead, they were highly invested in their old lives prior to the transition and still engaged with the broader community outside the CCRC, more than with activities and residents within the CCRC:

I am really appreciated here (CCRC). I always get compliments. Endlessly. But this is not a surprise. Both because I am the youngest here and because I am always nice to everyone...I do not belong (in the CCRC). For no reason. No reason. Ask me why, I do not know... (interviewee 33-1)

### The “I Finally Found It” Type

#### Continuity Versus Discontinuity

This type stressed the discontinuity between past negative experiences and present positive ones. Some individuals who were classified as “finally found it” described a life-long trajectory of negative experiences, which was finally brought to an end following the transition to a CCRC:

I was born with a straight back, but I am bent because of all the trouble I have suffered. Because I worked and took care of the kids and my mom, and these were difficult days, and then I told my husband, when the day arrives, we will go to the CCRC. We will not hurt anyone. And this was the decision, and when we saw the advertisement about the new CCRC here, I told my husband, let's go and check it out. We came, saw it and were charmed by it. And then we decided that we would make

the move...this is really true, my calendar is always busy, and I am active all the time. Things are good for me. My daughter told me, “you are back to life” because I had a period of not down, but quietness. (interviewee #51)

Others described the period just prior to the transition in a very negative light, whereas the rest of their lives was portrayed more positively. Nevertheless, again, the transition to the CCRC reflected a discontinuity from their past experiences. It brought with it a sense of safety, fulfilment, social engagement, and interest that were nearly absent from the lives of these individuals prior to the transition:

I'm just comfortable and happy (in the CCRC). I'm happy that I'm not a burden on the children...I didn't have any expectations, I was just happy to get out of where I was, into a small place, and this was (CCRC), it was new and the floors were new and everything was new and it was just very nice, very comfortable. (interviewee #10-2)

#### Time Orientation

The “finally found it” type was present oriented. Even though many residents classified as “finally found it” left their homes due to deteriorated health and safety concerns, once they reached the CCRC, they were fully engaged in the activities and opportunities it offered them:

I felt as if my life were over. There was nothing left. And I had to do something about it, because I felt as if I wanted to die (following the death of husband)...and then a month or two have passed. My daughter pushed it, we came to see the CCRC...I said, “I have to bite my lips, there are many people like me who have lost a husband and survived. So why wouldn't I survive?” ..and then, (following the move to the CCRC) I had a feeling that I was on vacation. I was on vacation. I was in a hotel. I have been eating as if I have never eaten before, at home. They prepare for me, they clean for me. I am on vacation. (interviewee #9-2)

#### Place Attachment

Consistent with being present-oriented, individuals classified as “finally found it” were fully present in the CCRC. The setting was portrayed as meeting their needs and expectations and even exceeding some of them. They expressed a limited desire to explore the outside community or to maintain contacts with individuals in their old community. This is clearly depicted in the present quote:

I do not have the urge anymore, when I was alone at home, in my own private home, I was looking out for opportunities to get out. Here (CCRC) I have everything. In the morning, I am busy with my own personal things or with classes. In the afternoon, I take a little

nap, laydown, read something, and at six in the evening, I already have to prepare myself to go down, to a lecture, or a movie or singing, and all that. This fills up my day. (interviewee #13-2)

## Discussion

The present study provides a unique outlook on the adjustment process to CCRCs and new residents' experiences in these settings. In contrast to past research which has traditionally viewed the adjustment process on a continuum, using researcher-based indicators, such as social support or quality of life, the present study suggests a different perspective. We identified four typologies of older adults in their adjustment process to CCRCs: "shades of gray," "disapprover," "still searching after all these years," and "finally found it." These prototypes demonstrated unique patterns across three major themes: continuity versus discontinuity in one's experiences following the transition, time orientation, and physical and mental place attachment. Differences between these four types were not only in magnitude, but also in quality.

The continuity theory argues for continuity as a beneficial aspect in one's life. According to this theory, older adults actively attempt to maintain similar activities, behaviors and perspectives throughout life (Archley, 1989). Despite the popularity of this theory, contemporary research has questioned its validity by demonstrating that many times discontinuity, rather than continuity is the norm (Koren, 2011). The transition to the CCRC can certainly be viewed as a discontinuity in one's life. In the present study, three out of the four types identified reported more continuity than discontinuity following the transition. However, the type that reported the greatest benefits associated with the transition to the CCRC (e.g., "finally found it") experienced a discontinuity from the past. Whereas the past and especially experiences just prior to the transition were portrayed in a negative light, experiences subsequent to the transition were portrayed in a very positive light, which was a characteristic of one's overall life experiences. Consistently, although the main motive for transition of those classified as "finally found it" was the inevitable decline that comes with the aging process and unfulfilled needs in their own home environment, upon entering the CCRC, these individuals became more present oriented and were able to enjoy the opportunities afforded by the new setting. This finding contrasts the continuity theory as well as the successful aging model (Rowe & Kahn, 1987), which views successful old age as a continuity of middle age. The present study offers an optimistic perspective on potentially positive changes that take place late in life.

There is much debate about time perception in old age. The socio-emotional selectivity theory suggests that as

people perceive that their time is fading, they become more present-oriented, by focusing on the fulfillment of emotional goals rather than on future-oriented goals (Carstensen, Isaacowitz, & Charles, 1999). The present study provides some support to this theory by demonstrating that the type that reported benefiting the most from the transition to the CCRC (e.g., classified as "I finally found it") was indeed present oriented. The other three types, in contrast, did not report benefiting as much from the transition. These types were either future oriented (e.g., "still searching after all these years" and "shades of gray") or demonstrated a mixture of time perspectives (e.g., "disapprover").

Both the "still searching after all these years" and the "shades of gray" types were future-oriented. However, the future envisioned by these two types was very different. Whereas the "shades of gray" type was driven by perceived inevitable future decline and disability, the "still searching after all these years" type attempted to overcome and disregard disability and decline by envisioning a fulfilling future in the face of unfulfilling present and past.

Optimism has shown to have protective qualities for older adults (Kim, Park, & Peterson, 2011). Both the "finally found it" type and the "still searching after all these years" type were able to convey optimism that was lacking in the other types of tenants identified in the present study. However, the optimism expressed by the "finally found it" type was manifested in the form of acceptance of and satisfaction with the current situation. In contrast, the optimism expressed by the "still searching after all these years" type was fueled by substantial dissatisfaction with the present state and hopes for a better future.

Place attachment was a third prominent theme related to the adjustment process. The choice of location (e.g., CCRC versus the community at large) has some overlaps with the choice of time-orientation. Those classified as "I finally found it" were present-oriented both in terms of time perspective and in terms of location. They were fully present in mind and body in the CCRC. This group was the most successful in its adjustment to the transition. This provides some support to Eastern philosophy which argues for the beneficial aspects of being in the present (Brown & Ryan, 2003). In contrast, the other types of residents, which were characterized as having a less positive adjustment process, either vacillated between the CCRC and the community at large (e.g., "disapprovers") or were nearly absent from the CCRC (e.g., "still searching after all these years").

The CCRC represents an explicit attempt to move away from a "total institution" (Goffman, 1961) by providing its residents with autonomy and choice (Doron & Lightman, 2003). Nevertheless, the present study shows that those residents who are completely embraced both physically and mentally by the CCRC are the ones that report the



most positive experiences subsequent to the transition. Potentially, once entering an institution, such as a CCRC, accepting and embracing the opportunities it offers as a total institution can be beneficial for some older adults. According to Goffman (1961), once a person enters a total institution; he or she goes through a process of stripping from past identity and values. The present study demonstrates how completely embracing the new setting and as a result, giving up past identity, values, and interests can be beneficial. The “disapprover” and the “still searching after all these years” types, in contrast, expressed a strong sense of not belonging to the CCRC. However, they also did not belong to the community. Potentially, both types were still searching for a new identity and self-definition following the transition.

The present findings should be viewed with caution. This is not a representative study and as such, assumptions about the size of certain typologies should not be made. Those older adults, who were dissatisfied with the transition to the CCRC, likely have already left the CCRC and thus, were never interviewed for this study. It also is possible that some residents put on a façade for the purpose of the interview, did not have enough time to fully process and reflect on the transition or were simply interviewed in the midst of the euphoric stage of the transition (Sluzki, 1979). Future interviews with the same respondents over time might provide additional insights into the adjustment process and will help identify potential variations associated with the length of stay in the CCRC. Although the CCRCs selected varied in terms of the amenities they provided, the typology did not seem to vary based on these characteristics. This could potentially be due to a ceiling effect imposed by the fact that CCRCs are designed for affluent older adults. Hence, the present findings provide only limited information on the role that the environment plays in the adjustment process.

It is also important to note that the attempt to classify individuals into distinct typologies disregards potential similarities across the types identified. For instance, two prominent experiences seem to have shaped the adjustment process of the majority of the residents interviewed. Many were holocaust survivors who have gone through multiple cultural, geographic, and religious transitions throughout their lives. The transition to the CCRC was viewed as yet another transition in a lifelong journey. In addition, a substantial number of residents lived in a Kibbutz at some point in their lives. Many of the residents have noted similarities between CCRCs and the Kibbutz (as to some degree, both represent total institutions with limited privacy and limited control over social interactions). For some, living in a kibbutz in the past has made the transition to the CCRC easier, whereas for others the transition to the CCRC deemed

harder as a result of past experiences. It also is important not to use this typology to label new residents in ways that might constrain their experiences and to remember that variations within each type were also present, as the typology only represents an ideal type.

## Implications

The present findings have important implications for administrators and health care professionals as they point to the unique experiences of older adults following the transition to the CCRC. The findings further attest to the opportunities provided by the CCRC, which allow some older adults to benefit from a new beginning in old age. The findings stress the fact that at least for some older adults, the “total” characteristics of the CCRC, which allow them to be fully present within its premises, with minimal contact with the outside world are beneficial. At the same time, the findings attest to continuity in perspective and experiences, which characterized three of the four subtypes identified, suggesting that prior experiences, attitudes, and approaches might hamper some older adults from fully benefiting from the transition to the CCRC. The typology identified can serve as a foundation for future research on the adjustment process to CCRCs and for the development of an adjustment measure that is more tuned to older adults’ actual experiences within CCRCs.

## Appendix 1. Interview Guide

### Questions for residents

Tell me your life story  
*Tell us about the decision to move?*  
*What were the main reasons for the move?*  
*What made you choose this particular CCRC?*  
*What were your expectations and fears about the move?*  
 Which expectations/fears were fulfilled and which were not? Why?  
 Tell me about your initial transition? What did you take with you/leave behind?  
 How are things different from now?  
 What has helped you adjust? What has made the adjustment more difficult?  
 What has changed since the transition? In what way is life in the CCRC different from life in the community?  
 Tell me about your social contacts today? In what way are they different from the period prior to the transition?  
 How have family relations changed since the transition?  
 How have family roles changed since the transition?  
 Tell me about your relationships with staff?  
 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?

*Note:* The questions that were present in all interviews are italicized. Additional questions were developed based on early interviews.

## References

- Armer, J. M. (1993). Elderly relocation to a congregate setting: Factors influencing adjustment. *Issues in Mental Health Nursing, 14*, 157–172. doi:10.3109/01612849309031614
- Atchley, R. C. (1989). A continuity theory of normal aging. *The Gerontologist, 29*, 183–190. doi:10.1093/geront/29.2.183
- Ayalon, L., & Green, V. (2012). Grief in the initial adjustment process to the continuing care retirement community. *Journal of Aging Studies, 26*, 394–400. doi:10.1016/j.jaging.2012.05.001
- Ayalon, L., & Green, V. (2013). Social ties in the context of the continuing care retirement community. *Qualitative Health Research, 23*, 396–406. doi:10.1177/1049732312468506
- Brodsky, J., Shnoor, Y., & Be'er, S. (2012). *The elderly in Israel: Statistical abstracts 2012*. Jerusalem: Meyers-Joint-Brookdale.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822–848.
- Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *The American psychologist, 54*, 165–181.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Cutchin, M. P., Marshall, V. W., & Aldrich, R. M. (2010). Moving to a continuing care retirement community: Occupations in the therapeutic landscape process. *Journal of Cross-Cultural Gerontology, 25*, 117–132. doi:10.1007/s10823-010-9113-y
- Doron, I., & Lightman, E. (2003). Assisted-living for older people in Israel: Market control or government regulation? *Ageing & Society, 23*, 779–795. doi:10.1017/S0144686X03001417
- Ekerdt, D. J., Sergeant, J. F., Dingel, M., & Bowen, M. E. (2004). Household disbandment in later life. *Journal of Gerontology: Social Sciences, 59*, S265–S273.
- Friese, S. (2012). *Qualitative data analysis with ATLAS.ti*. London: Sage.
- Gamliel, T. (2000). The lobby as an arena in the confrontation between acceptance and denial of old age. *Journal of Aging Studies, 14*, 251–271.
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. Garden City, NY: Anchor book.
- Hays, J. C., Galanos, A. N., Palmer, T. A., McQuoid, D. R., & Flint, E. P. (2001). Preference for place of death in a continuing care retirement community. *The Gerontologist, 41*, 123–128.
- Kim, E. S., Park, N., & Peterson, C. (2011). Dispositional optimism protects older adults from stroke: The Health and Retirement Study. *Stroke, 42*, 2855–2859. doi:10.1161/STROKEAHA.111.613448
- Koren, C. (2011). Continuity and discontinuity: The case of second couplehood in old age. *The Gerontologist, 51*, 687–698. doi:10.1093/geront/gnr018
- Leith, K. H. (2006). “Home is where the heart is...or is it?": A phenomenological exploration of the meaning of home for older women in congregate housing. *Journal of Aging Studies, 20*, 317–333.
- Mirovsky, A. (2007, February 19). Dun and Bradstreet: An increase of 8% in the number of continuing care retirement communities. *The Marker*. Retrieved from <http://www.themarker.com/realestate/1.402546>
- Moen, P., & Erickson, M. A. (2001). Chapter 3 decision-making and satisfaction with a continuing care retirement community. *Journal of Housing for the Elderly, 14*, 53–69. doi:10.1300/J081v14n01\_03
- Onwuegbuzie, A., & Leech, N. (2007). Validity and qualitative research: An oxymoron? *Quality & Quantity, 41*, 233–249. doi:10.1007/s11135-006-9000-3
- Patton, M. (1990). Purposeful sampling. In *Qualitative evaluation and research methods* (pp. 169–186). Newbury Park, CA: Sage Publications.
- Perry, T. E. (2014). The rite of relocation: Social and material transformations in the Midwestern United States. *Signs and Society, 2*, 28–55. doi:10.1086/675433
- Rodgers, B. L., & Cowles, K. V. (1993). The qualitative research audit trail: A complex collection of documentation. *Research in Nursing & Health, 16*, 219–226. doi:10.1002/nur.4770160309
- Rowe, J. W., & Kahn, R. L. (1987). Human aging: usual and successful. *Science, 237*, 143–149. doi:10.1126/science.3299702
- Shippee, T. P. (2009). “But I am not moving”: residents’ perspectives on transitions within a continuing care retirement community. *The Gerontologist, 49*, 418–427. doi:10.1093/geront/gnp030
- Sluzki, C. E. (1979). Migration and family conflict. *Family process, 18*, 379–390.
- Smith, A. K., Walter, L. C., Miao, Y., Boscardin, W. J., & Covinsky, K. E. (2013). Disability during the last two years of life. *JAMA Internal Medicine, 173*, 1506–1513. doi:10.1001/jamainternmed.2013.8738
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research techniques and procedures for developing grounded theory* (2nd ed.). London: Sage Publication.
- Sugihara, S., & Evans, G. W. (2000). Place attachment and social support at continuing care retirement communities. *Environment and Behavior, 32*, 400–409. doi:10.1177/00139160021972586
- Tietel, E. (2000). *The interview as a relational space*. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 1*. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1095>
- Tracy, S. J. (2012). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. Hoboken, NJ: Wiley-Blackwell.
- Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. (2012). The meaning of “aging in place” to older people. *The Gerontologist, 52*, 357–366. doi:10.1093/geront/gnr098
- Young, H. M. (1998). Moving to congregate housing: The last chosen home. *Journal of Aging Studies, 12*, 149–165. doi:10.1016/S0890-4065(98)90012-3