

# Transition and Adaptation to the Continuing Care Retirement Community From a Life Course Perspective: Something Old, Something New, and Something Borrowed

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## Abstract

The study examined the accounts of older adults and their adult children concerning the transition to the continuing care retirement community (CCRC) and the adjustment to it, using a life course perspective. Up to three waves of interviews, consisting of a total of 187 interviews with older adults and their adult children, were conducted between 6 months and 6 years from the transition to the CCRC. Thematic analysis was employed using comparisons across groups of interviewees (older adults and adult children) and waves of interviews (up to three waves) to identify core categories of meaning. Time perception was an organizing principle across interviews. Both older adults and their adult children perceived themselves as moving forward and backward in time following the transition to the CCRC and future expectations for deterioration. The study emphasizes the linked-lives of older adults and their adult children.

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The continuing care retirement community (CCRC) or lifelong community represents a living arrangement that is supposed to allow independent older adults to age in place as they gradually lose their independence and require more intensive levels of care (Cutchin, 2003; Hays, Galanos, Palmer, McQuoid, & Flint, 2001). This type of living arrangement is usually available to affluent older adults who are independent in their activities of daily living on first entering the CCRC. Given the almost inevitable decline that occurs in old age, the CCRC tends to offer more intensive levels of care for those who need such care (Krout, Moen, Holmes, Oggins, & Bowen, 2002; Sheehan, 1995).

Assisted living or skilled nursing facilities or units might be available to CCRC residents on demand, usually within the same premises, but on a different floor or building. Past research has portrayed long-term care settings on a continuum of autonomy versus paternalism, with CCRCs providing the highest levels of autonomy, by allowing independent older residents a choice as to whether or not to use the available services offered by the CCRC. In contrast, the nursing unit is portrayed as the most paternalistic setting as it allows the lowest levels of autonomy to those residents who present with the highest levels of need (Shippee, 2009). Given the differences in settings and resident characteristics, this article is focused only on the former group (CCRC residents), which has received limited attention, so far.

In 2012, there were 184 CCRCs in Israel, which provided 23,040 living units for older adults. This constituted 31 units per 1,000 individuals over 65 or 64 units per 1,000 individuals above the age of 75. Hence, despite its growing popularity, the majority of older adults in the country still live in the community (Brodsky, Shnoor, & Be'er, 2012).

Although the literature on CCRCs is growing, it has primarily focused on the decision to move to the CCRC (Cohen, Tell, Batten, & Larson, 1988; Gupta & Galanos, 1995; Sheehan, 1995). Those studies that have considered the adjustment process following the transition to the CCRC have focused on social relations (Ayalon & Green, 2013; Heisler, Evans, & Moen, 2003; Perkinson & Rockemann, 1996) and activity engagement within the CCRC (Cutchin, Marshall, & Aldrich, 2010; Jenkins, Pienta, & Horgas, 2002). The present article adds to the literature by using selected principles of the life course perspective (Elder, Johnson, & Crosnoe, 2003; Elder & Rockwell, 1979) to examine the transition to the CCRC and its impact on older adults and their adult children over a 6-year period.

According to the principle of linked-lives, the lives of family members are inter-linked so that they influence each other (Bengston, Elder, & Putney, 2012). Past research has demonstrated this interdependence by outlining the impact that the transition to the CCRC has on all family members, when delicate issues such as autonomy and interdependence are negotiated within the family context. This has stressed the importance of examining the transition to the CCRC within the broader family context, rather than as an experience that is limited to the older residents' generation (Ayalon, 2015a).

Another principle of the life course perspective emphasizes the importance of the historical context in shaping individuals' functioning and relationships (Bengston et al., 2012). According to this principle, past historical experiences shape one's worldview and psychological functioning as well as interpersonal relationships within and outside the family. The Jewish society in Israel is composed of migrants. Most older adults above the age of 65 were born abroad, and only 16% were born in the country (Mashav, 2009). Subsequent transitions in late life likely are embedded within the overall context of migration experienced by this generation of older adults who immigrated to Israel right before, during or after World War II.

Finally, the principle of human development and aging argues for a life-long process of both gains and losses over time (Baltes, 1987; Bengston et al., 2012). The transition to a CCRC can be seen as a gain as it provides older adults with opportunities to age in place in an environment that gradually accommodates to their emerging needs. The fact that it is available only to the most affluent individuals can also enhance a sense of gain and achievement among residents and their adult children. At the same time, it can also be seen as symbolizing the beginning of one's decline and subsequent death and as such provides constant reminders of expected losses (Ayalon & Green, 2012).

Using the life course perspective as a theoretical framework, the present study evaluates the accounts of older adults and their adult children concerning the transition to a CCRC and the adjustment to it over a period of up to 6 years. The particular focus in this article is on changes and stability that have taken place in the lives of older adults and their adult children following this transition.

## **Method**

### **Sample**

The study was partially funded by the Israel Science Foundation and approved by the Helsinki committee of Maccabi Health Care Fund and by the ethics committee of the principal investigator's university. All participants received

**Table 1.** Sample Characteristics.

	Wave 1		Wave 2		Wave 3	
	Residents ( <i>n</i> = 59)	Adult children ( <i>n</i> = 34)	Residents ( <i>n</i> = 42)	Adult children ( <i>n</i> = 27)	Residents ( <i>n</i> = 14)	Adult children ( <i>n</i> = 11)
Age	80 (4.7)	54 (7.6)	82 (4.7)	58 (5.9)	83 (4.5)	59 (7.7)
Women	49	24	33	17	9	6
Education	12 (3.5)	15 (2.6)	13 (3.4)	15 (2.4)	13 (3.9)	15 (2.7)
Married	20	16	12	24	7	11
Subjective health status						
Excellent		7		9		3
Good	6	12	9	15	2	6
Mediocre	18	2	29	3	10	2
Poor	2		3		2	
Very poor	1		1			

detailed information about the study and signed an informed consent prior to participation.

Inclusion criteria for older adults were transitioning to a CCRC within the past year, being cognitively intact, as assessed by the CCRC staff, and speaking Hebrew or English. In most cases, older adults identified an adult child who was available for an interview. In a few cases, we interviewed older adults who had no adult child available for an interview.

We started interviewing older CCRC residents and their family members in 2010. Following financial support from the Israel Science Foundation, additional waves of interviews were conducted, and another group of residents who moved to a CCRC in 2014 and their family members was recruited to increase the variability of the sample and to identify stability and change over time.

Table 1 outlines the characteristics of the sample. A total of 187 interviews were conducted with older adults and their adult children across one to three waves of data collection. A total of 59 older adults and 34 adult children participated in the first interview. Reasons for not participating in subsequent waves were death of the older adult (11), inadequate physical or mental state of the older adult (3), refusal (5), and other (e.g., moved out of the CCRC, etc.).

Residents come from 12 different CCRCs, as detailed in Table 2. In selecting CCRCs, we specifically addressed geographical variations (North, Center, and South of Israel), as well as variations associated with the socioeconomic status of residents (determined based on monthly payment for the CCRC) and

**Table 2.** Characteristics of the Continuing Care Retirement Communities ( $n = 12$ ).

Name	No. of older adults at baseline	Year built	Nursing unit		District	Dwelling	Rooms <sup>a</sup>	Average age	Monthly payment (in shekels) <sup>b</sup>	Ownership	Type
			A	pool							
GO	2	1988	Yes	No	South	Town home	210	85	Variable	NPO	Non-Chain
BY	1	1999	No	Yes	South	Condo	160	82	8,000-10,000	NPO	Non-Chain
NA	4	1962	No	Yes	Center	Condo	140	87	Unavailable	Private	Chain
TR	4	1997	No	Yes	Center	Condo	60	90	4,000-7,000	NPO	Non-Chain
AD	1	1992	Yes	Yes	Center	Condo	180	unavailable	Variable	Private	Chain
GB	1	2001	Yes	Yes	Center	Condo	120	85	7,000 average	Private	Non-Chain
VS	2	1975	No	Yes	Center	Condo	55	87	3,000-4,000	NPO	Chain
BJ	3	1979	No	Yes	Center	Condo	120	87	7,000-30,000	NPO	Non-Chain
BBJ	7	1989	No	No	Center	Condo	90	80	7,000-5,000	NPO	Chain
BBR	2	1989	No	Yes	Center	Condo	66	85	5,700-10,000	NPO	Chain
LG	2	1995	No	Yes	North	Condo	80	82	4,600-7,200	Private	Non-Chain
BBI	30		Yes	Yes	North	Condo	300	84	3,000-7,000	NPO	Chain

Note. NPO = Non-profit organizations.

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

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

the size of the CCRC (55-300 rooms). However, within each CCRC, a criterion selection was used. This recruitment choice was driven by the fact that we specifically sought to first interview individuals within the first year of entering the CCRC. Because one of the CCRCs was new, all residents in that setting met the inclusion criteria and many were interviewed. Hence, the majority of respondents ( $n = 30$ ) come from a single CCRC.

### **Interviews**

Most interviews occurred in the CCRC. There was an explicit request to interview adult children separately from their older parents and vice versa. All interviews were tape-recorded and transcribed verbatim. Interviews lasted on average between 1 and 1½ hr. Interviews were conducted by five different graduate students in the social sciences. 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 were provided by the principal investigator, a psychologist with many years of experience in qualitative research.

Interviews followed a funnel approach. Following the review and analysis of a select number of interviews, interview style was modified 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. In subsequent interview waves, additional questions were included to address changes that have taken place in the lives of participants and to bring the focus to particular issues that received only limited attention during the first interview, but deemed of potential relevance (see the appendix for an interview guide).

### **Analysis**

Our preliminary analysis followed several stages. First, a line-by-line, open-coding analysis was used (Strauss & Corbin, 1998). Analysis did not use pre-conceived codes, but instead allowed themes to emerge directly from the text (Creswell, 1998). Open-coding analysis of about 50% of all interviews was also conducted by a graduate student in social work and by another researcher. Two other graduate students in social work analyzed selected interviews for the purpose of triangulation. Disagreements in the construction of codes at this stage were resolved through a discussion.

Subsequently, codes were merged to represent more comprehensive and cohesive thematic categories using constant comparisons within each interview

and across interviews (i.e., axial coding; Strauss & Corbin, 1998). The reliance on a longitudinal qualitative research (LQR) design allowed for the integration and exploration of prospective and retrospective understandings of transitions, stability, and change over time, and provided opportunities to compare and move between retrospective and prospective perceptions of time (Neale & Flowerdew, 2003). We did not necessarily aim for a synthesis (McLeod, 2003), but have tried to capture the complexity of subjectivity inherent in longitudinal prospective and retrospective perspectives, using constant comparisons within and across individuals over time, relying on cross-sectional and temporal analyses of the data (Thomson & Holland, 2003). Because we relied on two different groups of interviewees (e.g., older adults and adult children), we also compared and contrasted differences and similarities across these two groups.

Next, selective coding was used to represent a coherent story-line. At this stage, the life course theory was reviewed and themes that corresponded with its general principles were selected, with a particular emphasis on perceived time as an organizing principle in the lives of older adults and their adult children. Other themes that were identified during analysis are discussed in detail elsewhere (Ayalon, 2015b; Ayalon & Greed, 2015; Ayalon & Green, 2012, 2013). ATLAS.ti was used for the purpose of data management at the open-coding stage (Friese, 2012).

*Sources of trustworthiness.* To obtain a broader range of responses that are not directed by the unique characteristics of a single interviewer (Tietel, 2000), several interviewers conducted the interviews during the first and second waves of data collection. Subsequently, however, a single interviewer conducted most interviews to improve rapport and openness through continuity. As detailed above, some of the coding was conducted by different raters. The use of two different sources of interview (older adults and adult children) and the reliance on several waves of interviews are forms of triangulation that further enhance the trustworthiness of the data (Breitmayer, Ayres, & Knafl, 1993). An audit trail (Rodgers & Cowles, 1993) was maintained to thoroughly document all stages of analysis.

## Findings

With attention to the interdependent lives of older adults and their adult children following the transition to a CCRC and their subsequent adjustment process, three major themes were identified. In conceptualizing these themes, a particular focus was placed on time perception as an organizing principle. Both older adults and their adult children perceived themselves as moving forward and backward in time following the transition to a

CCRC and future expectations for deterioration. This movement across the axis of perceived time was illustrated through three major themes. The first theme concerned actual exchanges of place and possession such as the transition to a new living environment or the intergenerational exchange of material possessions. These changes and exchanges had symbolic meaning attached to them and as such, were reviewed within a broader historical and cultural context of the older residents' lives and the family context. The second theme addressed time perceptions concerning the CCRC in relation to one's aging process. The third theme concerned familial changes associated with the transition to a CCRC and pointed to a role reversal within the family system, with the roles of children and their adult parents, respectively, moving forward and backward across the axis of perceived family time.

### *Transitions of Place and Possessions Along the Axis of Time*

The transition to a CCRC represents a relocation of older adults to a new residential setting. Although the transition involves a relocation to a new place, the setting itself is often not new to the new residents. Rather, the CCRC is often very familiar, with many residents transitioning to a CCRC in close proximity to their existing community or to a CCRC that had previously served their parents or other family members. Hence, the physical transition and change occur within a familiar context, which has emotional ties with their past.

The following statement by a 58-year-old son of one of the residents provides a clear illustration for this: "physically it [CCRC] is inside the community. They used to live in Tel Aviv and the CCRC is in Bat Yam, so it is the same neighborhood, she stayed with the same friends, same acquaintances" (second interview). During the first interview, the proximity of the CCRC to his mother's living environment was also mentioned as a reason for selecting that particular CCRC: "they [parents] chose this place [CCRC] because of its modesty, but also because it is near everything, near their friends, near their old living environment."

On her first interview, an 89-year-old woman resident described a similar experience, by claiming that her familiarity with the entire community had made it very easy for her to adjust:

The transition was very simple. I moved from one street to another. I mean my parents, were the first settlers here. We came to this place and lived in a hut even before this city was established. I never left the city, so I don't have a problem. I know most of the people over here.



During her third interview, 6 years after her transition, she described her adjustment as excellent and stated that she was feeling even more at home now than ever before.

Such a transition allows for high levels of familiarity with the CCRC and its surroundings, including familiarity with amenities and services in the nearby environment. It often facilitates social relations with other residents, who have literally aged with the new comers and have already been present in their lives for many years:

There was a resident who used to live here, upstairs. And he had asked me, “where are you from?” and I told him and he said, “tell me, do you remember that we used to run together, hand in hand, to youth camp?” I told him, “I have photos, but I can’t remember.” (An 82-year-old resident during her second interview)

Similarly, during her first interview, this resident emphasized the linguistic similarity between her and other residents: “I reached one of the tables and I thought, maybe I was in the wrong place, everyone was speaking Hungarian. I too speak Hungarian. I am now friends with everyone, Believe me!”

For a large segment of individuals in the study, the transition was not only to a familiar, nearby environment, but also represented a transition to a cultural heritage they had long abandoned and in their old age were finally able to return to. As is the case for the majority of older Israeli Jews above the age of 65, most of the residents who were interviewed for this study immigrated to Israel, before, during, or right after World War II. This meant that they had spent the majority of their adult lives in the country, had built a family, raised children, and developed professionally in Israel. With the exception of two interviewees who moved to Israel in old age and preferred to have their interview in English, all other interviewees were interviewed in Hebrew and nothing about their appearance, manners, or command of Hebrew suggested that they were new comers, as they were all veteran Israelis. Nonetheless, two of the CCRCs in the present study were named after a particular community in the diaspora with the explicit aim of catering to Jews from that particular background; a large percentage of residents in these settings came from that respective background, and many of the services in the CCRC were provided in the national language of that country.

The following statement by a 57-year-old son illustrates this: “she needed a place that had a hard core of English speakers.” The same argument was provided during the second interview 2 years following his mother’s transition:

The third thing that is really good for her [mother] over here [CCRC] is the large percentage of people who speak her mother tongue. There are about 20 out of 60 tenants who speak English as their mother tongue and I think that 20 more speak English as a second language.

Even in CCRCs that did not explicitly define themselves as catering to a specific cultural group, cliques based on cultural heritage were formed. Many respondents described their social network in the CCRC as being based on their cultural affiliation, and their entire social activities evolved around this shared cultural heritage. To some degree, this transition represented a movement back in time and place as it allowed older adults to speak their mother tongue and to associate with “their own people” after having left their particular culture several decades ago.

The cultural heritage was highly evident not only in the formation of their social network, but also in their social perception as they described themselves as well as others in stereotypical terms, noting cultural heritage as a main reason behind desirable or undesirable personal characteristics and behaviors.

The following statement by an 80-year-old resident, during her third interview, 6 years after her transition to a CCRC, reflects her dissatisfaction with this phenomenon:

I see the Hungarian have their own parliament [in the CCRC], the Bulgarians have their own. If they are so great as Bulgarians, how come they didn't stay there? Why did you come [to Israel]? To be Hungarians? . . . in the past, people used to say Romanians are all thieves, Moroccans use knives, Hungarians used to have nicknames. Every person, no matter where you came from. This is inappropriate.

For others, who used to live in a Kibbutz as children or young adults, the transition to a CCRC was seen as bringing them back to their cultural heritage of shared life in which everyone knows everyone and gossips about everyone else. This cultural relocation back to the past was viewed as easing the transition to the CCRC as it had allowed the new residents to know the cultural norms and expectations in advance and to adjust their own expectations and behaviors accordingly: “my expectations were that it [CCRC] would be the same as the Kibbutz” (an 80-year-old woman, who was brought up in a Kibbutz).

When this was not the case and older adults transferred to an environment that was completely new to them, their adjustment process was more challenging. The next segment by a 60-year-old adult child, whose older mother moved to a CCRC in a different city to be next to him, illustrates this. For his

mother, the physical environment was entirely new and even simple activities, such as going to the bank, were seen as foreign for a long time: “she [mother] repeated the phrase, ‘in my supermarket in Haifa . . .’ But, it is the same thing for God’s sake” (first interview).

The transition was difficult for her. It was difficult to grasp that Bank Hapoalim [the largest bank in the country] is the same Bank Hapoalim, that the Supersal [a large super market chain] is the same Supersal everywhere. She saw it as a new world and a few months ago, it finally clicked. (Second interview).

Transition of place and exchanges of possessions took place not only in the lives of older adults, but also in their children’s lives. In four of the families, the transition of the older adults to a CCRC meant a parallel transition of an adult child or grandchild to their old parents’ homes. Therefore, they have experienced a place transition backward in time, as their parents’ transition to a CCRC was intertwined with their own relocation to their parents’ home.

The following account by a 53-year-old adult daughter suggests that both her mother’s transition to a CCRC and her own transition to her parents’ house represented an attempt to change the environment to more fully accommodate to the evolving needs of its residents:

We used to live in a big house, I couldn’t live with empty rooms, so now, recently we moved to a smaller house, we downsized. So that we would be more comfortable inside the house, because the kids were leaving the house . . . I moved into her [mother’s] home. She remodeled the house in the CCRC prior to her move and worked really hard on this. The house was ready, the furniture were there, and then she told me, she knew I was supposed to move to her place, she told me, “take a suitcase and move over here,” because she left everything there, a living room, a dishwasher. We just came with the TVs and she told me, “when do you need to move?” and I said “listen on the 21st of June you cannot be here any longer. You have to be in the CCRC because I am coming over with my suitcases to your apartment.” And that’s it, I brought my things, the house was clean, polished, I put my clothes in the closet, I placed the TVs, we moved the refrigerator and that’s it.

A resident described her granddaughter’s transition to her own home in an attempt to demonstrate her emotional detachment from her past living environment: “The funniest thing is that my granddaughter now lives in the house I used to live in, and sometimes they take me there and I have no particular sentiments” (an 87-year-old resident during her second interview).

Moving back to one’s old house following their parents’ transition to a CCRC represents a symbolic movement backward in time, as some of the adult children had grown up in these homes. Their parents might have

transitioned to a new location, but their own transition had allowed them to move backward in time and place to a familiar place well situated within their historical and familiar contexts.

Although the majority of adult children remained in their homes following their parents' transition, their parents' transition often had a physical presence in their own living environment, emphasizing the broader cultural and historical background of the family. Due to the small apartment size in the CCRC, most parents had to downsize their house and as a result, had given away much of their possessions. These possessions were frequently transferred to the adult children, who had become the saviors of their parents' past lives, as is evident in the present interview with an older woman:

I used to have this old antique, a beautiful couch and a table. My daughter also, she really likes antiques: "this mom, give it to me, buy yourself a new one." The couch was really big, beautiful. You know, of the past, but big. So, I bought a much smaller couch and it's better . . . It makes me feel good, I didn't throw away anything and I didn't leave anything behind.

### *Views of the CCRC in Relation to One's Aging Process: Moving Backward and Forward in Time*

In most interviews with older adults, the CCRC was portrayed as their last home as it allowed them to age in place while moving across the continuum of care and eventually approach their inevitable death. Such a perception concerning one's transition carries a negative connotation and potentially makes the transition to a CCRC more challenging. The following account by a 53-year-old son of one of the residents illustrates this: "over the years, my parents have become older, as usually happens. Not always, but it happened and my father broke his hip" (first interview), "I can testify that for her [mother], this [the transition to the CCRC] was seen as the last stop. These were my father's words; he put it in her head" (second interview).

The future was seen as rather bleak by most respondents. Hence, the view of the CCRC as a terminal station was quite common. However, past-oriented views of the CCRC as a place that allowed for opportunities and growth were also common. For some, the CCRC provided a chance to experience social relations and social activities at levels of intensity and excitement that they have not experienced since early adolescence or young adulthood. When growth and opportunity occurred in the CCRC, they were equated with past life experiences, rather than with the present or the future.

The following account by a 79-year-old resident who discussed her new relationship with a man following the death of her lifelong partner illustrates

how she viewed her new relationship as an opportunity to re-experience feelings and sensations she had last experienced in her 20s: “it is as if I had woken up all of a sudden. I am asking myself, ‘what have I done all these years?’” (first interview).

I don’t know, we started talking and you know, somehow, at the age of 80, it is just like the age of 20. I have to tell you, slowly, slowly, you get closer, become friends, and then, he invited me for coffee somewhere . . . (Second interview)

A 65-year-old daughter described the changes that her mother had gone through in similar terms:

So she [mother] is like a little child who is being told, “you are doing it wonderfully.” So, she wants to do it again to be told that she was wonderful and then she went to a drama class all of a sudden. So there was this show and everyone was clapping hands, telling her: “you are playing beautifully,” so she ended up going also to a choir. This is funny.

This account is contrasted with the first interview with this daughter who initially stated that her mother felt well in the CCRC simply because it allowed her to hang out with her age group. Hence, although initially the CCRC was seen as a place where old people group together, it was subsequently portrayed as an opportunity for rejuvenation.

A 64-year-old daughter provided a similar account concerning her mother. Her description of her mother as getting younger over time was portrayed during both her first and second interviews that were conducted 1-year apart: “I think she [mother] is getting healthier. I think she is walking in reverse”; “I am very pleased though. I am telling you, she is going backward in time, in reverse and I am very happy about this. Because of all the sports she is doing, I see her more balanced, more flexible.”

Most adult children tended to move forward in their perceived time following their parents’ transition to the CCRC. The transition has made them acutely aware of their aging process and of their placement along the family continuum of roles, abilities, and responsibilities. The following statement by a 53-year-old daughter of one of the residents illustrates this:

There are so many activities there. Lots of activities. Lectures, movies, they go out to the theatre. Listen, I think this can be a wonderful period. Towards the end [of one’s life], it can be wonderful. I am always telling myself that when I reach the age of 70, I will finish my life over here. When I reach 65-67, really, I am selling my house. See where my kids are, relocate and move to a CCRC nearby.

Some adult children resisted accepting a future-oriented view of themselves as aging and instead, actively attempted to maintain their status as “young” and emerging, despite the explicit reminder of their parents’ aging process in the form of the CCRC:

I came to my father [when father was 56] and told him, “you are too old to live in this house, to work in the yard.” He was at my age now. I do not feel myself old and the entire outlook at old age from the perspective of a 26- or 27-year-old is very different from that of a 56-year-old. He looked so old then, but he wasn’t I guess. (A 57-year-old son, who repeated the same story on both interview waves, which were conducted 1 year apart)

### *Family Role Reversal: Moving Backward and Forward in Time*

Many older adults and their adult children reported role reversals within their family, with adult children, increasingly taking on more responsibilities and seeing themselves as parenting their own parents. Older adults, however, were seen as losing their status as the most central players in the family. This role reversal was most explicitly acknowledged by adult children, but was also acknowledged by older adults:

Nowadays, she [daughter] is taking on more the role [of the leader], when she is telling me what to do. That’s what I feel. I think it is good that she is like that. That maybe she had grown older. Yep, there are many things that they [children] are going through. They have more experience than I do. (An 84-year-old woman during her second interview, 5 years after her transition)

This is contrasted with her first interview, 4 years earlier, when she described herself as highly independent: “I was used to making my own decisions with my late husband of course, and I felt that I have to make my own decision [about the CCRC].”

Change of roles was not always due to deteriorated functioning of the older adults. At times, it simply reflected a different focus and interests. The transition to the CCRC had allowed some older adults to focus more intensely on their social ties and activities and had “freed” them from the mundane duties of everyday life. Their adult children, however, were “left behind,” still fulfilling the duties of work and family life, their older parents had fulfilled in the past. The following quote by a 65-year-old adult daughter on her second interview demonstrates this: “We have switched roles. I think that I am her mother and she is like a 16-year-old now.”

Others discussed role reversals by describing themselves as “allowing or not allowing” their parents to drive their car or as giving their parents a

monthly allowance that they could use as they wished: "Once a month, I give her 500 Shekel [\$125] and she [mother] tells me, 'take it back, I haven't finished the money'" (a 65-year-old daughter during her second interview, 2 years following her mother's transition).

For some, role reversal was viewed with ambivalence. For instance, one of the residents stated that her transition to the CCRC was fueled by her attempts to avoid her son's dominance and control over her life. In a different interview, a daughter stated that she still actively strived to keep her role as a daughter and her mother's role as a mother. Yet, many others have accepted role transition as a fact and have learnt to adapt to their changing family relations and roles and accept them.

## Discussion

The present study demonstrates the interdependence between older adults and their adult children. This interdependence is demonstrated through the perception of time in their lives. Time perception and time orientation are non-linear, but rather allow both older adults and their adult children an opportunity to move back and forth in perceived time, between past, present, and future time orientations. This transition along the axis of time was demonstrated in the present study in relation to three different domains: place and possessions, perceptions of the CCRC, and its relation to one's aging process and family roles.

It has been argued that considerations concerning place should take into account time perception as an important organizing mechanism (Golant, 2003). The temporal context of the environment has been said to influence one's emotional reaction to it as well as one's ability to adjust to it (Golant, 2003). The ability to move back and forth in perceived time is considered advantageous as it serves self-enhancing or self-improving needs (Staudinger, Bluck, & Herzberg, 2003). The present findings demonstrate that a past-oriented environmental context is often beneficial for both older adults and their adult children. This is consistent with past research, which has shown that for young individuals, future-oriented perspectives are associated with better well-being, whereas for older adults, a past-oriented perspective rather than a future-orientated one is associated with better well-being (Staudinger et al., 2003).

According to Hendricks (2012), where we live affects how life is experienced because of the presence of barriers or opportunities in our surroundings (Hendricks, 2012). The present study elaborates on the meaning of place by demonstrating that it is not merely a physical entity in the here and now, but often has an elaborated emotional and historical background. This study shows how place is not only a physical entity in the present, but rather a

symbolic entity with a rich and elaborated cultural and historical past for older residents and their adult children. This is consistent with past research that has argued that individuals transform space into place through emotional attachment that produces a sense of meaning (Rowles & Bernard, 2013).

Older adults actively sought CCRCs that reminded them of their early sociocultural background. The historical time of both older adults and their adult children played a major role in their adaptation process (Bengston & Allen, 1993), with past historical experiences shaping one's adaptation to the new environment. Similar to their parents, some adult children also made attempts to preserve the past by directly relocating to their parents' homes, once their parents moved to a CCRC or by keeping some of their parents' possessions, when their parents had to downsize to enter the CCRC. In the present study, both the older residents and their adult children have already passed middle age. Hence, the reliance on past-oriented experiences to improve their adjustment process to the changes the CCRC has brought with it is likely adaptive (Staudinger et al., 2003).

Consistent with the preference for environmental characteristics that reminded older adults and their adult children of the past was the preference to adapt a general past-oriented view concerning the effects of the CCRC on the older adults' aging process. The future was seen as bringing with it an impending decline and subsequent death. Hence, both older residents and their adult children attempted to assign a positive valence to experiences, attributes, and activities that reminded them of the past.

The future was seen as bringing decline and subsequent death not only to the older residents, but also to their adult children. As a result, adult children attempted to see themselves (and not only their older parents) as younger than they actually were. Consistent with the literature on subjective age identity (Ayalon, Palgi, Avidor, & Bodner, 2015; Kotter-Grühn, Neupert, & Stephan, 2015), it is advantageous to view oneself as younger than one's actual chronological age as this contributes to better mental health and well-being (Westerhof & Barrett, 2005). This tendency to adapt a younger age identity is particularly pronounced once individuals pass early childhood and adolescence with individuals above the age of 40, on average, reporting feeling 20% younger than their chronological age (Rubin & Berntsen, 2006). Alternatively, to address their aging image, many adult children viewed the CCRC in a very positive light, as a future opportunity that one has to pursue. This allowed them to portray their parents' relocation as a positive transition and at the same time to ease their own anxiety about their aging processes by viewing the CCRC as an off-time event for them, at least at the present time, yet a potentially desirable event in the future.



Generational time refers to one's generational position within the family and the roles and expectations associated with one's particular generation (Bengston & Allen, 1993). Consistent with the notion of linked-lives (Bengston et al., 2012), the findings demonstrate how changes in one family member are directly related to the position of other family members within the family context. Similar to past research (Silverstein & Giarrusso, 2010), it appears that when the older person deteriorates, his or her children capture a much more prominent position, with many of the tasks that were previously fulfilled by the older person now being fulfilled by his or her children. To the most part, older adults and their adult children accepted these changes and have learnt to view them positively. Although this could potentially be interpreted as contradicting the general caregiving literature that originated in North America (Lai & Thomson, 2011) and has tended to emphasize the negative aspects of role reversal, this is not necessarily the case. Instead, it appears that the paid support and care provided by the CCRC have allowed this role reversal to be less pronounced, because paid assistance was readily available and family members did not serve as full-time caregivers. Under these circumstances, role reversal was more tolerable. Similar to changes in placement and perceptions of the CCRC and its relation to one's aging process, changes in family roles also varied across the axis of time, with older adults being seen as moving backward in time to capture a younger, child-like identity that is characterized by fewer roles and expectations and their adult children moving forward in time as the new "heads" of the family.

The essence of reminiscence therapy is that autobiographical memories of the past can serve an adaptive function in the lives of older adults (Bohlmeijer, Roemer, Cuijpers, & Smit, 2007). Similarly, the present study demonstrates how re-experiencing feelings, memories, and connections from the past can be adaptive for older adults, as many of the older adults who were interviewed in the present study reported an experience of growth and contempt following their transition, which was well-contextualized within their larger family and historical context. Nevertheless, the uniqueness of the actual transition to a CCRC in comparison with merely reminiscing about the past is that the transition allows for real life experiences, which occur in the here and now and are not only imagined, yet are highly contextualized within broader social and historical contexts.

When interpreting the findings, it is important to acknowledge some of the limitations of this study. First, this is a qualitative study that aims to provide an in-depth understanding into a phenomenon, rather than provide generalizable conclusions. It also is important to emphasize that given the breadth and depth of interview data, additional themes that were highly present during the interviews are not discussed in the present study. The interested reader is referred elsewhere (Ayalon & Green, 2012; Ayalon & Green, 2013; Ayalon &

Green, 2015; Ayalon, 2015) for a thorough discussion of these issues. The subjective nature of qualitative research should also be acknowledged and with it the realization that other readers could have reached somewhat different conclusions. The thick description used in the present study (Creswell & Miller, 2000) and the reliance on several coders for at least some of the data provide some protection against this. It is important to note that interviews with older adults, whose adult children were not available for an interview, were maintained in the analysis. The main reason for doing so was because the analysis was not dyadic, but rather compared and contrasted the two groups of informants. It is possible that those older adults whose relatives were not available for an interview were significantly different from older adults whose children agreed to be interviewed in this study. However, due to the small sample size, this was not examined statistically. Finally, although we attempted to provide a comprehensive perspective on the experience of older CCRC residents and their adult children by interviewing the same people over time, those who did not participate in subsequent waves of interviews are likely the weakest residents, who experienced the most substantial deterioration or the ones who were dissatisfied with the CCRC and moved out. Hence, our knowledge of their experiences is limited.

### *Implications*

Using a life course perspective (Bengston et al., 2012), the present study emphasizes the linked-lives of older adults and their adult children in relation to intergenerational exchanges of property and possessions, perceptions of the CCRC, and its relation to aging and family roles. The findings suggest that the transition to a CCRC is easier when it occurs within the historical context of the family of origin (Bengston & Allen, 1993). The more resemblance the new environment and experiences have with the distant past, the better the adaptation process is to the new setting. The future is seen as bleak and unwanted and to better adapt to changes, the past is portrayed as the best shelter. Following the transition to the CCRC and the deteriorated physical functioning of the older adult, the generational time shifts (Bengston & Allen, 1993) and roles are reassigned, with older adults being seen as moving backward in time as their children gradually capture the most central roles in the family by symbolically moving forward in time.

The findings demonstrate that the temporal context plays an important role in the adjustment process to the CCRC. By capitalizing on the important role played by time perspective and the often positive valence a past-oriented perspective plays in the lives of both older adults and their adult children, health and social care providers can help to ease the adjustment process to the transition.

## Appendix

### Interview Guide

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#### Questions for residents—Wave 1 of data collection

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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?

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#### Questions for residents—Waves 2 and 3 of data collection

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How things have been for you since we last met? What has changed/stayed the same?

What is this place for you?

What needs to happen for this place to be called a home/What has made you feel this is your home?

Tell me more about your relationships with friends, family, staff, etc.

Tell me more about the nursing unit over here.

What is the role of the physical environment in your adjustment process?

Tell me more about your expectations from old age?

What does successful aging mean to you?

How is your own aging different or similar?

Give a title to your transition.

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*Note.* The questions that were present in all first wave interviews are italicized. Additional questions were developed based on early interviews. CCRC = continuing care retirement community.

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