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“I Might Be Ahead to Go to the Nursing Home”: The Anticipated Relocation of an Older Rural Woman

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Although rates of residential relocation by older adults have declined slightly in the last decade (Wolf & Longino, 2005), relocation of residence in late life is nonetheless a prevalent event (Sergeant, Ekerdt, & Chapin, 2008). Researchers have typically studied relocation from the epidemiological perspective of population transitions in living arrangements, that is, from individual residence at home to co-residence with a family member (Wilmoth, 1998), or a move to an assisted living facility (Castle & Sonon, 2007) or a nursing home (Taylor, Osterman, Acuff, & Østbey, 2005). Another focus, which has received less attention than the epidemiological thrust, is that of “understanding the role of residential relocation as part of the aging experience” (Sergeant et al., p. S96). Using qualitative methods, some researchers have explored facets of relocation by interviewing older persons who have already relocated (Bekhet, Zauszniewski, & Nakhla, 2009). A few qualitative studies have involved older persons living at home who were on waiting lists for facilities (Nakashima, Chapin, Macmillan, & Zimmerman, 2004; Rutman & Freedman, 1988) -- a factor that could influence perceptions about anticipatory relocation. Thus, the relocation event has been the fulcrum of interest in a process that often has a nebulous beginning. Little is known about what it is like for older adults to contemplate relocation, regardless of whether the final impetus for a move is voluntary or involuntary.

Critically, few scholars have directly explored the unique experiences of rural older persons relative to relocation. If “residential relocation is a significant course event” (Sergeant et al., 2008, p. S97) then it is important to understand situations and circumstances that precede it, including aging in place while anticipating relocation in a particular demographic context. That thrust was evident in a study involving focus groups of older rural persons, in which a strong “attachment to place” was particularly noteworthy, despite identified challenges to aging in place relative to social support, transportation, and health care (Dye, Willoughby, & Battisto, 2011). In the relocation transition, both “contextual and psychological factors are important” (Smider, Essex, & Ryff, 1996, p. 362). Despite that longstanding observation,

there are few related descriptions of contextual and psychological factors experienced by rural elders who anticipate relocation.

Relocation has long been associated with stress (Coffman, 1981.) Although anticipation of relocation has been viewed as a stressor for older adults (Rutman & Freedman, 1988), it has not been labeled as a chronic stressor. Chronic stressors have been defined as “persistent or recurrent difficulties of life” (Serido et al., 2004, p. 18). The most common chronic stressors include difficulties carrying out roles and role conflicts (Pearlin, 1999). Chronic stress also can arise when persons believe that they have few choices in their daily lives. It is evidenced by the perception that a situation is unduly complex (Wheaton, 1997). However, most of the extant work on the nature of chronic stressors pertains to adults who are employed outside the home. Based on a factor analysis of a measure of home and job stress, Serido et al. (2004) discerned four types of chronic stressors: work demands, home demands, lack of home control, and lack of work control. Finding that chronic stressors adversely affected psychological well-being, Serido et al. concluded, “Chronic stressors present an ongoing threat to the individual, the ever-present potential to erupt in ways both large and small in an individual’s daily life” (p. 30). Exploration of the experience of anticipated relocation could inform a perspective about whether it could be a chronic stressor for some older rural adults who live alone. If so, such situations could warrant particular interventions to promote health and enhance quality of life for older adults.

The purpose of this phenomenological study was to describe the personal-social context of the experience of anticipated relocation for one older rural homebound woman, Ms. Berson. From a phenomenological perspective, “natural knowledge begins with experience and remains within experience” (Husserl, 1913/1962, p. 45). Context was understood from a phenomenological perspective (Porter, 1995) as “the everyday life-world” (Schutz & Luckmann, 1973, p. 1), the point of reference that one uses to explain the world. Findings detail the points of reference Ms. Berson used during her frequent, spontaneous references to concerns about a long-contemplated move to the nursing home in her rural town. It is likely that she perceived anticipated relocation as a chronic stressor.

Method

This work emerges from a particular aim of a longitudinal study of the experience of reaching help quickly (RHQ), which was to describe the RHQ experience of each woman in the sample and to set the experience in its personal-social context. Over the 18-month study, 4 in-home interviews were to be done with each of 40 women who lived alone; were 85 years of age or older; and needed personal help, a walking device, or both to leave home. The RHQ study was approved by the Health Sciences Institutional Review Board at the University of Missouri. The study was publicized by contacts with nearby social service agencies and through newspaper advertisements. Volunteers contacted the lead researcher (the author) by telephone or by mailing a pre-addressed, stamped postcard. Volunteers were screened for inclusion criteria during a telephone call, and if eligible, were invited to learn more about the study during a preliminary home interview. The lead researcher read the informed consent aloud and answered questions about the study before inviting the volunteer to participate and to sign the consent. Sample. Upon enrollment, the 40 participants ranged in age from 85 to 98; the mean age was 89.6 years. Because advanced age is considered protected health information according to the Health Insurance Portability and Accountability Act, the precise age of Ms. Berson, the subject of this case study, cannot be disclosed. However, she was 90 years or older on enrollment in the study, and her age exceeded the mean age of the sample. She was one of the 16 rural women in the sample, defined as rural by virtue of living in the open countryside or in a place of less than 2500 persons (U.S. Census Bureau, 2002). In addition to Ms. Berson, other women in the sample

referred to the possibility of relocating to a more supervised living situation, and several actually did so during the project. However, Ms. Berson is the focus for this case study because her data were an exemplary illustration of the “pragmatic motive” (Schutz & Luckmann, 1973, p. 6) basic to life-world. She struggled with the problem of anticipating relocation, but she remained at home because she could “repeat [her] past successful acts” (Schutz & Luckmann, p. 7). She was able to sustain herself (Porter, 1994) at home, with help, until “further notice” – (Schutz & Luckmann, p. 11) – notice that arrived, abruptly, after the research project ended.

Data collection

Porter’s (1995, 1998) descriptive phenomenological method specifies that interview data are obtained by exploring life-world with persons who are living a particular experience. The RHQ study involved multiple in-home interviews with each participant over time rather than only one interview per participant, as in the study of Nakashima et al. (2004). Project staff also contacted each woman for a monthly telephone conversation when an in-home interview was not scheduled. During a telephone call, if a woman reported a fall, a hospitalization, or a major health change that could have influenced her need to reach help quickly, we asked for an additional in-home interview to discuss the situation. Ms. Berson experienced a fall after Interview 2, so she had an extra in-home interview. In all, we had 17 contacts with her over 18 months. The author conducted all of Ms. Berson’s in-home interviews and most of her monthly telephone interviews; a trained research associate did the other telephone interviews. Each interview was transcribed and uploaded into QSR N6 (Qualitative Solutions and Research International, 2002) to enable data management.

To obtain particular data about RHQ from each participant, we developed a semi-structured interview guide for each in-home interview and used a standard interview guide for telephone calls. Questions pertained to the experience of RHQ and its context, including the need for and use of assistive devices and personal help and health concerns. We employed an open-ended interview technique; after introducing a question, we allowed Ms. Berson to talk at will. There were no questions about relocation on the Interview Guide, but she raised that topic during each in-home interview and 8 of her 11 telephone contacts. During interviews, she often spontaneously mentioned the possibility of relocation during soliloquies about her hope to continue living alone with help. During telephone calls, she spoke of anticipating relocation in response to routine questions about whether she was still living alone or whether she had fallen. Thus, she created opportunities to reveal the stress she associated with anticipating relocation. In addition, she revealed important life-history and life-course migration information that is often neglected in longitudinal studies of relocation (Sandefur & Tuma, 1987). Such remarks illuminated her life-world and enabled understanding of the experience of anticipating relocation.

Data analysis

In Porter’s (1995) method for describing life-world, interviews are read and re-read to capture data about how participants explain their world. Those facets of life-world are detailed in gerund phrases using everyday language to characterize their empirical nature. For example, I sketched Ms. Berson’s concern about being unable to care for herself in this phrase: foreseeing a time when I might not be able to do that. Life-world is to be sketched in “objectivated categories” (Schutz & Luckmann, 1973, p. 180) or a taxonomy. The most basic, individualized level is that of the “life-world element” (Porter, 1995, p. 35); all findings reported here are life-world elements. Finally, because life-world has inter-subjective dimensions, “engaging in dialogue about life-world” (Porter, 1995, p. 34) is essential. I discussed findings with Ms. Berson from time to time, asking if I had captured

what she was conveying. I also discussed each interview with co-investigators to refine ideas.

Findings are presented in concert with the dialectical perspective that is basic to life-world (Schutz & Luckmann). That is, although facets of life-world can be taken for granted as givens, life-world is “surrounded by uncertainty” (Schutz & Luckmann, p. 9). Its horizons are indeterminate, but dialectical poles such as “near and far, home ground and foreign ground” (Spiegelberg, 1994, p. 147) can be perceived relative to where one stands. After presenting a sketch of Ms. Berson’s life, I report dialectical facets of her life-world that are linked to anticipating relocation. In data excerpts, interviewer remarks are in brackets.

Findings

A Life-Sketch with Migration History Ms. Berson lived in Missouri, in Dexter, a rural town of less than 1500 people. She was born about 100 miles from Dexter, also in Missouri, in a rural area that had been home to her parents’ families for several generations. When she was a toddler, her parents moved the family about 400 miles to another rural community in another state. Her parents and several younger siblings died in the flu epidemic of 1918; family members took her and several siblings back to the rural area where she was born. She was raised by her grandmother. She obtained a teaching certificate when she graduated from high school and took additional credits at a university about 45 miles away. She moved to a more urbanized area about 100 miles away to take a teaching job, but left teaching for a better-paying job in a shoe factory. She met her future husband, a “river employee,” at the place where they were both “boarding.” They were married when she was 21 years old. A few years later, he was transferred to Dexter, about 140 miles away, where their son was born. After renting a home for about 20 years, they bought the home where Ms. Berson had lived for more than 40 years when she enrolled in the project. After moving to Dexter, Ms. Berson worked outside the home for about 30 years, until she had the first of two mastectomy surgeries. She nearly died of cardiac failure at age 50, but she had a successful heart surgery. Her husband cared for her as she recovered from surgeries. After Mr. Berson suffered a brain injury, she took care of him at home until the physician advised her that she had no choice but to admit him to the nursing home. She was deeply regretful. She visited him daily; he lived there for several years. She arranged for his burial in a rural cemetery in the county where she was born. “I want to be buried by him. I put up a double stone. My name’s on it, and when I was born. The only thing that’s not on it is when I die.” Life Circumstances upon Project Enrollment

Ms. Berson had been a widow for nearly 30 years when she enrolled in the project. After her husband died, she said, “I was getting’ pretty lonely here,” so she starting selling a product door-to-door. “I had good luck with it and went all over town, and knew where everybody lived and got acquainted with them. Some of them I had worked with. And they ordered from me, and I liked that.” She had given up her car at least 15 years before enrolling in the project. For at least 5 years she had been unable to leave home without a walking device. Her son, who had health problems, lived about 1500 miles away and visited several times a year. She had “lost close contact” with her two granddaughters, both of whom lived at least 1000 miles from Dexter.

Ms. Berson’s health status was somewhat precarious. She took heart-related medications; her status was monitored weekly by home-care nurses and periodically by cardiologists at the urban medical center, some 50 miles from Dexter, where she was also under care for chronic urinary incontinence. She could “see to get around,” but she had a medley of visual impairments. She frequently used a walking aide indoors and always used one when she went outdoors. She had suffered so many falls that she could not remember them all, but she

took the risk of falling to be out in the garden. “I’m gonna go out even if I fall, because in the little while I’ve got left, I want to see my flowers. As long as I can see and the weather gets warm, I’m going out and try to pick a tomato and get it in the house.” After she fell outdoors during one of her son’s visits, he ordered a personal emergency response system (PERS) despite her opposition. “I’m the one a-payin’ for the thing.” She always wore the PERS help-button, but she had never used it.

At the outset of Interview 1, Ms. Berson revealed her intention to live at home as long as possible, when we asked her to explain why she needed help to get out of the house. The reason I use this (back steps) all the time, it’s got a banister on both sides. My husband put them banisters in when he was living, yet when he owned the place, because he said, ‘We’ll need it sometime.’ So even he was getting me fixed up for old age. So, I hold to them when I go up and come down. And when I’m able to take the garbage out, I hold to the banister always with one hand, and the garbage I carry with this hand. But I haven’t been going out in the snow or the ice. My neighbor will bring me my groceries today and pick the trash up tomorrow, and I pay him for the groceries. And, thank God, I’ve had enough to pay my bills so far. When my husband was ill, I was a-wonderin’ how much longer I could keep paying the nursing home and paying to keep this house along for myself. Later, in Interview 1, when asked who she would contact if she needed to reach help quickly, Ms. Berson mentioned her neighbor and the home-care nurses. Then she said: And different ones that works out here at the nursing home as nurses and things have told me if I ever needed help to call them, and they would come. You know, there are people I know. And they’re trying to get me to come to the nursing home. I guess I’m older than people that’s out there. But I still own my own home, and I don’t have any bills against it, but the homeowner’s insurance is a-gettin’ so high; I don’t know. It goes up at least a hundred every year. I might be ahead to go to the nursing home. [Well.] No, I wouldn’t be, because it would be a hundred and something a day. No, I wouldn’t. Thus, Ms. Berson’s life-world was characterized by being invited to move to the nursing home and wondering if I would be ahead to go the nursing home. Over the next 18 months she wondered aloud whether she should act on that invitation. Factors she associated with anticipated relocation are explained below as dialectical life-world elements.

Life-World Facets Linked to Anticipated Relocation

Outliving age peers and Acknowledging that I do not have that much time left. Throughout the project, Ms. Berson frequently described herself as “the only one left” of her friends and age-mates. “When you consider I’m past (age X), and other women have died and not as old as I am – 10 years younger than I am. And they’re all a-dying. I don’t have any friends left or any foes, either one. I’m alive yet, and that’s more than they are.” Yet, with the lengthening of her days came the knowledge that the remaining time was truncated. Ms. Berson frequently said that the surgical heart procedure she had had 40 years earlier had far exceeded its predictable duration. Physicians had said that at some point the repair would suddenly cease to function; due to her age, everyone involved had ruled out an attempt at another repair. “They told me I’d be unconscious. It would be like a stroke. But I don’t worry about it. What is to be, will be. I just hope I don’t suffer. Nobody can expect to live forever.” Wondering how much longer I can live alone and Knowing where I will end up if I cannot wait on myself. Ms. Berson described herself as “clumsy” and “stumbly.” She could not get into the bathtub safely without the aide’s help. She felt so tired that she often napped morning and afternoon. In Interview 2, she said, “I don’t know how much longer I’ll be able to live here alone. I don’t want to go to a nursing home until I have to, but that’s where I’m going to end up if I can’t wait on myself.” She had seen that scenario played out with friends, including a woman who went to the urban medical center after a “light stroke.” “They didn’t ask her if she wanted to go home or if she wanted to go to the nursing home.

They took her to the nursing home. She's been there ever since, and I guess they (referring to others) will be there the rest of their lives."

Staying out of a nursing home and Knowing where I would want to go if I have to leave home. Initially, Ms. Berson offered only one reason why the nursing home would not be her ideal living arrangement. "I can raise a few tomatoes and things that I like to have. I like to eat what I like. At the nursing home, I'd have to eat what somebody would tell me to eat." Yet, realizing that she could end up there, she voiced that scenario as a plan in Interview 2. "When I can't wait on myself, and do for myself anymore, what I plan to do is go to the nursing home." She had ruled out any possibility of living with a family member. In Interview 3 she spoke of other friends who had entered the nursing home from the hospital. "They're out here. We have a nursing home out here. [They're all in the same one then.] Yeah, that's the one I would kind of like to go to.... I'd like to stay in Dexter where I know people." Beyond those factors, there were still other reasons she had settled on that nursing home if she had to leave home.

I had had open heart surgery, and they was a-wantin' to build a nursing home here. They needed it. They needed some kind of a place here in Dexter. They had a hard time raising the money that they had to have to build it. A lady that lived out there, had the ground on that hill, and she gave the ground for the nursing home. I think they was 20 or 25 gave money or raised money and gave money. And then the rest of it, they borrowed. And my husband and different people helped. My husband could survey, being on the river, helped survey the ground out, and he donated money, too. So, I feel like I've got a little interest in this nursing home. It used to be full all the time, but it seems like where a lot of them are having the nurses, someone in the house with them, a wife or someone, and they don't go to the nursing home anymore. I don't know how much longer they'll be able to keep this operating as a nursing home. [Are you concerned that they might have to stop operating?] Well, kind of. After all, I'm a stockholder in the thing. [Yes. That's the one you would prefer to go to if you had to go then.] Well, yeah, I think that's where I should go. It wouldn't only benefit myself. It would be a benefit to everybody that was like Bertha and Ella (friends who had once lived alone and now lived at the nursing home) and me, a-livin' alone.

Paying in advance for something I hope I do not need and Considering whether I would be ahead to go to the nursing home. Ms. Berson focused on the finances associated with going to a nursing home or staying at home. Her life-world was featured by two interconnected facets underlying the intention of making the ends meet, with "ends" understood "the end of the money" and "the end of my life." First, in Interview 1, she explained that she was "a-payin' five hundred dollars a month for nursing home insurance ... [that] is supposed to pay a hundred dollars a day on a nursing home. I'll just have to wait and see if I need it or not. I

just hope when the time comes I could just go to sleep, and I won't wake up." She also voiced the conclusion that moving to the nursing home would not be a wise financial decision. However, she was still considering whether I would be ahead to go to the nursing home, and 7 months later, her view had changed. In Interview 3, she explained why relocating might be a wise financial move after all. This soliloquy was her response to a standard question to explore what women were trying to do to prevent the need to reach help quickly.

Well, I don't know. You tell me what would be the sane thing to do, if I get to the place that I need to have help in the house. This fall when I was here alone, I knew I couldn't count on the children for anything, I took out a nursing home insurance policy. I asked the nurses out there (at the nursing home) how to do it. I was gonna get it for two years, and they said, 'A lot of people out here are living past a hundred. Get it for as long as you can.' What I took was one that would pay a hundred dollars a day for as long as I live. That's as long as it would have to be. Well, what I'm a-thinkin', when I can't take care of myself anymore and have to hire everything done, I'd better hang onto the little bit I've got yet and go ahead and go to the nursing home and take that. The only time I will only get that hundred dollars a day is when I'm in a nursing home and the doctor needs to say I need to be there. Then we'll move what I'm a-living on here, and use that to pay what I have to pay over a hundred dollars a day, which, I'm sure it will be. I'll end up like every other old woman, but I'll be (X years old) in April. Surely I won't live to a hundred or very much past a hundred. What'll I do? Just do like other people that don't have the money to pay for it – just stay in the nursing home? My son could very well be gone. My daughter-in-law could be gone. Well, what do you think? Try to stay here and beg people to come and do for me and pay them? Or as soon as the doctors say, 'Go to the nursing home,' go?

Continuing to live at home alone and Having reasons for thinking about moving out of this house. At each contact, we asked Ms. Berson if she was still living alone. Early on her typical response was "Yes, I'm still alone," but later, she offered more tentative responses, such as, "Yes, and I hope I can make it yet this winter yet." "I thought I would try and make it and see if I can get to feeling any better by spring." Yet, she also voiced some reasons for thinking about moving. "There's so many of us old women that want to live in a house alone. Nobody fools with you, I can tell you that." Other than her neighbor, there were few persons other than the home-care nurses to whom she could turn for help. "No one calls, except him (her neighbor). All the people I was close with and we neighbored with over the years are all dead. It's altogether a different generation of people." Furthermore, her neighbor, an older man who bought her groceries, planted her garden, and transported her locally and to the urban medical center, was also caring for his spouse who had dementia and his adult son who had learning disabilities. Foreseeing a time when I might not be able to do that (task) in this house that used to suit us fine and Deciding to line up some more help in case. Ms. Berson compared herself to other women her age by saying, "I do more here of my own work." She did her own cooking and laundry and sorted the "plunder" that had accumulated in the house; she canned garden vegetables and fruit. These tasks involved going upstairs and going into the basement. After each of her falls, she stayed on the main floor until she felt comfortable on the stairs again, but those self-imposed restrictions limited her ability to do necessary tasks. In Interview 2, she said: See, this (she refers to the house) suited us fine. My husband and I, we was both working and I washed in the basement. That's where my washing machine is. I don't have room to put it upstairs. I need everything on one floor now. I don't have it, and there's no way I can get it here. I'd have to sell the house and get another house and might get a worse one. [How are you managing your laundry?] I have a washing machine, and I take it down there, and I wash it. [You take it down there by yourself.] So far. I wear these old clothes and stand at the top of the stairs and throw them down the steps. And then when I get down the steps, I pick them up and carry

them over to this corner where my wash machine is. When I explained that the home-care agency might help with laundry, Ms. Berson said she already knew that was not the case. However, the nurses had “sent me some names over here, and they was about eight, nine dollars an hour.” That price was too steep, so she had checked with the woman who helped her neighbor care for his wife. “She would do it for five-fifteen and housework, too, if I needed it. I thought I would get her when I couldn’t do it anymore myself.” Setting my own bar for feeling prepared to go to the nursing home and Presuming I would meet the criteria to get in to the nursing home. Ms. Berson wanted to have an orderly, well-maintained home that would be “salable” in Dexter’s glutted housing market. At Interview 2, she had contacted a handyman to repair the retaining wall in the backyard. She wanted the wall fixed before putting the house up for sale. In a telephone call prior to Interview 4, she said, “I have to get this house sold before I can do anything different, you know, go to a nursing home.” She had set the house sale as a goal before moving to the nursing home, but she also viewed herself as able to meet the likely admission criteria. “Surely an old woman, X years old, could get into a nursing home if they don’t get to the bathroom in time and can’t hardly walk.”

Being urged to move to the nursing home and Having reasons to stay at home yet this winter/summer. During telephone calls before the final interview, Ms. Berson said that one of her physicians had advised relocation to the nursing home. Having fallen recently, she had used a cane to walk into the office. She felt that the physician was adversely influenced by the cane.

I had to have that cane to steady me. She said, ‘I don’t want you to give me any trouble or your son either.’ She said, ‘I think you need to go to the nursing home.’ Yeah, the way I was getting around and walking, she was talking about going to the nursing home. And I said, ‘Well, I think I can get along.’ I’m gonna stay here at home as long as I can, and I’m trying to stay this winter, all winter long. In fact, I hope I can stay here forever, just go to sleep some night and not wake up.

Another physician later gave the same opinion; Ms. Berson recounted a similar response to it.

Although Ms. Berson voiced some reasons for thinking about moving from her home, the physicians’ urgings were not among them. In fact, being urged to move to the nursing home seemed to intensify her desire to stay at home. She had a plethora of reasons to stay at home during any upcoming season. In the winter there was reading to do and “plunder” to sort; the garden needed tending in the summer. Furthermore, she was comparing myself favorably to those old women who lived alone. She felt better able to care for herself than certain friends who lived alone at home “too long.” She was feeling much stronger now than I did at that time, when she was recovering from her surgeries and could do nothing for herself for weeks or months. “[So, are you telling me that you really feel you’re doing better than you were at those earlier times in your life?] Yes. [That you feel able to do for yourself?] Yeah.”

Staying out of the nursing home for all of those reasons and Making sure these study people can find me if they do not find me at home. Early in the project, Ms. Berson made it clear that staying out of the nursing home was a goal, but she offered few reasons beyond the fact that her tomatoes would not be on the menu. However, after being urged to go to the nursing home, she mentioned more reasons why it was best not to do so. As the spouse of a former resident, she was very familiar with the nursing home environment. “Them halls out there are so long and so far apart, I don’t think I could walk them even to get my dinner and breakfast and supper. I know I couldn’t without this walker.” Later, she said, “But you can’t take anything but a few clothes. It’s a 60-bed nursing home, and I know that little closet

they've got is just big enough for a coat and maybe two outfits of clothes." Later she related "another reason [that] I don't want to go to the nursing home." "I'm not the most intelligent person in the world, but I wouldn't have anyone, maybe, even to talk to that was ... (She touched her temple.) [Anyone that was able to talk with you?] Yeah. And I think that would make me feel bad just to be around those kind of people all the time." Finally, she expressed concern for her safety as a nursing home resident. The nurses and you and everybody has been kind and good to me. And you get in a nursing home, you don't know what's a-goin' to happen to you. I have read articles in the paper, where if the patient don't do what they want them to do, they put them in a bathroom and beat them up. Well, you know, I don't want to go through that. I'd rather lay here in the bed and have a stroke and die alone.

As the research project neared conclusion, Ms. Berson began concluding each contact by expressing a deep concern that project staff might not be able to contact her to set up the next appointment. "I realize I might have to go to the nursing home anytime," she said. "If I'm able, I'll be here and if I'm not able, I'll be somewhere in a nursing home and the only way to find that out where I'd be is through the (home-care) nurses, I guess." If she did not answer the telephone, she explained, it could be because she had gone to the nursing home. She elaborated at length, explaining that she would want me to contact the home-care nurses, the nursing home, the police, the neighbor, or her son to find out what had happened. However, at our last interview, Ms. Berson was still at home alone, sustaining herself in the place where she could best be herself.

Epilogue

While writing this case study, I found Ms. Berson's obituary on the website of the mortuary in the county seat. I chose to act on her longstanding invitation to contact someone to find out what had happened to her. The home-care nursing supervisor explained that Ms. Berson lived at home alone for a year after my last interview with her. When she fell and broke a hip, she contacted help using her PERS. She was hospitalized at the medical center and discharged to the nursing home in Dexter, where she lived for about 9 months until she died.

Late in the project, Ms. Benson voiced her intention to continue living at home, but she seemed to envision what might happen to her and even to resign herself to that circumstance.

And as long as I can, as long as I don't break a hip or something, which I can do any time I fall, I guess I'll stay here. I don't know what will happen from one day to the next. The thing that happens here when an old woman like me falls and can't get up, the first thing they'd do, if I'd push this (PERS) button, are, the police comes and looks about me. Or they got some men at the fire department that will come. You know what they do. They call the ambulance and send me to the hospital. You're there a couple of days, and they put you in the nursing home. And, you know, the same thing will happen to me, because I don't have anybody here to be with me all the time. And that's what they'd do with me, too. Okay. But in case I'm never able to call you and tell you that I'm in the nursing home, maybe you can find out by calling this here thing (she points to the PERS button) or the nursing home in Dexter, Missouri, is where I would want to go.

Discussion

This work extends the limited knowledge about a neglected facet of a relatively unexplored topic – "the role of residential relocation as part of the aging experience" (Sergeant et al., 2008, p. S96). In quantitative studies of relocation it can be difficult to capitalize on the strengths of longitudinal designs (Sandefur & Tuma, 1987). However, in this extended qualitative study with a very reflective participant, it was possible to illuminate facets of the

experience that have seldom been addressed. In addition to sharing scalable data that would have been useful in a longitudinal quantitative study, such as the number of times she had moved and the number of years she had lived at her current residence (Sandefur & Tuma; Sergeant et al.), Ms. Berson related that information in a deeply personal geographic and life-course context that has implications for further research. Findings suggest anticipatory relocation is likely unique for each older person and that residential location, as a facet of life-world, plays a key role. Researchers should explore that supposition in more extensive studies with larger samples.

Findings are discussed first in relation to the overarching dialectical framework of life-world (Schutz & Luckmann, 1973) and then to specific life-world features of older women who live alone (Porter, 1995). Finally, I discuss the anticipated relocation of Ms. Berson as a chronic stressor, comparing findings to polarities in the literature pertaining to relocation.

Life-World

The Context of the Anticipatory Relocation Experience The spatial arrangement of life-world played a prominent contextual role in Ms. Berson's experience of anticipating relocation. She was situated within her home, a "world within actual reach" (Schutz & Luckmann, 1973, p. 36). As one ages, the salience of the community context can become more pronounced (Robert, 2002), as it did for Ms. Berson. Although researchers tend to emphasize the importance of community context without explaining it (Robert), data evoke such explanations in the case of Ms. Berson. For Ms. Berson, the "world within actual reach" (Schutz & Luckmann, p. 36), her home and community, had changed and not for the better. She was a witness to inter-related population-based changes in Dexter: the death of her generation and the appearance of the "altogether different generation." These trends coincided with the plethora of older homes for sale, evoking concern that her deteriorating house would not sell before or after her death. She struggled to maintain what was once a desirable property in what once was a desirable part of town, even as she prepared to let go of it to relocate within that community, to age in place – in a new but very familiar place, the local nursing home.

The ongoing changes in the community meant that the breadth of Ms. Berson's social network had diminished. Reduction in number of contacts and an associated decrease in engagement with other people have been identified as attributes of social isolation in older adults (Nicholson, 2009). Although geographic isolation can be associated with rural residence (Basu & Mobley, 2007), feeling isolated is not necessarily associated with being a rural person. Like other older rural women living alone (Hinck, 2004), Ms. Berson did not refer to herself as isolated or lonely. In fact, throughout the study, she referred to being

“lonely” only once, years before, immediately after her husband’s death. In fact, data did not support a conclusion that she exhibited the other key attributes of social isolation that Nicholson (2009) discerned – a diminished feeling of belonging, lack of fulfilling relationships, or problematic quality of network members. Her identification with Dexter was so strong that she would choose to live out her life there, regardless of whether she spent her last days at home or in the nursing home. Although she was saddened by the deaths and relocations of age-peers and the fact that she had “lost contact” with her granddaughters, she had fulfilling relationships with her neighbor, his son, and the home-care nurses; her son initiated regular telephone calls and visits. For Ms. Berson, daily life at home was set in relief against the “life-world within potential reach” (Schutz & Luckmann, 1973, p. 37) and its two facets, both of which were relevant to anticipated relocation. First, the past world of “restorable reach” (Schutz & Luckmann, p. 36) was relevant. She had spent hours at the Dexter nursing home with her husband, to the point that she knew exactly how many beds it had and what it had been like when he lived there. The projected future world of “attainable reach” (Schutz & Luckmann, p. 38) was pertinent also. That is, she could envision what it might be like to live at the nursing home, to the point of forecasting a scarcity of high-quality garden vegetables.

The “constraints and opportunities presented by communities ... affect the actualization of preferences” (Robert, 2002, p. 587). For Ms. Berson, the life-worlds within actual reach and potential reach overlapped relative to the Dexter nursing home, and only that nursing home. In her case, the life-world dialectic of home ground and foreign ground (Schutz & Luckmann, 1973) was blurred; the Dexter nursing home was not-so-foreign as to be foreign ground. She had been part of the campaign to “get a nursing home in town” – a place where her husband lived – a place where she knew employees who also knew her. Accordingly, she could draw upon a special source of “social capital” (Putnam, 1995, p. 67). Data revealed several classic examples of situations in which “networks ... and social trust facilitate coordination and cooperation for mutual benefit” (Putnam, p. 67). In this rural setting, Ms. Berson and the nursing home staff were part of a network. She sought the counsel of nursing home staff before she bought a nursing home insurance policy. In turn, she experienced an individualized form of relocation marketing, as have other older women in similar rural communities whose relatives had once lived at a particular facility (Porter, 2001). Hence, Ms. Berson pondered, with angst, the invitation to move from home to a particular nursing home – from home ground to not-so-foreign ground. For Ms. Berson, the temporal arrangement of life-world also played a prominent role in anticipating relocation. First, although sudden death from cardiac arrest might preclude relocation to the nursing home, a gradual deterioration meant that relocation was almost a certainty. Her remark, “Nobody can expect to live forever,” is a lay restatement of an observation of the phenomenological sociologists, Schutz and Luckmann (1973): “I know that there are limits to my duration” (p. 47). Second, because the interfaces across the duration of one’s physical being and “other seasons of world time ... [are uncertain], the phenomenon of waiting ... is an inevitable consequence” (Schutz & Luckmann, 1973, p. 47). Ms. Berson often referred to this limbo-like state in its broadest sense when she responded to our routine question about whether she was living alone. “I’m still here.” The passage of time was in part a state of waiting for changes that she hoped would not come to pass, including relocation to the nursing home.

A Phenomenological Framework: The Life-World of Older Women Who Live Alone

Set inside that broad philosophical view, my prior perspective on life-world of older women is the proximate context to which findings are directly related (Porter, 1995), because preliminary phenomenological studies are to be used as grounds for further work to explore

experiences in greater depth (Husserl, 1913/1962). In an earlier study of the experience of living alone at home for older widows, I discerned these broad features of their life-world: “knowing what living is all about, being in the position, facing vulnerability, and “living where I can best be myself” (Porter, 1995, p. 36). Each life-world feature is comprised of descriptors that are directly relevant to the life-world descriptors that emerged in this study, as shown in Table 1.

Anticipatory Relocation as a Chronic Stressor: Contrasts between Findings and the Literature

As Ms. Berson grew older while living alone at home, her anticipated relocation to a residential facility became a chronic stressor. The fact that she mentioned this issue during most of our encounters over 18 months is evidence that it was one of the “persistent or recurrent difficulties” (Serido et al., 2004, p. 18) of her life. That chronic stressor revealed itself in a variety of interlaced facets of life-world that emerged spontaneously over time. It dissipated only after the Dexter nursing home became her “world within actual reach” (Schutz & Luckmann, 1973, p. 36). Her home of many years reverted to her “world of restorable reach” (Schutz & Luckmann, p. 36) – a past world that only memory could restore to her.

Because few studies pertain to anticipatory relocation, findings are compared to prior work on relocation and discussed relative to the primary conclusion of this work – that the experience of anticipating relocation can become a chronic stressor for older rural persons. Relocation has been described in relation to at three sets of polarities: (a) its voluntary or involuntary nature (Bekhet, Zauszniewski, & Wykle, 2008; Ferraro, 1981), (b) its advantages and disadvantages (Rutman & Freedman, 1988), and (c) push and pull factors (Bekhet et al., 2009; Groger & Kinney, 2006; Stimson & McCrea, 2004). Findings of this study, set in the dialectics of life-world (Schutz & Luckmann, 1973), afford commentary on each set of polarities.

First, the concept of voluntariness has long been associated with research on relocation (Ferraro, 1981). Voluntary and involuntary relocation have been contrasted relative to post-relocation adjustment (Bekhet et al., 2008; Porter & Clinton, 1992). However, findings suggest that those two constructs are not necessarily dichotomous. Ms. Berson’s situation could be viewed as a case of involuntary relocation. That is, she did not want to leave home until she “had” to do so. However, that “involuntary” admission was preceded by a lengthy period of contemplation about voluntary relocation to a specific nursing home. Accordingly, voluntary and involuntary relocation can be part and parcel of an individual’s experience – a situation that could contribute to chronic stress over time.

Second, although the advantage-disadvantage polarity might be a useful framework to explain the decision-making process of relocation (Rutman & Freedman, 1988), advantages and disadvantages per se did not surface in this study. Instead, for Ms. Berson, contemplation of anticipated relocation occurred as a comparative perception of self at past, present, and future. Ms. Berson had recovered from three major surgeries and managed to get “back to par” each time, progressing from the point of having a “locked arm” to “getting back an arm” after a mastectomy and to tending a garden after spending five months in bed to recover from open-heart surgery. She had not needed to go to the nursing home during those times when she was much “worse off,” so in her view, it was not reasonable to consider nursing home admission now, when, in spite of difficulties, she could be up and about, caring for herself and her home with a little help. Yet, although she could still “wait on myself,” she recognized that “the time would come” when she would no longer be able to do so. Third, data revealed different factors associated with anticipatory relocation than

those detailed in previous studies of relocation. To explain reasons for relocation among older persons who had moved to independent or assisted living facilities, Bekhet et al. (2009) borrowed a push-pull framework from Stimson and McCrea (2004), as Groger and Kinney (2006) had done. Pushing factors, which were “coercing, pressing, [or] repelling” (Bekhet et al., 2009, p. 467) in nature, reflected the involuntary nature of relocation. These included health (one’s own or that of a spouse), getting rid of responsibilities, lack of available helpers, closure of another facility, and loneliness. They also addressed “pulling or attracting factors,” which were “location, familiarity, and reputation of the facility; security; and joining friends” (Bekhet et al., p. 462). A third category was “overlapping,” a mix of the other two types, which in their view, constituted a person’s singular “reason” for moving. “Some participants verbalized more than one idea at the same time and described both pushing and pulling factors as their reason for relocation” (Bekhet et al., p. 473). The dialectical findings of the present study suggest that to focus on only one “reason” for anticipating relocation is to take a very narrow view of that complex experience.

Conclusion

In contrast to the polarities used to describe anticipatory relocation in prior research, findings of this case study support the conclusion that anticipatory relocation can be understood as a dialectical stage-based process – one that can vary depending on the person’s life-world. For Ms. Berson, the experience of anticipatory relocation was centered around two places – her rural home and a particular rural nursing home. There were stages of associated prior experiences: facility development while living at home, spousal residence in the facility while she was living at home, and personal preparation for leaving home-moving to the facility. Ms. Berson and her husband worked with other townspeople to establish the nursing home that the town “needed.” Years later, Ms. Berson reached the stage of regretfully admitting her spouse to the facility and visiting him there daily for years. Years later, the stage of personal preparation began as she conversed with nursing home staff about insurance, had invitations to move there, and witnessed transitions of age-peers from their homes to that facility. Each stage engendered a different sort of stress, contributing to an experience of chronic stress relative to anticipating relocation.

This work demonstrates that to learn about the experience of relocation, researchers need to study the experience of anticipated relocation rather than simply interviewing persons after they have relocated (Sergeant et al., 2008). It is imperative to broaden investigations about chronic stressors to include those faced by very old people (those aged 85 and older) and to consider differences depending on urban and rural residence location. Taking a cue from this work, researchers should explore the extent to which other older persons experience the stressor of anticipated relocation, elaborate its incidence, and describe its health and social implications.

Furthermore, if anticipated relocation is a chronic stressor with unique facets for each individual, then practitioners must design individualized preventive and restorative interventions to counterbalance it. In view of limited mental health services for rural older persons (Ziller, Anderson, & Coburn, 2010), this will be a particular challenge. However, in keeping with recent models of integrating physical and mental health services in rural areas (Sanders, Fitzgerald, & Bratteli, 2008), practitioners should incorporate preventive interventions regarding anticipatory relocation in routine visits with rural older persons. Well before advising that it is time to go to the nursing home, practitioners must take the time to elicit client concerns about anticipatory relocation. If and when practitioners deliver such a message, they must concurrently offer opportunities to share concerns with non-judgmental, therapeutic listeners. This would be a suitable role for registered nurses and

advanced practice nurses (Hauenstein, 2008), who could intervene in person and via telephone with older rural elders who are anticipating relocation.

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Table 1

A Comparison of Previously Discerned Features and Descriptors of Life-World and Life-World Descriptors Basic to the Experience of Anticipating Relocation

Previously Discerned Features: Previously Discerned Descriptors	<i>Life-World Descriptors of Anticipating Relocation</i>
Knowing what living is all about: “Mediating about the living of a long life” (Porter, 1995, p. 37)	<i>Outliving age peers and Acknowledging that I do not have that much time left</i>
Being in the position: “Watching others watch me grow older” and “Holding on and letting go” (Porter, 1995, p. 38)	<ul style="list-style-type: none"> • Being invited to move to the nursing home <i>and</i> Wondering if I would be ahead to go the nursing home • Paying in advance for something I hope I do not need <i>and</i> Considering whether I would be ahead to go to the nursing home
Facing vulnerability: “Detecting my deterioration” and “Wondering if I might have to live elsewhere” (Porter, 1995, p. 39)	<ul style="list-style-type: none"> • Wondering how much longer I can live alone <i>and</i> Knowing where I will end up if I cannot wait on myself • Foreseeing a time when I might not be able to do that (<i>task</i>) in this house that used to suit us fine <i>and</i> Deciding to line up some more help in case • Setting my own standard for feeling prepared to go to the nursing home <i>and</i> Presuming that I would meet the criteria to get in to the nursing home
Living where I can best be myself: “Living where it happened,” “Having evidence of a shared	<ul style="list-style-type: none"> • Staying out of a nursing home <i>and</i> Knowing where I would want to go if I have to leave home • Continuing to live at home alone <i>and</i> Having reasons