

“There’s no place like home, but...”: dependent older adults’ narratives on the health and well-being limits of ageing in place

Sandra Escapa^a , Albert Julià^a , Marga Mari-Klose^a , Maria Cursach^{a,b}  and Pedro Gallo^a 

^aDepartment of Sociology, University of Barcelona, Barcelona, Spain; ^bDepartment of Sociology, Complutense University of Madrid, Madrid, Spain

ABSTRACT

Background: In ageing societies, understanding the lived experiences of dependent older adults is essential for designing care policies that support health, dignity, and well-being. While ageing in place is widely promoted, less is known about how dependent older adults themselves define its limits.

Aim: This study examines how dependent older adults describe the conditions under which ageing in place supports—or undermines—their dignity and quality of life.

Methods: We conducted 30 in-depth interviews with individuals aged 65 and older in Barcelona, Spain, all officially recognized as having some degree of dependency. Interviews were analysed using a thematic approach, according to environmental gerontology and person–environment fit frameworks.

Results: Ageing in place emerged not as a fixed preference but as a fragile and continuously negotiated process of the person–place relationship. Remaining at home is sustained by symbolic autonomy and attachment to familiar environments, supporting control over daily routines and a sense of dignity. At the same time, participants described a state of care liminality, continuously reassessing their ability to remain at home in light of anticipated health decline. Three interconnected boundaries emerged: deteriorating health, perceived burden on family members, and loneliness.

Conclusions: Ageing in place among dependent older adults should be understood as a conditional and relational process rather than a universal ideal. Recognising older adults’ own definitions of its limits is essential for designing responsive care policies.

ARTICLE HISTORY

Received 27 October 2025

Accepted 13 March 2026



KEYWORDS

Ageing in place; dependency; qualitative interviews; health and well-being; care liminality

Introduction

Family care and ageing in place—that is, remaining in one’s own home or private dwelling—are often the preferred arrangements for dependent older adults (Kasper et al., 2019). Many express a strong aversion to moving into residential facilities, viewing such transitions as a last resort (Mattimore et al., 1997; Wilson, 2000). The home holds deep significance, particularly in later life when older adults spend increasing amounts of time there. Studies reveal that older adults perceive their home as far more than a physical space (Vasara, 2015); it functions as a sanctuary that provides physical and psychological security, a sense of belonging, and personal identity, while also supporting social ties, autonomy, and even social status (Forsyth & Molinsky, 2020; Golant, 1984; Öhlén et al., 2014; Wiles et al., 2012). Recent work on place attachment further conceptualises this bond as a key driver of the wish to remain at home even when living conditions are far from ideal (Lebrusán & Gómez, 2022).

Within gerontological theory, ageing in place has been extensively examined through the lens of environmental gerontology, which conceptualises ageing as a dynamic interaction between individuals and their physical and social environments. A central contribution to this field is Lawton and Nahemow’s Ecological Model of Ageing, which posits that well-being depends on the balance between an older person’s competences and the “environmental press”—the demands and constraints exerted by the home and its surroundings (Lawton & Nahemow, 1973). When competence declines, the home and its

CONTACT Sandra Escapa, PhD  sandraescapa@ub.edu  Department of Sociology, Faculty of Economics and Business, Diagonal, 690–696, Barcelona, Spain

© 2026 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

surrounding environment must adapt —through barrier reduction, assistive technologies or supportive services— to sustain autonomy and quality of life (Oswald et al., 2005). Building on this tradition, person–environment fit models and ecological frameworks conceive ageing in place as an ongoing transaction across individual, household, neighbourhood and policy levels (Bigonnesse & Chaudhury, 2022; Iecovich, 2014; Oswald et al., 2005). These perspectives feature the idea that remaining at home can promote well-being only when the residential environment remains congruent with older people’s abilities, preferences and social ties. At the same time, the concept of “ageing in place” has been used in heterogeneous ways. A recent scoping review identifies at least five recurring themes —place, social networks, support, technology and personal characteristics— and highlights substantial definitional ambiguity (Pani-Harreman et al., 2021). This ambiguity is especially problematic when ageing in place is elevated to a universal policy ideal. Critical contributions have noted that not all older adults age in place by choice; some are effectively “stuck in place” due to poverty, inaccessible housing or lack of alternatives, raising concerns about spatial injustice and unequal exposure to risk (Kvææl, 2025). Our study aligns with these critical perspectives by examining ageing in place among dependent older adults whose capacity to choose where and how to live is constrained by health, resources and family dynamics.

While ageing in place is often presented in policy and research as a normative ideal, less attention has been given to how dependent older adults themselves experience the health and well-being dimensions of this preference. Schuurman et al. (2024) demonstrate how liminal positioning during transitions such as retirement, shapes narratives of identity and autonomy that coexist with perceptions of vulnerability. Yet little is known about how the narratives of dependent older adults reflect the tensions between identity, autonomy, and dignity on the one hand, and vulnerability, social isolation, or perceived burden on the other. Exploring these lived experiences is crucial to understanding ageing in place not only as a housing arrangement, but also as a process with direct implications for older people’s health, well-being, and quality of life.

Remaining at home does not automatically guarantee autonomy or suitable living conditions. The functional capacity of the older adult, as well as the alignment between individual needs and the residential environment, are critical factors (Bigonnesse & Chaudhury, 2022). When the home environment fails to meet these needs, vulnerability and frailty often increase, undermining well-being (Fonseca, 2021) and prompting consideration of alternative living arrangements. Some older adults lack the resources to adapt their homes or afford appropriate housing, which increases the likelihood of moving to a residential facility (Jenkins & Robert, 2020). Indeed, rising levels of dependency often shift preferences towards residential care (de Jong et al., 2022; Harris-Kojetin et al., 2013; Lehnert et al., 2019). Despite this, ageing in place continues to be widely celebrated in the literature, with studies emphasising its many benefits (Pani-Harreman et al., 2021; Wiles et al., 2012; Zhang et al., 2022).

In Spain, ageing in place has strong cultural and policy resonance. Quantitative studies show that older people clearly prefer to remain in their own homes or, alternatively, co-reside with family, and regard institutionalisation as the least desirable option, particularly under conditions of good health (Costa-Font et al., 2009; Fernández-Carro, 2016). Moreover, excess mortality in Spanish nursing homes during the first wave of the COVID-19, and the public debate about structural vulnerabilities —such as overcrowding, underfunding and privatisation— have intensified older people’s reluctance to consider residential facilities as viable options (Costa-Font et al., 2021). Yet care preferences are negotiated in a context influenced by limited long-term care provision and a heavy reliance on family care. Empirical evidence indicates that the “ideal” of staying at home often clashes with the real possibilities offered by the Spanish care model. According to Fernández-Carro (2016), the structural deficiency in provision of formal support in Spain makes less desirable ageing at home in frailty dependents.

The mismatch between the living and care situation that older people have and what they need/like can lead to a greater risk of discomfort and loneliness. A qualitative study by Fernández-Roses et al. (2025) portrays loneliness among older adults as a complex, evolving experience shaped by losses, fragile social networks and limited community participation, with significant emotional and health consequences. Nyqvist et al. (2025) propose a multilevel framework in which loneliness in later life is produced at the intersection of micro-level perceptions, meso-level relational contexts and macro-level social structures. These perspectives suggest that ageing in place cannot be disentangled from the quality of relational and community environments: remaining at home may preserve autonomy and identity, but it can also exacerbate social isolation when everyday interactions and support networks erode.

Much research has focused on the practical conditions that enable ageing in place, such as housing adaptation, service provision, or family support (Wiles et al., 2012), while far less is known about the subjective health and well-being implications of remaining at home in conditions of dependency. Understanding how older adults articulate the boundaries of ageing in place—in terms of cognitive decline, emotional distress or loneliness—can enrich gerontological knowledge and extend conceptual frameworks. This study builds on previous work but goes further by framing these boundaries as lived experiences that shape dependent older adults' sense of identity, dignity, and well-being.

Relatively few studies have explored the limitations of ageing in place as identified by dependent older adults themselves. In the context of policies that promote ageing in place to support autonomy, continuity, and cost-effective care, this lack of knowledge about its limits from the perspective of those living with dependency is particularly striking. Existing research suggests that consideration of alternatives is often driven by stressors that compel relocation (Boldy et al., 2011). Health deterioration and major life changes are consistently described as the key factors prompting such moves (Erickson et al., 2006; Hansen & Gottschalk, 2006; Stoeckel & Porell, 2010). More recent qualitative work has explored how frail older adults experience the borders and limits of home-based ageing. Åberg et al. (2020) describe how living with long-term health problems produces a “diminishing world” in which autonomy and decision-making are eroded. Similarly, Søvde et al. (2022) highlight the ambivalence of frail older people living at home on the verge of relocating to nursing homes, capturing the tension between familiarity and the anticipated loss of control. However, much of this literature prioritises frailty and relocation decisions, rather than examining how older adults with formally recognised dependency themselves conceptualise the thresholds at which remaining at home becomes untenable. Building on this body of work, our study focuses specifically on dependent older adults and the limits they themselves identify when negotiating the possibility of ageing in place.

To address this gap, this study draws on qualitative methods to analyse dependent older adults' narratives to shed light on how they understand and define the boundaries of ageing in place in their everyday lives. Our analysis is grounded in environmental gerontology and person–environment fit theories, which conceptualise aging as an ongoing interaction between individuals' changing capacities and the demands and resources of their physical and social environments. These perspectives emphasise how mismatches between competence and environmental press can generate strain and shape the feasibility of remaining at home in late life. At the same time, the analysis integrates recent insights from place attachment and critical gerontology, which emphasise how meanings are relationally constructed through material space, family and friendship networks, and opportunities for community participation, and how these dynamics shape experiences on loneliness and support in later life. From a critical gerontological perspective, ageing in place is also recognised as embedded in broader power relations and norms around autonomy, dependence and “successful” ageing, which can obscure the vulnerabilities and constraints experienced by those living with high levels of need (National Academies of Sciences, Engineering, and Medicine, 2024, pp. 25–32).

Bringing these strands together, the study conceptualises place not merely as a physical setting but as a relational environment produced at the intersection of spatial arrangements, care relationships, and possibilities for social participation, an understanding that is central to interrogating loneliness, support and the limits of ageing in place. We argue that ageing in place should be reframed not simply as a residential preference, but as a dynamic process of adaptation, meaning-making and negotiation with social and spatial constraints. Building on participants' narratives, we introduce three interrelated conceptual contributions—symbolic autonomy, care liminality, and perceived burden as a boundary of well-being—that reveal how dependent older adults articulate the thresholds beyond which remaining at home may compromise rather than sustain dignity and quality of life. In doing so, the study advances environmental gerontology by showing how dependent older adults' lived experiences of ageing in place reflect and challenge broader ecological frameworks of person-environment-fit.

Methods

Study design

We conducted a qualitative study based on in-depth, semi-structured interviews with dependent older adults residing in their homes in Barcelona, Spain. A qualitative approach was chosen to explore the

subjective meanings, negotiations and perceived boundaries of ageing in place from the perspective of individuals living with functional limitations. The study design is informed by environmental gerontology and person–environment fit frameworks, which conceptualise ageing in place as a dynamic, lived interaction between personal competences, household conditions, relational environments and neighbourhood characteristics.

Participants and recruitment

Participants were drawn from a larger survey of 1,600 dependent older adults designed to examine the characteristics and needs of a representative sample of individuals aged 65 years and over living with dependency (Julià et al., 2025). These individuals were officially recognised by the city's Social Services as having some degree of dependency and were therefore entitled to home-based assistance or an equivalent financial benefit. All individuals in the survey ($n = 1,600$) were invited to participate in the qualitative study. A total of 950 respondents expressed interest in participating, of whom 311 met the inclusion criteria: (a) they had personally completed the initial survey (550 of the 950 fulfilled this criterion), and (b) they demonstrated sufficient cognitive and verbal ability to clearly articulate their perspectives during interviews (scoring 9 or 10 on a 0–10 scale, as assessed by the survey interviewers).

To ensure heterogeneity, selection was stratified by sex (with 75% of eligible participants being women), living arrangements (alone or with others), and household income level (with “low” income defined as below the poverty threshold). Differentiating by living arrangement allowed us to capture potential variations in preferences associated with the availability of family support networks, as previous studies have shown that dependent individuals living alone often receive less family care support (Rogero-García, 2009). The income distinction enabled us to explore whether financial resources influenced the feasibility of alternatives to remaining at home (Saraceno, 2010).

Eligible individuals within each profile were randomly ordered and contacted up to three times on different days and at varying times. If contact could not be established, the next person on the list within the same profile was approached. In total, 24 individuals were not interviewed: 11 due to deteriorating health or death, 7 because phone numbers were unreachable or disconnected, and 6 because they declined participation or were caring for dependent children.

A total of 30 participants were included in the study. Table I provides a detailed descriptive profile of the participants, including age, sex, living arrangements, marital status, household composition, neighbourhood socioeconomic context, poverty status and level of dependency. (see Table I).

Data collection

Two interviewers (SE and a second member of the research team) contacted participants by telephone to explain the study objectives and obtain informed consent to schedule an interview. Participants were provided with detailed information about the project and the purpose and use of their data. They were informed of their right to withdraw at any time and assured that pseudonyms would be used to ensure confidentiality. Written informed consent was obtained prior to each interview, and all participants received a €40 incentive upon completion.

Interviews were conducted between October and December 2023, primarily in participants' homes, with one conducted in a public space at the participant's request. Interviews ranged in length from 21 to 108 minutes (mean: 58 minutes). In seven cases, a partner or relative was present and contributed only to clarify specific details, dates, or events. All interviews were transcribed verbatim (by SE and MC), anonymised, and translated from Catalan or Spanish into English for analysis.

A semi-structured interview guide was used to provide a flexible framework while allowing participants to elaborate on topics such as living with dependency, preparing for ageing, and future care or residential preferences. Sample questions included: *“Thinking about the future, have you considered how you would like to be cared for? How would you prefer to be cared for, and where would you like to live?”* Follow-up probes were used to explore participants' motivations, concerns, and underlying reasoning.

Table I. Characteristics of the participants.

ID	Sex	Age	Living arrangement	Marital status	Household size	Children	Household income level (1)	Dependency level (2)
M1	Male	89	Living alone	Widowed	1	Yes	Low	Grade I
M2	Male	85	Living alone	Married	1	Yes	Low	Grade I
M3	Male	70	Living alone	Never married	1	No	Low	Grade I
M4	Male	78	Living alone	Married	1	Yes	Medium-high	Grade I
M5	Male	88	With spouse only	Married	2	Yes	Low	Grade I
M6	Male	84	With spouse only	Married	2	Yes	Low	Grade III
M7	Male	71	With spouse and other relatives	Married	5	Yes	Medium-high	Grade II
M8	Male	74	With spouse and non-relative	Married	3	Yes	Medium-high	Grade II
M9	Male	72	With spouse only	Married	2	Yes	Medium-high	Grade II
M10	Male	81	With spouse only	Married	2	Yes	Medium-high	Grade II
F11	Female	87	Living alone	Widowed	1	Yes	Low	Grade II
F12	Female	70	Living alone	Divorced	1	Yes, no contact	Low	Grade I
F13	Female	82	Living alone	Divorced	1	Yes	Low	Grade I
F14	Female	86	Living alone	Never married	1	No	Low	Grade II
F15	Female	79	Living alone	Divorced	1	Yes, no contact	Low	Grade I
F16	Female	87	Living alone	Widowed	1	Yes	Medium-high	Grade I
F17	Female	91	Living alone	Widowed	1	Yes	Medium-high	Grade I
F18	Female	82	Living alone	Widowed	1	Yes	Medium-high	Grade I
F19	Female	73	Living alone	Widowed	1	Yes	Medium-high	Grade I
F20	Female	72	Living alone	Never married	1	No	Medium-high	Grade II
F21	Female	74	With spouse and other relatives	Married	3	Yes	Low	Grade II
F22	Female	89	With non-relatives only	Never married	2	No	Low	Grade III
F23	Female	95	With relatives (not spouse)	Widowed	2	Yes	Low	Grade I
F24	Female	87	With relatives (not spouse)	Widowed	3	Yes	Low	Grade I
F25	Female	82	With spouse only	Married	2	Yes	Low	Grade I
F26	Female	91	With relatives (not spouse)	Widowed	2	Yes	Medium-high	Grade II
F27	Female	79	With relatives (not spouse)	Widowed	2	Yes	Medium-high	Grade I
F28	Female	66	With spouse only	Married	2	Yes	Medium-high	Grade I
F29	Female	76	With spouse only	Married	2	Yes	Medium-high	Grade I
F30	Female	79	With non-relatives only	Widowed	3	Yes	Medium-high	Grade II

(1) Low refers here to a household income below the poverty line.

(2) Dependents with Degree I (moderate dependency) require assistance with basic activities at least once daily, while Degree II (severe) dependents require such help two or three times daily, but do not need constant caregiver presence or extensive aid to preserve autonomy. Degree III dependents (full dependency) need continuous caregiver presence or extensive assistance to achieve autonomy due to a high level or total loss of mental or physical autonomy.

Data analysis

Interview transcripts were imported into ATLAS.ti version 24.1.1 (ATLAS.ti, 2024) and analysed using a thematic approach (Braun & Clarke, 2022). We adopted a structured and pragmatic approach to thematic analysis, focusing on the systematic coding of the data and the identification of patterns across interviews (Nowell et al., 2017). This approach provided a clear and transparent framework for organising the data and ensured that the resulting themes remained firmly grounded in participants' narratives.

The analysis combined inductive coding of the data with a deductive orientation informed by previous research on ageing in place, environmental gerontology and person–environment fit theories. This hybrid approach, similar to that described by Fereday and Muir-Cochrane (2006), allowed us to remain open to emergent insights while also examining how the data resonated with, or challenged, existing conceptual frameworks in gerontology and qualitative health research.

Drawing on the literature, we identified four key dimensions as central axes of analysis related to the health and well-being limits of ageing in place among older adults with dependency:

1. Their negotiation of autonomy in relation to the home environment (symbolic autonomy).

2. The transitional or “in-between” states regarding residential relocation (care liminality).
3. Experiences of relational vulnerability and perceived burden as potential boundaries to ageing in place.
4. Loneliness and isolation as redefining factors of ageing in place.

The analysis began with careful reading and familiarisation with the interview transcripts, followed by the generation of initial codes. SE led the process in consultation with MC and MMK, who independently reviewed samples of coded material to enhance coding consistency and reliability. Patterns of similarity, difference, and connection were systematically examined, and themes and subthemes were identified to capture their underlying meaning and conceptual “essence” (Lochmiller, 2021).

In line with the Standards for Reporting Qualitative Research (SRQR; O’Brien et al., 2014) and the COREQ checklist (Tong et al., 2007), several strategies were adopted to ensure methodological rigour and transparency. Credibility was enhanced through iterative coding discussions and systematic case comparisons, with verbatim quotations used to substantiate interpretations. Transferability was addressed by providing detailed descriptions of the participants, their social context, and socio-demographic characteristics. Dependability and confirmability were supported through an audit trail documenting coding decisions, analytic memos, and team reflections. Data saturation was considered achieved when no new codes or themes emerged across interviews with participants from different profiles.

Quotations cited are identified by participant number, followed by gender (F = female, M = male), age, living arrangement (alone/not alone), and household income level (low/medium-high).

Ethical considerations

Given the vulnerability of the participant population, ethical sensitivity was prioritised throughout the fieldwork. Some interviewees shared emotionally charged experiences, including expressions of hopelessness and thoughts about death. Interviewers were trained to respond with empathy, to pause or redirect the conversation when distress arose, and to remind participants of their right to withdraw at any point.

The study was approved by the Bioethics Committee of the University of Barcelona following review of its ethical and legal aspects (Institutional Review Board: IRB00003099; code: 130323).

Results

The analysis reveals that ageing in place is experienced by dependent older adults not as a fixed residential preference, but as a negotiated and conditional process, played out through everyday reflections, conversations and reasoning about health, care and family roles. Rather than presenting ageing in place as a binary choice between staying or moving, participants’ narratives show how remaining at home is sustained, questioned and progressively reassessed through everyday reasoning about health, care needs and family relations.

Across accounts, deciding whether to remain at home did not take the form of explicit bargaining or formal decision-making. Instead, it emerged as an incremental and often implicit process, expressed in passing remarks, tentative plans and everyday adjustments rather than in clear-cut choices. Participants were aware of potential tensions —between autonomy and control, independence and dependence, or relief and burden for family members— and gradually arrived at provisional and revisable understandings of what was still acceptable. In this sense, ageing in place was negotiated not continuously, but through a series of informal, contingent adjustments over time, reflecting a logic of “muddling through” rather than planned transitions. The ways in which this process unfolded varied according to participants’ living arrangements, gendered care expectations and material resources, shaping how the limits of ageing in place were anticipated and morally evaluated. This finding highlights that negotiation unfolds over time as a practice of reflection-in-action rather than a single turning point.

Symbolic autonomy and attachment to home

Participants expressed a strong attachment to their homes, grounded not in explicit identity claims but in affective bonds and everyday practices that sustained what can be understood as symbolic autonomy.

Home was repeatedly described as a space where participants retained control over daily routines and decisions despite increasing dependency. As one participant explained: “When I can no longer manage on my own or sleep alone... then, you know, I’ll have to go to a place, a nursing home. But as long as I’m in my house, with my things, I’ll manage... They’re my things.” (F12, 73, alone, low income). This account illustrates how ageing in place is explicitly tied to a self-defined threshold of competence and how familiar objects and routines function as markers of continuity and control even in the context of recognised dependency, capturing the idea of symbolic autonomy.

The prospect of moving to a nursing home was described by some as deeply distressing and emotionally charged:

“I’m horrified by residences [referring to nursing homes]. Horrified. I’d rather live in a cave (...). The ideal is this, that we keep our homes, even if it’s a rental, because they’re in their own space with their things. Changing your environment is terrible, and in those places, they can’t take care of everyone constantly.” (F13, 82, alone, low income).

Similarly, another participant rejected institutional care in categorical terms: “A nursing home, nowhere. A nursing home is the very last thing I should be thinking about. If it isn’t my own home, I wouldn’t be anywhere. Of course, with some help from someone who can move me.” (M4, 78, not alone, low income). Across these narratives, home is constructed as a morally and emotionally charged space associated with dignity, familiarity and control, in contrast to institutional environments imagined as restrictive and impersonal.

Everyday autonomy was repeatedly emphasised as central to well-being. Being able to decide when to rest, eat or carry out domestic tasks was framed as a key dimension of “remaining oneself”:

“Here, if I want to lie down, I lie down. If I want to get up, I get up. If I want to wash the dishes, I wash them. Little by little, though. Sometimes I sit there and sweep with a broom... I manage just fine. And it’s the same for eating.” (F24, 87, not alone, low income).

These “small” choices around daily routines become crucial sites where autonomy is enacted and redefined, even as functional limitations increase. Attachment to home was also sustained through familiarity with objects and spaces accumulated over the life course. Participants also contrasted the flexible organisation of time at home with the rigid routines they associated with residential care:

“I don’t want to go to a nursing home. No, because here I can turn on the TV and watch whatever I want, but in a residence... I can’t do that. You have to go to bed at a set time.” (F27, 79, not alone, medium-high income).

These narratives not only affirm attachment to home but also show how that attachment is actively maintained and renegotiated as capacities change. While symbolic autonomy was valued across the sample, it was particularly salient in the narratives of participants living alone. For these individuals, control over daily routines, objects and rhythms of everyday life appeared to function as a key source of dignity in the absence of continuous relational support. In contrast, participants living with a spouse or other household members more often described autonomy as negotiated within shared routines, suggesting that the meaning of staying at home was shaped not only by the physical environment but also by the presence or absence of close others in everyday life.

Negotiating ageing in place: health deterioration and care liminality

Ageing in place was rarely described as a definitive or settled decision. Instead, participants often positioned themselves in a liminal state, emphasising that remaining at home was viable only “as long as” certain conditions were met. Health deterioration —particularly cognitive decline— was a central reference point in these negotiations, though not an automatic trigger for relocation: “Well, I wouldn’t want to go to a nursing home... unless you’re dying, then maybe if they take you in a wheelchair and feed you, sure. But otherwise, no.” (F16, 87, alone, medium-high income). This account highlights how participants locate themselves in an “in-between” zone, where aging in place is contingent on maintaining a minimum level of competence and control, rather than on the mere presence of illness or disability, in line with person-environment fit perspectives.

Participants projected themselves into future scenarios and anticipated thresholds beyond which staying at home would no longer be acceptable. Cognitive capacity was repeatedly constructed as a key marker of autonomy:

“What I wanted was to live in a place that felt like my den, my reference point. And this idea has stayed with me [...]. If I'm mentally well, it'll prefer that until the end; if not, well, who knows what will happen. If I lose my mind, I don't really care.” (F20, 72, alone, medium-high income).

Several accounts reflected an anticipatory acceptance that decision-making would eventually be transferred to relatives if cognitive decline occurred:

“As long as we can still think for ourselves, as long as we can reason... there will come a time when maybe we can't reason, or something happens suddenly, and we reach a point where we can't. Then, of course, it will have to be the children. They can do whatever they want with us.” (F29, 76, not alone, medium-high income).

“As long as my mind is intact, well... after that, my daughter can do whatever she wants. I mean, if my mind goes, take me to a nursing home, I don't need to know about it.” (M10, 81, not alone, medium-high income).

These narratives show how agency over future care is gradually reallocated rather than abruptly relinquished, reinforcing care liminality as a sustained “in-between” condition rather than a short transitional phase. Men's narratives were particularly illustrative of this extended and reflective process. Rather than framing ageing in place as an individual threshold, male participants more often described it as a shared and revisable project, discussed with spouses and shaped by previous family experiences of dependency:

“We had thought, at some point, that when the two of us needed care, we would both go into a nursing home. But we talked about the nursing home, yes, though not as something immediate or necessary. Personally, I would like to stay at home, but to stay at home we would need another person, because the years don't go by for nothing. [...] My wife has doubts. There are days when she's fine. Now, if she's had some kind of problem, then better the nursing home and that's it. Well, yes, a nursing home, but of course,” (M9, 72, not alone, medium-high income).

Past caregiving experiences further informed these negotiations:

I have the experience with my mother. She had senile dementia and could no longer live on her own. We had hired a lady to help her, but there was no way, and my sister and I decided to admit her to a nursing home. For me, it has been the worst thing I have done in my life.” (M9, 72, not alone, medium-high income).

Discussions with children and spouses emerged as key arenas where care plans were explored, deferred or reframed. In addition to anticipated decline, concrete features of the home environment—such as stairs or lack of adaptations—introduced uncertainty about the sustainability of remaining at home:

“My wife and I have always talked about nursing homes, but I don't like the idea of going to one. Still, if things continue this way, that's the direction we're heading—thinking about a nursing home. [...] So, as long as I can hold on here, I'll stay. After all, I'm 85, and I can still manage a bit. I've got the electric stair lift, so I'll keep going. The day I can't anymore, well, then we'll see what to do.” (M2, 85, alone, low income).

“My wife already had some problems, because I used to tell her: look, we must change flats, we have to get another flat, sell this one, move into whatever we can, but somewhere that makes it easier for you to go up and down. On the other hand, I felt bad about it because my health centre is here and they've always treated me very well, and I would lose that. But then there's the comfort... and the stairs are, I don't know... But when I get here, to my home, I feel very good, she does too, but the difficulty is the stairs.” (M2, 85, alone, low income).

Home is both a source of comfort (“I feel very good”) and a site of risk (“the stairs are a challenge”), partially mitigated by an electric stair lift. This illustrates how ageing in place depends on a precarious balance between bodily capacities, environmental barriers, and technological supports, and how participants project themselves into a future turning point when this balance will no longer hold.

Taken together, these accounts make visible the micro-processes through which aging in place is continually re-evaluated and re-negotiated. Care liminality thus captures how dependent older adults live in a sustained “in-between” condition, in which the meaning and feasibility of ageing in place are constantly reassessed in response to anticipated health changes, evolving family roles, and shifting person-environment fit.

Relational boundaries: perceived burden and limits of care

Beyond health-related concerns, participants identified relational considerations as critical boundaries to ageing in place. A pervasive and emotionally charged theme was the fear of becoming a burden on family members, particularly adult children: "If I lose my health or end up bedridden, I don't want to burden my children with that because they must work until they retire." (F19, 96, alone, low income).

Concerns about becoming a burden were not evenly distributed across participants' narratives. They were particularly pronounced among women living alone with limited economic resources, for whom dependency was often framed as morally problematic rather than merely practically challenging. For some participants, this concern outweighed their own desire to remain at home and the need for care from their children caused them moral distress:

"I always say, take me to a care centre... Yes, because I feel sorry to make my children look after me so much. I think, just take me to a centre. Then I think, I wish I could die before that. I'd prefer to die first so I wouldn't be a burden to anyone." (F25, 91, not alone, low income).

In the most extreme cases, perceived burden was associated with feelings of worthlessness and even a wish to die rather than impose on others:

"Since then [becoming dependent], I've wanted to die. I think people like me shouldn't live. We don't do much in this world. And even if we have someone [caring for us], I am not happy asking them for care. So, I just want to die and rest and let others rest too." (F12, 70, alone, low income).

These accounts show how, as care needs intensify, participants continuously reassess whether remaining at home is compatible with their own moral standards about "not being a burden", and how this reassessment can progressively tip the balance towards accepting residential care or wishing for an end to life. These narratives reveal perceived burden as a relational boundary of well-being, marking the point at which remaining at home was no longer experienced as morally or emotionally compatible with dignity. In terms of aging in place, the home becomes an ambivalent setting, a valued space of attachment, but also a site where care obligations are felt to be unfairly heavy for relatives, thereby eroding the sense of symbolic autonomy that ageing in place is meant to sustain. This theme was particularly prominent among women with limited economic resources, suggesting that gendered care expectations and socioeconomic constraints amplify the emotional costs of dependency and shape how the limits of ageing in place are drawn.

Loneliness, isolation and the reconfiguration of ageing in place

Loneliness and social isolation emerged as immediate threats to mental well-being, especially among participants living alone. Fear of falling and the absence of everyday social contact did not simply constitute problems to be solved but became reference points in participants' reassessment of whether aging in place remained viable. For some, short stays in care facilities were recalled positively not because they preferred institutional care, but because they offered opportunities for social interaction and respite from prolonged isolation.

"There will come a time when I won't be able to stay alone because, you know, now I have to hold on to the walls or doors, and I'm afraid of falling. I'd be better off in a care home or somewhere like that. I was there for a while, two or three months, because I had hurt my foot, and they kept me there for three months, and I was fine. I had a lady next to me and we talked, and they cooked for me, and I was fine. I wasn't bad, I was fine. Sometimes it's better than being alone all day. When you're alone, you fear falling, and I think I'd be better off in some place." (F14, 86, alone, low income).

This report shows how participants weigh the familiar comforts of home against accumulating relational deficits. The home becomes simultaneously a valued setting of familiarity and safety, and a site of acute vulnerability when fear of falling combines with prolonged loneliness. Temporary institutional care is reinterpreted as attractive not as an endpoint, but precisely because it addresses unmet relational needs through companionship and everyday interaction. Importantly, loneliness did not negate attachment to home outright but progressively reconfigured its meaning: what once represented primarily security and autonomy increasingly appeared as isolation and risk. The reconfiguration became visible in how participants began to imagine alternative arrangements not as betrayals of their preferences, but as pragmatic responses to relational deficits that home alone could no longer solve. Experiences of loneliness were most

explicitly articulated by women living alone, suggesting that social isolation intersects with gendered life courses marked by widowhood, weaker economic resources and limited informal support networks. For these participants, the negotiation of ageing in place was not just about physical capacity or family burden, but about whether home could still provide the basic social connection needed for emotional well-being.

Summary: ageing in place as a fragile person–environment process

Taken together, these findings show that ageing in place among dependent older adults not as a fixed preference or static outcome, but as a fragile and continuously negotiated person–environment process. It is sustained through symbolic autonomy and attachment to home, yet continuously challenged by health deterioration, relational obligations and loneliness. Across all themes, participants actively weighed these tensions through everyday reflections and provisional adjustments, showing how gender, living arrangement and socioeconomic position continuously shaped the ongoing negotiation of ageing in place's limits and moral acceptability.

Figure 1 synthesises how these dimensions interact within an ecological framework, illustrating how participants articulate the thresholds beyond which remaining at home may compromise rather than sustain dignity and quality of life.

Discussion

This study examined how dependent older adults make sense of the limits of ageing in place through their everyday experiences of home, health and relational well-being. Rather than treating ageing in place as a stable residential preference or a clearly defined decision, our findings show that it is experienced as a contingent and fragile process, shaped by incremental adjustments and ongoing awareness of potential conflicts. These conflicts —between autonomy and control, independence and dependence, or relief and burden for family members— are not necessarily resolved through explicit negotiation but are managed over time through provisional arrangements and revisable understandings. In this sense, ageing in place emerges as a form of social order that is continuously produced, unstable and contingent, rather than as a fixed outcome. This reframing responds directly to recent calls to critically interrogate the taken-for-granted status of ageing in place in policy and research (Kvæf, 2025; Pani-Harreman et al., 2021) and resonates with broader critiques of ageing in place agendas that risk obscuring inequalities in resources, housing quality and informal care availability (Bigonnesse & Chaundhury, 2022).

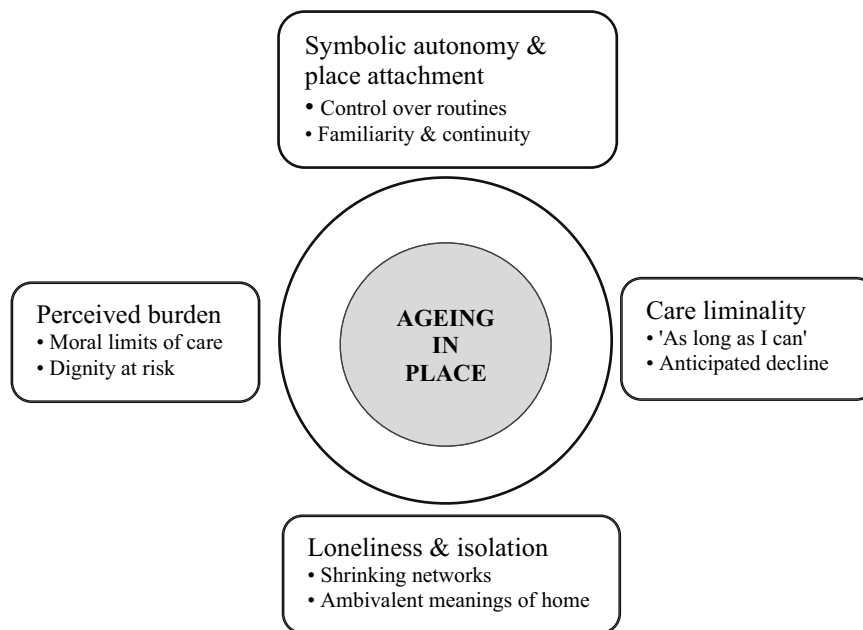


Figure 1. Ageing in place as a fragile and negotiated person–environment process.

Ageing in place and the ecological balance between competence and environment

Grounded in environmental gerontology, our findings fit with Lawton and Nahemow's ecological model of ageing, which conceptualises well-being as dependent on the dynamic balance between personal competences and environmental press (Lawton & Nahemow, 1973). Participants' narratives illustrate how this balance is neither static nor limited to physical housing characteristics. Instead, environmental constraints included relational expectations, moral responsibilities and emotional considerations that were tightly interwoven with the physical environment.

Consistent with person–environment fit approaches (Phillips et al., 2010; Oswald et al., 2005), ageing in place emerged as an ongoing transaction across individual, household and social levels. In our study, environmental press was not restricted to architectural barriers such as stairs or housing accessibility, but extended to neighbourhood-based resources and routines, including proximity to primary care services and familiarity with local environments. Participants explicitly weighed these factors when negotiating the feasibility of remaining at home, illustrating how person–environment fit operates across multiple spatial and relational scales. This finding extends this literature by empirically identifying participant-defined thresholds —such as cognitive decline, inability to self-care, becoming a burden or prolonged loneliness— beyond which the person–environment fit was perceived to deteriorate. In doing so, the study provides qualitative depth to calls for a more conditional and context-sensitive understanding of ageing in place (Bigonnesse & Chaudhury, 2022; Iecovich, 2014) and complements work that conceptualises ageing in place as a process rather than a static outcome (Wiles et al., 2012).

Symbolic autonomy and place attachment as foundations of staying

A key contribution of this study is the concept of symbolic autonomy, which captures how attachment to home sustains dignity and everyday agency under conditions of dependency. While previous research has often framed ageing in place through identity-related narratives (Vasara, 2015; Wiles et al., 2012), our findings suggest that what matters most for dependent older adults is not identity expression per se, but the preservation of control over routines, habits and rhythms of daily life. This emphasis echoes research highlighting everyday decision-making as a critical locus of autonomy for older adults with functional limitations (van Loon et al., 2024).

This interpretation aligns with literature on place attachment, which highlights emotional bonds to home as central to feelings of security and continuity in later life (Lebrusán & Gómez, 2022; Stones & Gullifer, 2016; Wiles et al., 2012), as well as with studies showing that the meaning attributed to home can buffer the impact of functional decline and well-being (Oswald & Wahl, 2005). Our results refine this perspective by demonstrating that attachment operates not only as an emotional bond, but as the affective and practical grounding through which symbolic autonomy is actively maintained in everyday life. In this sense, symbolic autonomy complements existing notions of “at-homeness” by foregrounding agency and dignity, rather than self-definition, as the primary mechanisms linking home to well-being (Öhlén et al., 2014). It also aligns with recent formulations of “aging in the right place” that emphasise the fit between subjective meanings, individual capabilities and care arrangements (Grove 2021).

Within this framework, participants' contrasting descriptions of the flexible organisation of time at home and the fixed schedules associated with residential care acquire particular analytical relevance. This opposition mirrors findings showing how institutional routines can constrain older people's autonomy and sense of self-determination (Moilanen et al., 2021). Our findings thus reinforce the centrality of temporal control as a key dimension through which symbolic autonomy and place attachment are sustained, further highlighting how everyday management of time becomes a crucial site where dignity and well-being are negotiated under conditions of dependency.

Care liminality and the temporality of ageing in place

One of the key contributions of this study lies in advancing gerontological theory by conceptualising ageing in place as a liminal condition, characterised by uncertainty, anticipation and ongoing adjustment rather than stable residence. More specifically, our findings conceptualise negotiation not as explicit bargaining or formal decision-making, but as an incremental and often implicit process through which

older adults manage potential conflicts and constraints over time. The concept of liminality has traditionally been used to describe transitional phases (Van Genneep, 2022) and, in ageing research, it has been applied to the experience of living with progressive loss of capacities (Filipovič et al., 2020; Leibing et al., 2016). In our study, participants commonly described remaining at home “as long as possible,” situating themselves in an in-between state that combined determination to stay with awareness of anticipated decline.

This finding extends earlier qualitative work on liminality in later life transitions (Schuurman et al., 2024) by showing how dependency itself produces prolonged periods of ambivalence and informal negotiation, rather than short transitional moments. Importantly, our results specify the concrete thresholds around which such negotiations are organised, including cognitive decline, loss of mobility and the perceived burden on family members. These thresholds did not function as fixed decision points, but as reference markers that structured participants’ anticipatory reasoning and conditional planning.

Consistent with studies describing “diminishing worlds” among older adults with long-term health problems (Åberg et al., 2020) and ambivalence at the threshold of relocation (Søvde et al., 2022), health deterioration did not operate as an immediate trigger for leaving home. Instead, it embedded in an anticipatory process in which participants continuously assessed present capacities against imagined future scenarios. This temporal dimension highlights the importance of understanding ageing in place as an evolving trajectory, challenging binary representations of staying versus moving and supporting calls to conceptualise relocation and ageing in place as intertwined and overlapping processes rather than discrete events (see also Roy et al., 2018).

Importantly, care liminality was narrated differently by men and women. Men more often framed negotiation around ageing in place as a shared, deliberative and biographically informed project, articulated in dialogue with spouses and shaped by previous caregiving experiences. Women, by contrast, tended to articulate liminality through moral concerns about dependency, burden and the anticipated impact of their care needs on others. As also highlighted in recent work on gendered negotiations of care and later-life dependency (see Harris & Fasbender, 2025), these differences reflect how informal, incremental forms of negotiation are embedded in unequal moral expectations and relational responsibilities. Taken together, these gendered narratives point to broader inequalities in care trajectories, illustrating how the experience of negotiating ageing in place is shaped by gendered life courses and by socially embedded expectations regarding care, reciprocity and responsibility in later life.

Perceived burden as a relational boundary of well-being

One of the most salient boundaries identified in this study was the fear of becoming a burden on family members. We conceptualise this perceived burden as a boundary of well-being, marking the point at which remaining at home is no longer experienced as morally compatible with dignity. This finding responds directly to critiques that perceived burden is insufficiently linked to place: our analysis demonstrates that it operates through the relational environment, which forms an integral part of environmental press within ecological models (Lawton & Nahemow, 1973).

This interpretation aligns with broader research on self-perceived burden in context of chronic illness and end-of-life decision-making (Kuharic et al., 2024; McPherson et al., 2007), where feelings of guilt and worthlessness undermine psychological well-being. Importantly, the prominence of this theme among women with limited economic resources is consistent with evidence on gendered caregiving norms and socioeconomic inequalities in Southern European care regimes (Costa-Font et al., 2009; Fernández-Carro, 2016), and supports findings that women are more likely to internalise responsibility for managing the impact of their care needs on family networks (Calasanti & King, 2007). From a person–environment fit perspective, perceived burden thus emerges as a relational mechanism through which ageing in place can cease to be supportive, even when physical housing conditions remain adequate.

For some, moving to a residential facility was framed as preferable to placing strain on family networks, a motivation also found in studies on Continuing Care Retirement Communities (Krout et al., 2002; Wu & Rong, 2020). In this sense, relocation was not necessarily associated with a rejection of home, but with an attempt to preserve relational balance and moral integrity within family relationships.

This narrative illustrates how internalised ideals of independence and productivity can lead dependent older adults to devalue their own lives and to perceive their existence primarily through the lens of

burdening others, echoing critical gerontology analysis of how norms of “successful aging” can stigmatise dependency. This pattern resonates with recent research showing that women with fewer resources are particularly likely to anticipate dependence as morally problematic and to feel responsible for limiting the impact of their care needs on family networks (Bolster-Foucault et al., 2024), reinforcing the gendered and socially stratified nature of perceived burden as a boundary of well-being.

Loneliness and the reconfiguration of home

Loneliness emerged as a further dimension that reshaped the experience of ageing in place. While home initially functioned as a site of safety and continuity, prolonged social isolation transformed it into a space of vulnerability for some participants. This finding resonates with qualitative and theoretical work that conceptualises loneliness as a multilevel phenomenon produced at the intersection of individual perceptions, relational dynamics and broader social structures (Fernández-Roses et al., 2025; Nyqvist et al., 2025).

In this study, experiences of loneliness were predominantly articulated by women living alone, reflecting gendered life courses marked by widowhood, weaker economic resources and limited access to informal support networks. Consistent with European evidence linking loneliness to poorer health and well-being among older adults living at home with functional limitations (Victor et al., 2000; Courtin & Knapp, 2017), our findings show that loneliness does not necessarily negate attachment to home but rather reconfigures its meaning. Home may remain emotionally significant while simultaneously becoming associated with fear, isolation or emotional distress.

Within this context, residential settings were occasionally imagined as potential sites of social connection—not as preferred or ideal options, but as plausible responses to unmet relational needs (Bekhet et al., 2009; Victor et al., 2000). This reframing highlights how decisions about ageing in place are shaped not only by physical or care-related considerations, but also by the availability of meaningful social relationships. Taken together, these findings underscore the need to integrate relational well-being more explicitly into analyses and policies surrounding ageing in place, recognising social connectedness as a central component of what makes a place “liveable” in late life.

Implications for policy and practice: from ageing in place to ageing in the right place

Overall, these findings caution against promoting ageing in place as a universal policy goal. While remaining at home can preserve symbolic autonomy, continuity and a sense of control, it may also exacerbate loneliness, guilt or emotional distress when dependency increases and support networks weaken. Reflecting critical perspectives on being “stuck in place” (Kvæl, 2025), our study highlights the risk of equating ageing in place with well-being without attending to inequalities in material resources, housing conditions and access to care, a concern increasingly raised in evaluations of ageing in place programmes and neighbourhood-level interventions (Wiles et al., 2012).

In line with our findings, a more situated and process-oriented policy approach is therefore required—one that shifts from a narrow focus on ageing in place to ageing in the “right place”, as defined by older adults’ lived experiences, relational contexts and evolving needs (Roy et al., 2018). This entails strengthening home-based services that address not only physical care needs but also relational and emotional dimensions of well-being (Bigonnesse & Chaudhury, 2022). Such an approach includes interventions aimed at enhancing social connectivity, supporting family carers, and adapting homes and neighbourhoods to changing capacities, thereby acknowledging that ageing in place is sustained—or undermined—through everyday social and relational arrangements.

At the same time, residential facilities need to be reimagined not as failures of ageing in place, but as potential care as environments capable of preserving autonomy, dignity and social connectedness. This reframing is particularly relevant in the aftermath of the COVID-19 crisis, which profoundly altered perceptions of institutional care in Spain and exposed both structural weaknesses and possibilities for reform (Costa-Font et al., 2021). Importantly, our findings suggest that many decisions about relocation are made under conditions of uncertainty and crisis, rather than through deliberate planning.

To address this, older adults need better guidance and sustained support in navigating long-term care and housing options, enabling informed and anticipatory choices rather than reactive decisions driven by emergency situations (Costa-Font & Vilaplana-Prieto, 2022; Löfqvist et al., 2013). This reinforces

the importance of advanced care planning and proactive housing counselling as integral components of ageing policy (Granbom et al., 2020), particularly in contexts characterised by strong family-based care expectations and marked social inequalities.

Limitations and future research

Several limitations of this study should be noted. First, this research is set in an urban context in southern Europe characterised by family-based care regimes. While this context offers a valuable lens through which to examine gendered and relational dimensions of ageing in place, it may limit its transferability to other welfare systems with different care infrastructures and cultural norms. Second, the cross-sectional design captures anticipatory and retrospective narratives rather than observed transitions or decision-making processes over time. Although these narratives are central to understanding ageing in place as a negotiated and contingent process, future research would benefit from longitudinal qualitative designs capable of tracing how symbolic autonomy, care liminality and perceived burden evolve across changing health statuses, household arrangements and care trajectories. Further comparative research across socio-economic, cultural and policy contexts could illuminate how structural inequalities shape not only the feasibility but also the moral desirability of ageing in place. Such studies would be particularly valuable in examining how negotiation processes differ in settings with more extensive formal care provision or alternative housing options. Finally, additional research is needed on intermediate or alternative forms of care —such as co-residence with relatives supported housing or community-based care models— which were largely absent from participants' imaginaries in this study (Fernández-Carro, 2016). Exploring how these options are perceived, negotiated and accessed could provide important insights into overlooked pathways between remaining at home and institutional care, further enriching understandings of ageing in place as a dynamic and relational process.

Conclusions

By drawing on dependent older adults' narratives, this study reframes ageing in place not as a stable residential preference, but as a negotiated and conditional process shaped by evolving health, relational contexts and moral considerations. The concepts of symbolic autonomy, care liminality and perceived burden as a boundary of well-being provide analytical tools to capture how ageing in place can simultaneously sustain and undermine health, dignity and well-being in later life. Our findings highlight that the limits of ageing in place are not defined solely by physical decline or housing conditions, but emerge through ongoing and often implicit negotiations involving autonomy, care responsibilities, family relationships and social connectedness. Recognising these subjective and relational boundaries is essential for developing care policies and practices that are responsive to older adults' lived realities rather than grounded in normative or idealised assumptions about ageing at home. From this perspective, the study supports a shift away from universal aging in place mandates towards more situated, person-centred approaches that enable ageing in the "right place" as defined by older adults themselves. Such approaches must attend to the gendered, socioeconomic and relational inequalities that shape how ageing in place is experienced, negotiated and ultimately evaluated, and should support older adults and their families in navigating care and housing decisions over time rather than only at moments of crisis.

Acknowledgement

We would like to express our sincere gratitude to all the individuals who participated in the interviews. Their willingness to share their experiences has been essential to the development of this study. Their openness and generosity have greatly enriched our research. We extend our gratitude to Dr Sara Carmona for her valuable collaboration in the fieldwork.

Author contributions

CRediT: **Sandra Escapa:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Supervision, Validation, Writing – original draft, Writing – review & editing; **Albert Julià:** Project administration, Resources, Writing – original draft, Writing – review & editing; **Marga Mari-Klose:** Conceptualization, Formal analysis, Writing – original draft, Writing – review & editing; **Maria Cursach:** Formal analysis, Methodology, Resources, Writing – review & editing; **Pedro Gallo:** Conceptualization, Writing – original draft, Writing – review & editing.

Funding

This work was supported by the Barcelona City Council and “La Caixa” Foundation (Ref. Number: 22S07300-001). The financial sponsors played no role in the design, execution, analysis, and interpretation of data, or writing of the study.

Notes on contributors

Sandra Escapa is an Assistant Professor in the Department of Sociology at the University of Barcelona. She holds a Master’s degree in Research in Sociology and Demography from Pompeu Fabra University and a PhD in Sociology of Public Policies from the University of Zaragoza. She is a member of the research group Applied Research and Knowledge for Society (ARKS). Her main research interests include living conditions and mental and emotional health, with a more recent focus on loneliness. Her work examines both the social determinants and the lived and experiential dimensions of loneliness, contributing to academic debates and public policy design. She has published several peer-reviewed articles in international journals and participates as an expert on advisory boards dealing with the design of public policies on loneliness, both at the local and national levels.

Albert Julià is an Associate Professor in the Department of Sociology at the University of Barcelona. He holds a PhD in Sociology from the University of Barcelona and a Master’s degree in Research in Sociology and Demography from Pompeu Fabra University. He is a member of the research group Applied Research and Knowledge for Society (ARKS). His areas of research cover a range of fields: youth, life cycle, older people, mental health, poverty, social exclusion and social analysis techniques. In addition to her academic work, he is also a public policy evaluator.

Marga Mari-Klose is an Associate Professor in the Department of Sociology at the University of Barcelona and a member of the ARKS research group (Applied Research and Knowledge for Society, www.grupoarks.org). She earned her PhD in Sociology from the University of Barcelona and an MSc in Social Policy Research from the London School of Economics. Her research and publications focus on inequalities and poverty, particularly among children, adolescents, and young people. Her recent work examines the links between vulnerability, well-being, and mental health.

Maria Cursach Perona is an Associate Lecturer in the Department of Sociology at the University of Barcelona. She holds a Master’s degree in Sociology from the University of Barcelona and a Master’s in Urban Planning and Public Policy Design from the Politecnico di Milano, and is currently completing her PhD in Sociology and Anthropology at the Complutense University of Madrid. Her research interests focus on materiality and the agency of objects, with a particular emphasis on haute couture. She has previously participated in research projects with academic research groups and is a member of the editorial committee of *Contextos*, the journal of social anthropology of the University of Barcelona.

Pedro Gallo is Certified Full Professor in the Department of Sociology at the University of Barcelona. He graduated in Economics from University of Barcelona; he is MSc and PhD by the London School of Economics. His past professional experience includes the Catalan Agency for Health Technology Assessment and Research, the Catalan Institute of Health, Seny Foundation for research into mental health, and the Spanish Network for Research in Epidemiology and Public Health-CIBERESP. His research interests and major publications focus on sociology of health, health policy analysis, and research impact. He is part of the European Observatory of Health Systems and Policies, and member of the Bioethical Commission at the University of Barcelona.

Disclosure statement

The authors report there are no competing interests to declare.

ORCID

Sandra Escapa  0000-0002-1068-6830

Albert Julià  0000-0003-3576-226X

Marga Mari-Klose  0000-0001-7096-8330

Maria Cursach  0000-0002-7824-1096

Pedro Gallo  0000-0003-0190-1065

Data availability statement

The data that support the findings of this study are available from the corresponding author, SE, upon reasonable request.

Ethics approval statement

The study was approved by the Bioethics Committee of the University of Barcelona following review of its ethical and legal aspects (Institutional Review Board: IRB00003099; code: 130323). The approved project included both a quantitative component, the results of which have been published previously (Julià et al., 2025; Marí-Klose et al., 2025), and a qualitative component, to which the present study belongs. The research complies with the ethical principles set out in the European Code of Conduct for Research Integrity and the Declaration of Helsinki. All participants provided written informed consent after receiving detailed information about the study.

References

- Åberg, C., Gillsjö, C., Hallgren, J., & Berglund, M. (2020). It is like living in a diminishing world”: older persons’ experiences of living with long-term health problems—prior to the STRENGTH intervention. *International journal of qualitative studies on health and well-being*, 15(1), 1747251. <https://doi.org/10.1080/17482631.2020.1747251>
- ATLAS.ti Scientific Software Development GmbH. (2024). ATLAS.ti Mac (versión 24.1.1) [Software for qualitative data analysis]. <https://atlasti.com>
- Bekhet, A. K., Zauszniewski, J. A., & Nakhla, W. E. (2009). Reasons for relocation to retirement communities: A qualitative study. *Western journal of nursing research*, 31(4), 462–479. <https://doi.org/10.1177/0193945909332009>
- Bigonnesse, C., & Chaudhury, H. (2022). Ageing in place processes in the neighbourhood environment: a proposed conceptual framework from a capability approach. *European Journal of Ageing*, 19(1), 63–74. <https://doi.org/10.1007/s10433-020-00599-y>.
- Boldy, D., Grenade, L., Lewin, G., Karol, E., & Burton, E. (2011). Older people's decisions regarding 'ageing in place': A Western Australian case study. *Australasian journal on ageing*, 30(3), 136–142. <https://doi.org/10.1111/j.1741-6612.2010.00469.x>
- Bolster-Foucault, C., Vedel, I., Busa, G., Hacker, G., Sourial, N., & Quesnel-Vallée, A. (2024). Social inequity in ageing in place among older adults in organisation for economic cooperation and development countries: A mixed studies systematic review. *Age and Ageing*, 53(8), afae166. <https://doi.org/10.1093/ageing/afae166>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE Publications Ltd.
- Calasanti, T., & King, N. (2007). Taking “women's work” “like a man”: Husbands' experiences of care work. *The Gerontologist*, 47(4), 516–527. <https://doi.org/10.1093/geront/47.4.516>
- Costa-Font, J., & Vilaplana-Prieto, C. (2022). Health shocks and housing downsizing: How persistent is ‘ageing in place’?. *Journal of Economic Behavior & Organization*, 204, 490–508. <https://doi.org/10.1016/j.jebo.2022.10.039>
- Costa-Font, J., Elvira, D., & Mascarilla-Miró, O. (2009). ‘Ageing in place’? Exploring elderly people’s housing preferences in Spain. *Urban Studies*, 46(2), 295–316. <https://doi.org/10.1177/0042098008099356>
- Costa-Font, J., Jiménez Martín, S., & Viola, A. (2021). Fatal underfunding? Explaining COVID-19 mortality in spanish nursing homes. *Journal of aging and health*, 33(7-8), 607–617. <https://doi.org/10.1177/08982643211003794>
- Courtin, E., & Knapp, M. (2015). Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community*, 25(3), 799–812. <https://doi.org/10.1111/hsc.12311>
- Erickson, M. A., Krout, J., Ewen, H., & Robison, J. (2006). Should I stay or should I go? Moving plans of older adults. *Journal of Housing for the Elderly*, 20(3), 5–22. https://doi.org/10.1300/J081v20n03_02
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods*, 5(1), 80–92. <https://doi.org/10.1177/160940690600500107>
- Fernández-Carro, C. (2016). Ageing at home, co-residence or institutionalisation? Preferred care and residential arrangements of older adults in Spain. *Ageing & Society*, 36(3), 586–612. <https://doi.org/10.1017/S0144686X1400138X>
- Fernández-Roses, D., García-Aguña, S., Gallardo-Peralta, L. P., & Sánchez-Moreno, E. (2025). La soledad en personas mayores: Un estudio cualitativo sobre experiencias subjetivas, factores influyentes y estrategias de afrontamiento. *Revista Española De Sociología*, 34(2), a263. <https://doi.org/10.22325/fes/res.2025.263>
- Filipovič Hrast, M., Sendi, R., & Kerbler, B. (2020). Housing choices of older people: Staying or moving in the case of high care needs. *Sustainability*, 12(7), 2888. <https://doi.org/10.3390/su12072888>
- Fonseca, A. M. (2021). *Ageing in place: Envelhecimento em casa e na comunidade: modelos e estratégias centrados na autonomia, participação social e promoção do bem estar das pessoas idosas*. Fundação. Calouste Gulbenkian.
- Forsyth, A., & Molinsky, J. (2020). What is aging in place? Confusions and contradictions. *Housing Policy Debate*, 31(2), 181–196. <https://doi.org/10.1080/10511482.2020.1793795>. <https://doi-org.sire.ub.edu/>
- Golant, S. M. (1984). *A place to grow old: The meaning of environment in old age*. Columbia University Press.
- Granbom, M., Szanton, S., Gitlin, L. N., Paulsson, U., & Zingmark, M. (2020). Ageing in the right place – a prototype of a web-based housing counselling intervention for later life. *Scandinavian Journal of Occupational Therapy*, 27(4), 289–297. <https://doi.org/10.1080/11038128.2019.1634756>
- Grove, H. (2021). Ageing as well as you can in place: Applying a geographical lens to the capability approach. *Social Science & Medicine*, 288, 113525. <https://doi.org/10.1016/j.socscimed.2020.113525>
- Hansen, E. B., & Gottschalk, G. (2006). What makes older people consider moving house and what makes them move?. *Housing, Theory and Society*, 23(1), 34–54. <https://doi.org/10.1080/14036090600587521>. <https://doi-org.sire.ub.edu/>

- Harris, A., & Fasbender, U. (2025). Gender differences in retirement decisions and outcomes: a systematic literature review and recommendations for future research. *Work, Aging and Retirement*, 00(00), 1–41. <https://doi.org/10.1093/workar/waaf011>
- Harris-Kojetin, L., Sengupta, M., Park-Lee, E., & Valverde, R. (2013). Long-term care services in the United States: 2013 overview. *Vital & health statistics. Series 3, Analytical and epidemiological studies*, (37), 1–107.
- Iecovich, E. (2014). Aging in place: From theory to practice. *Anthropological Notebooks*, 20(1), 21–33.
- Jenkins, M., & Robert, S. A. (2020). The effects of housing cost burden and housing tenure on moves to a nursing home among low- and moderate-income older adults. *The Gerontologist*, 60(8), 1485–1494. <https://doi.org/10.1093/geront/gnaa052>
- de Jong, L., Zeidler, J., & Damm, K. (2022). A systematic review to identify the use of stated preference research in the field of older adult care. *European journal of ageing*, 19(4), 1005–1056. <https://doi.org/10.1007/s10433-022-00738-7>
- Julià, A., Gallo, P., Mari-Klose, M., & Escapa, S. (2025). Examining the matching of care preferences and care modalities for older dependents, and its association with satisfaction and wellbeing. *BMC geriatrics*, 25(1), 119. <https://doi.org/10.1186/s12877-025-05749-4>
- Kasper, J. D., Wolff, J. L., & Skehan, M. (2019). Care arrangements of older adults: What they prefer, what they have, and implications for quality of life. *The Gerontologist*, 59(5), 845–855. <https://doi.org/10.1093/geront/gny127>
- Krout, J. A., Moen, P., Holmes, H. H., Oggins, J., & Bowen, N. (2002). Reasons for relocation to a continuing care retirement community. *Journal of Applied Gerontology*, 21(2), 236–256. <https://doi.org/10.1177/07364802021002007>
- Kuharic, M., Sharp, L. K., Turpin, R. S., Mulhern, B., Lee, T. A., Rose, C. E. G., Pickard, A. S., Grace Rose, C. E., & Monteiro, A. (2024). Care recipient self-perceived burden: Perspectives of individuals with chronic health conditions or personal experiences with caregiving on caregiver burden in the US. *SSM-Qualitative Research in Health*, 5, 100398. <https://doi.org/10.1016/j.ssmqr.2024.100398>
- Kvæl, L. A. H. (2025). Ageing in place or stuck in place: A critical qualitative study on older adults' independence across six municipalities in Norway. *Social Science & Medicine*, 375, 118098. <https://doi.org/10.1016/j.socscimed.2025.118098>
- Lawton, M. P., & Nahemow, L. (1973). Ecology and the aging process. In Eisdorfer, I. C., Lawton, M. P. (Eds.), *The psychology of adult development and aging*. 619–674. American Psychological Association. <https://doi.org/10.1037/10044-020>
- Lebrusán, I., & Gómez, M. V. (2022). The importance of place attachment in the understanding of ageing in place: “The stones know me. *International journal of environmental research and public health*, 19(24), 17052. <https://doi.org/10.3390/ijerph192417052>
- Lehnert, T., Heuchert, M. A. X., Hussain, K., & Koenig, H. H. (2019). Stated preferences for long-term care: a literature review. *Ageing & Society*, 39(9), 1873–1913. <https://doi.org/10.1017/S0144686X18000314>
- Leibing, A., Guberman, N., & Wiles, J. (2016). Liminal homes: Older people, loss of capacities, and the present future of living spaces. *Journal of Aging Studies*, 37, 10–19. <https://doi.org/10.1016/j.jageing.2015.12.002>
- Lochmiller, C. R. (2021). Conducting thematic analysis with qualitative data. *The qualitative report*, 26(6), 2029–2044. <https://doi.org/10.46743/2160-3715/2021.5008>
- Löfqvist, C., Granbom, M., Himmelsbach, I., Iwarsson, S., Oswald, F., & Haak, M. (2013). Voices on relocation and aging in place in very old age—A complex and ambivalent matter. *The Gerontologist*, 53(6), 919–927. <https://doi.org/10.1093/geront/gnt034>
- Mari-Klose, M., Mari-Klose, P., Gallo, P., Escapa, S., & Julià, A. (2025). Loneliness and pet ownership among dependent older adults in a Southern European urban context. *Aging & Mental Health*, 29(5), 779–787. <https://doi.org/10.1080/13607863.2024.2417196>
- Mattimore, T. J., Wenger, N. S., Desbiens, N. A., Teno, J. M., Hamel, M. B., Liu, H., Oye, R. K., Califf, R., Connors, A. F., & Lynn, J. (1997). Surrogate and physician understanding of patients' preferences for living permanently in a nursing home. *Journal of the American Geriatrics Society*, 45(7), 818–824. <https://doi.org/10.1111/j.1532-5415.1997.tb01508.x>
- McPherson, C. J., Wilson, K. G., & Murray, M. A. (2007). Feeling like a burden: Exploring the perspectives of patients at the end of life. *Social science & medicine*, 64(2), 417–427. <https://doi.org/10.1016/j.socscimed.2006.09.013>
- Moilanen, T., Kangasniemi, M., Papinaho, O., Mynttinen, M., Siipi, H., Suominen, S., & Suhonen, R. (2021). Older people's perceived autonomy in residential care: An integrative review. *Nursing Ethics*, 28(3), 414–434. <https://doi.org/10.1177/0969733020948115>
- National Academies of Sciences, Engineering, and Medicine. (2024). *Aging in Place with Dementia: Proceedings of a Workshop*. The National Academies Press. <https://doi.org/10.17226/27420>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1–13. <https://doi.org/10.1177/1609406917733847>
- Nyqvist, F., Power, J. M., & Coll-Planas, L. (2025). Theorizing Loneliness in Later Life. Micro, Meso, and Macro Perspectives. In M. Aartsen, I. Precupetu, & B. Suanet (Eds.), *Macro Social Influences on Loneliness in Later Life. International Perspectives on Aging*, (Vol. 47). Springer, Cham. https://doi.org/10.1007/978-3-031-94565-6_2
- O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: a synthesis of recommendations. *Academic medicine*, 89(9), 1245–1251. <https://doi.org/10.1097/acm.0000000000000388>
- Öhlén, J., Ekman, I., Zingmark, K., Bolmsjö, I., & Benzein, E. (2014). Conceptual development of “at-homeness” despite illness and disease: A review. *International Journal of Qualitative Studies on Health and Well-being*, 9(1), 236770. <https://doi.org/10.3402/qhw.v9.23677>
- Oswald, F., & Wahl, H.-W. (2005). Dimensions of the meaning of home. In Rowles, I. G. D., Chaudhury, H. (Eds.), *Home and Identity in Late Life: International Perspectives*. 21–45. Springer. New York.

- Pani-Harremman, K. E., Bours, G. J., Zander, I., Kempen, G. I., & van Duren, J. M. (2021). Definitions, key themes and aspects of 'ageing in place': a scoping review. *Ageing & Society, 41*(9), 2026–2059. <https://doi.org/10.1017/S0144686X20000094>
- Phillips, D. R., Cheng, K. H. C., Yeh, A. G. O., & Siu, O.-L. (2010). Person—environment (p—e) fit models and psychological well-being among older persons in Hong Kong. *Environment and Behavior, 42*(2), 221–242. <https://doi.org/10.1177/0013916509333426>
- Rogero-García, J. (2009). Distribución en España del cuidado formal e informal a las personas de 65 y más años en situación de dependencia. *Revista española de salud pública, 83*, 393–405. <https://doi.org/10.1590/S1135-57272009000300005>
- Roy, N., Dubé, R., Després, C., Freitas, A., & Légaré, F. (2018). Choosing between staying at home or moving: A systematic review of factors influencing housing decisions among frail older adults. *PLoS One, 13*(1), e0189266. <https://doi.org/10.1371/journal.pone.0189266>
- Saraceno, C. (2010). Social inequalities in facing old-age dependency: a bi-generational perspective. *Journal of European Social Policy, 20*(1), 32–44. <https://doi.org/10.1177/0958928709352540>
- Schuurman, B., Achterberg, W. P., Abma, T. A., & Lindenberg, J. (2024). On the limits of communication: The liminal positioning of older adults and processes of self-ageism and ageism. *Journal of Aging Studies, 71*, 101255. <https://doi.org/10.1016/j.jaging.2024.101255>
- Søvde, B. E., Sandvoll, A. M., Natvik, E., & Drageset, J. (2022). Carrying on life at home or moving to a nursing home: Frail older people's experiences of at-homeness. *International Journal of Qualitative Studies on Health and Well-Being, 17*(1), 2082125. <https://doi.org/10.1080/17482631.2022.2082125>
- Stoekel, K. J., & Porell, F. (2010). Do older adults anticipate relocating? The relationship between housing relocation expectations and falls. *Journal of Applied Gerontology, 29*(2), 231–250. <https://doi.org/10.1177/0733464809335595>
- Stones, D., & Gullifer, J. (2016). At home it's just so much easier to be yourself: older adults' perceptions of ageing in place. *Ageing & Society, 36*(3), 449–481. <https://doi.org/10.1017/S0144686X14001214>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International journal for quality in health care, 19*(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Van Gennep, A. (2022). *The rites of passage*. University of Chicago press.
- Van Loon, J., Janssen, M., Janssen, B., de Rooij, I., & Luijckx, K. (2024). How older adults with physical impairments maintain their autonomy in nursing homes. *Ageing & Society, 44*(11), 2397–2419. <https://doi.org/10.1017/S0144686X22001428>
- Vasara, P. (2015). Not ageing in place: Negotiating meanings of residency in age-related housing. *Journal of aging studies, 35*, 55–64. <https://doi.org/10.1016/j.jageing.2015.07.004>
- Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000). Being alone in later life: Loneliness, social isolation and living alone. *Reviews in Clinical Gerontology, 10*(4), 407–417. <https://doi.org/10.1017/S0959259800104101>
- Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. (2012). The meaning of "aging in place" to older people. *The gerontologist, 52*(3), 357–366. <https://doi.org/10.1093/geront/gnr098>
- Wilson, G. (2000). *Understanding old age: Critical and global perspectives*. Sage Publications.
- Wu, C. S., & Rong, J. R. (2020). Relocation experiences of the elderly to a long-term care facility in Taiwan: A qualitative study. *BMC geriatrics, 20*(1), 280. <https://doi.org/10.1186/s12877-020-01679-5>
- Zhang, F., Loo, B. P., & Wang, B. (2022). Aging in place: From the neighborhood environment, sense of community, to life satisfaction. *Annals of the American Association of Geographers, 112*(5), 1484–1499. <https://doi.org/10.1080/24694452.2021.1985954>