



Quality of life and place attachment among people with severe mental illness



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ARTICLE INFO

Article history:

Available online 6 January 2015

Keywords:

Supported housing facilities
People with severe mental illness
Indirect environmental effects
Social climate
Place attachment
Quality of life

ABSTRACT

This study investigated the extent to which perceived physical and social-environment qualities of supported housing facilities (SHF) account for variations in the perceived quality of life of people with severe mental illness (SMI). Based on a user-centered approach, people with SMI (N = 72) appraised the environment of their SHF (N = 20). Moreover, it investigated whether place attachment played a role in the relationship established between the environment of SHF and users' quality of life. Perceived physical and social-environment qualities predicted quality of life. Together the two factors accounted for approximately 32% of quality of life variance. Furthermore, attachment to place mediated this relationship. Implications for future planning of psychologically supportive facilities for this vulnerable group in society are discussed.

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1. Introduction

The mental health systems in the western world have faced major changes due to the process of deinstitutionalization of psychiatric services. This process has led to the creation of different forms of supported-housing facilities (SHF) for people with severe mental illness¹ (SMI) (Fakhoury & Priebe, 2002). At a more general level this phenomenon has caused a shift from institutional settings to community-based environments for people with psychiatric disabilities, with the intention to support their empowerment and well-being by fulfilling their needs for privacy, autonomy and by reinforcing their community integration (Brunt & Rask, 2005; Fakhoury & Priebe, 2002).

Internationally, the range of housing facilities differs in terms of support, programs and treatments depending on users' general

functioning and needs. However, common patterns can be found across the different models with regard to the core principles of supporting community participation and independent living in homelike ambiances (Rog, 2004; Tabol, Drebing, & Rosenheck, 2010; Wright & Kloos, 2007). The purpose of providing a home-like setting to this frail group of society lies in the valuable meaning that the home environment has for the development of the individual and overall well-being (Borg et al., 2005; Brown & Perkins, 1992). The home is often experienced as an extension of a person's self-image and identity since it provides a sense of security and connectedness, which in turn enhances opportunity to experience feelings of belonging and attachment (Cristoferetti, Gennai, & Rodeschini, 2011). Feelings of attachment towards a place have, in particular, been associated with emotional distress regulation, which in the case of people with SMI, appears to be a crucial factor for psychiatric treatments' outcome (Korpela, 1989). However, the influences of place attachment on the relationship between SHF and people with SMI are largely unknown. Moreover, home settings have been considered emblematic ambiances for the development of place attachment since they foster feelings of control and offer opportunities to restore from the external world (Cristoferetti et al., 2011; Giuliani, 1991). For these reasons, and due to the large amount of time spent by people with SMI in their residential

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¹ The terms "severe mental illness" and "psychiatric disabilities" have been similarly defined in the psychiatric literature and for this reason used as interchangeable terms in the present work.

facilities, the environment of SHF seeks to mirror homelike ambiances rather than institutional.

Nevertheless, a great variation in the physical-environment quality of housing facilities can be found worldwide (Harkness, Newman, & Salkever, 2004; Kloos & Shah, 2009; Newman, 2001; Newman & Goldman, 2008). In Sweden, two levels of housing facilities are provided to people with SMI; congregate houses, with onsite professional workers, and outreach supported houses, which entails independent tenancies and regular visits from professionals (Swedish National Board of Health and Welfare, 2003, 2010). Both types of housing varies substantially in environmental quality and there are indications that institutional atmospheres are replicated in some of them (Johansson & Brunt, 2012; Marcheschi, Johansson, Brunt, & Laike, 2014; Swedish National Board of Health and Welfare, 2003). Many countries are facing similar problems in providing suitable residential facilities for people with SMI (Fakhoury, Murray, Shepherd, & Priebe, 2002).

Previous research has found an association between the perceived physical-environment quality of SHF and the perceived social-environment quality (*social climate*²) of the setting (Marcheschi, Brunt, Hansson, & Johansson, 2013). Furthermore, research on similar environments such as hospitals and facilities for the elderly has demonstrated that physical environmental features such as, single-bed rooms, appropriate lighting, ergonomic design and natural distractions, may also have an influence on people's health (Evans, 2003; Huisman, Morales, Van Hoof, & Kort, 2012; Kweon, Sullivan, & Wiley, 1998; Newman, 2001; Tyvimaa, 2010; Ulrich, 1991, 2002).

It is however unclear if the same physical environmental aspects are perceived as being psychologically supportive from the point of view of people with SMI. Evans (2003) suggests that the impact of the overall environment on residents' well-being is a consequence of the indirect effect of the built environment. Key questions thus remain about the extent to which the setting of SHF supports important functions for its residents i.e. to be in control of their environment, provide space for social interaction and restoration, and thereby contributes to i) supporting their users' well-being (Evans, 2003; Evans, Kantrowitz, & Eshelman, 2002; Johansson & Brunt, 2012; Knight & Haslam, 2010) and ii) their place attachment (Harkness et al., 2004).

The present study thus seeks to investigate if the perception of physical and social-environment qualities is associated with variations in the well-being of people with SMI, and if place attachment is an underlying factor in this process. The well-being of people with psychiatric disabilities was operationalized in terms of perceived quality of life.

1.1. Place attachment

Emotions have been recognized as fundamental parts of the human-environment interaction but there is, however, a paucity of knowledge regarding the impact that feelings of attachment towards a place (home) have on the well-being of people with SMI (Kaplan & Kaplan, 1984; Morgan, 2010).

Place attachment is a multifaceted phenomenon that occurs over time and integrates different aspects of human-environment interaction (Rollero & De Piccoli, 2010). It has been defined as an emotional bond established between a person and a place in which a particular place acquires a special meaning for the individual and is associated with feelings of security, control and opportunities for

privacy and restoration (Harris, Brown, & Werner, 1996; Hidalgo & Hernández, 2001).

Different levels of place attachment can be experienced by the individual. These levels may vary from a sense of belonging to a place, to feelings of identification with it, and at the highest level to a feeling of commitment and willingness to sacrifice for the sake of the place (Hernández, Hidalgo, Salazar-Laplace, & Hess, 2007; Kaltenborn, 1998; Shamai, 1991; Twigger-Ross, Bonaiuto, & Breakwell, 2003). Some studies have reported a connection between place attachment and health outcomes (Brown & Perkins, 1992; Harris, Werner, Brown, & Ingebritsen, 1995). Attachment and satisfaction with the place of residence have been also acknowledged as predictors of mental health outcomes in vulnerable groups such as, elderly people and people with psychiatric disabilities (Evans et al., 2002; Wright & Kloos, 2007). Moreover, it has been suggested that environmental dependency and attachment increase when the individual physical, mental and social functioning decreases (Baroni, 1998; Lawton, 1970, 1983). Research has traditionally linked place attachment to home environments, since home environments are commonly considered as symbols for self-continuity and positive self-image (Cristoferetti et al., 2011; Giuliani, 1991; Rollero & De Piccoli, 2010).

The focus on place attachment has so far been on the process of attachment and the role of individual characteristics in this process. Whereas the setting's attributes and its role as determinant for place attachment development appears to be a neglected area of research (Hidalgo & Hernández, 2001; Lewicka, 2010, 2011a; Scannell & Gifford, 2010a). It has been claimed that there is a need for theoretical development regarding which physical dimensions contribute to the growth of meaning and attachment towards different environments, and future research directions that emphasize the physical aspects of place attachment have been recommended (Lewicka, 2011a; Stedman, 2003).

We embrace this issue by investigating the influence of environmental qualities on place attachment, with regard to the living situation of people with SMI. Moreover, we investigate if place attachment is an underlying factor that intercedes between the environment of SHF and users' well-being. Knowledge derived from the field of environmental psychology and human geography have been integrated within the study's theoretical background. For instance, the concept of sense of place, commonly used among geographers, was considered as an overarching indicator of the relationship between SHF and its users, due to its consideration of physical factors as determinants for place attachment growth (Eisenhauer, Krannich, & Blahna, 2000; Jorgensen & Stedman, 2006; Kaltenborn, 1998; Stedman, 2003). This construct suggests that the role played by physical environmental features cannot be neglected because meanings and attachments towards places are based on environmental attributes and not exclusively on individuals' characteristics, social ties and prior experiences (Shamai, 1991; Shamai & Ilatov, 2005; Stedman, 2003). The information gathered by the concept of sense of place implies an assessment of the setting that results from a conscious effort to evaluate its actual quality rather than from familiarity through long residence (Easthope, 2004). From the environmental psychology literature suggestions have been made regarding the link between residential rootedness and place attachment and identity. The concept of 'rootedness' has been differently defined across the literature, shifting from concepts of unselfconscious association with a place (Proshansky, Fabian, & Kaminoff, 1983) to an overarching indicator of the quality of the attachment established between a person and a place (Hummon, 1992; Tuan, 1980). This latter definition goes beyond the simple familiarity with the setting since it claims that the quality of the experience established in the setting matters more than duration (Tuan, 1977). Moreover, it includes a self-

² The term 'social climate' has been used in this paper to indicate the quality of the perceived social environment established in the setting of SHF.

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