



Residential experience of people with disabilities: A positive psychology perspective



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ABSTRACT

This study aimed to explore the residential experience of people with disabilities in family households. A sample of 31 people with spinal cord injury were interviewed on satisfaction with home modifications, psycho-environmental potential of the home, and neighborhood quality. Positive and negative answers were quantized, yielding indices of positive and negative residential well-being. We computed residential positivity ratios and compared the qualitative answers of participants with the highest and lowest ratios. Participants experienced higher positive well-being than negative well-being. Positive and negative well-being were mostly unrelated and correlated differently with variables at multiple eco-systemic levels. Participants with higher ratios reported healthier family functioning and lower probability of moving. Our findings suggest that positive and negative well-being may represent two targets for housing professionals. Residential positivity may benefit the person and the family as a whole. This study illustrates how mixed methods and positive psychology can be applied to person–environment transactions.

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1. Introduction

In North America, 50 million adults under 65 years old in the United States (National Center for Health Statistics, 2014) and 2.5 million in Canada (Statistics Canada, 2013) live with disabilities, in the community, often in private households with their families (Canada Mortgage and Housing Corporation, 2009; Wang, 2005). The residential environment, which consists of home and neighborhood (Amérigo, 2002), exerts a major influence on the well-being of these people. First, they spend much of their time in their residential environment, in fact more than do those without disabilities (Harvey, Pentland, Smith, & Walker, 1998; Law, 2002). Second, according to theoretical (Lawton & Simon, 1968) and empirical (Iwarsson, 2005; Morgan et al., 1984) research, their limitations make them particularly sensitive to environmental influences. The present study examines the residential experience of people with physical disabilities living in family households.

Literature on the residential experience of people with physical disabilities is fragmented (Wahl & Oswald, 2010). Several studies in environmental gerontology and occupational therapy have investigated the impact of poor accessibility on functional independence as well as the effectiveness of home modifications in reducing accessibility problems (see reviews from Iwarsson, 2003; and Pynoos, Nishita, & Perelma, 2003). Less is known about how positive elements of home and neighborhood can contribute to the well-being of people with disabilities, in terms of positive emotions, identity, and growth, which have been identified as central dimensions of well-being (Keyes, 2005; Ryff, 1989; Waterman et al., 2010). There are also very few studies on how residential environment supports healthy relationships between people with disability and their family members.

Inspired by contemporary perspectives on human well-being and on disability, the present study proposes a comprehensive approach covering both positive and negative elements of the residential experience. According to positive psychology, positive and negative aspects of human experience should both be considered in order to promote well-being (Seligman & Csikszentmihalyi, 2000; Wood & Tarrier, 2010). In parallel,

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researchers and practitioners in the disability field have devoted increasing attention to the strengths of people with disabilities and their environment, rather than focusing on deficits (Peter, Geyh, Ehde, Müller, & Jensen, 2015; Shogren, 2013).

1.1. A global conception of residential experience

Residential experience may be defined as encompassing the positive and negative perceptions that people have regarding their transactions with their residential environment. Research has shown that perceptions of the environment are better predictors of well-being than objective environmental conditions (Weden, Carpiano, & Robert, 2008; Wright & Kloos, 2007). Several key aspects of residential experience are likely to be associated with the well-being of people with physical disabilities: (a) housing satisfaction, (b) the psycho-environmental potential of their home, and (c) neighborhood quality.

1.1.1. Housing satisfaction

Just as satisfaction is a key indicator of well-being (Pavot & Diener, 2013), housing satisfaction is a classic indicator of perceived housing quality (Oswald et al., 2006). The latter refers to a feeling of contentment with one's residence (Adriaanse, 2007; Mohit, Ibrahim, & Rashid, 2010; Weidemann & Anderson, 1985). Residents manifest satisfaction when they consider their residential situation to be congruent with their needs (Galster & Hesser, 1981). In general, levels of satisfaction are high, even if the needs of people are not entirely met (see reviews from Amérgo & Aragonés, 1997; and Weidemann & Anderson, 1985). For example, people with disabilities were very satisfied with the modifications performed to adapt their homes to their limitations, while deploring the lack of personalization to their needs and those of their family (Harrison, 2011; Heywood, 2001). Despite high levels of satisfaction, the variation from one person to another is usually sufficient to investigate its correlates (Weidemann & Anderson, 1985). Satisfaction has been associated with the well-being of people with physical disabilities (Boschen, 1996) and of those without (Peck & Stewart, 1985); however, this association was shown to be stronger in households of people living with disabilities (Eastman, 1978).

1.1.2. The psycho-environmental potential of the home

Well-being includes various physical, emotional, psychological, and social dimensions (Keyes, 2005; Seligman, 2008). According to the psycho-environmental potential model (Jutras, 2002; Steele, 1973), a physical setting should support six functions in order to promote its users' well-being. These functions refer to human needs that converge with the dimensions of well-being. *Shelter and security* refers to the need to be protected from natural elements and from physical and psychological threats (Jutras, 2002). Facilitated or hindered by spatial arrangement (Steele, 1973), *social contact regulation* is a process by which people achieve a desired degree of privacy matching their needs, which change over time (Altman, 1975; Vinsel, Brown, Altman, & Foss, 1980). *Symbolic identification* refers to values, goals, preferences, and beliefs that users of a setting express about themselves through messages conveyed by the environment (Jutras, 2002). *Task instrumentality* designates the functionality of the setting that helps users carry out their tasks and activities (Jutras, 2002). *Pleasure* refers to a feeling of gratification derived from being in a place, influenced by qualities of the setting, and by users' past experiences and moods (Jutras, 2002; Steele, 1973). A setting stimulates *growth* if it promotes the development of skills, a sense of competence or self-esteem in the users, or a better understanding of themselves and the world (Steele, 1973).

People with physical disabilities face numerous challenges related to these six functions. They may experience various hazardous conditions in their house (e.g., accident hazards, damp, excessive heat, inadequate ventilation) (Heywood, 2005; Ho, Kroll, Kehn, Anderson, & Pearson, 2007). Regulation of social contact with other family members is sometimes threatened by inadequate spatial configuration that encroaches on privacy. For example, one woman with disabilities reported being visible to family members when she was in the bathroom, due to her wheelchair blocking the door (Imrie, 2004). With respect to symbolic identification, several people with disabilities complain that home modifications (e.g., an elevator to access the home entrance) convey a negative message about their identity, reminding them of their limitations (Aplin, de Jonge, & Gustafsson, 2013; Heywood, 2005). Yet, these modifications are essential to sustain task instrumentality: accessibility barriers hinder functional independence of people with physical disabilities (Fänge & Iwarsson, 2005; Heywood, 2005; Ho et al., 2007; Reid, Angus, McKeever, & Miller, 2003). For people receiving home care, the presence of nursing equipment can make the ambience less pleasant (Angus, Kontos, Dyck, McKeever, & Poland, 2005). Some people also reside in settings that are sub-optimal for their growth, such as environments that lack stimulation (Jonsson, Östlund, Warell, & Dalholm Hornyánszky, 2014) or in which they cannot exert control or competence (Boschen, 1996; Nocon & Pleace, 1997).

1.1.3. Neighborhood quality

Neighborhood is defined as an area of varying geographical scope located around one's home, in which one uses services and develops social relationships with neighbors (Amérgo & Aragonés, 1997). The numerous constituents of a neighborhood that determine how people appraise its quality include human (e.g., acts of incivility, good neighboring), functional (e.g., services, ease of transportation), and physical elements (e.g., green spaces, air and sound pollution) (Bonaiuto & Alves, 2012). Studies suggest that many of these elements influence the well-being of people with physical disabilities (Ho et al., 2007; Keysor, Jette, Coster, Bettger, & Haley, 2006; Martin, Shreffler, Schoster, & Callahan, 2010; Noreau, Fougereyrollas, & Boschen, 2002). Architectural and social barriers in neighborhoods often confine people with disabilities to their home and limit their social participation (Noreau et al., 2002; Reid et al., 2003). However, what constitutes a barrier may vary. For example, some people with disabilities may perceive the design of curb ramps in their neighborhood as a barrier to physical activity, while others perceive it as a facilitator (Rosenberg, Huang, Simonovich, & Belza, 2013).

1.2. Unexplored areas of residential experience

To our knowledge, the aspects of residential experience described above have never been considered altogether. A study with elderly people (Oswald et al., 2006, 2007) strongly suggests that a comprehensive approach could be enlightening. Integrating several aspects of residential experience, this study revealed that some aspects (e.g., meaning of home, usability) were more strongly linked and were stronger predictors of well-being than others (e.g., satisfaction). However, we do not know if this pattern of associations is transferable to people of all ages living with disabilities; furthermore, neighborhood was not considered.

Most research on the residential experience of people with physical disabilities focuses on negative elements. However, a few qualitative studies (Aplin, de Jonge, & Gustafsson, 2015; Heywood, 2005; Rosenberg et al., 2013) suggest that positive and negative elements are likely to co-exist in the residential experience of people with disabilities. Stokols (2003) suggested that positive

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