Grand Valley State University
ScholarWorks@GVSU

Masters Theses | Graduate Research and Creative Practice

2005

Home: A Concept Analysis with Application of the Concept to Experiences of Individuals with Serious and Persistent Mental Illness

Corinne A. Overmyer
Grand Valley State University

Follow this and additional works at: https://scholarworks.gvsu.edu/theses

Part of the Nursing Commons

ScholarWorks Citation

Overmyer, Corinne A., "Home: A Concept Analysis with Application of the Concept to Experiences of Individuals with Serious and Persistent Mental Illness" (2005). *Masters Theses*. 650.
https://scholarworks.gvsu.edu/theses/650

This Thesis is brought to you for free and open access by the Graduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Masters Theses by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.

HOME: A CONCEPT ANALYSIS WITH APPLICATION OF THE CONCEPT TO EXPERIENCES OF INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS

Corinne A. Overmyer

2005

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

HOME: A CONCEPT ANALYSIS WITH APPLICATION OF THE CONCEPT TO EXPERIENCES OF INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS

By

Corinne A. Overmyer

A THESIS

Submitted to
Grand Valley State University
In partial fulfillment of the requirements for the
Degree of

MASTER OF SCIENCE IN NURSING

Kirkhof College of Nursing

2005

Thesis Committee Members:

Andrea C. Bostrom, Ph.D., A.P.R.N., B.C.

George Grant Jr., Ph.D., M.S.W., C.S.W.

Linda D. Scott, Ph.D., R.N.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

ABSTRACT

HOME: A CONCEPT ANALYSIS
WITH APPLICATION OF THE CONCEPT TO EXPERIENCES OF INDIVIDUALS
WITH SERIOUS AND PERSISTENT MENTAL ILLNESS

By

Corinne A. Overmyer

The purpose of this paper was to explore and define the concept of home through an extensive review of the literature. The concept analysis framework of Walker and Avant (1995) was used to structure the paper and the theories of Johnson (1980) and Maslow (1954) were used for operationalization. The literature search examined characteristics of home applicable to all individuals. The concept's defining attributes were discovered and applied to the home experiences of those living with serious and persistent mental illness. Homes were evaluated to assess for attribute presence and to determine if the homes were model, borderline, or contrary. There were no model, two borderline, and two contrary examples of homes in the literature about mental illness. Discussion included the development of tools to operationalize the concept of home for application to nursing practice, education, and administration. Limitations were addressed, and areas for further research were presented.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Dedication

This manuscript is dedicated to individuals with Serious and Persistent Mental Illness struggling to find a home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Acknowledgments

First, I wish to acknowledge Andrea Bostrom, Ph.D., A.P.R.N., B.C., the chair of my committee. It has been quite a journey from the first uncertain steps toward the idea of home to this manuscript. Your experience in psychiatric nursing as well as in research has been invaluable. Your patience, understanding, suggestions, clarification of ideas, and most of all your time have been priceless.

I acknowledge Linda Scott, Ph.D., R.N. for serving on my committee. Your observation of my passion for the topic and your encouragement in going forward with a concept analysis will always be remembered. Your continued fine-tuning of the concept analysis process has been greatly appreciated.

I acknowledge George Grant, Jr., Ph.D., M.S.W., C.S.W., for serving as one of my committee members. Your enthusiasm and your lively discussion of the topic has been not only enjoyable and helpful but confirmed my feeling that this was an important topic.

I acknowledge my friends and colleagues at Southwestern Michigan College for their continual support and patience during this process. A special thanks to Elaine Foster and Kathy Oliver for all you have done to help me balance work, family, and school.

Finally, I wish to acknowledge my family. To my husband Dennis and my children Kristen, Cody, and Michael, thank you for your patience, love, support, and tolerance during this voyage. It has been challenging and you have sacrificed much to help me reach this place. I cannot tell you how much I appreciate all of you. To my

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

parents, Ivan and Camilla Klinesteker, thank you for reading many of the drafts, for spending time with my children when I needed to write, and for all the other ways you have supported and guided me through life. It was you who instilled the deep sense of compassion and justice that lies beneath this paper. One of the defining attributes of home is good social relationships. I am lucky to have and have had homes with exceptional social relationships. Thank you and I love you all.

Corinne A. Overmyer

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Table of Contents

List of Tables viii

List of Figures ix

List of Appendices x

CHAPTER

1 INTRODUCTION 1

2 CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW 5

Conceptual Framework 5
Introduction to Nursing Theory 6
Dorothy Johnson's Behavioral System Theory 6
Abraham Maslow's Hierarchy of Needs 9
Literature Review 12
Theoretical Literature 12
Research Literature 22
Literature Related to Home as Experienced by Individuals with SPMI 36
Summary 64

3 METHODS 65

Procedures 66
Protection of Human Subjects 70
Reliability and Validity 70

4 ANALYSIS 71

Defining Attributes 74
Analysis of Literature Related to Home Specific to Other Populations 76
Case Analysis 76
Model Case 77

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Borderline Case 79
Related Case 79
Contrary Case 81
Illegitimate Case 82
Antecedents 82
Consequences 83
Empirical Referents 83
Analysis of Literature Related to Home Specific to Individuals with SPMI 84
Model Case 84
Borderline Case 84
Contrary Case 87

5 DISCUSSION AND IMPLICATIONS 92

Discussion 94
Significance of the Findings to Knowledge Development 97
Application of Johnson's Theory 99
Application of Maslow's Theory 101
Tool Using Home Attributes 107
Implications for Nursing Practice, Education and Administration 111
Nursing Practice 111
Nursing Education 113
Nursing Administration 113
Limitations 114
Advantages 115
Recommendations for Further Research 115
Tool Validation 115
Descriptive Studies 117
Intervention Studies 118
Summary 118

APPENDICES 120

LIST OF REFERENCES 124

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

List of Tables

TABLE

1 Comparison of Johnson's Subsystems with the Defining Attributes..... 100

2 Comparison of Maslow's Hierarchy of Needs with the Defining Attributes..... 104

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

List of Figures

FIGURE

1 Representation, using Johnson's Behavioral System Model (1980), of effects of external environment, including one's home, on a person 102

2 Representation of Johnson's Behavioral System Model (1980) combined with the attributes of home..... 103

3 Representation of Maslow's (1954) five levels of need as affected by a person's environment including home 105

4 Representation of Maslow's (1954) five levels of need integrated with the defining attributes of home 106

5 Tool using the critical attributes of home in a home assessment..... 108

6 Representation of Johnson's Behavioral System Model (1980) applied to an individual in a borderline home such as one described in the Trieman et al. (1998) study 120

7 Representation of Johnson's Behavioral System Model (1980) applied to an individual in a contrary home such as one described by Baldwin (1998)..... 121

8 Representation of Maslow's Hierarchy of Needs Model (1954) applied to an individual in a borderline home such as one described by Trieman et al. (1998)..... 122

9 Representation of Maslow's Hierarchy of Needs Model (1954) applied to an individual living in a contrary home such as one described by Baldwin (1998) 123

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

List of Appendices

APPENDIX

A Johnson's Behavioral System Model (1980) and a Borderline Home..... 120

B Johnson's Behavioral System Model (1980) and a Contrary Home..... 121

C Maslow's (1954) Hierarchy of Needs Model and a Borderline Home..... 122

D Maslow's (1954) Hierarchy of Needs Model and a Contrary Home..... 123

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

CHAPTER 1

INTRODUCTION

For over 40 years treatment of individuals with serious and persistent mental illness (SPMI) has been driven by the process of deinstitutionalization. Through this process, hundreds of thousands of individuals previously housed in large state psychiatric hospitals have been shifted into the community. In 1955 there were 558,239 people living in state psychiatric hospitals throughout the United States; by 1996 there were 61,722 (Treatment Advocacy Center, 1999).

The impetus behind this movement began with the introduction of psychotropic medications in the mid 1950s and accelerated in the early 1960s when the Institutions for Mental Disorders (IMD) Act was passed (Treatment Advocacy Center, 1999). This act created federal financial incentives for housing mentally retarded and mentally ill individuals in facilities with 16 or fewer beds. At the time this act was passed, states shouldered the financial burden of the large psychiatric institutions, most housing several thousand patients. This act was an opportunity for the states to obtain significant federal money if they could find alternative placements for these patients which met the criteria of the IMD Act.

At the same time a system called Community Mental Health (CMH) was created to oversee this new paradigm of mental health care (Treatment Advocacy Center, 1999). The vision was to create community mental health centers in communities across the

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

country. Each CMH center was to include an emergency psychiatric unit, in- and out-patient services, day and night care, foster care homes, diagnostic divisions, and rehabilitation services. In 1963, the Kennedy administration predicted implementation of the proposed changes would reduce the population of state hospitals by 50% within "a decade or two" (Treatment Advocacy Center, 1999, para. 5). The projection more than met its mark. The national effective deinstitutionalization rate in 1996 was 93% (Treatment Advocacy Center, 1999, para. 5).

Ultimately, the money that had been promised to CMH never materialized in amounts sufficient to house the number of individuals needing community care. CMH has struggled for over 40 years with limited financial resources. CMH remains in existence but is inadequate and ineffective. The American Psychiatric Association (APA) report *A Vision for the Mental Health System* (2003) states "America's mental health delivery system is in shambles. At a time when treatment for psychiatric illness has never been more effective, access to that care is fragmented, discontinuous, sporadic and often totally unavailable" (paragraph 3).

In this clear, succinct, and powerfully written report, the APA identifies many shortcomings of the current system and outlines a plan which they believe necessary to achieve a mental health care system that is efficient, comprehensive, and humane. Throughout this report, housing is cited as one of the primary needs in the care of individuals with SPMI.

The demise of the state hospital system left thousands of individuals without a stable or safe place to live. The state hospital has been replaced by adult foster care homes (in numbers insufficient to meet the need), nursing homes, psychiatric units in

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

general hospitals, crisis centers, missions, shelters, jails, prisons, and the streets. Procurement of safe, stable, home-like accommodations, supportive of an individual's pursuit of the highest possible level of functioning, including self-actualization, is nearly impossible in today's system.

Part of the problem lies in the lack of a common definition of home. Defining the meaning of home and the qualities that describe home is a complicated matter. Definitions vary greatly depending on whether one speaks to a lawyer, a sociologist, a psychologist, a landlord, a nurse, an architect, a mother, or a child. Fox (2002) explains this by stating that home "represents a complex and multi-dimensional amalgam of financial, practical, social, psychological, cultural, politico-economic, and emotional interests to its occupiers" (p. 607). Clearly home is a complex and significant part of life.

Home has been studied by many different disciplines including psychiatry, psychology, philosophy, sociology, nursing, architecture, and the law. Each adds to the understanding of this complicated concept. In the course of this paper, home was examined in the literature from a variety of perspectives in order to gain a clear conceptual definition. The theories of Johnson and Maslow were also used to analyze the concept, especially in terms of homes for individuals with SPMI.

The discipline of nursing has been involved with caring for individuals with SPMI since the inception of nursing. Nurses have long recognized the pain and suffering of these individuals and have endeavored to find means to ease that suffering. If the concept of home is found to include elements which would serve the health and well-being of individuals with SPMI, it would seem important for nurses to include a safe and supportive home as an essential nursing intervention.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

In summary, the purpose of this paper was to determine a conceptual definition of home with application of the literature describing homes for people with SPMI. The analysis moved forward through a series of stages. The first and most critical stage was to explore and define the concept of home using literature from a variety of perspectives. Analysis of home continued using the conceptual analysis framework of Walker and Avant (1995). The goal was to compile the most complete conceptual definition of home possible for all people.

With a clear definition in hand, the concept was examined in relationship to the theories of Johnson and Maslow as well as other literature describing home for individuals with SPMI. Finally, the analysis of home was applied to the mental health specialty within the profession of nursing to consider its potential uses as a mode of intervening among persons with SPMI.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

CHAPTER 2

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

This chapter will review the theories of Johnson and Maslow. These theories were chosen for their ability to assist in analyzing the concept of home. Additionally a review of the literature is done in order to explore the meaning and definition of home.

Conceptual Framework

Two conceptual frameworks have been chosen for this paper. These frameworks were chosen for their ability to support the clarification of the concept and for their ability to demonstrate the operationalization of the theoretical variables. The first theory, Johnson's (1980) behavioral system theory is particularly well suited for assessing issues surrounding the impact of home in one's life, including home as experienced by individuals with serious and persistent mental illness (SPMI). Individuals with and without SPMI are at times unable to communicate what they are thinking, feeling, sensing, or perceiving; instead expressing these concerns through behavior. Behavior, says Johnson (1980), is closely linked to the balance of seven subsystems. The balance of subsystems is essential to human stability and growth and is affected by both one's internal and external environment. Defining home through an operationalization of Johnson's behavioral system theory may further clarify methods by which individuals remain balanced and stable.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

The second theory used in this paper is by Maslow (1954). Maslow wrote prolifically about human needs and self-actualization. His now classic pyramid of needs leading to self-actualization is as applicable today as it was in 1954 when it was first written. After clearly defining the concept, Maslow's theory will be used to examine the importance of home in a person's attempt to meet his or her needs and maintain a sense of stability.

Introduction to Nursing Theory

Nursing care is holistic. A nurse considers every aspect of a person's life in order to give care that is helpful, individualized, and meaningful. Home is currently considered by nurses, albeit often only peripherally, when treatment plans are developed and interventions created. With our greater understanding of the causes of illness (both mental and physical) and our vastly improved methods of treatment, nurses have become integral in the care of individuals with SPMI. Often, individuals with SPMI have physical health problems along with their mental health issues.

Nurses care for people with SPMI in many different settings: psychiatric and medical units in general hospitals, nursing homes, jails, prisons, psychiatric hospitals, and the community. The holistic nature of nursing care makes nurses particularly well suited to care for multiple needs, including assessment of a home for individuals with SPMI. This paper will examine the meaning of home and its applicability in the profession of nursing (especially mental health nursing).

Dorothy Johnson's Behavioral System Theory

Dorothy Johnson was a nurse who spent many years of her long nursing career developing her behavioral system theory (Johnson, 1980). In this theory an individual's

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

behaviors are observed and identified. These behaviors then determine appropriate nursing interventions.

Johnson (1980) likens the behavioral system for nursing to the biological system used by medicine. While physicians focus on the physical state of the body, Johnson proposes that nursing's unique contribution is the focus on behavior and function. It is Johnson's belief that behavior is the manifestation of one's mental and physical health. To Johnson, the objective in nursing is to observe behavioral functioning and maximize function via appropriate nursing interventions.

A system as described by Johnson (1980), "functions as a whole by virtue of the interdependence of its parts" (p. 208). The whole can be anything from the human body, to an eco-system, to the universe. In Johnson's behavioral system theory the whole is the entirety of an individual's behavior.

Seven subsystems are identified by Johnson. The subsystems represent the environment of an individual. The subsystems are influenced by an individual's internal and external environment. Although Johnson did use the terms internal and external environment, she never clearly defined these terms (Fawcett, 1995, pp. 78–79). The subsystems are functional components of the whole and must stay in balance for behavior to remain stable. Johnson's (1980) seven subsystems are:

- affiliative/attachment—considered the most important subsystem as it forms the basis of social attachments. Survival and security are the result of fulfillment of this subsystem.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

- dependency—this subsystem is prominent early in life and gradually subsides although a certain amount of interdependence is always a part of life. Consequences of this subsystem include approval, attention, or recognition.
- ingestive—this subsystem includes all facets of eating including when, where, what, how, how much, and under what conditions one eats. The subsystem considers not only the biological aspects of ingestion but social and psychological aspects as well.
- eliminative—this subsystem looks at factors similar to ingestion except in regards to elimination. When, how, and under what conditions are considered. The social and psychological aspects of elimination are considered along with the biological factors.
- sexual—procreation and gratification are the two primary elements of the sexual subsystem. Dating, mating, gender role identity, sex role behaviors, and other sexual issues are also considered.
- aggressive/protective—protection and preservation are the primary roles of this subsystem, however the social and cultural constraints of one's culture are considered when assessing the balance and the appropriateness of an individual's behavior within this subsystem.
- achievement—this subsystem consists of manipulation of one's environment in order to gain maximum control or mastery of one's self and/or environment. A few of the many areas in which individuals strive for achievement include intellectual, physical, creative, social, and mechanical.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Stressor is the term used by Johnson (1980) to describe any internal or external stimulus (positive or negative) that affects any of the subsystems resulting in instability or disequilibrium. Tension is the term Johnson uses to describe the end result of disequilibrium. Johnson summarizes the idea of her theory stating:

> It should be noted that the subsystems and the system as a whole tend to be self-maintaining and self-perpetuating so long as conditions in the internal and external environment of the system remain orderly and predictable, the conditions and resources necessary to their functional requirements are met, and the interrelationships among the subsystems are harmonious. If these conditions are not met, malfunction becomes apparent in behavior that is in part disorganized, erratic, and dysfunctional. Illness or other sudden internal or external environmental change is most frequently responsible for such malfunctions. (p. 212)

This statement defines the many components necessary to maintain equilibrium. This paper will examine, through the use of pertinent literature, the concept of home, possible effects of home on one's subsystems and thus on one's behavior, functioning, and stability.

Abraham Maslow's Hierarchy of Needs

In 1954, Maslow wrote an important book called *Motivation and Personality*. In this book Maslow outlined what he considered to be the hierarchy of human needs. The hierarchy consists of five levels, each needing to be satisfied before the next level could be considered. These five levels include (in ascending order) physiological needs, safety needs, belongingness and love needs, esteem needs, and self-actualization.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Maslow (1954) tells the reader "our first proposition states that the individual is an integrated, organized whole" (p. 63). Maslow called his theory a holistic-dynamic theory and believed that an innate drive exists in people to move toward the highest need which is self-actualization. Discussing human behavior related to needs, Maslow (1954) states "as one desire is satisfied, another pops up to take its place. It is characteristic of the human being throughout his whole life that he is practically always desiring something" (p. 69). While Maslow places needs in a specific sequence he is clear in stating that the order is not rigid and that circumstances may alter the arrangement of need fulfillment. It is not greed, but rather essential human motivation which drives this behavior, says Maslow. It is this behavior which not only keeps us alive but ultimately brings out the best in us.

Maslow (1954) does not give a clear definition of the physiological level. In 1954, Maslow's suggestions the components of this level more than a definition. These components are water, fats, proteins, oxygen, stable body temperature, minerals, acid-base balance and other items that are examples of things important to maintaining homeostasis. It is implied that these items maintain basic homeostasis and comprise our human physiological needs.

Safety (Maslow, 1954) is described largely by using examples of children in situations in which they are not feeling safe. Order, predictability, organization, and all-powerful parents are described as things that make children feel safe. Maslow also describes things he considers important for adults to feel safe, such as a job with tenure, a bank account, and insurance. Higher level safety needs are also mentioned and these include familiarity rather than unfamiliarity and some sort of religion, science, and/or

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

philosophy with which to make sense of the world. Finally Maslow (1954) contrasts an individual who feels safe with one who does not feel safe and the latter person he describes as a neurotic. According to Maslow, people with obsessive-compulsive tendencies and panic attacks are examples of people who feel unsafe in their world.

Belonging and love comprise the next, or third, level of need. After physiological and safety needs are met, Maslow (1954) explains, love and belonging needs will move to the forefront. A partner, friends, children, and a group to belong to are all mentioned as important love and belonging elements. It is suggested that sexuality can be considered a need of love and belonging, but that it can also be studied as a purely physiological need. Maslow makes a final important statement about love and belonging. He states that "not to be overlooked is the fact that the love needs involve both giving *and* receiving love" (Maslow, 1954, p. 90).

Maslow (1954) resolutely states that the need for esteem is one shared by "all people in our society" (p. 90). This is perhaps the most clearly defined level. Maslow divided this level into two subsets. The first subset includes the desire for strength, achievement, adequacy, mastery, competence, confidence in the face of the world, independence, and freedom. The second subset is the desire for reputation or prestige (defining it as respect or esteem from other people), status, dominance, recognition, attention, importance, or appreciation. Maslow also explains that lack of attainment of this level may lead to feelings of inferiority, weakness, helplessness, discouragement, or neurosis. And finally Maslow (1954) makes the important point that "the most stable and therefore most healthy self-esteem is based on *deserved* respect from others rather than on external fame or celebrity and unwanted adulation" (p. 91).

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

At the top of the pyramid is the need for self-actualization. This is described as a need that emerges after all previous needs are met, if a person is doing what he or she is best "fitted for" (Maslow, 1954, p. 91). This best fit is described as fulfilling one's potential or becoming fulfilled. This, of course, will differ for people depending on their individual interests, talents, and experience.

In summary, most would agree that a house is necessary to fulfill one's basic physiologic needs and a home is needed to fulfill the safety and security needs. Whether a home is relevant to the process of self-actualization is a question worth pursuing. Maslow's theory will be used in this paper to further define and operationalize the concept of home.

Literature Review

There is no shortage of literature about home although much of it is theoretical. This paper seeks to define the concept in a way that would be measurable and universal. The following literature review is arranged in three sections: theoretical literature, research literature, and literature related to home as experienced by individuals with SPMI.

Theoretical Literature

The literature available on the concept of home includes theoretical writing more than research. The literature included in this first section represents different ideas about the concept of home. These articles approach the concept of home from a variety of perspectives, yet all grapple with the task of clearly defining this complex concept.

The "idea" of a home is the concern of an article by Douglas (1991) from a social science perspective. Douglas demolishes the romanticized ideal of home, and cites many

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

examples of non-home as well as reasons the romanticized home ideal is an illusion. After this demolition, rebuilding of a realistic, viable definition of home occurs.

Douglas (1991) starts out with declaring that home is first of all a space. Douglas says home is located in space, but it is not necessarily a fixed space.

> It does not need bricks and mortar; it can be a wagon, a caravan, a boat, or a tent. It need not be a large space, but a space it must be, for home starts by bringing some space under control. (p. 289)

Douglas (1991) continues to build a definition of home by stating that "home is the realization of ideas" (p. 290). Douglas believes reason and art are partners in the expression of ideas and of self. Like music, painting, or sculpture, Douglas states home is an expression of the ideas of the inhabitant. Home is also described as an expression of one's memories and of one's anticipations. One remembers cold winters or hard rains and so designs the home to manage these issues the next time they arise, with perhaps an improved heating source or a reinforced roof.

The scope of necessities required by a home is central to what differentiates home from other settings such as hospitals or hotels (Douglas, 1991). The broad range of needs required of a home, from birth to death, goes far beyond caretaking, food, and comfort, which can be provided in other settings. A home must provide protection, safety, socialization, some form of economic sustenance, a place for creativity and for individuality. At the same time inhabitants of a home must conform to a certain number of negotiated rules necessary for cooperative living.

Douglas (1991) refers to cooperative living as the collective good. If the collective good is not maintained there will be consequences detrimental to one or more of

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

the inhabitants. An organizational feat is required to keep a home ready to meet the needs of the inhabitants. A home has to include a degree of "distributive justice" (Douglas, 1991, p. 297) in order to run smoothly and to assure the collective good.

A home is "definitely not-for-profit" and an owner would have difficulty justifying its existence if financial profit were desired (Douglas, 1991, p. 298). However, a home has objectives far beyond those measured by the market economy. Rather than a market economy, Douglas (1991) describes the home as:

> a gift economy ... [in which] every service and transfer is part of an ongoing comprehensive system of exchanges ... [and] no one can know the worth of their own contribution to the home. It is not just that calculation is too difficult, but more that it suits no one to insist on a precise offsetting of one service against another. Debts are remembered well enough, but by keeping them vague there is the hope that repayment may be more than equivalent. (p. 302)

Although conformity and uniformity are not expected, Douglas (1991) suggests that synchrony is required for the smooth running of a gift economy. Synchrony is necessary to guarantee the fair distribution of resources, both tangible and intangible, from food to love. Assuring synchrony does require, however, a great sharing of information about each person's comings, goings and doings.

Douglas (1991) also describes synchrony as a form of necessary tyranny. Tyranny is described as the need for the group to follow certain rules and to make decisions that satisfy the collective but may not please each individual. Although tyranny is a necessity of a "smooth running" home, this is the reason young people eventually become anxious

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

to leave. Speech, privacy, food, and even décor are regulated to a degree in a home, based on the needs and requirements of the collective.

Douglas (1991) summarizes by explaining that a home is best labeled a proto-hierarchy which is "not authoritarian, but has authority ... hierarchical but not centralized" (p. 306). Douglas explains that those "committed to the idea of home exert continual vigilance in its behalf" (p. 303). The home is a system built from need, especially the need for protection from outside forces and protection of the young. This system is highly efficient "for maintaining itself in being, but is easily subverted and survives only so long as it attends to the needs of its members" (Douglas, 1991, p. 307).

Thus Douglas (1991) demolishes the romanticized idea of home to replace it with a more rational, practical, and humanistic idea of home. For the teen getting ready to leave the nest, for those whose home is stifling or abusive, or for those not inclined to create the traditional romanticized home, this model offers fewer pre-conceived images and more freedom in which to create one's own coveted space.

Another perspective of home is explored in a paper written by Montgomery (2001). This paper examines the meaning of asylum (a synonym for home) from a post-modern point of view, including historical changes in the word's meaning as it relates to the lives of those with SPMI. Asylum was originally conceived as a place of calm and rest, away from the stressors of everyday life; a place to relax and rejuvenate. Through the centuries the meaning of asylum has changed, culminating with the most current view of the word as an unpleasant facility to house the mentally ill.

Montgomery (2001) proposes looking at asylum through a different lens, a postmodern lens:

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

> The simultaneous coexistence of the varied meanings of asylum suggests a fragmentation which can best be explored within the realm of postmodernism. According to Cheek (1999) "postmodern approaches [in health care] provide a challenge to the view that it is possible to represent any aspect of reality in its entirety, speak for others, make truth claims and attain universal essential understanding. In doing so, postmodern approaches challenge the way that reality has come to be represented" (p. 385). Of particular reference to nursing, postmodernity allows for questioning and openness of thinking about phenomena. (p. 426)

Postmodernism could be a significant paradigm for understanding the realities of the lives of marginalized individuals (Montgomery, 2001).

The postmodern approach includes perspectives of first-, second-, and thirdspace. Montgomery (2001) explains that firstspace is the material, physical space which is measurable and tangible. Secondspace is defined as (a) one's individually identified space, interpreted in the mind of each person and, (b) a part of each person's perception and understanding of firstspace. Secondspace can also help people envision changes which might be desired for their firstspace.

Thirdspace includes first and secondspace plus a third dimension. Thirdspace is that place where we house our emotions, fears, and hopes. Thirdspace includes the perils and struggles often hidden from or suppressed by the mainstream. Many thirdspace stories do not fit inside the conventional norms of mainstream life. Although many mainstream individuals may wish to ignore the thirdspace of marginal individuals in our society, they are stories that the mainstream must acknowledge and hear about (Montgomery, 2001). Listening to the stories of those living in the margins, such as those

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

with SPMI, can acknowledge the individual telling the story, empower that individual, open the minds of those willing to listen, and precipitate change.

While some discuss home/asylum merely in terms of the physical, Montgomery (2001) believes there is much more to the concept. Expanding the idea and understanding of asylum (home) through the postmodern approach can enlighten those in the mainstream and benefit the marginalized, not just by the telling of their stories, but by the ripples of change that may result.

A 1991 article by Rykwert from a historical, architectural, and social perspective considers the impact of politics, economy, and culture on home and home design. A historical examination of home as it has been influenced by culture and politics throughout the centuries is considered. While the author briefly stretches back to the earliest known homes, the real focus begins with homes in the 1600s. Rykwert, an architect, declares the belief that in order for a structure to qualify as a home there must be a center, such as a hearth or a stove. This, states Rykwert, is a minimum yet central condition for defining a home.

Rykwert (1991) makes an interesting case for the definition of home as a product of the existing political system. Feudal times consisted of villages outside, or sometimes inside, castle walls. A home was designed around the needs in this society, most of which related to protection. Pre-industrial Europe was described as a culture in which homes evolved as a result of the necessities of trade requiring the close-knit interdependency of townspeople. Thus villages and towns were snuggled close together to allow for more convenient trade.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

The industrial period brought another change in the way homes were arranged and built as a result of the political climate (Rykwert, 1991). Individuals largely lost ownership of their own businesses and became workers in vast industries or factories. People were herded into cities to contain a ready pool of workers. Homes/houses, often multi-storied and more often than not built by the industrialists, were erected for the purpose of keeping this pool of workers nearby and available. As this was being orchestrated, the wealthy owners of factories and other industries moved out of the rising, darkening cities into the country and built private estates often resembling castles.

Thus, over time, all those capable of moving out of the ever-rising cities did so in order to claim a piece of ground on which to plant their hearth, for as Rykwert (1991) states "a hearth has to be on the ground" (p. 59). This was the beginning of suburbs, a trend which continues to this day.

Public housing for the poor, a political policy phenomenon motivated by a variety of issues, occurred first during the industrial period as described above, reemerged after World War II, and continues today. It was, and is, promoted as the "good" and "righteous" thing to do (although "good" and "righteous" are not always the dominant drivers). However, Rykwert (1991) voices his concerns over the role of architects in these projects:

> The damage they can inflict is more grievous than that of a bungling surgeon or a physician. I would therefore like to see developers and housing directors liable in law for professional malpractice: not for the collapse of a building (for which the architect and engineer are almost always blamed anyway) but for putting up buildings which should be blown up-because they are so ugly or because they

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

damage the texture of urban life. The constraints of market forces or the alienating capitalist conditions of labor are not an extenuating circumstance for our sins of commission. (p. 62)

In this article Rykwert (1991) explored a number of historical trends regarding locations and shapes of homes as a result of social and political climate. While Rykwert bemoans and maligns those responsible for the un-homelike condition of so many homes, especially in urban settings, he does not believe it is acceptable to give up trying. Rykwert encourages architects and others to begin the process of remaking our cities, with renewed understanding, into truly livable places where each person can have a real home.

Fox (2002) suggests that "The concept of home appears to be in need of legal council" (p. 580). This article examines home from a variety of perspectives and considers definitions that might be helpful in the creation of a fair and balanced legal definition of the home. Existing legal definitions of home are not only sparse, but limited in their range of meaning. Home is most often viewed as little more than capital or investment property. This legal definition all but ignores the cultural, social, or psychological issues inherent in the concept. Fox argues that while there is value in validating the capital and investment aspects of homes, this viewpoint is limited.

Historic rationale and arguments for the current legal definitions of home suggest the need to maintain a "healthy economy." As a result, this definition of home is objective, concrete, and quantifiable. On the other hand, this definition trivializes the concerns of the home occupiers as sentimental and excessively emotional (Fox, 2002).

The lack of a solid conceptual definition for the word makes any legal case involving home more difficult. When attempting to determine whose rights predominate,

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

the side with clear-cut tangible arguments generally wins over the side that is viewed as imprecise, unfixed, or emotional. Fox (2002) states, "it is often argued that creditors must prevail on economic policy grounds" (p. 607). However, "the importance of home and the impact of losing one's home ... demands a more explicit analysis" (Fox, 2002, p. 607). The author also makes it clear that the article is not an attempt to promote one side over the other, but rather an effort to find a more balanced legal definition of home.

Fox (2002) described the legal research on the word home as being in the "pre-scientific" stage (p. 588). While other disciplines have moved ahead, Fox believes any legal research on the word home stopped in the mid-1970s. Fox examines home as a physical structure, as a territory, as a center of self-identity, and as a social and cultural unit. Many of the studies cited in the following pages are used by Fox to discuss the meaning of home.

An interesting point made by Fox concerns the European Convention of Human Rights (ECHR). This document includes an Article which directly addresses the idea of home. Article 8 (included in Schedule 1 of the ECHR) states "everyone has the right to respect for his private and family life, his home and his correspondence" (cited by Fox, 2002, p. 597). The ECHR Article goes on to state:

> There shall be no interference by a public authority with the exercise of this right except as such in accordance with the law and is necessary in a democratic society in the interests of national security, public safety, or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others. (cited in Fox, 2002, p. 596)

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Fox states that this particular ECHR Article has been tested on several occasions in the courts of the United Kingdom. The results of these cases consistently support the side of capital investors to the obvious detriment of the home owner or occupant. Fox questions the legal interpretation of Article 8 in these cases and affirms that this is part of the reason behind the need to develop a more concrete, standard, binding, and balanced definition of home. Fox (2002) states:

> It is arguable that if an Article 8 argument were to be successfully raised in favor of the occupants of home, the resolution of the dispute between the parties could potentially turn on the issue of proportionality between the creditor's lawful action to realize security, and the occupant's interest in the home. (p. 598)

It is clear in the cases Fox presents that the balance of home rights continues to be disproportionate.

Fox (2002) acknowledges the difficulty of creating a strong and fair legal definition of home. Fox further asserts that "the development of such a concept would assist policymakers when called upon to attach appropriate weight to the values of home, and therefore to truly balance the interests of home occupiers against those of creditors" (Fox, 2002, p. 610).

In summary, this section of the literature review examined some of the theoretical ideas related to home. The first article studied home as a realistic, rather than romantic, setting. A postmodern approach was used in the second article to understand the different levels in which people experience home as well as the importance of listening to the thirdspace stories of marginalized individuals. Home as a reflection of the political climate was studied in the third article with the goal of understanding why we have lived

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

where we have in centuries past and with an eye to designing homes that are humane for all people. And finally home was examined from a legal point of view to ascertain if balance and justice exist in the current legal definition.

Although there is additional theoretical literature available related to the concept of home, the cited articles reflect the range of ideas in the current literature. As stated before, home is a complex concept which can be examined from a variety of viewpoints. These articles were chosen to show the range of elements integral to the concept of home.

Research Literature

Although there were many articles about home, articles specific to clearly defining the concept of home with empirical research were rare. Much of the literature related to home was particular to the elderly population; however, this literature was either too specific to the environment of a nursing home or was not specific to defining home. Included below are the most relevant research based articles.

Sixsmith's (1986) work is one of the most frequently cited studies in the literature about home. This was a phenomenologically based study designed to discover the meaning of home through open-ended interviews which lasted on average 2 to 10 hours. The sample consisted of 22 post-graduate students at the University of Surry, England. Students, of which 14 were female and 8 male, ranged in age from 22 to 29 and all were childless. The students had all lived in a variety of settings. The multiple sorting task (MST) was used to gather and categorize an enormous volume of material. In this study the elements (broad definitions and meanings of home) and the sorting criteria were generated by the participants. Elements were defined by each individual in his or her own

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

words. Sorting of words and ideas into categories and criteria continued until participants felt all their ideas for sorting had been exhausted.

Results of the MST were arranged into types of homes, meaning of home, and structure of home. The types of home described totaled 19 and were largely self-explanatory although not universal. The types of homes included: town, friend's house, owned home, room, childhood house, ideal home, future home, family home, married home, country (homeland), parent's home, shared house/friends, shared house/partner, area, miscellaneous, hall of residence, campus, temporary accommodation, and digs (rented bed and breakfast). Sixsmith's (1986) analysis of the data suggests (a) the types of places considered home are subject to individual differences and can be broad in definition, (b) that types of home exist on many levels including existential spaces and may include strong, minimal, or non-existent physical components; (c) home to one person may not be home to another person; and (d) home seems to be transitory in some ways yet permanent in other ways.

The meaning of home was the second category created from the interviews. There were 20 categories of meaning including happiness, belonging, responsibility, self-expression, critical experiences, permanence, privacy, time perspective, meaningful places, knowledge, preference to return, type of relationship, quality of relationships, friends and entertainment, emotional environment, physical structures, extent of services, architectural style, work environment, and spatiality. Sixsmith (1986) briefly discusses the interdependence of these categories of meaning and concludes that no single quality is essential to give meaning to home. Instead, it is the interrelation of the qualities that provides and gives meaning to a home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

From the data related to meaning of home, further analysis was done using multi-dimensional scaling techniques (MDS). The result of the MDS process was a division of home into three experiential or structural modes: the personal home, the social home, and the physical home. The 20 categories of meaning described above were analyzed resulting in 11 categories being identified as part of a personal home including happiness, belonging, responsibility, self-expression, critical experiences, permanence, privacy, time, meaningful places, knowledge, and desire to return. Five categories were identified as part of the social home including type of relationship, quality of relationship, friends and environment, emotional environment, and being with others. Five categories were identified as belonging to the physical home including structure, services, architecture, work environment, and spatiality. The personal home obviously had the most extensive list of descriptors but the other two categories were considered no less important. Sixsmith (1986) concludes with a discussion of possible uses of the model, possible shortcomings as a result of using only a student population, and other research ideas that might further clarify the meaning of home.

This article has become one of the most frequently cited articles due to the specific criteria obtained from Sixsmith's study. Sixsmith began the task of creating a framework for analyzing home. A framework is essential for further studies because this consistency allows consensus of definition to be developed. Sixsmith acknowledges that her study attempts to make a fuzzy idea more definitive. She reminds the reader however, that the definition, meaning, and needs of a home will be determined by an individual's experiences and so must maintain some fluidity.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

In 1994, Smith examined the qualities of a home with a goal to "determine empirically the essential qualities for a house to be experienced as a home" (p. 31). The author noted that while there is abundant literature on home, there is a lack of empirical research on the subject.

Smith (1994) conducted structured interviews with 23 people, including 11 couples. At least one member of each couple was a student. The mean age of the females was 34.4 years (*SD* = 12.66 years) and mean age of males was 35.74 (*SD* = 9.75 years). Subjects were recruited by the psychology department at the University of Queensland, Australia, for participation in a study on the home environment. Three-quarters of the subjects were of Anglo-Irish descent and the others included a Greek male, a Dutch male and female, an Australian Aboriginal female, and a male from Fiji. The individuals resided in a variety of different housing arrangements.

Subjects were questioned about positive and negative features of their current home. Also, they were asked to describe essential features for any home as well as characteristics defining places not regarded as home. While both current and "other" homes provided interesting results, Smith (1994) described the interviews and results from "other" homes to be "rich in content" (p. 39).

The characteristics were divided into three themes: physical, social, and personal. Characteristics deemed essential for any home, in order of frequency of response for all respondents were as follows:

- Physical:
    - physical features

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

- Social:
    - presence of family/close relationships/companionships
    - external social relationships
- Personal:
    - positive home atmosphere
    - familiarity
    - memories of good times/special occasions
    - freedom/privacy/self-expression
    - personalization
    - belonging/a space for one
    - responsibility
    - control over space
    - own/familiar objects
    - security/safety

For males, the highest ranking characteristic of a home was "familiarity" (100% positive response) and the lowest ranking characteristics were "own/familiar objects" and "security/safety", (18% positive response each). For females, the highest ranking characteristic was "memories of good times/special occasions" (100% positive response rate) while the lowest ranking characteristic was "security/safety" (17% positive response).

The descriptions of places not regarded as home were divided into the same three themes. The ranking of these items in order of frequency for all respondents was:

- Physical:
    - dissatisfaction with physical environment

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

- Social:
    - dissatisfaction with marital/family relationships or household dynamics
    - dissatisfaction with external relationships
- Personal:
    - lack of freedom/privacy
    - negative home atmosphere/climate
    - personal problems/emotional distress
    - impersonal/lack of personalization
    - transience/impermanence
    - lack of security
    - lack of ownership

The highest ranking characteristic of a place not regarded as home for males was "dissatisfaction with physical environment" with an 82% positive response. For females the highest ranking characteristic of a place not regarded as home was "lack of freedom/ privacy" with a 92% positive response. The lowest ranking responses were the same for both sexes.

Using critical incident methodology to analyze themes and characteristics provided in the interviews Smith (1994) arrived at the conclusion that there are five fundamental themes defining home. The themes include centrality, continuity, privacy, self-expression and personal identity, and social relationships. Smith adds that the qualities of warmth and physical environment are frequently discussed in the literature and while they are important qualities in the concept of home, based on the structured interviews they are not as crucial as the fundamental five.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Smith (1994) defines centrality as a person's "primary territory." Part of having one's own territory includes the perception of having a sense of "personal control, permanence, and exclusivity of use that an individual (or group) has over a setting" (Smith, 1994, p. 32). Continuity, the second quality, has to do with belonging but also with stability, permanence, ownership, and security. Smith (1994) states that in many studies continuity "was the most frequently mentioned quality of a home environment by young children" (p 32).

The third significant quality, privacy, was described as a place of refuge, a place for regeneration, and a place to be at ease. Privacy encompasses feelings of control and repose which are basic psychological needs. Self-expression and personal identity are the fourth qualities deemed central in Smith's (1994) study. These qualities, while not essential to life, are essential to a self-actualized life. People long to discover and define who they are. The freedom to be able to express one's self in the home was a critical quality for those interviewed. Smith states that "when the home was familiar and known and had many personally meaningful places within it, this increased its importance to individuals" (p. 32).

The fifth and final quality considered central to a home was social relationships. Smith (1994) states that the quality of one's social network is central to the quality of one's life and that one's greater social network is intimately related to one's primary social relationships at home.

The two other qualities, warmth and physical environment, are qualities Smith found included in several studies on home. These qualities were considered important to those interviewed although not as critical as the fundamental five. Smith (1994) briefly

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

discusses warmth, defining this as an atmosphere of "friendliness and support for the self" (p. 33), as well as having a feeling of being lived in. Physical environment is, of course, the structure one lives in and includes "architecture, enduring physical characteristics and the extent of services such as lighting, heating, telephone, and garden" (Smith, 1994, p. 33).

Smith's (1994) research provides additional empirical information for the definition of home yet the study does have some limitations. Although some of the subjects in this study were students, not all were, and the average age of the subjects was older than those in Sixsmith's (1986) study. The small sample size is a limitation of Smith's study as well as the limited cultural variability of the subjects. Still, the similarities of the core qualities identified in both Smith's and Sixsmith's studies are interesting and readily apparent.

Home, home ownership, and the search for ontological security is the subject of an article by Dupuis and Thorns (1998). Ontological security is described by the authors as "a sense of confidence and trust in the world as it appears to be ... a security of being" (p. 27). It is argued that ontological security is a deep psychological need for individuals in all societies. Dupuis and Thorns (1998) state that ontological security "is founded on the establishment of the trust relationships of early childhood, and is closely connected with routine, through the pervasive influence of habit" (p. 27).

The original study by Dupuis and Thorns began as an examination of wealth inheritance in New Zealand, but a sub-project evolved concerning the meaning of home and became the essence of this 1998 publication. The study eventually developed into in-depth interviews with 53 individuals. The subjects were all New Zealanders, middle-aged

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

or older (only two under 50 years of age), and included 41 women and 12 men. Not all subjects were currently home owners, but those who were not had been home owners within the previous four years.

An exploration of the idea of ontological security was initially undertaken to explore the idea of whether ontological security can be achieved in a modern society where routines, face to face interactions, and a close-knit society are diminishing. Dupuis and Thorns (1998) described the belief of other researchers that a weakening structure may lead to a post-modern society that is indifferent, blasé, and as a result promotes "fragmented" individuals. On the other hand, there are researchers who believe that ontological security is very much possible in modern life and that people find ways to create the needed ontological security. Dupuis and Thorns state that regardless of beliefs about the future, authors of this subject universally agree that ontological security is necessary for healthy living, for a healthy society, and that home is an essential component of ontological security.

The authors had previously carried out extensive research on the subject of ontological security. Using their research, Dupuis and Thorns (1998) developed a list of four conditions of a home that they believed must be met in order maintain ontological security. They state:

(1) home is a site of constancy in the social and material environment;

(2) home is a spatial context in which the day to day routines of human existence are performed;

(3) home is a site where people feel most in control of their lives because they feel free from the surveillance that is part of the contemporary world;

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

(4) home is a secure base around which identities are constructed. (p. 29)

The research for this article was conducted by comparing the remarks of the subjects obtained during the interviews to the four criteria listed above. The four conditions were described in detail and the subjects' remarks were inserted, frequently verbatim. One participant's comment addresses constancy, saying "I think you've got to live in a place for a while before it becomes a home" (Dupuis & Thorns, 1998, p. 31). Another comment addressing spatial context asserts "home has always been a place where all the family can bring their troubles. Even after [my son] was married and they had problems with his career, he used to always come down, and his wife would come with him, to ask his father and seek out his advice" (p. 34). Feeling in control and free from surveillance was described by one participant, stating "I think [home] is a refuge ... home is a place where you should go and be on your own if you want to and you've got a place to hide" (p. 36). Constructing identity was articulated by one individual as "it's somewhere you can stamp your own personality on to. It doesn't have to be a house. It could be a flat, or a tumble down cottage but it is somewhere you can do your own thing and have your personal space around you" (p. 38).

Descriptions of home were similar to accounts presented by other studies on home (Smith, 1994; Sixsmith, 1986) and were consistent with the four criteria created by the authors. A strong argument was made for the necessity of the stated criteria in the maintenance of ontological security.

The sample make-up is admittedly one of the weaknesses of the study and the authors suggested further studies be done with other populations. This study does, however, provide concrete characteristics with which to define home. Dupuis and Thorns

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

(1998) made a case for ontological security as a basic human need and for the necessity of home in the maintenance of this need.

In 1997, Moloney published a phenomenological study related to the meaning of home to 12 older women. All the women were over the age of 65 (range 65 to 87) with seven European American and five African American subjects. The majority of the women were middle class but several had lived in poverty at times. Interviews were conducted with these women and were audio taped. The interviews lasted an average of 90 minutes and were transcribed verbatim.

The heart of the interview began with the question "Tell me a story, a time you'll never forget, about being strong" (Moloney, 1997, p. 168). As the study progressed, it became apparent to the author that all the women told stories that included the concept of home as a central issue. Their stories revolved around times when they (a) made a home, (b) had to leave a home, (c) lost a home, (d) had to stay in a home which had lost its emotional connections (such as family), or (e) had to go back to a home (such as their home of origin) for some reason. It became clear to the author that home was a dominant part of these women's lives; that the moments they identified as having to be ultimately strong all involved home.

The author states that the texts were analyzed using Heideggerian hermeneutic phenomenology as the framework and specifically the circular hermeneutic method. The analysis progressed from an overall examination for meaning to a more detailed analysis for themes and patterns and eventually to constitutive patterns.

The stories emerging from this study repeatedly pointed at home as a focal point in the effort to find meaning in life and a place in the world. It was clear that a disturbance in

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

the essence of one's home had a powerful impact on the lives of these women. The stories described by these women included, almost without exception, times when one of two major themes occurred in their life. The two major themes in these stories, which the authors believe are applicable to all people, were safety and caring relationships.

These themes were briefly discussed by Moloney (1997) in regards to individuals with mental illness living in a psychiatric hospital. Moloney stated that research has shown "for many mentally ill patients, the hospital served the function of a home: it was safe, they felt cared for, and the hospital provided them a sort of surrogate family and friends" (p. 170). This statement exemplifies the possibility that safety and caring relationships are achievable in many non-traditional home settings including a psychiatric hospital. Moloney suggested research regarding these themes might provide insight about how to provide appropriate and beneficial housing for individuals in various types of placements and individuals of different ages and genders.

Moloney (1997) states "nurses are concerned not only with the care of the sick and prevention of physical illness, but also with meanings that human beings derive from their life experience" (p. 166). The author reminds us that the stories told by these women are universal and that as easy as it is to take a home for granted, home needs to take a prominent position in the understanding and care of all people.

Moloney (1997) did not address any limitations of this study. The major limitations are the small sample size and lack of representation in the study of men or other cultures. It may be difficult to transfer the findings in this study to a younger age group.

Another phenomenological study regarding the concept of home was conducted by Hammer in 1999. The focus was on older adults who had been relocated to alternative

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

care settings from their homes. The goal of this study was to find out what people meant when they described the feeling of being "at home" as well as what people were describing when they said they were "homesick." This study was conducted by interviewing 10 individuals using open-ended questions. There were a minimum of three interviews per individual and interviews continued until the client and interviewer both felt they had exhausted any new emerging themes. All interviews were audio taped and transcribed verbatim.

The clients ranged in age from 67 to 101 years. Not all the subjects were in the same facility; however, all living arrangements were in assisted and/or supportive care facilities. Subjects were chosen with staff assistance with the goal of finding the most articulate individuals capable of offering vivid and accurate testimony. Four of the subjects were married, four were widowed, and two had never married. One-fourth of the subjects were from affluent homes, one-fourth from low-income homes, and one-half were from middle-class homes.

Data analysis was done using a protocol method. Data were analyzed as a whole until themes and patterns began to emerge. The patterns and themes were analyzed until the abstract ideas could be determined and translated into more scientific language.

The author quoted one elderly gentleman, "I don't exactly know how to describe the feeling of being at home, but there is one thing about home, once you lose the feeling you can never get it back" (Hammer, 1999, p. 11). In fact, the author described that many individuals relocated to alternative long-term care settings felt, in effect, homeless. Not all individuals interviewed in this study adjusted to the alternative care setting in the same

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

manner; nonetheless the interviews revealed much consistency in the ideas describing the concept of home.

Seven themes describing home versus non-home emerged from this study. These themes included:

1. Security versus fear
2. Privacy versus intrusion
3. Commonality versus discordance
4. Affection versus disdain
5. Respect versus disrespect
6. Significance versus anonymity
7. Autonomy versus dependence

The first word in each pairing above defines what each individual wishes for in his or her home. The second word identifies what the subjects felt in the alternative care setting they lived in at the time of the interview. The characteristics of being "at home" are clearly outlined by Hammer (1999) and the 10 individuals in her study.

The author discusses weaknesses of this study including the small number of subjects and the older age of the subjects. She also cautions the reader against generalizing these finding to all older adults in alternative placements. Hammer encourages other researchers to assess the definition of home in various other populations including other age groups, other cultures, marginal individuals in society, and displaced children. Hammer (1999) also suggests that tools could be developed using information such as that garnered in this study. These tools could be used to help make alternative settings as

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

home-like as possible, not only for older individuals but for any setting that houses people for a period of time.

In summary, empirically based research attempting to define the concept of home is sparse. The selected studies suggest support for using the theories of Maslow (1954) and Johnson (1980); however more of the discovered characteristics of home offer support for subsystems and needs reflective of self-expression and relationships to others than with physical needs and safety. In most of the studies, sample size was small and of the five studies examined, three were from countries other than the United States (U.S.). Additionally, the two studies done in the U.S. used an elderly sample group. Although the research on home comes from different countries and populations, the conclusions about what characteristics define the concept of home were surprisingly consistent. Most of the authors in the five reviewed studies agreed that a clear and complete definition of home is important but not available. Home, left undefined, can be interpreted quite differently by various individuals or groups. Oftentimes priorities for a home are determined at difficult moments (such as suddenly needing to place a person in foster care or long term care) and as a result are based on finances or the presence of basic physical necessities. It is clear from the research that home is much more than these priorities alone.

Literature Related to Home as Experienced by Individuals with SPMI

Thus far literature about the concept of home has been examined from a broad perspective applying to all people. In this section, literature that examines home specific to individuals with SPMI will be reviewed. The literature that is reviewed describes the current philosophy for housing individuals with SPMI and several detailed descriptions of current housing situations for people with SPMI. The discussion emphasizes

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

descriptions of the homes/housing and the effects on the behaviors or lived experiences of the subjects with SPMI. Newman (2002–2003) clearly articulates an opinion stating "although appropriate housing is not the only way to help vulnerable populations lead independent and productive lives, it is hard to imagine that any other attempt to help people would succeed without providing for a decent, affordable place to live" (p. 17).

Part of the placement determination for individuals with SPMI depends on a society's philosophy regarding the course of severe mental illnesses such as schizophrenia and bipolar disorder. A prominent belief among many in the field of mental health is that individuals with SPMI, once stabilized, will continue to improve. This belief exhibits itself in what is often referred to as the linear continuum model. In this model a client discharged from a psychiatric hospital would be placed initially in the least restrictive and most appropriately structured setting. Theoretically a person would progress next to less supervised settings, and eventually, to independent living (Lin, 2003). A prominent principle in the linear continuum model is the belief in "the least restrictive alternative." This is one of the revered tenets of the current mental health system.

Lin (2003) reviewed the concept of least restrictive alternative from various philosophical perspectives including liberalism, communitarianism, and utilitarianism. The author states that one of the major reasons for examining this issue is to ascertain "whether the public commits to equitably allocating scarce resources to this vulnerable and often dependent population and their families" (p. 866). Lin cites an itinerary of problems with our current system from transinstitutionalization to homelessness. Lin (2003) focuses on two main questions: "what is the ethical basis for allowing the current

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

concerns to persist?" and "what is the ethical theory that could lay a solid logical ground for truly resolving the current concerns stemming from deinstitutionalization?" (p. 866).

The ideology of liberalism states that each person has the right to make his or her own decisions and the free will to do as he or she wishes. Lin (2003) explains that in the philosophy liberalism "there is never justification for the state to help people out of their own suffering" (p. 866). In this system families and charities are responsible for taking care of the vulnerable people of society. A sub-category of liberalism is egalitarian liberalism. In this system there is concern placed on the equality of public funds. There is a sense that decisions must be made regarding the most appropriate use of money as well as definitions of terms such as "basic needs" and "necessary care." Under liberalism, the only time people with mental illness could be treated against their will is if they pose a danger to themselves or others.

The second philosophy examined by Lin (2003) is communitarianism. Under this system, the moral and ethical norms of a society dictate how vulnerable individuals are handled in a society. In this system, the least restrictive alternative would be determined by what society believes is acceptable. The norms of a society obviously vary from culture to culture. Additionally, the norms of a society can be changed if the members of that society become convinced that another way is better.

The final philosophy is utilitarianism. The belief in this system is the greatest good for the greatest number of people. There are two sub-categories of utilitarianism: subjective and objective. Utilitarianism looks at the cost-benefit ratio and the "measure is almost always monetary" (Lin, 2003, p. 868). Lin believes that under subjective utilitarianism, the choice in this country might very likely be the most restrictive alternative

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

as most people do not want individuals with SPMI in their neighborhood and that the money spent to institutionalize these individuals would be worth the cost.

In objective utilitarianism decisions are based on cost-effectiveness rather than market and cost-benefit analysis. Cost-effective analysis considers more than just market measurement. It considers issues beyond money such as health and quality of life. In other words, instead of just the lowest price for the service, this ethical theory calls for the best overall value for the money.

Lin (2003) encourages people to consider whether the philosophy of least restrictive alternative is the most appropriate model to use when determining placement for individuals with SPMI. When least restrictive alternative is the chief criterion for placement, Lin believes the placement is slated for failure. Lin (2003) summarizes by stating the "concept of cost-effectiveness and its underlying ethical theory, objective utilitarianism, together with communitarianism, would be able to help the pendulum suspend itself over the middle ground" (p. 869).

Although no one would argue against using the least restrictive alternative whenever possible, Lin (2003) suggests that perhaps there are other factors that should hold equal weight when choosing a placement. These other factors, such as safety, security, continuity, and ability for self-expression, in addition to the least restrictive alternative, may advance health, happiness and successful outcome for clients with SPMI.

One of the most successful home placement programs found in the literature for individuals with SPMI is a program run by the Team for the Assessment of Psychiatric Services (TAPS) (Trieman, Smith, Kendal, & Leff, 1998). This team began planning in 1986 when the closure of two large psychiatric hospitals in London, England, was

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

announced. Adequate planning time allowed the TAPS team to find appropriate long-term supportive housing for the individuals soon to be discharged from the hospitals. Not all patients were placed in the community. Those needing continued hospitalization were relocated to other hospitals. The hospital closings took place over a period of time with the first hospital closing in 1993 and the second in 1996. The TAPS team evaluated the pathways and outcomes of almost 800 clients over the years and reported their findings in a series of articles including: Leff, Trieman, and Gooch (1996); Gooch and Leff (1996); Trieman and Kendal (1995); and Trieman et al. (1998).

The regional health authorities "committed themselves to reprovide for each of the patients a stable living arrangement, most commonly in the form of sheltered group homes" (Trieman et al., 1998, p. 411). The authors noted that when asked, the majority of their clients stated a preference for a permanent place to live. The TAPS program was committed to providing long-term supportive housing. A variety of different placement options were used including hostels, fully or partly staffed group homes, nursing homes, and supported flats. Community settings were provided by private, public, voluntary, and joint (trust or consortium) sectors.

Seventy-six percent of the clients were placed in supported group housing (Trieman et al., 1998). The supported group homes were ordinary neighborhood houses converted into homes with an average of eight single bedrooms, allowing each client a sense of privacy. An effort was made to maintain each home at no more than eight clients. Efforts were made to place clients in their community of origin. Less than one-half of the staff in these homes had relevant training for working with this type of clientele and one-quarter had worked previously in one of the two hospitals. One-quarter

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

of the clients attended outpatient clinics to obtain medication. The rest saw local family physicians. Over half the clients attended day programs run by public health, social services, or voluntary organizations. All clients were expected to contribute to the care of the home by cleaning, shopping, and preparing food.

Since the predominant model for the past 40 years (especially in the U.S.) has been the linear continuum model, the TAPS team wished to compare the outcomes of their program to the outcomes of linear continuum programs. Follow-up studies were done and published on a regular basis. To be eligible for these studies clients must have lived in one of the psychiatric hospitals for over one year and be free of dementia if over age 65 (Leff et al., 1996). The mean age of clients was 53.6 years (range 19–97). Fifty-four percent of the clients were men. Mean length of stay in the hospital was 9 years (range 1–62 years). Seventy-six percent of the group were diagnosed with schizophrenia and most were clinically symptomatic with a mean score of 9.5 on the Present State Examination (PSE) at the beginning of the study. The PSE is a widely used tool to test for evidence of psychiatric disorder including psychotic symptoms, mood, anxiety level, and phobias. The PSE score ranges from 0 to 10 with a score less than 4 indicating an absence of psychiatric disorder and 5 or more signifying evidence of psychiatric disorder (Deb, Lyons, Koutzoukis, Ali, & McCarthy, 1999). Discussion and analysis of the two predominant models of aftercare placement, linear continuum of transitional residences and supportive housing, was an ongoing part of the TAPS program. The TAPS program is, of course, an example of the supportive housing model.

The theory behind the linear continuum model, as discussed earlier, is to have a series of progressively more independent placements available for the client to advance

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

through. This model, according to Trieman et al. (1998), has been consistently unsuccessful, may contribute to the revolving door syndrome, and appears to ignore the chronic nature of some mental illnesses. The authors reveal that the reality of the linear continuum model shows "movement from one house to another usually followed rehospitalization episodes and appeared to be a consequence of losing the previous house due to various socio-economic constraints" (Trieman et al., 1998, p. 412). An example of this, discussed by Trieman and Kendal (1995), is a study done in the United States in 1984. The study included 119 individuals with chronic schizophrenia. Results revealed that one year after release from a hospital 50% had changed their living situation at least once. The residence changes frequently followed a re-hospitalization that was often precipitated by a loss of the previous home due to random socio-economic events.

The supportive housing model accepts that there are some individuals who will always need a degree of structure and support. By providing structure and support in a stable home-like setting, the researchers believe the quality of life for these individuals can be improved. Trieman and Kendal (1995) state "given the importance of exploring the extent, patterns and causes of housing changes among the chronically mentally ill, it is surprising that longitudinal follow-up studies addressing these issues are generally scarce" (p. 423).

Trieman et al. (1998) analyzed residential stability for the 567 individuals in the TAPS program five years after discharge from two large public psychiatric hospitals. Death and relocation caused some subjects to be lost from follow-up; however, 456 individuals remained in the study at the five year mark and were followed. Of these 456 clients, 278 (61%) remained in their original community placement after five years. Of

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

these 278 clients, 215 (77%) had no readmissions and thus had been living in a permanent place without interruption for five years.

Over the five years 166 (36.4%) individuals had one or more admissions to a psychiatric hospital but the majority were able to return to their original home. It was discovered that readmissions were not related to the type of home an individual lived in but rather to "young age, shorter stay in hospital, multiple previous admissions, and a diagnosis of manic-depressive disorder" (Trieman et al., 1998, p. 417). These facts again speak to the chronicity of these disorders, yet at the same time they speak to the success of supportive community placement.

A commitment was made when planning the community placement of these individuals to maintain stability. One remarkable note is that no client was ever removed from a care home for administrative or financial reasons. Trieman et al. (1998) explain that the regional health authorities implemented a policy in which capital resources concentrated on providing replacement services for the hospital as well as creating a revenue transfer mechanism. Trieman et al. (1998) called this a "dowry which re-allocated resources tied to the hospital into the community for each individual, thus ensuring that these funds were ringfenced" (p. 411).

Double costing and double paying were the terms used to describe the agreement that payment would occur for both the hospital and for the client's community home during a readmission so that individuals could return to their same home. Trieman et al. (1998) state "If we accept the view that a stable home should be a priority for the former long-stay patients, this is a justifiable policy regardless of resulting cost" (p. 416).

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

According to Trieman et al. (1998) the vast majority of individuals suffering from SPMI continued to require supported housing. A total of only 18 of the 456 moved to less supervised settings while 11 moved from unstaffed to staffed, or more supervised, settings. Trieman et al. (1998) state "our findings provide evidence that fears of chronic patients being destined to neglect, criminalization, and homelessness, following discharge from psychiatric hospitals are exaggerated, provided the alternatives are well-resourced and carefully planned" (p. 418).

Measurement of patient progress was another objective in the TAPS studies. A progress report by the TAPS team (Leff et al., 1996) documented outcomes related to seven domains. These seven domains were monitored using separate measurement instruments: psychiatric symptoms (Present State Examination), problems of social behavior (Social Behavior Scale), restrictiveness of environment (Environmental Index), patient's attitudes (Patient Attitude Questionnaire), everyday skills (Basic Everyday Living Skills), physical health (Physical Health Index), and social life (Social Behavior Schedule). This study was conducted one year after the clients were placed in the supported community homes.

The Present State Examination showed a non-significant decrease in psychiatric symptoms. There was no change in the frequency of hallucinations and delusions but there was a slight reduction in the severity of negative symptoms. Problems of social behavior did not show any statistically significant change. One social behavior subscore by itself did show statistically significant change and that was related to a decrease in some of the positive symptoms.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Restrictiveness of environment showed an obvious dramatic decrease from the hospital environment. Even though community settings were provided by private, public, voluntary and joint (trust or consortium) sectors, there was no difference in success or failure based on type of sector providing the home.

Patients' attitudes showed that while only one-fourth of the patients wished to stay in the hospital (when polled in the hospital), a vast majority were content to stay in their community homes. One surprising attitude change was the number of individuals who, over time, felt that their medications were helpful. Although very little change occurred in the medication regimen, the attitude toward medication effect was much improved and less than 1% of the clients discontinued their medications.

In addition to compliance with medication other positive gains in everyday skills were found. These included budgeting, use of public transportation, shopping, cooking, laundry, and household chores. Physical health showed no significant change as medical, nursing and dental care continued to be provided at the same level as that provided in the hospital setting.

Although there was no significant increase in social contacts, there was a significant increase in the number of people the clients considered friends. Increases also occurred in the number of acquaintances such as neighborhood shopkeepers. With all the evidence available declaring the importance of a support system, this increase in friends and acquaintances is noteworthy. One interesting outcome related to social contacts was a significant decrease in the contact with relatives. Reasons for this were unknown.

In summary, the TAPS program conducted a long-term study on the placement of several hundred individuals from large psychiatric hospitals to community supported

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

housing. The studies focused on movement/stability of the clients as well as the progress of these individuals in seven domains. A commitment was made to provide adequate and appropriate housing and services for these individuals and to track the outcomes.

A study done by Baker and Douglas in 1990 examined housing environments and community adjustment of severely mentally ill individuals. This was a large-scale study with 844 individuals included in the first wave of data collection and 729 included in the second wave. The same questionnaire was provided for the same subjects (those that could be located) on two occasions, with a nine-month lapse between the first and second questionnaires. The questionnaires were actually filled out by client caseworkers who had been trained by the researchers on how to use the tools. The clients were all deinstitutionalized individuals living in some sort of supported housing in upstate New York. Mean age was 56; 56% of the clients were women. Schizophrenia was the diagnosis for 65% of the subjects while 13.7% were diagnosed with an affective disorder.

Case managers interviewed subjects regarding perception of their quality of life in 15 major life domains. Information was gathered on residential situation, level of functioning (using the Global Assessment Scale), maladaptive behavior, and participation in a variety of available support services.

Physical condition of the environment was measured using a five-point scale to rate (a) the neighborhood, (b) the residence exterior, (c) the residence interior, and (d) the client's personal property. The client's ability to engage in basic life activities was also measured on a five-point scale. Environmental and client assessments examined the "adequacy of the furnishings and physical layout for sleeping, maintaining personal hygiene, eating, preparing food, solitary relaxation or leisure activity and socializing with

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

others" (Baker & Douglas, 1990, p. 500). Case managers were also asked to rate the appropriateness of the residence in terms of the client's particular needs and capabilities.

Service involvement was measured using 16 different variables clustered into five major categories including day treatment, psychosocial clubs, evening and weekend recreation activities, on-site rehabilitation, and workshop and vocational programs. Of particular concern were unmet service needs, "services that were needed by the clients but were not being received" (Baker & Douglas, 1990, p. 500).

Community adjustment was measured using the Global Assessment Scale which is designed to measure the frequency and severity of 17 maladaptive behaviors. The client's perceived quality of life was measured using the Satisfaction with Life Domain Scale.

Results of the study revealed that 34% of the clients were living in residences of below average physical condition, 23% were living in residences considered to be poor in providing basic life services, and 14% of the clients were living in housing that was inappropriate to their needs (Baker & Douglas, 1990). There was a direct correlation in the appropriateness of the housing and the number of met service needs. The less appropriate the home, the more unmet service needs existed. In terms of behavior and functioning, Baker and Douglas (1990) state that:

> regardless of the amount of support services they received, clients in housing with below average physical conditions showed a significant increase in the number of maladaptive behaviors they manifested while clients in average and above average conditions remained the same. (p. 502)

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Baker and Douglas (1990) found that "residence adequacy was found to have a significant impact on change in clients' Global Assessment Scale ratings over and above the impact made by the recipient of support services" (p. 502). The client's perceived quality of life was also closely related to the residence appropriateness. This was especially evident when a client moved from an appropriate to an inappropriate home following which a significant deterioration in the client's perceived quality of life was seen.

Baker and Douglas conclude that "clients living in appropriate housing showed significant improvement in time in overall functioning, while clients who moved from appropriate to inappropriate housing showed significant deterioration in global functioning" (p. 503). Analysis also showed that even when unmet service needs were controlled for in analysis, poor housing had a significant relationship to poor community adjustment. The authors suggest that the issue of housing for individuals with SPMI is "not one of merely getting the clients off the streets, but of ensuring that their housing is of reasonable quality and appropriate to their needs" (Baker & Douglas, 1990, p. 504).

In summary this large-scale study analyzed some very specific issues in individuals with SPMI living in a variety of housing situations. This study aimed to ascertain the importance of various elements of a home as well as the surrounding community. Established tools were used in an effort to gather valid and reliable information about the homes of a large population of individuals dealing with SPMI. Results indicate the physical condition of the home and neighborhood has a significant impact on the client functioning.

Lamb (1990) focused on the structural element of a home in a descriptive study that included 80 residents of a psychiatric facility in southern California. The facility had

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

been a long-term facility for the elderly and was converted to provide for psychiatric clients in need of a relatively high degree of structured care.

Lamb (1990) suggested that our society's rush to deinstitutionalization created mayhem for many. At the time of the study the author estimated that one-half the individuals with SPMI lived with relatives, one-third lived in what the author called board and care, and the remainder had SPMI at a level that prevented them from living without a high level of external structure. Lamb (1990) stated that there remains:

> a number of long-term, severely disabled psychiatric patients who lack sufficient impulse control to handle living in an open setting ... they need a high degree of external structure and control to compensate for the inadequacy of their own internal control. (p.1226)

These were the type of clients living in the facility Lambs (1990) study.

Lamb (1990) analyzed a segment of the population with SPMI who require a higher level of support than those who can live in community supported housing. Lamb laments "there is a paradox that many workers in community mental health deny or do not recognize the need for structure in some of their patients" (p. 1228). Lamb goes on to observe that when "structure is not provided in the community, these persons are condemned to repeated decompensations and rehospitalization" (p. 1228).

Eighty-nine clients resided in the facility (which held 95 beds) at the time of the study. Nine clients refused to participate. The study was conducted by the use of in-depth psychiatric interviews conducted by the author. Lamb (1990) also spent time on the units interacting informally with the clients, speaking with staff, and reviewing charts.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

The subjects were fairly evenly divided between male (48%) and female (52%) and the average age for both sexes was 25 years (range of 18–63). Length of stay for clients averaged 12 months although it was not clear why clients left after this time frame or where they went. The facility employed many professional staff and used a high staff-to-client ratio. Medications were distributed by registered nurses. Client days were structured with group teaching classes, activities, individual therapy, and activities of daily living routines.

The residents placed in this facility displayed severe disturbances based on diagnosis and behavior. Ninety-eight percent of the patients were diagnosed with psychotic disorders (63 with schizophrenia and 15 with affective disorders). Fifty-eight percent had a history of violence either in the community or in a mental health facility or both, with 41% having been violent in the previous 12 months. Eight percent of the patients were considered dangerous to themselves. For example, two female patients with schizophrenia had histories of repeatedly running away, living in the streets, and becoming involved in drugs and prostitution. Neither patient was considered "streetwise" and placement in the facility was an attempt to prevent repeated self-destructive choices. Thirty-five percent of the individuals had a diagnosis of psychosis concurrent with a severe drug or alcohol problem. Eighty-one percent of the patients were resistant to taking medications and/or had a history of noncompliance in open settings. Severe, overt major psychopathology was present in 60% of the residents compared to 32% of residents of a board and care home in Los Angeles. Sixty percent had a history of at least one state hospitalization. Seventy-three percent had been unmanageable in one or more com-

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

munity placements. Lamb (1990) observed that the problems of these patients were very similar to those remaining in state psychiatric hospitals.

Lamb (1990) concluded there were certain advantages for the clients in this facility. Being fewer than 100 beds allowed all the staff to know all the clients and made the milieu more personable. The high ratio of staff to patients allowed the facility to maintain structure and provide psychosocial rehabilitation (PSR) throughout the day. The PSR program at this facility was intensive and took up most of the patient's day. Part of the rehabilitation process was assuring each client had and worked on goals. Although the average length of stay was 12 months, goals were an important part of treatment even for those who might need this high level of structure for years.

Eighty-six percent of these patients were seen regularly by their family with 38% having home passes and 30% having overnight passes. Because relationships between individuals with SPMI and their families often become filled with fear, confusion, guilt, ambivalence, anger, worry, and other intense emotions, living at home is a difficult if not impossible option. This locked facility provided a safe setting which prevented a client's impulsive return to home and included professional staff to help families understand and cope with the illness of their family member.

Lamb (1990) postulated that mental health professionals unconsciously take for granted the element of structure present in a psychiatric hospital and that it frequently is an overlooked element when searching for an appropriate community placement. Furthermore, with the linear continuum model/paradigm so prevalent in the U.S. society, it is still assumed that structure is something that must be removed in stages and eventually eliminated. The error in this thinking, Lamb (1990) points out, is that not each client will

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

be able to stabilize without some degree of structure. Thus, relaxing and/or eliminating structure for some clients is a "sure-fire recipe for failure" (Lamb, 1990, p. 1229).

Facilities such as the one described by Lamb (1990) allow clients who need the extra level of supervision required by their diagnosis and behaviors to live in safety, from themselves and others, and to be involved in programs which at the very least may improve the quality of their lives. Although many individuals do leave the facility, it remains a place where clients may stay on a long term basis as long as they need additional structure.

One limitation of Lamb's (1990) study is the absence of any information about the placement of the clients after discharge and the success or relapse rate following residence in this facility. Although there were a few examples of failures of individuals with SPMI in the community, there was no comparison to clients in other facilities.

Levy (2002a, 2002b, 2002c, 2002d, 2002e), a journalist, conducted a year-long investigation to gather evidence regarding the conditions of many of the adult group homes for individuals with SPMI in the New York City area. The investigation drew upon information from 5,000 pages of annual state inspection reports; 299 interviews with workers, residents, and family members; and three dozen on-site visits to group homes.

Levy (2002a, 2002b, 2002c, 2002d, 2002e), using this wealth of information, published a series of articles in the *New York Times* that ultimately won a Pulitzer Prize. The investigation included more than 100 adult foster care (AFC) homes in the state, most in urban areas but some located in the suburbs. These 100 AFC homes housed about 15,000 mentally ill adults. Many of these AFC homes were larger than most psychiatric

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

hospitals in the nation. Most of the facilities were government financed; however, in recent years the management had shifted from government run to privately run in a process called privatization. Privatization is profit motivated and created a unique set of problems.

Levy (2002c) describes one example of the difficult legal/political/ethical problems in the AFC business. An AFC in Brooklyn called Brooklyn Manor was operated by the husband of a state senator. Neither individual responded to messages seeking comment from them regarding allegations of impropriates at Brooklyn Manor. Levy (2002c) wrote:

> In 1996 an administrative law judge ruled that [the owner] had stolen money [in one of several cases, over $45,000 was stolen from a client's retirement settlement] from the residents and had run a neglect-ridden home, concluding that the state had grounds to revoke his license. But regulators, who at the time worked for the State Department of Social Services, subsequently withdrew the case without explanation. (section 1, para. 27)

When asked about these issues the state health commissioner responded by saying the Health Department had "tried to adopt some...rules as emergency regulations, but the state adult homes trade group had successfully sued in court to block them temporarily. The trade group said it opposed the regulations because they were overly broad" (Levy, 2002c, section 1, para. 28). The case was eventually brought to light with no consequences to the owner whose brother-in-law took over operation the home. The conflict of interest and apparent improprieties were never addressed by the state.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

These articles highlight story after story of tragedies, abuse, neglect, and unethical practices. In the first article of the series Levy (2002a) states the investigation found that many of these group homes had deteriorated into "places of misery and neglect, just like the psychiatric institutions before them" (2002a, section 1, para. 5). In over 100 reports from 1995 through 2001, investigation of these group homes noted "filthy and vermin-ridden rooms in some houses and disheveled and unbathed residents in others" (Levy, 2002a, section 1, para. 27). Investigations noted that administrators were cited for "poor, sometimes fraudulent record keeping involving resident's money and care" and that at one group home the operator was found to be "routinely threatening residents" (Levy, 2002a, section 1, para. 2).

Levy (2002a) states that "the homes are typically run by businessmen with no mental-health training...the homes are staffed by $6.00 an hour workers who dispense thousands of pills of complex psychotropic drugs each day" (section 1, para. 31–32). Homes are not required to have professional staff on duty overnight and several visits by the *New York Times* journalists revealed that those on duty overnight were often the janitors or guards.

Levy (2002b) reported on an AFC home in Brooklyn called Seaport which housed 325 residents and collected more than $3.5 million annually from the government. The investigators found residents "sitting for hours in the crowded smoking room, rocking back and forth, speaking only to themselves" (Levy, 2002b, section 1, para. 9). They also report that:

> current and former workers and two residents openly deal crack from their rooms, contributing to the drug abuse, loan sharking, prostitution, and violence that have

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

> gripped the home for years. In this predatory atmosphere, the frail quickly learn that the safest place is behind the closed doors of their rooms. (Levy, 2002b, section 1, para. 10)

Unfortunately the article goes on to describe dozens of deaths at Seaport occurring inside residents' rooms due to causes including hyper- and hypothermia, suicide by pills, setting oneself on fire, untreated medical problems, seizures, and murder.

This investigation produced the first full accounting of deaths of adult home residents. Results exposed the fact that between 1995 and 2001, at 26 of the largest and most troubled homes in the city, there were 946 deaths among a population of approximately 5,000 residents (Levy, 2002a, section 1, para. 7). Given that these reports included six years of data, this would suggest an average annual death rate of 31.5 deaths per 1,000 individuals. The annual death rate in the U.S. is 8.25 deaths per 1,000 individuals (Central Intelligence Agency, 2005). Thus, the death rate for the individuals in these 26 AFC homes is almost four times the death rate for the general population of the U.S. Deaths occurred for many of the same reasons reported at the Seaport AFC home and are suggestive of neglectful care around environmental needs, monitoring/surveillance needs, and basic health care needs.

The *New York Times* investigation found, perhaps most disturbingly, that the state had not kept records and, in fact, had not been monitoring these homes that were collecting millions of dollars each year to care for these citizens. In fact, when asked for records regarding deaths of AFC residents, the state was able to produce only three records of AFC resident deaths for the time period in question. "Officials at the State Department of Health which regulates the homes acknowledge that they have never

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

enforced a 1994 law that required the homes to report all deaths to the state" (Levy, 2002a, section 1, para. 14). Neither the Governor nor the health commissioner at the time would comment to the *New York Times* regarding these issues.

Other questionable practices reported by Levy include the existence of "psychiatric units" in nursing homes. These nursing homes provide little to no treatment on the "units" but they do provide a cost savings for the state. "It costs ... $120,000.00 annually to treat a patient in a state psychiatric hospital. Discharge that same person to a nursing home and the bill typically goes to Medicaid, half of which is covered by Washington" (Levy, 2002d, section 1, para. 45). Additionally the patients, who are not committed and have no court order to be treated in a locked facility, are being housed in locked units in nursing homes. In some cases the doors may not be locked but the staff will not allow patients to leave the unit.

> "I have never heard of this type of facility in the 12-plus years that I have been doing this," said Tim Clune, managing attorney for Disability Advocates, a non-profit legal office in Albany. "I am very surprised that this exists, and that the state would allow this to exist. This is de facto involuntary commitment. These people's civil rights are being violated." (Levy, 2002d, section 1, para. 13)

Other practices Levy (2002e) wrote about include the shipping of mentally ill individuals to other states. "Over the last eight years, the...administration has been essentially exporting hundreds of its most troubled psychiatric patients to other states, turning over responsibility for their care to homes that have little if any expertise, and often tarnished histories" (Levy, 2002e, section 1, para. 3). While New York maintains financial responsibility for these individuals, the cost is often lower as clients are placed

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

in facilities that are less expensive than the psychiatric hospitals in which they resided while in New York. Many of these clients had been rejected by the community facilities in New York due to their behaviors and histories. Additionally, these out of state facilities often place individuals long distances from their family.

The articles by Levy (2002a, 2002b, 2002c, 2002d, 2002e) are disturbing. They suggest that while deinstitutionalization has almost emptied the state psychiatric hospitals, their replacements may be a new kind of "snake pit." Levy's work comes from a tradition of journalism which may not replicate the controlled observations of a careful research study. Nevertheless the descriptions are supportive of the need to further explore the requirements of home for individuals with SPMI.

Baldwin (1998) studied the effects of having no home or only transient housing. The author followed a group of 13 homeless mentally ill women in Los Angeles over a period of three years. The purpose of the study was to examine the subsistence adaptation of these women. The author studied a wide variety of life issues including how these homeless women dealt with shelter, food, clothing, hygiene, money management, personal possessions, safety, victimization, health care, social support, and social service utilization. Although the 13 women mentioned were the main subjects, Baldwin reported contact with 106 other homeless women during the course of the research, the contact time ranging from brief to extensive.

Baldwin (1998) included subjects who were either completely homeless or in a shelter at some point during the author's first encounter with them. The second criterion was that the subjects had to have met criteria for chronic mental illness during at least one of several screenings by various mental health professionals. The women ranged in age

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

from 21 to 58. Nine of the women were African-American and four were Euro-American. Although at least 10 of these women were mothers, none of them had custody of their children. Educational levels ranged from a few high school dropouts to five with some college coursework. During this three-year period, seven of the women did not receive any mental health treatment, four received treatment throughout the course of the study, and two received occasional mental health treatment.

Data were gathered through a participant observation or field study method. The author simply spent a lot of time with the clients. Sometimes there were semi-formal taped interviews with questions related to life histories, but most of the time was just "being together," living day to day with the women. Field notes were taken and eventually indexed and coded. A computer program was specifically designed to run the data on this information. The nature and framework of the study allowed the author to highlight subjects' functional strengths and weaknesses as well as how they managed to subsist in their homeless situation.

Baldwin (1998) divided the homeless women into three categories. The first category included individuals who were only homeless for a short while and these were termed short-term homeless. The episodically homeless alternated between being homeless and having a place to stay which was usually marginal and tentative. The third group was the chronic homeless who lived on the streets or in shelters on a regular basis. Baldwin noted that the dwellings where the subjects lived grew steadily worse and more chaotic as the individuals moved toward chronic homelessness.

Data were gathered between 1987 and 1990. During this time there were only two shelters in the downtown Los Angeles area where women could find beds without being

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

extensively screened or committed to long-term stays. The San Juan Shelter held 25 beds in a barracks-like building, had some structure, and conditions were described as fair. The other shelter was called the Daylight Center. The Daylight Center was licensed as a drop-in referral center, but in reality it functioned as a drop-in center during the day and a shelter at night. It was the only facility open to women 24 hours a day in the Skid Row area, which was considered one of the most dangerous neighborhoods in Los Angeles. The conditions in this facility were described as poor.

The short-term homeless often had apartments or other dwellings which allowed an individual bathroom and some privacy. Those who stayed in shelters found a range of conditions. The San Juan Center was fairly structured and somewhat clean. People could stay at this shelter for a set period of time (a few weeks) and so would have a space to call their own and a place to store their belongings. The bathrooms had stalls with doors, there was a shower, and these facilities were not open to the public. The Daylight Shelter was on a first-come first-serve basis and so one could not leave any belongings or count on a space from one day to the next. There was a large bathroom containing one large sink and two toilets without stall walls or doors. The toilets and shower in the Daylight Shelter were the only ones open to the public. At least one toilet was often plugged and there was always a line waiting and watching. There was one shower but it often had a plugged floor drain or was not working. The shelters were used by the episodic and chronic homeless. Often the chronic homeless could be found living and sleeping in the streets.

Food was considered one of the easier problems to solve for the homeless. There were soup kitchens and regular meals offered by various churches. The biggest hurdle for

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

these women was standing in the usually long lines with men who were sometimes unruly, intrusive, and/or aggressive. One other problem cited was the lack of choice. Some of the women had gastrointestinal problems and foods were sometimes served that the women could not tolerate. The choices then became to eat and suffer the consequences or not to eat.

Personal possessions were a source of great and continual concern for these women and a major source of stress. Belongings were generally kept with them at all times. If left unattended, belongings were often stolen or thrown away. Many of the women hoarded belongings. Baldwin (1998) described one woman stating that "the hoarding of material possessions seemed to give her the illusion of a home and a safety net, a way to ward off an overwhelming sense of helplessness and vulnerability" (p. 194). Another woman was described stating "her hoarding of household goods seemed a response to losses such as those of her home and children, a way of clinging to the prospect of one day again having a home" (Baldwin, 1998, p. 194).

Hygiene was another difficult hurdle for the women. The women with homes or living in semi-stable shelters tended to have the best hygiene while those on the street had very poor hygiene. As mentioned above there were very few bathrooms in Skid Row and women were especially short of facilities for toileting and showering. The one bathroom at the Daylight Center was regularly closed due to plumbing problems.

Income and money management was another issue considered by the author. Baldwin (1998) explains:

> the presence or absence of SSI [Supplemental Security Income] and other benefits were critical to explaining many moves into or out of housing. Events such as a

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

> bureaucratic error, a fight with a board and care manager that served as payee, or a resurgence of mental health problems could all result in a woman finding herself penniless and on the street. (p. 195)

All the women in this study were eligible for SSI due to their psychiatric disability. However, their disorganized, chaotic thinking and behavior resulted in their frequently being unable to obtain their benefits. When they did receive a check they were vulnerable to losing their money to robbery and extortion or giving it away. Other sources of income for these women included panhandling, prostitution, recycling, selling used clothes, theft, and payment for taking acquired immunodeficiency syndrome (AIDS) tests.

There was a money management agency in the Skid Row district. This agency would become, if requested, the payee for a person and provide a weekly allowance. Although the women using this service had money throughout the month, many resented the agency. One woman stated it made her feel like a child. Women who chose to manage their own money often ran through their money by the second or third week of the month.

A few of the women showed remarkable skill at management of their money. One woman was saving for an apartment while another saved to assure she would never be penniless again.

Safety and risk of victimization were other realms of interest in this study (Baldwin, 1998). These women lived in dangerous, precarious, and unpredictable environments. While a few of the women refused to talk about any of these issues openly, others talked about the violence they encountered including rape, beating, robbery, and stabbing. While these women were almost always the victims, there was one woman who

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

was violent herself and was the perpetrator of violence upon others. This appeared to be a part of her mental illness.

Health and health care were evaluated by the author who explained that all the women had significant physical health problems in addition to their psychiatric problems. Baldwin (1998) described the most common problems as "gastrointestinal and respiratory problems, poor eyesight and hearing, dental problems, headaches, edema, skin rashes, back problems, and arthritis" (p. 198). Most women had fewer teeth at the end of the study than at the start. Other physical health problems included epilepsy, heart disease, diabetes and injuries resulting from assault.

One woman had severely ulcerated feet and ankles, one broke her leg while crossing the street, and sexually transmitted infections (including AIDS) were always a risk due to rape and prostitution. Even when health care was obtained, following through on treatment was often difficult. One woman who had uncontrolled diabetes had her middle finger amputated due to gangrene. Another woman was asked to obtain stool samples for testing. She was unable to use any of the bathrooms due to the long lines of women watching and waiting for the toilet. She finally used a bathroom at a storage facility but even there someone was waiting.

Informal social support was found still to be important to these women although in varying degrees. The more psychotic women sought out companionship infrequently while other women had regular friends. Only one woman saw any relatives during the three-year study. While almost all of the women in the study said they had children, none saw them and all but two stated they still and always will miss their children.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Utilization of services was discussed. Baldwin (1998) stated "much has been said about how homeless women will not accept services when they were offered" (p. 197). It was found by the author that it was not the case that the women were not desiring of the services but rather found it very difficult to access services. Women described having to wait in long, often intimidating, lines for food, bathrooms, money, clothes, health care, and a place to sleep. The individuals who staffed the service organizations were described by the clients as often curt and/or insulting. Thus it was easier to find what they needed on their own and avoid the service agencies.

The role of severe mental illness in homelessness was addressed by Baldwin (1988). Over the three-year period only two women were hospitalized for psychiatric reasons and seven women were hospitalized for medical reasons. While some received mental health care, most refused or avoided it. Baldwin (1998) cited reasons for these behaviors including lack of insight into or denial of their mental illness, priority of other needs such as food and shelter, and past negative experiences with the mental health care agencies.

Finally, the long-term effects of homelessness were examined. Baldwin (1998) states "our research suggests that we must acknowledge the long-term detrimental effects on a person's well-being of having a severe mental disorder and having to survive in a difficult and hostile environment" (p. 198). At least six of the women in this study were worse off at the end of the study than at the start, three were better off, and four were about the same. It was noted, however, that "the physical and mental health of the ... women who remained homeless was slowly eroded by the consequences of lack of stable housing" (Baldwin, 1998, p. 199).

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

This third section of the literature review examined literature combining the concept of home and individuals with SPMI. A wide variety of home situations were examined, from supported housing, to a locked facility, to homelessness.

Summary

A diverse collection of literature related to describing homes for people with SPMI has been reviewed. Theoretically based literature, research literature, and literature specific to home as experienced by individuals with SPMI have been examined. Home has been shown to be a complex and broad concept that can be viewed from many perceptions. The articles included in this literature review will be used as the basis for the analysis of home as a concept described in the next chapter.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

CHAPTER 3

METHODS

The literature suggests that the concept of "home" to this point has been examined through theoretical discussions, journalistic investigations, and descriptive or qualitative studies of small samples in a variety of living situations. To further the analysis of the concept of "home", this study will use the research methods of concept analysis.

The research method used in this study is concept analysis. This method was selected because a concept analysis is a specific and precise way to ascertain a clear definition of a concept and its qualities. A concept is "a word or phrase that summarizes the essential characteristics or properties of a phenomenon" (Fawcett, 1999, p. 1). A concept analysis can provide specific characteristics for a broad or vague concept. By obtaining a precise definition of a concept, it becomes more useful in research and in clinical practice.

Concept analysis can be accomplished by using a variety of methods. One of the most frequently used methods of concept analysis is by Wilson (1969). Wilson proposed that the analysis of concepts "gives framework and purposiveness to thinking that might otherwise meander indefinitely and purposelessly among the vast marshes of intellect and culture" (1969, p. ix). Wilson's method includes eleven steps: (1) isolating questions and concepts, (2) finding right answers, (3) model cases, (4) contrary cases, (5) related cases, (6) borderline cases, (7) invented cases, (8) social context, (9) underlying anxiety, (10)

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

practical results, and (11) results in language. This classic method has been widely used and has served as a springboard for other styles of concept analysis.

A second method of concept analysis is by Sartori (1984). This method is based on words, meanings, referents, and the relationship among the three. There are three steps to this process. These steps are to (1) reconstruct the concept, (2) select designating term, and (3) reconceptualize the concept. This method is actually built on a concept analysis system proposed by Ogden and Richards (1946). Sartori says his method seeks to "arrive at a definition of a concept that is both adequate and harmonious" (1984, p. 56).

A third method is delineated by Walker and Avant (1995). The foundation for their model was Wilson's (1969). Walker and Avant reduced Wilson's eleven steps to eight and stated that the purpose of their model is to "distinguish between the defining attributes of a concept and its irrelevant attributes" (1995, p. 38). This third method was selected for this study because it stresses the importance of the literature review, which was critical for this paper, and because it has been widely used by nurse researchers.

Procedures

Walker and Avant's (1995) method requires eight steps which will be discussed in detail. The first step is to select a concept. Walker and Avant suggest a concept be chosen that first of all is of interest to the researcher. They warn against choosing a concept that is either too broad and overlaps several other concepts or one which is too narrow or trivial. In this study the concept of home was chosen over a concept such as house or housing because home contains elements suggestive of qualities needed for health and emotional wellness. House and housing suggest only a physical space and is a narrower concept. This researcher's experience in the facilities in which individuals with serious

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

and persistent mental illness (SPMI) live and are treated supports the idea that these facilities are qualitatively different than the homes people create for their families. Thus, the concept of home is the selected concept.

The second step is to define the aims of analysis. With a more precise definition of home, the possibility exists of creating tools with which homes can be evaluated. A more precise definition could also support policy changes that could help to assure that the facilities in which we place individuals with SPMI are homes rather than houses.

The third step is to identify as many uses of the concept as can be found. This process entails looking at definitions of the concept from different sources, different perspectives, and different disciplines. No definition should be ignored in the search for various uses of the concept. Definitions were obtained from the dictionary and thesaurus, from common everyday use, and from the literature. Literature was obtained from a wide range of disciplines and perspectives. Theoretical and research literature were examined as well as literature specific to homes for individuals with SPMI. Literature was found by entering various combinations of words into several different databases. Databases used included FirstSearch, CINAHL, PubMed, MEDLINE, PsychInfo, WilsonSelectPlus, ProQuest, and PsychArticles. Word combinations entered for search included "home, characteristics," "home, qualities," "home, mentally ill," "home, characteristics, mental illness," "mental illness, home qualities," "meaning, home," and "meaning, home for mentally ill." The literature search continued until it was apparent that the uses of the concept discovered in the search were familiar and recurrent.

The fourth step is to determine the defining attributes. This occurred after the literature was thoroughly reviewed. Characteristics and qualities of home which occurred

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

over and over again throughout the literature were those which ultimately defined the elemental characteristics of the concept. When no new recurring characteristics or qualities were found, the list of defining attributes was considered complete.

The fifth step is to define a model case. A model case is one that contains all the criteria in the defining attributes. Model cases have been described as those which, if not descriptive of the concept, then "nothing is" (Walker & Avant, 1995, p. 42). In other words, model cases are premier examples of the concept. A model case can come from "real life" or can be created by the author. For this study, the model case was constructed with the uses and attributes found in the literature and is applicable broadly to all homes.

The sixth step is to develop additional cases. Additional cases may include borderline cases, related cases, contrary, invented, and illegitimate cases. Each of these cases may assist in clarifying what the concept is as well as what the concept is not. Each of these cases is constructed by the inclusion or exclusion of various defining attributes. This process serves to clarify the importance of each attribute. As with a model case, these cases can come from "real life" or can be created.

- A borderline case is one in which most characteristics of the concept are met, but not all. By describing a borderline case, which is in some way deficient or inconsistent with the model case, the attributes in the model case should be made even more recognizable. The missing characteristics cause the case to be short of fitting the concept entirely, but still to describe it in a borderline manner.
- Related cases refer to cases which are similar to the concept being studied and are related or connected to the main concept, but differ in significant ways when examined closely. "The related cases help us understand how the concept being

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

studied fits into the network of concepts surrounding it" (Walker & Avant, 1995, p. 44). Related cases do not contain the critical attributes.

- Contrary cases clearly define what the concept is not. "This is definitely not the concept" is what one would say when reading a contrary case.
- An invented case is useful when defining a concept that is commonplace. When a concept is very familiar, it may be useful to create a case that is very out of the ordinary. Invented cases, say Walker and Avant (1995), often read like science fiction. By taking a case out of the common usage, one may be able to more clearly highlight the defining attributes of the concept. An invented case was not included in this study as it was not deemed to be of any additional value in clarifying the concept.
- An illegitimate case is the use of the concept in an improper way or outside of the context as examined.

The seventh step is to develop antecedents and consequences. Antecedents are events or incidents which must be in place or occur prior to the experience of the concept. Additionally, "something can not be an antecedent and an attribute at the same time" (Walker & Avant, 1995, p. 45). Consequences are events or incidents that occur as a result of the concept. Antecedents and consequences, according to Walker and Avant (1995), can suggest underlying assumptions and relationships or new directions for research.

The eighth step is to define empirical referents. These are "classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept" (Walker & Avant, 1995, p. 46). These are things that one can use to "prove" the

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

existence of the concept. "In many cases the critical attributes and the empirical referents will be the same" (Walker & Avant, 1995, p. 45).

Following completion of the eight steps of this concept analysis process, this study analyzed the literature related to homes for individuals with SPMI in order to ascertain whether each defining attribute was met or not. The homes were then categorized as model, borderline, or contrary homes.

The concept of home was next examined in light of the theories of Johnson (1980) and Maslow (1954). The central ideas of these theories were integrated with the critical attributes discovered about the concept. This section includes analysis of the current home situation for individuals with SPMI and speculation about possible application of the concept to improve these homes. Tools were developed to illustrate concept implementation using each theory.

Protection of Human Subjects

Because no human subjects were used in this study, a human subject review was deemed unnecessary by the Grand Valley State University committee.

Reliability and Validity

Every effort was made to maintain the intellectual integrity of this study and to prevent bias. Research was not limited to any particular persuasion or viewpoint about home. The requirement for research literature was that it be relevant to defining the concept and/or the concept as applied to individuals with SPMI. No effort was made to "prove" a particular belief. Rather, an honest assessment of the issues was desired and sought. Experts in nursing and social work were consulted for critical analysis and feedback.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

CHAPTER 4

ANALYSIS

There are many commonly repeated adages about home in our language and in our literature. These adages have become a part of our culture. Some of these include:

- Home is where the heart is.
- There's no place like home.
- Make yourself at home.
- Home sweet home.
- Be it ever so humble, there's no place like home.
- Keep the home fires burning.
- A man's home is his castle.
- It is the presence of children that make a house a home.

And to some

- Home is a prison.

In all but the last of these sayings, home is implied to be a warm and cozy place of safety and love. While the implication of these adages is clear, the qualities that determine this domain are not as obvious. Certainly home appears to be a coveted component of a good life, but what elements create this coveted haven? A logical place to start discovering the meaning of home is, of course, a dictionary.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

The American Heritage Dictionary of the English Language (Pickett et al., 2000) lists several definitions for the word home. The definition is divided into home as a noun, adjective, adverb, verb, intransitive verb, and transitive verb.

NOUN: 1. A place where one lives; a residence. 2. The physical structure within which one lives, such as a house or an apartment. 3. A dwelling place together with the family or social unit that occupies it; a household. 4a. An environment offering security and happiness. b. A valued place regarded as a refuge or place or origin. 5. The place, such as a country or town, where one was born or has lived for a long period. 6. The native habitat, as of a plant or animal. 7. The place where something is discovered, founded, developed, or promoted; a source. 8. A head-quarters; a home base. 9a. *Baseball* Home plate. B. *Games* Home base. 10. An institution where people are cared for: *a home for the elderly.* 11. *Computer Science* a. The starting position of the cursor on a text-based computer display, usually in the upper left corner of the screen. B. A starting position within a computer application, such as the beginning of a line, file, or screen, or the top of a chart or list.

ADJECTIVE: 1a. Of or relating to a home, especially to one's household or house: *home cooking; home furnishings.* B. Taking place in the home: *home care for the elderly.* 2. Of, relating to, or being a place or origin or headquarters: *the home office.* 3. *Sports* Relating to a team's sponsoring institution or to the place where it is franchised: *a home game; the home field advantage.* 4. of, relating to, or being the keys used as base positions for the fingers in touch-typing: *The home row on a standard keyboard consists of the keys for A, S, D, F, J, K, L, and;.*

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

ADVERB: 1. At, to, or toward the direction of home: *going home for lunch.* 2. On or into the point at which something is directed: *The arrow struck home.* 3. To the center or heart of something; deeply: *Your comments really hit home.*

VERB: Inflected forms: homed, hom-ing, homes.

INTRANSITIVE VERB: 1. To go or return to one's residence or base of operations. 2. To be guided to a target automatically, as by means of radio waves. 3. To move or lead toward a goal: *The investigators were homing in on the truth.*

TRANSITIVE VERB: To guide (a missile or an aircraft) to a target automatically. (2000, p. 743)

Another logical resource in which to begin defining home is a thesaurus. *Roget's II Thesaurus* (Editors of the American Heritage Dictionary, 1995) lists several synonyms for the word home. These words are divided into nouns and adjectives.

NOUN: 1. A building or shelter where one lives: abode, domicile, dwelling, habitation, house, lodging (often used in plural), place, residence. *Chiefly British:* dig (used in plural). See PROTECTION. 2. An institution that provides care and shelter: asylum, hospice, hospital, shelter. See PROTECTION. 3. The natural environment of an animal or plant: habitat, haunt, stamping ground. See TERRITORY.

ADJECTIVE: 1. Of or relating to the family or household: domestic, familial, family, homely, household. See KIN. 2. Of, from, or within a country's own territory: domestic, internal, national, native. See NATIVE. (p. 288)

These definitions provide a launching point for understanding the concept. This study is concerned with the definitions of home related to where people live. Specifically this

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

paper aspires to differentiate a home in which people desire to live, a home that "feels" like a home from a dwelling, a room on a cruise ship, or an institution. The use of home related to computers or baseball and other such definitions are not relevant to this study.

There is however, much more to home than the brief terms in the dictionary and thesaurus. The literature search in Chapter 2 explored the concept from a variety of view-points in an effort to extract the essential elements of home.

Defining Attributes

After examining the literature it became obvious that a core group of characteristics are frequently cited that most clearly define the concept of home. The list of defining characteristics has been described as being similar to a differential diagnosis list in nursing or medicine; that is, a set of criteria used to verify a diagnosis or a method used to assist in making a decision regarding an issue or a situation. To meet the definition of home all the defining attributes must be met.

The list of defining attributes for the concept of home, extracted from the literature, follows. The references that discuss each attribute are cited after the listed attribute. A reference is included even if the lack of an attribute in a home is discussed, because it assigns importance to the attribute by note of its absence.

- **Privacy** (Baker & Douglas, 1990; Baldwin, 1998; Dupuis & Thorns, 1998; Hammer, 1999; Leff et al., 1996; Levy, 2002a, 2002b; Sixsmith, 1986; Smith, 1994.)
- **Sense of Safety and Security** (Baldwin, 1998; Dupuis & Thorns, 1998; Fox, 2002; Hammer, 1999; Lamb, 1990; Leff et al., 1996; Levy, 2002a, 2002b, 2002c; Moloney, 1997; Sixsmith, 1986; Trieman et al., 1998.)

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

- **Ability for Some Self-expression and Development of One's Personal Identity** (Baker & Douglas, 1990; Douglas, 1991; Dupuis & Thorns, 1998; Hammer, 1999; Lamb, 1990; Leff et al., 1996; Sixsmith, 1986; Smith, 1994.)
- **Good Social Relationships** (Baker & Douglas, 1990; Baldwin, 1998; Dupuis & Thorns, 1998; Hammer, 1999; Lamb, 1990; Leff et al., 1996; Levy, 2002a, 2002b, 2002c, 2002d, 2002e; Moloney, 1997; Sixsmith, 1986; Smith, 1994; Trieman et al., 1998.)
- **A Sense of Continuity and Ownership** (Baldwin, 1998; Dupuis & Thorns, 1998; Lamb, 1990; Leff et al., 1996; Sixsmith, 1986; Smith, 1994; Trieman & Kendal, 1995; Trieman et al., 1998.)
- **A Sense of Some Control Over One's Space** (Baldwin, 1998; Douglas, 1991; Dupuis & Thorns, 1998; Hammer, 1999; Leff et al., 1996; Sixsmith, 1986; Smith, 1994.)
- **Warmth Both in the Physical Sense and the Psychological Sense** (Baldwin, 1998; Levy, 2002a, 2002b, 2002c; Rykwert, 1991; Sixsmith, 1986; Smith, 1994.)
- **Somewhat Pleasing Physical Environment** (Baker & Douglas, 1990; Baldwin, 1998; Levy, 2002a, 2002b, 2002c, 2002d; Sixsmith, 1986; Smith, 1994.)

The attributes listed above were found repeatedly in both the theoretical and the research literature on home.

An assumption underlying the list of representative attributes is that the definition of home contains an experiential element. Individuals living in the same home will have different feelings or beliefs about the characteristics of home. Home might be redefined

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

based on a person's age, gender, mental status, personal experiences, relationship to others in the home, longevity in the home, and other variables.

Analysis of Literature Related to Home Specific to Other Populations

Although the study by Hammer (1999), which explored feelings of home and homesickness with 10 elderly individuals residing in assisted living, was not specific to individuals with SPMI, it is interesting to note the similarities between Hammer's results and the list of defining attributes above. Hammer's final list of home versus non-home included:

- Security versus fear
- Privacy versus intrusion
- Commonality versus discordance
- Affection versus disdain
- Respect versus disrespect
- Significance versus anonymity
- Autonomy versus dependence

The individuals in Hammer's study articulated characteristics of home that were very close to the list of defining attributes identified. The non-home list shows qualities which would most likely be present in borderline or contrary homes.

Case Analysis

As discussed previously, the framework of Walker and Avant (1995) promotes reviewing several types of case studies in order to assist in clarifying the concept. All types of cases will be examined and examples provided except for the invented case. An invented case did not assist in or with concept clarification.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Model Case

Model cases, as described in Chapter 3, are cases that contain all the criteria in the defining attributes and which, if not descriptive of the concept, then "nothing is" (Walker & Avant, 1995, p. 42). Model cases are premier examples of the concept. A model case follows.

A family of five lives in a big house in a neighborhood known to be a safe family area (sense of safety and security). They have a mortgage and are buying the house (continuity and ownership). There is a strong neighborhood association and there are block parties on most of the blocks each summer (good social relationships). The family has lived in the home since the birth of the oldest child (sense of continuity and ownership). The parents choose to have children and while they take their job of parenting seriously they also receive great joy and satisfaction in watching the children grow. When problems arise in the family, they gather for a "family meeting" to talk about the problems, share feelings, and problem solve together (good social relationships, a sense of control over one's space, ability for self-expression). The mother and father both work outside the home in jobs they find interesting and creative (self-expression and development of personal identity), but the mother does not leave for work until all the children have left for school and the father is home by 3:00 pm to greet the children as they arrive home from school (sense of safety and security).

The parents have a bedroom together but each parent also has a room for doing office work or creative projects (privacy, self-expression and development of one's personal identity). The children include one girl and two boys and all have their own bedroom (privacy). The children are given freedom to decorate their rooms as they wish

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

as long as it is not harmful (sense of some control over one's space). The children have developed interests in various activities as they have grown (ability for some self-expression and development of personal identity). They have been encouraged and assisted by their parents to explore these interests.

The home is sturdy, solid, in good repair and so protects the family from the elements (safety and security). It is nicely decorated but in a comfortable, casual way (somewhat pleasing physical environment and warmth in both the physical and psychological sense). The family has friends over for cookouts or dinner at least two times a month. The family eats dinner together each evening and takes bicycle rides together most weekends (good social relationships).

The model case described above contains all the defining attributes. Some of the attributes were expressed in more than one way, such as safety and security. Safety and security is promoted by a safe neighborhood and a sturdy house but would not be complete without the presence of the loving consistent people in the home, in this case the parents. Attributes also overlap. For example, the parents provide safety and security for the children as well as good social relationships and a sense of continuity. The additional room for each parent provides privacy but also an opportunity for a sense of self-expression and development of one's personality. In other words, a single factor can be a part of more than one attribute and at the same time multiple factors are sometimes necessary to assure a single attribute is met. This overlap and interweaving illuminates part of the reason home is a challenging concept to define.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Borderline Case

A borderline case is one in which most characteristics of the concept are met, but not all. The missing characteristics cause the case to be short of fitting the concept entirely, but to still describe it in a borderline manner.

For this borderline case the family described above will live in the same house in the same neighborhood, engage in the same activities, and have the same friends over for dinner. Each child still has his or her own room. Everything is the same except one thing. The children have been told that their rooms will be decorated by a professional decorator. They are expected to keep their rooms clean at all times and are not to make changes from the professional designer's arrangement.

This scenario continues to meet the attributes of safety and security, good social relationships, a sense of continuity and ownership, and warmth in the physical and psychological senses. The remainder of the attributes would still be met for the parents as discussed in the model case above. This borderline case does violate at least two attributes for the children including the ability for self-expression and sense of control over one's space. A case might also be made for a violation of privacy for the children as the situation described would necessitate that the parents have free access to the children's rooms to assure no changes had been made in the decorating. A case might also be made for violation of a somewhat pleasing environment since the decorating may not be to the children's liking.

Related Case

Related cases refer to concepts that are similar to the concept being studied. They are related or connected to the main concept, but differ in significant ways when

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

examined closely. Concepts connected or related to the concept of home as studied in this paper include self-actualization, sanctuary, and fulfillment. Related cases do not contain the critical attributes.

A related case can be exemplified by a family vacation. The family will be the one described in the previous case studies that includes two parents and three children. The vacation will be a six-day cruise on Disney's "Big Red Boat." The family has a one-room cabin in which the sofas and chairs fold out to make sleeping accommodations at night. Activities and meals are plentiful and there are many other families on board with children of similar ages.

Examining this situation in light of the defining attributes we can see there is little privacy. Safety and security are limited but could be seen as partially met for the children by the presence of the parents and for all family members by the presence of the crew on board. While self-expression and development of one's personal identity are possible to a degree by the wide variety of activities offered, the activities are pre-determined and may not be to each person's liking. Good social relationships are possible on a limited but superficial basis (except for within the family) due to the short nature of the trip. Continuity and ownership are not met since this was a temporary dwelling. Control over one's space is very limited. One could not change or rearrange many things in the environment. Warmth in the physical sense might be met if the weather cooperated and/or the rooms were heated. Warmth in the psychological sense may be met on a limited basis depending on circumstances but again is superficial and temporary. A somewhat pleasing physical environment could very well be met on this cruise ship but again, it is not a place this family was would stay and put down roots.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Some of the defining attributes may appear to have been met; however, they are brief and transitory. There is no ownership on this ship for the family. The fact that this is not a primary territory, that the cabin and ship are just a place to stay and a temporary dwelling, eliminates it from being a home.

Contrary Case

Whereas model cases clearly define the characteristics of the concept, contrary cases clearly define what the concept is not. The following example is fictional but is similar to the lived stories of some homeless women in Baldwin's (1998) study.

Doris, age 52, had at one time been married, lived in an apartment with her husband and two children, and had a few good friends. When Doris was 29 or 30 years old she began to hear voices, neglect her home and children, and exhibit bizarre behaviors. Within 10 years Doris had been institutionalized several times, was divorced and was not allowed to see her children. By the time she was 45, Doris was living in the streets.

Some nights were spent in shelters but most nights were spent wherever she could find a dry, warm place. Doris slept on park benches, under bridges, in doorways, in alleys, and in the park. Sometimes Doris would start to collect a few things she considered her own but usually before long these items were lost or stolen. The clothes she wore were things she found or could pick up for free at missions. Sexual harassment was an ongoing problem and Doris had been raped twice.

Doris had no friends and trusted few people. She had not seen her children in several years but never forgot them and wished she could see them.

Doris had little to no privacy. Safety and security were not present. Ability for self-expression and development of one's personal identity were not possible in this

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

situation. Doris spent her days meeting the first level of Maslow's (1954) hierarchy of needs with no time or resources to progress to a higher level. There were no good social relationships in this case study. There was no continuity or ownership of any residence for Doris. There was little or no control over any space for Doris. Warmth in the physical sense was dependent on the weather and/or the ability to find warm shelter and was always uncertain. Warmth in the psychological sense did not exist. Finally, a somewhat pleasing physical environment was not present in what was considered one of the most dangerous neighborhoods in the city. There were no defining attributes met in this case study thus qualifying this as a contrary case.

Illegitimate Case

An illegitimate case is the use of the concept in an improper way or out of the context as it has been examined. One of the dictionary definitions given earlier for home was "home plate." This definition refers to the base from which a baseball player starts and aspires to return after hitting the ball. This type of home, while sharing the same name, shares no resemblance to the concept as studied throughout this paper.

Antecedents

Antecedents are events or incidents that must be in place or occur prior to the experience of the concept. Additionally, "something can not be an antecedent and an attribute at the same time" (Walker & Avant, 1995, p. 45).

The literature conferred, without exception, that home is a universal human desire. Thus, the one antecedent for home would be a living, breathing human being.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Consequences

Consequences are events or incidents that occur as a result of the concept. This is a more difficult idea to define for a concept as complex as home. While a home may include all the defining attributes, there are factors beyond home that may affect the consequences.

Consequences of home closely follow the number of defining attributes met. The more attributes met, the more positive the consequence. The most favorable consequences will occur if all attributes are met. Consequences of home may include security, a sense of safety and trust, happiness, physical and emotional comfort, agreeable family, friends and/or social relationships, and possibly assistance in movement toward self-actualization.

Empirical Referents

Empirical referents are "classes or categories of actual phenomenon that by their existence or presence demonstrate the occurrence of the concept" (Avant & Walker, 1995, p. 46). These are things that one can use to "prove" the existence of the concept. "In many cases the critical attributes and the empirical referents will be the same" (Walker & Avant, 1995, p. 45).

Home cannot be defined by a single fact. In the literature home is repeatedly described as a collection of many different attributes or conditions. There is no single empirical referent; rather a home is the entirety of its attributes. An empirical referent for home might be represented by a tool including the eight defining attributes, completed by the occupier, with all eight attributes met.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Analysis of Literature Related to Home Specific to Individuals with SPMI

Now that the defining attributes of home have been defined, an analysis of the homes described for individuals with serious and persistent mental illness (SPMI) is possible. Six studies were examined in the literature specific to individuals with SPMI. Four articles will be analyzed in light of each of the defining attributes to ascertain if the homes being discussed in the article truly meet the definition of a home as now defined. The analysis will occur in the framework of case studies as defined by Walker and Avant (1995).

Model Case

A model case is one in which all the defining attributes are met. None of the literature reviewed described a model case.

Borderline Case

In the borderline case some, but not all, of the defining attributes for the concept are met. There were two studies reviewed which describe homes that fit criteria for a borderline case. These homes were described in the studies written by the Team for the Assessment of Psychiatric Services (TAPS) in London (Leff, Trieman, and Gooch, 1996; Gooch and Leff, 1996; Trieman and Kendal, 1995; and Trieman et al., 1998) and Lamb (1990).

In the homes described in the TAPS study (Leff, Trieman, and Gooch, 1996; Gooch and Leff, 1996; Trieman and Kendal, 1995; and Trieman et al., 1998) privacy was provided for these clients in that each person had his or her own room. A sense of safety and security was provided as the settings were ordinary neighborhood homes, the homes were staffed 24 hours a day, seven days a week, and both the staff and clients were

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

consistently the same. Good social relationships were made possible in that the staff and clients were consistently the same allowing trust to develop. Other evidence of good social relationships was exemplified in the descriptions of significant increases in the number of people the clients considered friends and acquaintances such as neighborhood shopkeepers. A sense of continuity and ownership was met as most clients had lived in the same residence for five years or more.

Ability for some self-expression and development of one's personal identity was not directly addressed; however, day programs were available to engage individuals in various forms of self-expression. A sense of some control over one's space was not clearly met as the clients did engage in cleaning, shopping, cooking, and general home maintenance, but factors such as ability to decorate their own rooms was not discussed. Warmth, either physical or psychological, was not specifically mentioned in any of the TAPS articles (Leff, Trieman, and Gooch, 1996; Gooch and Leff, 1996; Trieman and Kendal, 1995; and Trieman et al., 1998). A somewhat pleasing physical environment was also not specifically addressed. However, because the environmental restrictiveness rating scale dropped from a score of 26 in the hospital to 10 in the community, these individuals appeared to believe the environment in the community was less restrictive than the hospital.

The TAPS studies (Leff, Trieman, and Gooch, 1996; Gooch and Leff, 1996; Trieman and Kendal, 1995; and Trieman et al., 1998) do not give enough information regarding ability for some self-expression, a sense of control over one's space, warmth and a pleasing environment to determine if these attributes were met or not. There is sufficient evidence to suggest that the other defining attributes were met. Since some

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

(four out of eight) but not all of the defining attributes were met, these homes fit the criteria for a borderline case.

Lamb's (1990) study, which examines a facility housing 89 individuals with SPMI, would also fit the criteria for a borderline case. The facility in this study housed individuals very similar to those in most state psychiatric hospitals. The patients in this facility were more psychotic and more violent than individuals with SPMI living in the community. Environmental structure was the focus of this article and the author stressed the necessity of this ingredient for individuals lacking a sense of internal control.

Some of the defining attributes for home were met in this institution. While it was impossible to meet all of the attributes, there was a determined effort at this facility to provide the best care possible.

The building had been a nursing home before being remodeled for use as a psychiatric hospital. While not stated specifically, nursing homes often have semi-private rooms. If this were the case then privacy would be impeded; however, there is nothing specific stated about the room situation. A sense of security and safety was provided as the facility was locked with a high client-to-staff ratio to protect these individuals from themselves and others. This sense of security and safety assumes the staff is therapeutic and professional. If this were not the case, the sense of safety and security would, of course, be compromised. Ability for self-expression and development of one's personal identity was encouraged in the activities and educational programs provided by the facility. Good social relationships were important in this facility with Lamb (1990) noting that the presence of less than 100 beds allowed staff to know all the clients, making the milieu more personable. Continuity was encouraged both in relationships with others but

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

also in a highly structured program on which the patients could depend. However, since the average length of stay was 12 months, clients could not attach to the residence with a feeling of ownership. Knowing that one would most likely be discharged from the residence, but not knowing when or to where, would impede a feeling of ownership. A sense of control over one's space would be limited in a facility such as this for even in one's bed area both staff and other patients could most likely enter at almost any time. Warmth both in the physical sense and the psychological sense was not specifically addressed. A somewhat pleasing physical environment was also not specifically addressed.

Three defining attributes for home appear to be met in this facility including security and safety, ability for some self-expression and development of one's personal identity, and good social relationships. One attribute, a sense of control over one's space, is not met. The study lacks sufficient information to determine whether the three attributes of privacy, warmth in a physical and psychological sense, and a somewhat pleasing physical environment were met or not. Continuity was met in some ways but ownership was not met. This facility does qualify as a borderline case as some of the attributes are met while some are not. It is interesting to note that even in a locked psychiatric facility defining attributes for a home can be met.

Contrary Case

Contrary cases clearly define what the concept is not. Two studies described homes that would be considered contrary. The first is descried in the reports by Levy (2002a, 2002b, 2002c, 2002d, 2002e) that cite conditions in several of the large adult foster care (AFC) homes in the New York City area. There is little positive information about the conditions in these AFC homes.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

It did appear that some of the homes provided private rooms in which case an element of privacy might be possible. Safety and security is another matter altogether. There was little evidence that individuals lived in an environment where they felt safe and secure. Levy (2002a, 2002b) reported incidents of extortion, rape, intimidation, abuse, and neglect. Clearly needs for safety and security were not met in these homes. Ability for some self-expression and development of one's personal identity was difficult to assess in this study. There were few programs provided to assist the clients in self-development and the clients were often left in "filthy and vermin-ridden rooms" (Levy, 2002a, section 1, para. 27) which would make self-expression difficult. Good social relationships did not appear to be present in the homes described by Levy. Individuals were described as "sitting for hours in the crowded smoking room, rocking back and forth, speaking only to themselves" (Levy, 2002b, section 1, para. 9). Other residents stayed in the safety of their rooms much of the time due to fears of other residents or staff.

A sense of continuity might have been met in a limited sense for some. There was continuity for periods of time for some but longevity in any one room or even a particular building was always an uncertainty. This situation would undermine any sense of ownership. The owners of these homes were frequently found to be engaging in illegal activities or the homes would be found so lacking in standards that they would be closed. When these sorts of things happened all the clients would be moved to different settings. Sometimes the AFC home would reopen in a short period of time but that did not guarantee a space for any individual. There was always a sense of tenuousness in the lives of the individuals in these AFC homes.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Good social relationships did not appear to exist for most of these clients as evidenced by the statements above that related to sitting in large smoking rooms speaking to no one. A sense of some control over one's space was perhaps partially met. Although individuals did not necessarily feel safe or secure in the AFC home and the rooms were often in very poor condition, the individuals could have a degree of control in their own room. Warmth both in the physical sense and the psychological sense did not appear to be met. Individuals died of hypothermia and hyperthermia. The homes did not emphasize an environment promoting psychological warmth; rather they were "places of misery and neglect, just like the psychiatric institutions before them" (Levy, 2002a, section 1, para. 5). Finally, the AFC homes described by Levy were not pleasing environments.

None of the defining attributes were definitively met. This qualifies the homes in the study by Levy (2002a, 2002b, 2002c, 2002d, 2002e) as contrary cases.

The second study considered as a contrary case is Baldwin's (1998). In this study Baldwin followed 13 mentally ill homeless women for three years. The defining attributes are entirely absent in the living arrangements of these women. Privacy was non-existent as these women either lived on the street or in shelters where toilets, showers, and beds were out in the open and communal. There was no sense of safety or security. These women did not know from one night to the next where they would sleep or eat, who might try to steal their belongings, or who might hurt them. On occasion some of the women were able to spend a few continuous weeks in the San Juan shelter, but there was never any certainty in this. Although some women were reluctant to talk about their victimization, others talked about the violence they encountered including rape, beatings, robbery, and being stabbed.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

The ability for some self-expression and development of one's personal identity was severely limited by the extreme poverty in which these women lived. Most of these women had families and mainstream identities before they became ill and homeless. This was lost to them except in memory. Regarding good social relationships the more psychotic women, as discussed earlier, sought out companionship infrequently while other women had a few regular friends. Only one woman saw any relatives during the three-year study. In the situations these women lived, however, seeing regular friends was never something to count on.

A sense of continuity was not met. There was no continuity about where they slept, ate, used the bathroom, showered, washed up, obtained money, obtained clothes, or received health care. Theirs was truly a day-to-day existence with no certainty, no continuity, and no ownership. In terms of a sense of some control over one's space, there was no space these women could call their own and so no place over which to attempt to gain any control.

Warmth, both in the physical sense and the psychological sense, was unmet. Warmth depended on the weather or on the woman's ability to find a warm building to stay in. And finally a somewhat pleasing physical environment was not met. The Skid Row area in which these women lived was considered one of the most dangerous and unpredictable areas in the entire city of Los Angeles. There was very little in this environment which would be aesthetic or pleasing.

The homeless women in Baldwin's study are perhaps the clearest possible example of a contrary case. None of the defining attributes were met.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

This chapter completed the steps for a concept analysis as outlined by Walker and Avant (1995). Homes in the literature review specific to individuals with SPMI were analyzed for the presence or absence of each defining attribute. It was found in the literature that while there were examples of borderline and contrary homes, no model case of home was evident.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

CHAPTER 5

DISCUSSION AND IMPLICATIONS

This paper has explored and analyzed the concept of home. The format of concept analysis proposed by Walker and Avant (1995) was used to guide the process. Home was examined from theoretical and research perspectives as well as from the standpoint of homes for individuals with serious and persistent mental illness (SPMI).

In this final chapter, findings of the research are discussed. The theoretical frameworks of Johnson (1980) and Maslow (1954) are integrated with findings from the literature related to the concept of home. Concordance between the defining attributes found in the literature and the theoretical ideas in the two theories are examined. The concepts from each theory as well as the findings in the literature will be used in this chapter to develop tools which could measure qualities of a home. Implications of the research findings to the profession of nursing in terms of practice, education, and administration are considered and limitations of the study are addressed. Finally, suggestions for further research will be offered.

Following the format of concept analysis by Walker and Avant (1995), the literature was critically examined to identify the defining attributes of home. These eight attributes were used to develop a model case, as well as additional case examples of homes categorized as borderline, related, contrary, and illegitimate. Antecedents, consequences and empirical referents were also described.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

The homes presented in the literature review specific to individuals with SPMI were examined in light of the defining attributes and in terms of what sort of case they represented, i.e., model, borderline, etc. Four references (Baldwin, 1998; Lamb, 1990; Levy, 2002a, 2002b, 2002c, 2002d, 2002e; Trieman et al., 1998) were examined for the presence or absence of defining attributes. Two references were found to describe borderline homes (Lamb, 1990; Trieman et al., 1998) and two described contrary homes (Baldwin, 1998; Levy, 2002a, 2002b, 2002c, 2002d, 2002e). The study by Baker and Douglas (1990) was excluded from the analysis of homes for people with SPMI. While the study suggested a correlation between the physical quality of the home and client behaviors (increased quality of home equaled less maladaptive behaviors while decreased physical quality of home equaled an increase in maladaptive behaviors) there were insufficient details included in the study with which to analyze defining attributes of the described homes.

Several authors cited in this paper (Baker & Douglas, 1990; Dupuis & Thorns, 1998; Hammer, 1999; Moloney, 1997; Montgomery, 2001; Rykwert, 1991; Sixsmith, 1986; Smith, 1994) discussed the importance of understanding the experience of home, especially for individuals not in the mainstream or in homes which may include abuse or neglect. Thus, while a home may seem to meet all the defining attributes, the experience of each individual must still be assessed. One individual may consider the place he or she lives a home while another individual living in the same residence does not consider it home due to his or her personal experiences in the home. This underscores the importance of obtaining an individual's belief about the presence or absence of defining attributes in the setting he or she lives and not relying solely on an outside person's opinion.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

A final consideration for the study of home for people with SPMI is the understanding of "least restrictive housing." The discussions in the literature (Lamb, 1999; Lin, 2003; Trieman et al., 1998) highlight differences in the interpretation of this term. Lin's (2003) discussion suggests that the term is often applied literally with few other considerations attached. Lin suggests that other considerations should be included, such as safety, security, and continuity. The articles by Lamb (1999) and Trieman et al. discuss the concept of linear continuum and supportive housing. These concepts imply the idea of least restrictive housing without a clear definition in either article.

Least restrictive housing, at times, may be interpreted as housing with the most freedom. Oftentimes this freedom is defined by client and professional alike as freedom to live however one wants to live. At its extreme, this resembles the contrary case described in this concept analysis. Clearly, an interpretation of least restrictive housing that incorporates the defining attributes of home will be beneficial to all people with SPMI. The defining attributes and their application are discussed in the next section.

Discussion

The concept of home is quite broad and thus invited examination of literature from a wide variety of professions including architects, psychologists, lawyers, journalists, nurses, and sociologists. Theoretical ideas from Johnson (1980) and Maslow (1954) were introduced and an extensive review of the literature was conducted on the concept of home using a variety of perspectives and disciplines. From the literature, eight defining attributes were extrapolated. The attributes chosen were those repeatedly supported by the literature to be the most important qualities in a home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Using the eight defining attributes identified in this analysis, the concept of home is defined as: the subjective presence, to a satisfactory degree, of all eight defining attributes (privacy, sense of safety and security, ability for some self-expression and development of one's personal identity, good social relationships, a sense of continuity and ownership, a sense of some control over one's space, warmth both in the physical sense and the psychological sense, and a somewhat pleasing physical environment) in an individual's primary residence. The presence of all eight attributes in a person's primary residence means that his or her ability to live a healthy and happy life will be greatly improved. The presence of the eight attributes provides a base, a foundation, a refueling station for one to build a life.

The absence of one or more attributes will impact physical and psychological health, happiness, and the ability to cultivate one's life to the degree the missing attribute is significant to the individual. The more attributes missing in a home, the more difficult will be the attainment of one's goals. As research has suggested (Baldwin, 1998), the absence of all the attributes results in a barren, desolate, and arduous life. It is difficult to build a life when the foundation has gaps in it or when the foundation continually changes.

Understanding, appreciating, and implementing the attributes of home could prompt a significant ripple effect. The effects could extend out in every direction and touch the lives of countless individuals. By assessing and intervening in homes with attribute deficits, lives could be changed.

For the "average" individual or family simply an awareness of the attributes that determine a home could assist in self-correcting any deficits. For individuals who are

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

vulnerable, such as individuals with SPMI or mental retardation, the establishment of policies requiring foster homes and other institutions to meet the defining attributes could lead to increased stability, enhanced socialization skills, improvement in work or school performance, and improved health. The literature has shown (Baker & Douglas, 1990; Trieman et al., 1998) that living in a setting where at least some attributes of home are met leads to a better life. Thus, establishing public policies that require these settings to meet the defining attributes of home would reflect socially responsible as well as compassionate behavior.

For society in general, the promotion of the concept of home could lead to a decrease in certain social pathologies which are supported by homes with significant deficits. It seems clear from the literature (Baker & Douglas, 1990; Baldwin, 1998; Levy, 2002a, 2002b, 2002c, 2002d) that home attribute deficits can cause certain pathologies in individuals and so perhaps in our society. While social pathologies can not be blamed only on home, it is worth researching the role home attribute deficit plays in the development of these pathologies. Some of the specific social pathologies that could be studied for their relational existence and/or strength to home might include: high rates of homicide, suicide, substance abuse, depressive disorders, anxiety disorders, and chronic illness. While home is certainly not the only variable in the development if these disorders, it is worth studying their relationship. Fromm (1955) writes that:

> a sane society is that which corresponds to the needs of man—not necessarily what he *feels* to be his needs, because even the most pathological aims can be felt subjectively as that which the person wants most; but to what his needs are *objectively,* as they can be ascertained by the study of man. (p. 28)

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

If some or all of the defining attributes are seen as objective needs, then it would follow that the lack of fulfillment of these needs could play a part in an "insane" society or the development of certain social pathologies. He later says that:

> mental health cannot be defined in terms of the "adjustment" of the individual to his society, but, on the contrary, *that it must be defined in terms of the adjustment of society to the needs of man*, of its role in furthering or hindering the development of mental health. (p. 71)

Fromm holds society responsible for assuring its people have their objective needs met. Fromm clearly links the ability of a society to meet its inhabitant's needs to a sane society. What part home plays in this scenario would be interesting to tease explore.

It would be intriguing to conduct research in other countries where home situations are more stable than they are in parts of this country. Is the degree of social pathology also less? Again, while the degree of social pathology can not be linked only to home, it would be worthy of investigation.

It would not be surprising to find, however, that some people show resistance to pursuing this subject. The belief "a man's home is his castle" is very strong in our society and some or perhaps many might see home assessment as an infringement of their rights.

If the eight essential attributes were identified as goals to greater mental and physical health for all people, a paradigm shift might occur in healthcare as well as in public policy. Healthy homes could be the next revolution in healthcare.

Significance of the Findings to Knowledge Development

The findings of this concept analysis suggest that home makes a difference in the health of individuals; that home is antecedent to good health. It would be intriguing to

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

study home in relationship to some of the basic conceptual models or theories regarding health. What would be the impact of inserting home into theories of health? If the concept of home were inserted in to the health promotion theories, the health belief model, or the stress, coping, and adaptation theories, what might be discovered? How do the attributes considered in the concept of home affect health when considered in locus of control theory, the theory of reasoned action, or the social learning theory? If the attributes of home were factored into studies using the various models mentioned, it might be discovered that the attributes play a significant part in people's health and health behaviors?

This paper focused on assembling a clear definition for the concept of home. While other studies have determined characteristics of home in their research, no other study was found that assimilated information from such a broad collection of literature to obtain a common conceptual definition. After 20 years of study from the perspectives of several disciplines, this assimilation of information suggests a path to move forward in the study of home.

Walker and Avant (1995) explain that "concepts are the bricks of theory development" and "it is critical that they be structurally sound" (p. 48). Carefully obtaining the defining attributes is the first step in the process of being able to study home. The eight attributes defined in this paper may not persist unaltered; however they do represent a place to begin. With a clear and specific conceptual definition one can start to make relational propositions. Relational propositions "link two or more concepts" and "state patterns of covariation between concepts" (Fawcett, 1999, p. 45). The assertion of various relational propositions about home would assist in the development of one or more theories about home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Walker and Avant (1995) express the same idea stating that concepts "even well analyzed ones, can contribute only to the basics of theory. Only when concepts are studied for relationships among them and relational statements are constructed can real forward progress be made in theory construction" (p. 48). In other words, concept analysis is just the first step in the exciting process of making connections between ideas.

Once home is defined one can insert the definition into relational statements or relational propositions. Research can spring from these statements and eventually theory can develop from the research.

Home has been left on the fringes in the study of health. This paper asserts that home is pivotal to health. It is hoped that by forwarding a more concise definition of the concept, research can begin to more fully discover the role of home in our health and our lives.

Application of Johnson's Theory

Johnson's (1980) theory includes seven subsystems and maintains that the subsystems are continually influenced by one's internal and external environment. Healthy behavior, says Johnson (1980), requires that the subsystems be balanced. If there is not subsystem balance, aberrant behavior can be expected. If we consider home to be a substantial part of a person's external environment, it is important to assess the status and interplay of the environment (including the home), subsystem balance, and behavior.

When comparing Johnson's (1980) seven subsystems with the eight defining attributes of home we find that only four of the subsystems in Johnson's theory are similar to the defining attributes of home extracted from the literature. This, of course leaves four identified attributes of home that do not relate closely to Johnson's theory.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

This comparison is shown in Table 1. The primary physiological functions of human being identified in Johnson's theories are not consistent with the identified attributes of home, which relate more to the quality of the home environment.

Table 1

Comparison of Johnson's Subsystems with the Defining Attributes

Johnson's Subsystems	Defining Attributes
Attachment/Affiliative	Good social relationships
Dependency	
Ingestive	
Eliminative	
Sexual	
Aggressive/Protective	Sense of safety and security
Achievement	Ability for some self-expression and development of one's personal identity
	A sense of some control over one's space
Not addressed via Johnson's subsystems	Privacy
	A sense of continuity and ownership
	Warmth both in the physical sense and the psychological sense
	Somewhat pleasing physical environment

A schematic depiction, shown in Figure 1, was developed using Johnson's model. This tool could be used to identify how the absence, presence, or excess of any character-

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

istic in the environment might impact the subsystems and thus a person's behavior. Each subsystem may be more or less dominant depending on conditions in the internal and external environment, including one's home. This tool would be especially useful for individuals with SPMI who are only able to express subsystem imbalance through behavior.

By analyzing the seven subsystems one assesses the issues in a person's life that can influence balance or homeostasis. There is certainly value in this; however the tool and the theory are inadequate for assessing the attributes of home. Johnson's (1980) theory by itself does not supply a means to evaluate the impact of a home on behavior. Modifications to the tool that emphasize the attributes of home may be possible, thus integrating Johnson's intent of observing and analyzing behavior with the specific attributes of home. An example of an integrated tool is shown in Figure 2. This tool is applied in two hypothetical situations. One is an individual in a borderline home (Appendix A) and the other an individual in a contrary home (Appendix B).

Application of Maslow's Theory

Whether a home is required to complete the climb toward self-actualization is a question for another paper. This paper examines the attributes of a home. Maslow's (1954) hierarchy of needs, as discussed earlier, places in logical order the needs of a human being. This paper will now combine the attributes important in a home with Maslow's hierarchy of needs to create a tool to assess a home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

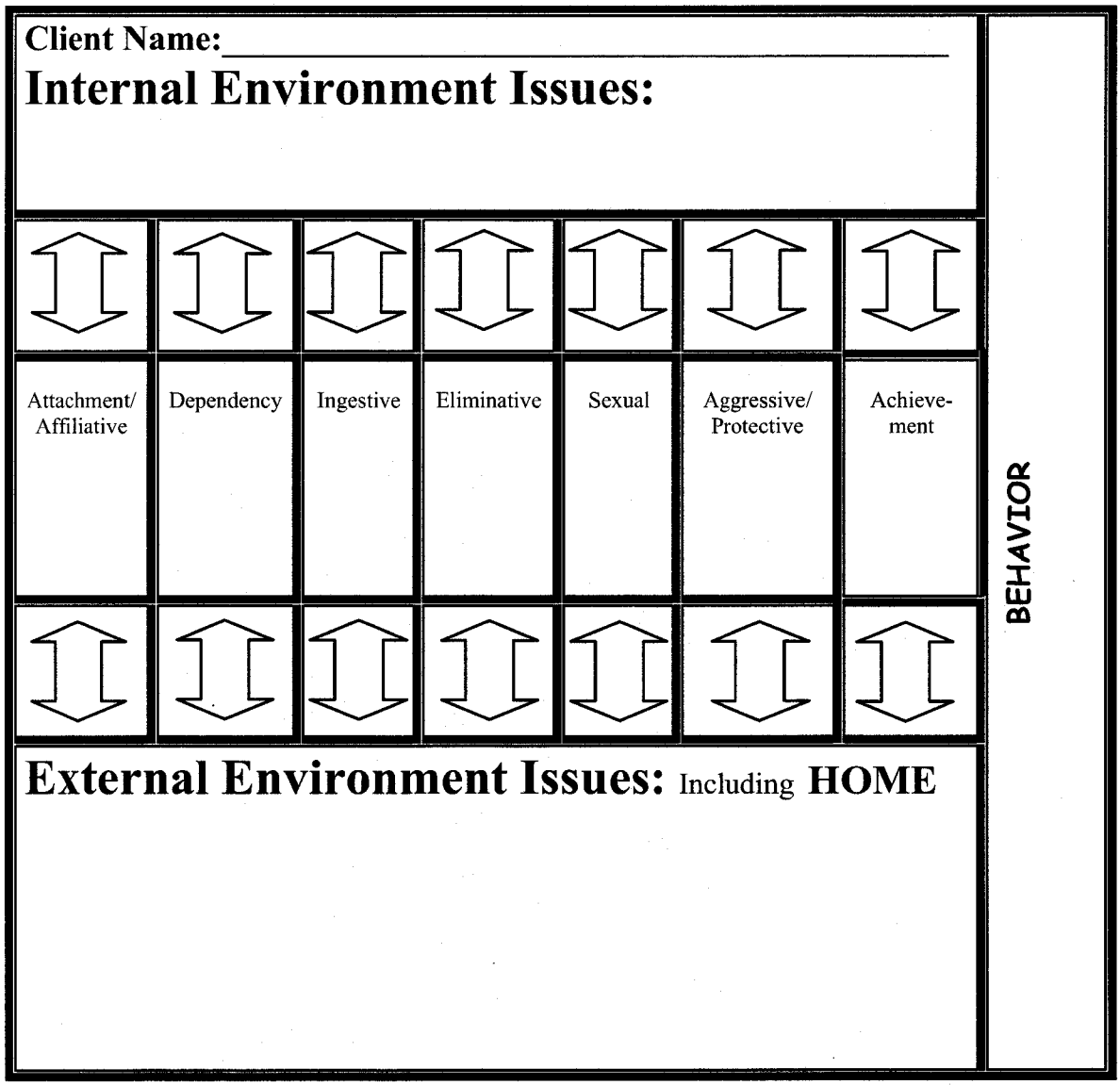

Figure 1. Representation, using Johnson's Behavioral System Model (1980), of effects of external environment, including one's home, on a person.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

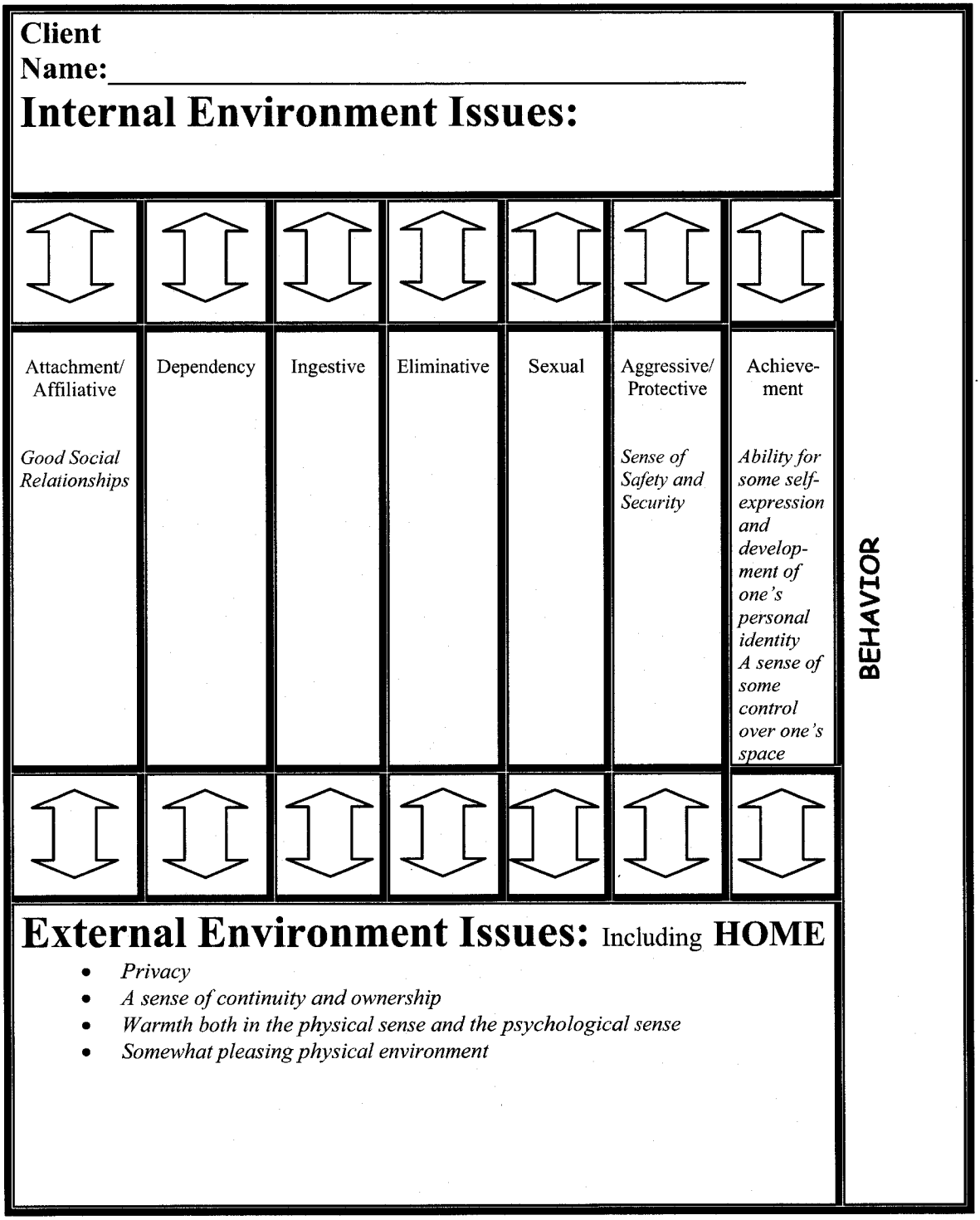

Figure 2: Representation of Johnson's Behavioral System Model (1980) combined with the attributes of home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Table 2 contains a comparison of Maslow's (1954) hierarchy of needs and the defining attributes of home. A closer fit is found than was found between the defining attributes and Johnson's (1980) subsystems. In contrast to Johnson's theory, only one of Maslow's needs does not match any defining attribute.

Table 2

Comparison of Maslow's Hierarchy of Needs with the Defining Attributes

Maslow's Hierarchy of Needs	Defining Attributes
Physiologic	Warmth both in the physical sense and the psychological sense
Safety & Security	Sense of safety & security
	A sense of some control over one's space
	Privacy
Love & Belonging	Good social relationships
	A sense of continuity and ownership
Esteem of Self & Others	Ability for some self-expression and development of one's personal identity
Self-Actualization	
Not addressed via Maslow's Needs	Somewhat pleasing physical environment

A notable observation related to the previous research studies is that the characteristics deemed important in a home by the subjects did not always fall in the order designated by Maslow's (1954) pyramid. One example is Smith's (1994) study in which safety and security came last out of 13 characteristics deemed important by the subjects. Maslow himself, however, stated that the arrangement of needs in the pyramid is not rigid and that circumstances can and will alter the order of need attainment.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Figure 3 was designed to serve as a tool to be completed in relation to an individual home, a group home, or even a larger facility. The tool stays true to Maslow's theory by maintaining the five levels of need. The assessor is required to observe environmental cues that assist in fulfilling each of these needs. While this tool clearly measures needs, it does not measure the attributes of a home. As with the tool using Johnson's theory, Maslow's theory needs to be integrated with the attributes of a home.

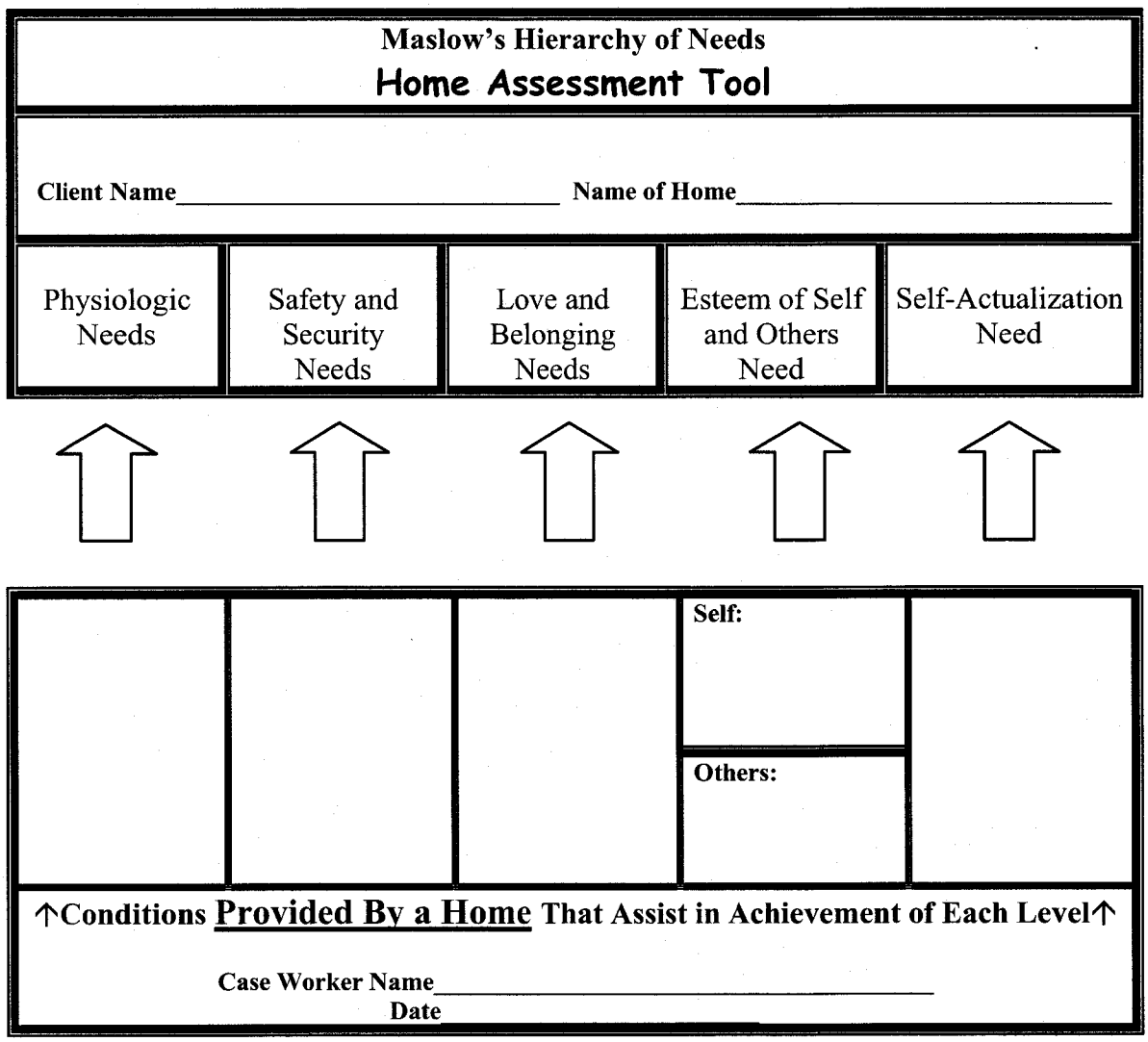

Figure 3. Representation of Maslow's (1954) five levels of need as affected by a person's environment including home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

This is done in Figure 4. Assessing need achievement is a very important goal, as is assessing behavior. Integrating the assessment of behavior, needs attainment, and the attributes of home might be a possible goal for future research.

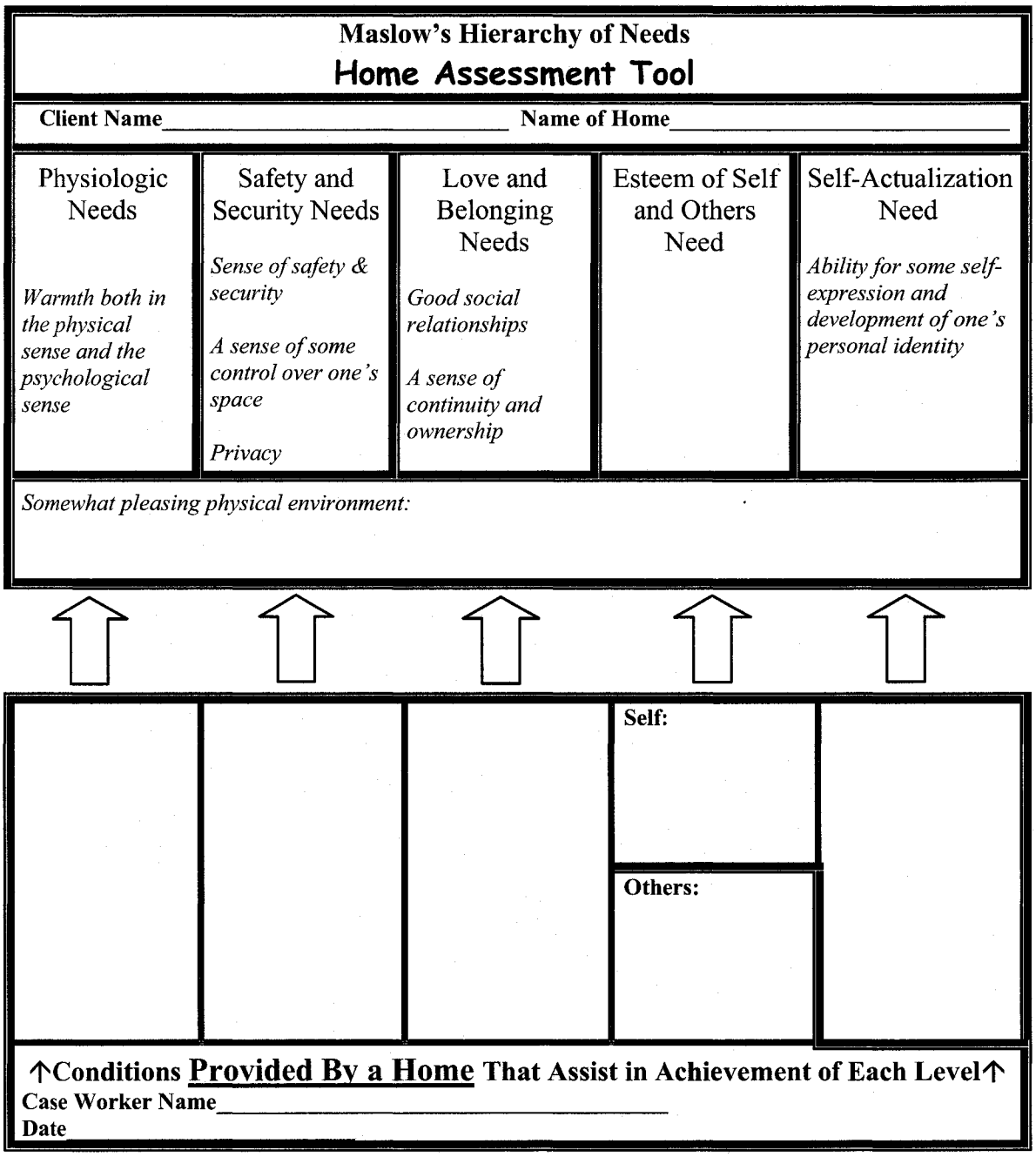

Figure 4. Representation of Maslow's (1954) five levels of need integrated with the defining attributes of home.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

It is also interesting to compare tools in regard to their ability to gather pertinent information based on the theory used to develop the tool. The tool using Maslow's (1954) needs theory gathered information more applicable to assessing a home than did the tool developed using Johnson's (1980) theory. While the information gathered in the tools based on Johnson's theory is important, it is more limited. The categories in the tool using Maslow's theory are broader, more inclusive, and more closely aligned to the attributes required by a home.

Tool Using Home Attributes

There are positive things about both Johnson's (1980) and Maslow's (1954) theories and both models can help in assessing some issues related to home. Another way to assess the condition of a home is to use the defining attributes directly, such as in the tool in Figure 5. For this tool to be truly useful however, the items would need to be less global and more measurable. The meaning of each item must be the same for anyone using the tool. Each attribute could be broken into many smaller, more measurable questions. Examples might include:

Privacy

1. I have my own room.
2. I have a place to retreat when I choose to do so.
3. I can have solitude when I want it.
4. I feel that my personal information is held confidentially.

Sense of safety and security

1. I feel safe walking around my neighborhood.
2. I feel safe around the other people that live here.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

3. I feel safe around the people that work here.
4. I feel like my things are safe.
5. I feel safe when I am asleep.
6. I feel safe in general.

Defining Attribute Home Assessment Tool					
Client Name_____ **Name of Home:** _____	Rate quality achievement from 1 to 5 from client's/worker's (circle which) point of view. Add comments in cells as applicable				
	1 Poor	**2 Below Average**	**3 Average**	**4 Above Average**	**5 Excellent**
Privacy					
Sense of safety and security					
Ability for some self-expression and development of one's personal identity					
Good social relation-ships					
A sense of continuity and ownership					
A sense of some con-trol over one's space					
Warmth both in the physical sense and the psychological sense					
Somewhat pleasing physical environment					
Total points for each column>>>>					
				Total Points >>>>>>	
Case Worker Name_____ **Date**_____					

Figure 5. Tool using the critical attributes of home in a home assessment.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Ability for some self-expression and development of one's personal identity

1. I can decorate my room the way I want to.
2. I feel my opinion counts when decisions are made about house rules.
3. I am able to pursue the interests I have as long as they are safe.

Good social relationships

1. I enjoy the company of the people I live with.
2. I am not abused by anyone I live with.
3. I am not abused by anyone that works here.

A sense of continuity and ownership

1. I feel I will live here for a long time.
2. I have a part in deciding how to decorate the common areas.
3. We have community meetings at least once a week and I feel a part of these.

A sense of some control over one's space

1. My input is considered when decorating my living space.
2. I have some input in activities around the house such as the food we will eat.
3. I help around the house with cleaning and other daily chores.

Warmth both in the physical sense and the psychological sense

1. My home is heated and warm when the weather requires it.
2. I feel like the atmosphere in my home is warm (cozy, comfortable, snug, pleasant).

Somewhat pleasing physical environment

1. I enjoy the physical environment in my home.
2. The furniture in my home is in good shape.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

3. The structure of the home is sound.

4. The home is in good repair.

In order for a tool such as this to be appropriately used, research must be conducted to assure validity and reliability. Reliability is equated with a test's "stability, consistency, and dependability" (Polit & Beck, 2004, p. 416). Due to the somewhat subjective nature of the tool itself, it is difficult to assure reliability and validity. In order to reduce errors and increase reliability and validity a few different assessment methods could be used. Additionally, there are many errors that can occur when a tool is administered. Besides some of the commonly occurring errors such as situational contaminants, transitory personal factors, response-set biases, and instrument clarity, there is the additional consideration that some individuals using this tool will have SPMI. Potentially, instrument results could be affected by the stability of an individual's illness. Methods chosen to assess reliability and validity should consider this source of error.

Reliability could be measured by using the test-retest method. This would be the preferred method of measurement when the tool is used by individuals with SPMI. The same test would be administered to the same group of individuals two or three weeks apart then compared and correlated. Barring major changes in the environment or in the status of the client's illness, the results should be very close. A second method to test reliability would be inter-rated reliability and this would be appropriate for use by the caseworkers. Having more than one caseworker rate the same home with the same tool within a week or so of each other would provide information to assess reliability. Finally, a comparison between the home assessment test taken by an individual with SPMI and that person's caseworker could occur. This may or may not prove to be a measure of

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

reliability depending of the status of the client's illness, but it could provide important information.

Validity is the "degree to which an instrument measures what it is supposed to measure" (Polit & Beck, 2004, p. 416). To test validity a panel of substantive experts could be used to evaluate the tool. The panel usually consists of at least three experts. More are required for complex constructs. If this method were used for the home assessment tool it is foreseeable that more than three experts would be needed as home is a complex construct. "Two key issues in such an evaluation are whether the individual items are relevant and appropriate in terms of construct, and whether the items adequately measure all dimensions of the construct" (Polit & Beck, 2004, p. 423). Experts assess individual items as well as the overall test. Validity could also be evaluated by assuring the accuracy of the defining attributes. If the literature search was thorough and the attributes extracted were appropriate, the categories in the tool would be valid based on the integrity of the research.

Implications for Nursing Practice, Education, and Administration

Nursing Practice

Implications for nursing practice are significant. The concept of home could be integrated in nursing practice using the nursing process. The assessment phase of the nursing process could include a discussion of the defining attributes of a client's home. Since the defining attributes may be new to many clients, teaching about the attributes would be an important place to start. The assessment could be done on admission or before discharge. Nurses could discuss with clients the importance of home attributes in the maintenance of their health and assist in identifying barriers to health care related to

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

their home environment. Nurses in home care could do a home assessment with their client's at each visit.

After assessing a home, nurses could identify one or more relevant nursing diagnoses for the client's home situation. New nursing diagnosis categories may need to be developed. One example might be, "home attribute deficit: (name the one or more deficits discovered)."

Interventions for home attribute improvement could occur at primary, secondary, and tertiary levels. Primary interventions would inhibit the appearance of home attribute deficits through prevention. Secondary interventions would deal with identified attribute deficits. Tertiary interventions would be aimed at assisting clients with chronic mental or physical health problems to assure their homes are in attribute compliance. If a good home is found to be associated with better client outcomes—for example, decreased depression, decreased psychosis, increased sense of belonging, or increased life satisfaction—then it would seem reasonable and prudent for nurses to make home attribute assessment a standard nursing intervention.

Some interventions might be remedied by clients themselves. Some interventions might require assistance from a "home specialist" who could be a nurse or another professional. Other interventions may require the utilization of appropriate community, state, or federal agencies. Nurses working in institutions, especially long-term care facilities, could assess what could be done to make the institution as home-like as possible. Foster care or other community facilities could be required to assess attribute attainment in their facility on a regular basis. These assessments could be available to the public.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

In addition to integrating home into the nursing process, nurses could become involved politically and/or work through representing organizations such as the American Nurses Association. Home case managers or home specialists could emerge as a new field in nursing. The impact of nurses working together to assert that everyone deserves a home could be enormous.

Nursing Education

Implications for nursing education include incorporating the concept of home, its defining attributes, and the process of completing a home assessment into the curriculum of nursing schools. If nursing students recognize that home is an integral part of determining one's health, an emphasis on assuring the presence of defining attributes of home would become a normal and expected part of client care. This could apply not only to individuals with SPMI, but to all clients.

Each course in a nursing program, not just community nursing courses, could include at least a discussion of how home situations could impact clients' abilities to manage their illness and/or healthcare. Case studies could be used that present clients with the same medical diagnosis but in homes with different attribute deficits. This would help students think through the impact certain attributes (or the lack of certain attributes) have in various situations. Nurse educators could initiate and support research into the concept of home.

Nursing Administration

Implications for nursing administration include the opportunity to take the lead in assuring that home is a central part of healthcare. Hospital nurse administrators could develop or adopt existing tools with which to measure home. They could assure that

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

every client being discharged from the hospital has a home assessment completed and evaluated for necessary intervention. Systems could be designed to assure that each client is discharged to an optimal home environment. Nurse administrators could research development and utilization of a "home specialist" nurse. Studies could be designed and run to determine if the presence of a home specialist nurse improves the health of clients by improving outcomes and/or reducing recidivism.

Home health nurse administrators could assure a home assessment tool is completed at home visits and appropriate referrals made for deficits. Community Mental Health nurse administrators could assure that a home assessment is done on a regular basis in all adult foster care homes, residential treatment centers, independent living apartments and other living quarters for individuals with SPMI.

Including home and the attributes that define home in nursing practice, education, and administration has the potential to make a difference in the lives of our clients. As nurses are, in number, the single largest group of professional health care providers, there is enormous possibility for nurses to make home an issue of importance and prominence. The health and lives of our clients, especially those with SPMI, could be significantly changed by our efforts.

Limitations

Limitations of this study include lack of comparison to other types of homes provided for vulnerable individuals such as those with mental retardation. Another limitation would be the lack of any direct research or interviews with clients currently residing in adult foster care homes, other mental health institutions, or family homes.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Advantages

The use of the concept analysis model by Walker and Avant (1995) was very helpful in the analysis of the concept and the writing of this paper. The model guides one through a clear step by step process of concept definition that is logical, and thorough. The analysis allowed this writer to explore what the concept is as well as what it is not. This process facilitated a level of detail in the definition of the concept of home that may not have occurred with other methods of concept analysis.

Recommendations for Further Research

Tool Validation

One area of research would be to further develop and assess the suggested tools for appropriateness and usefulness. Tools that are developed can be used to further explore and develop theories that suggest the relationship of home attributes and health outcomes. For this purpose of developing relational theories, assumptions must be clarified. To reiterate a quote from earlier in this paper, Newman (2002–2003) states:

> although appropriate housing is not the only way to help vulnerable populations lead independent and productive lives, it is hard to imagine that any other attempt to help people would succeed without providing for a decent, affordable place to live. (p. 17)

For the purposes of this paper we will assume that helping people means helping them to have a home which supports the healthiest and highest quality of life possible. This statement could provide the criteria for research of a home assessment tool, i.e., home attributes, health status, and perceived quality of life. Health status and perceived quality of life are both frequently studied elements of our clients' lives. The addition of home

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

would add a new dimension and provide new information with which to improve client care.

A descriptive correlational study could be developed to ascertain connections between:

(a) the number of attributes met and health status

(b) the number of attributes met and perceived quality of life

(c) presence or absence of each attribute and health status

(d) presence or absence of each attribute and perceived quality of life

The study would be conducted on three different groups:

(a) A group that does not have SPMI. One example would be a group of individuals sharing a similar disease such as insulin dependent diabetes mellitus. The group size should be between 30 and 40 to assure the statistical reliability of a large group.

(b) A group of individuals who have SPMI and live in adult foster homes. Again the group size should be between 30 and 40.

(c) The caseworkers assigned to each of the clients with SPMI. They would be trained in filling out the home assessment form and would fill out an assessment for each client in the group above.

The study would take place over a three-year period. Individuals in the study would be asked to fill out a home assessment form once every three months. At the same time each client would be asked to fill out a health status questionnaire and a perceived quality of life survey.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

The data would be analyzed for any correlations between the various elements outlined above. If the tool was reliable and valid, the information gathered may provide insight into questions such as the minimum number of attributes required for consideration, which attribute(s) should be considered mandatory, and how home attributes affect health and perceived quality of life.

Descriptive Studies

Since there is no experimentation in the studies for home and its attributes, all home assessment studies would fall under the category of descriptive and correlational. Questions for research might include:

- What is the minimal number of critical attributes that must be present for a home to still be called borderline and not contrary?
- Do clients with chronic illnesses, physical and/or psychological, stay out of the hospital longer if their homes meet the defining attributes?
- Is the cost of placing an individual with SPMI in supportive housing ultimately less than the revolving door system occurring so frequently today?
- Does the presence or absence of a stable supportive home alter the perceived level of self-actualization, happiness and fulfillment?
- Which of the defining characteristics is most important?
- Does the rate of homelessness and incarceration change if individuals with SPMI are placed in homes which meet the defining attributes?
- In order to live in a home in which all the defining attributes are met, how high must one go on Maslow's (1954) hierarchy?

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Intervention Studies

Finally, studies should be done related to any interventions that are instituted. One possible study could explore the following question:

- Does a client living in a home which meets the defining attributes adhere to health care provider recommendations more often than clients living in homes which do not or minimally meet the defining attributes?

Summary

This paper has examined a concept which, although frequently used, has a definition that is broad, imprecise, and vague. The concept analysis framework of Walker and Avant (1995) was used as a template to implement this process. Through the course of a thorough theoretical and research literature review including studies specific to individuals with serious and persistent mental illness (SPMI), eight defining attributes were determined to be universal.

Using the eight defining attributes along with the theories of Johnson (1980) and Maslow (1954), the homes in the literature for individuals with SPMI were examined to ascertain the presence of attributes as well as their status as model, borderline, or contrary homes. It was found that there were no model homes in the literature reviewed for individuals with SPMI. There were two borderline, and two contrary homes.

Tools were developed using the theoretical models of Johnson (1980) and Maslow (1954), using the defining attributes, and using combinations of the two. Hypothetical cases were created for Johnson's and Maslow's home assessment tools to show how they might provide useful information about a home including its strengths and its deficits.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Discussion regarding some of the issues of home occurred including application of the concept by nurses in practice, education, and administration. Limitations were addressed and ideas for further research were presented.

The implications of using defining attributes to assess homes at primary, secondary, and tertiary levels of prevention in the community could be significant. Adult and child foster care homes, long-term institutions for the elderly or mentally ill, homes with suspected abuse, residential treatment centers, high-risk homes, or the home of a client with a chronic medical illness could all be assessed for attribute presence. Assuring that the places in which our most vulnerable citizens live are truly homes is a goal worth striving for.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

APPENDICES

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Appendix A

Johnson's Behavioral System Model (1980) and a Borderline Home

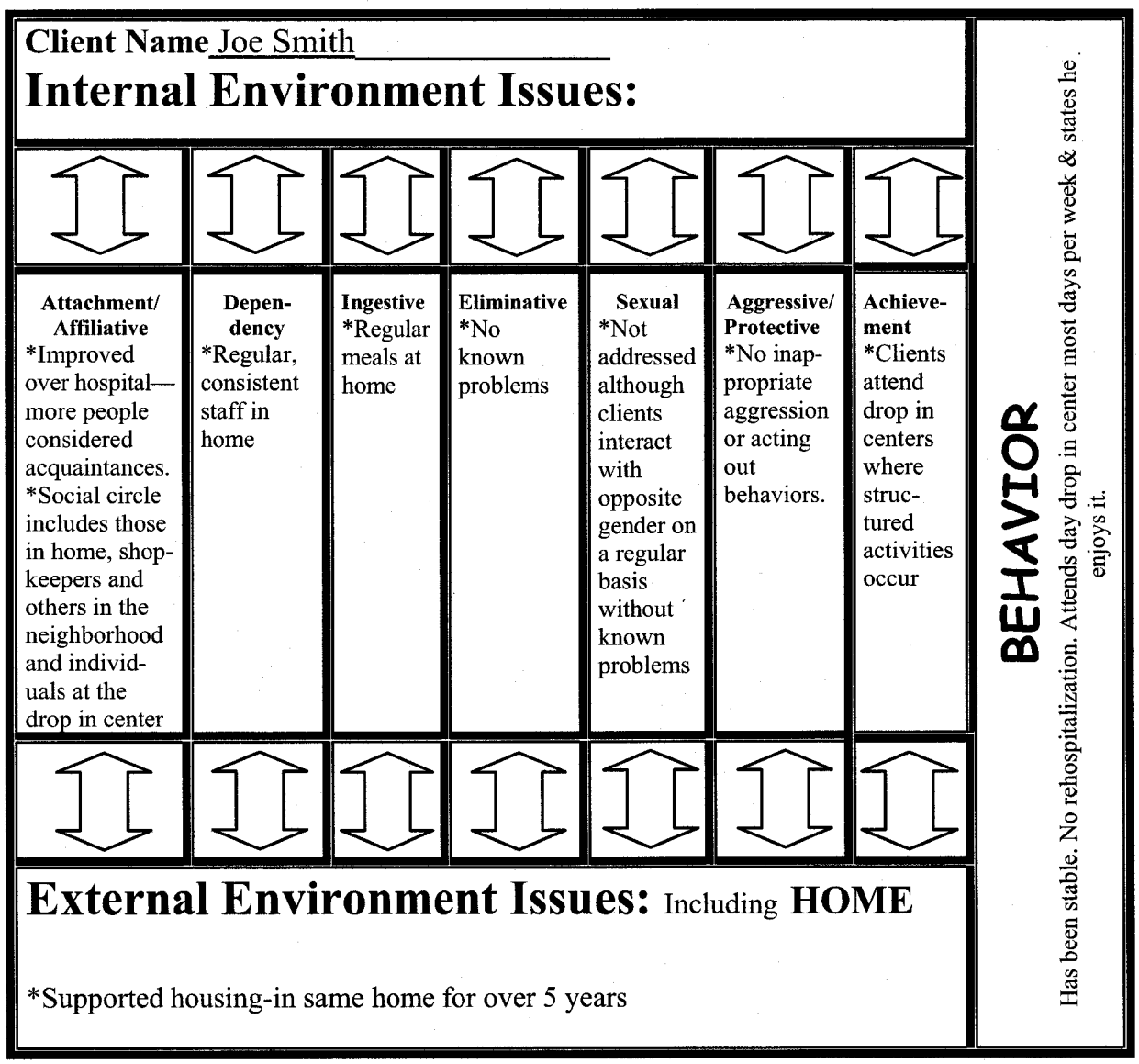

Figure 6. Representation of Johnson's Behavioral System Model (1980) applied to an individual in a borderline home such as one described in the Trieman et al. (1998) study.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Appendix B

Johnson's Behavioral System Model (1980) and a Contrary Home

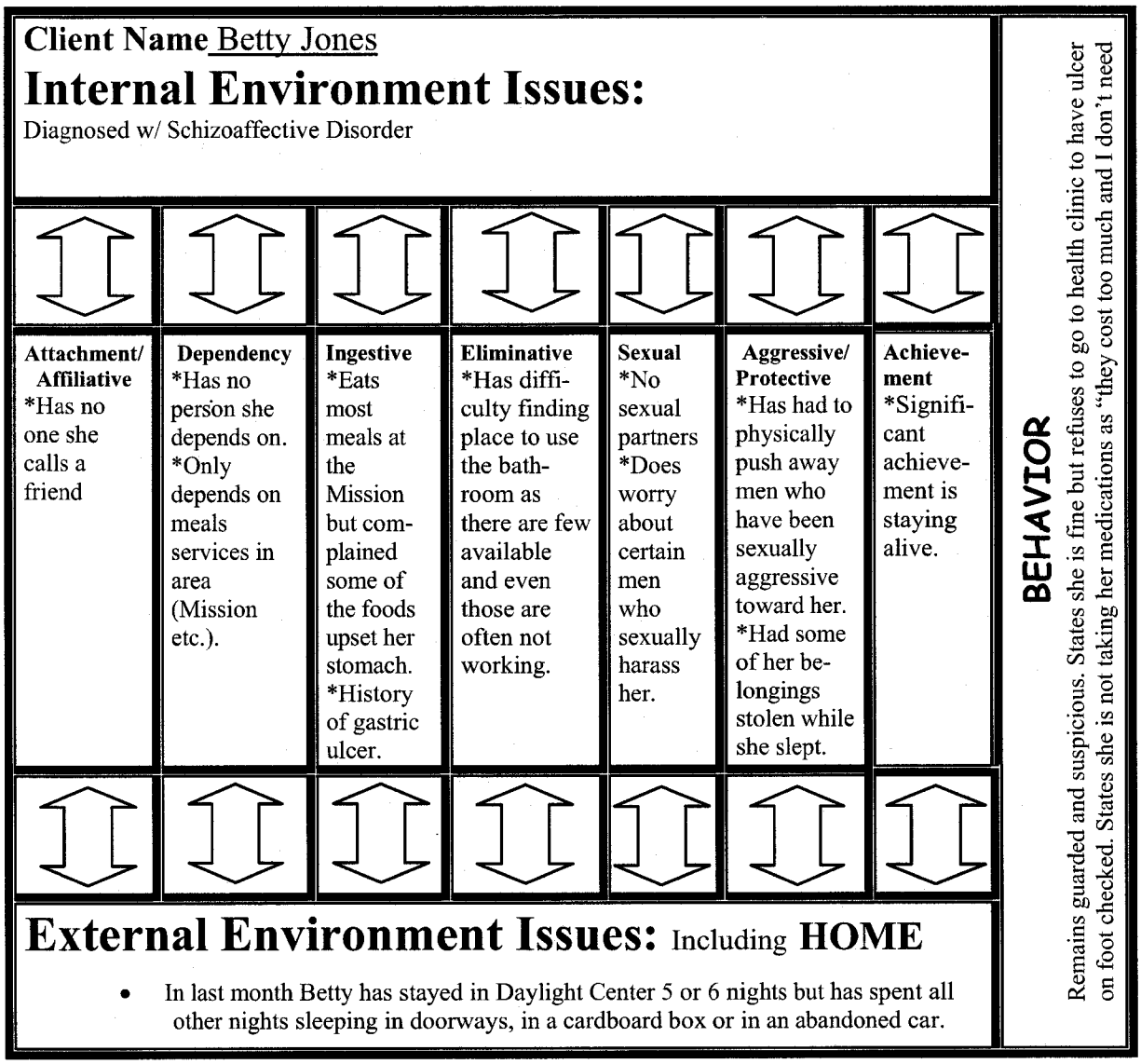

Figure 7. Representation of Johnson's Behavioral System Model (1980) applied to an individual in a contrary home such as one described by Baldwin (1998).

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Appendix C

Maslow's (1954) Hierarchy of Needs Model and a Borderline Home

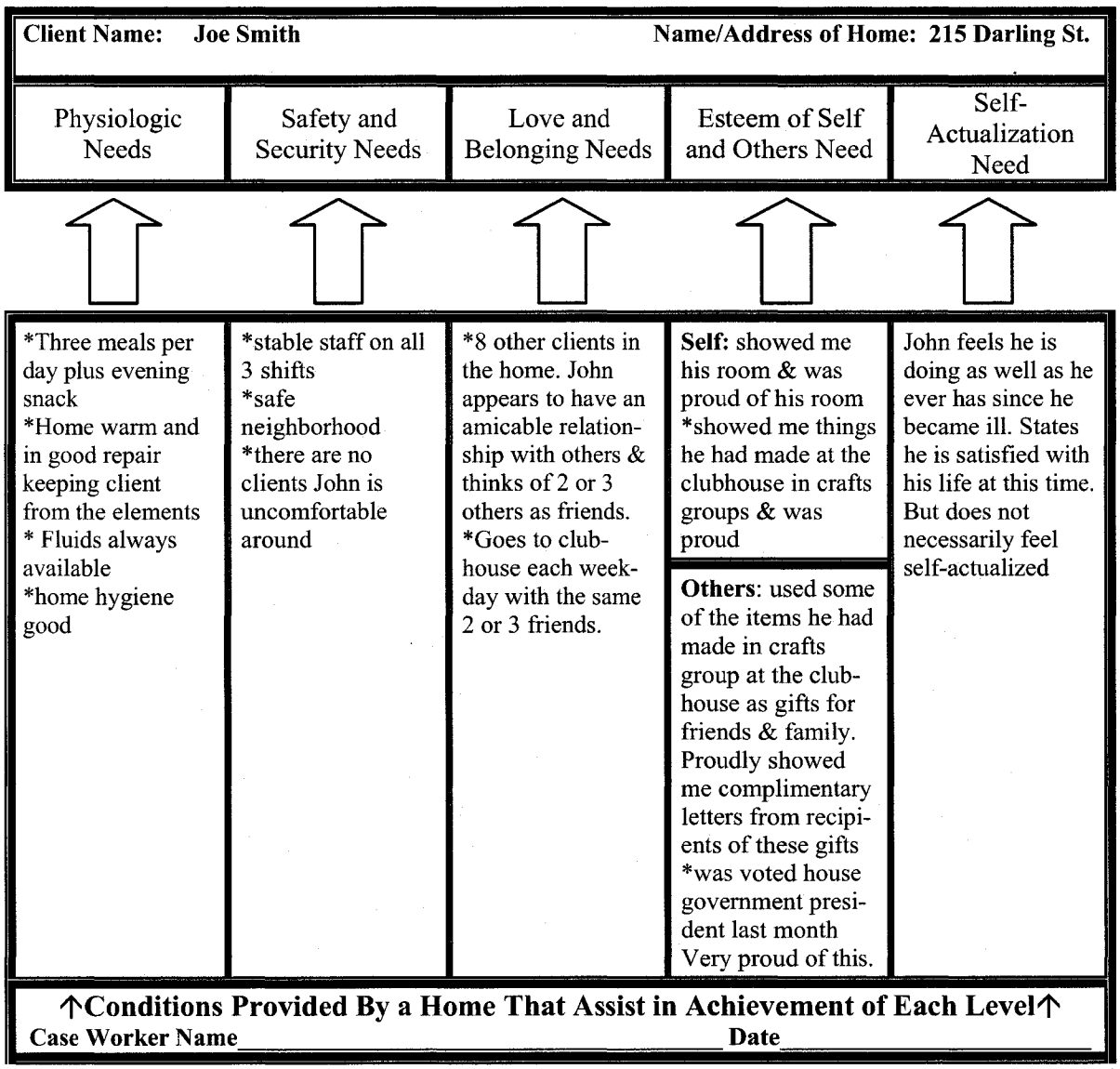

Figure 8. Representation of Maslow's Hierarchy of Needs Model (1954) applied to an individual in a borderline home such as one described by Trieman et al. (1998).

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Appendix D

Maslow's (1954) Hierarchy of Needs Model and a Contrary Home

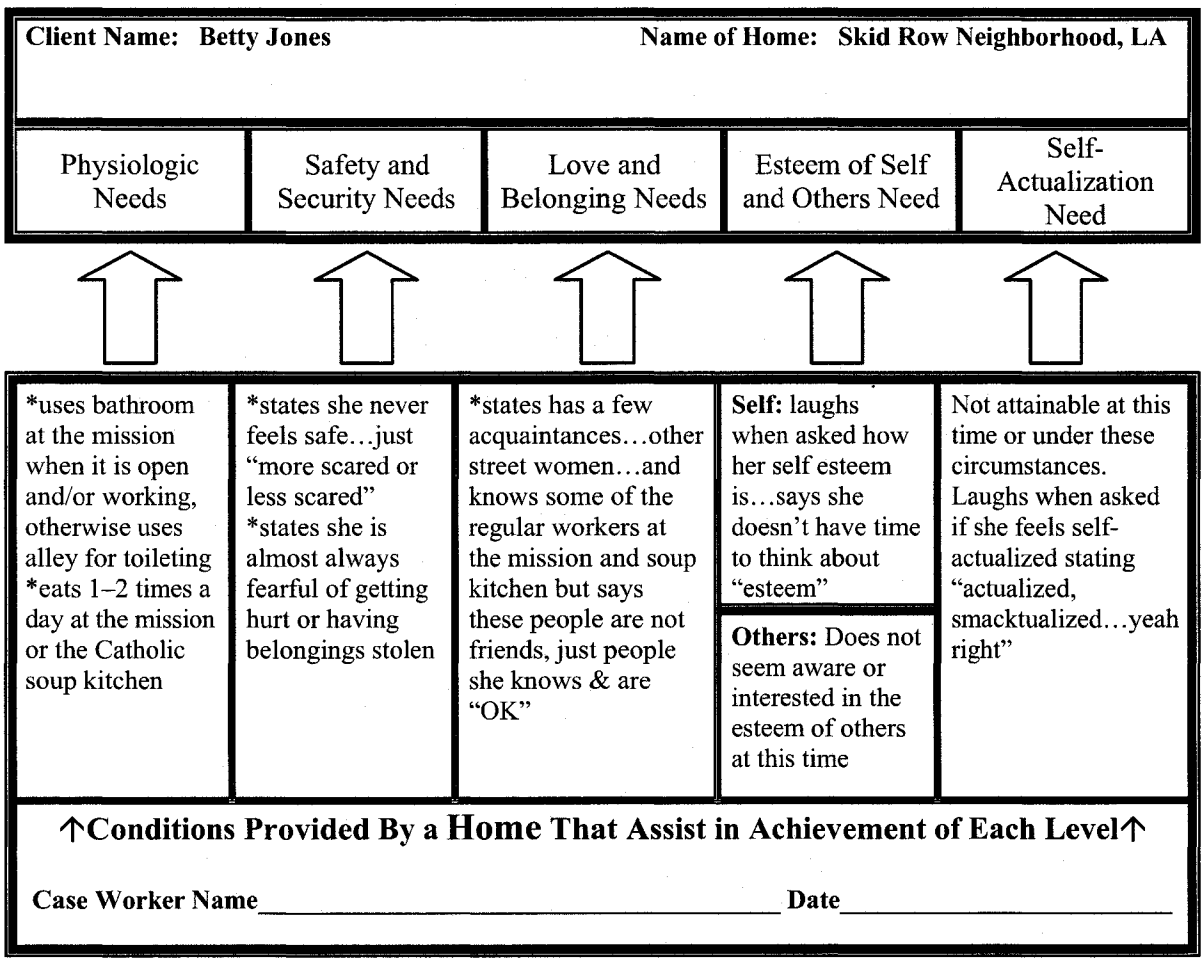

Figure 9. Representation of Maslow's Hierarchy of Needs Model (1954) applied to an individual living in a contrary home such as one described by Baldwin (1998).

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

LIST OF REFERENCES

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

LIST OF REFERENCES

American Psychiatric Association Task Force. (2003). *A vision for the mental health system.* Washington, DC: American Psychiatric Association. Retrieved November 25, 2003 from http://www.psych.org/public_info/libr_publ/taskforce.cfm.

Baker, F., & Douglas, C. (1990). Housing environments and community adjustment of severely mentally ill persons. *Community Mental Health Journal, 26,* 497–505.

Baldwin, D. (1998). The subsistence adaptation of homeless mentally ill women. *Human Organization, 57,* 190–200.

Central Intelligence Agency. (2005). *The world factbook.* Retrieved August 5, 2005 from http://www.cia.gov/cia/publications/factbook/geos/us.html.

Deb, S., Lyons, I., Koutzoukis, C., Ali, I., & McCarthy, G. (1999). Rate of psychiatric illness 1 year after traumatic brain injury. *American Journal of Psychiatry, 156,* 374–378.

Douglas, M. (1991). The idea of home: A kind of space. *Social Research, 58,* 287–307.

Dupuis, A., & Thorns, D. (1998). Home ownership and the search for ontological security. *The Sociological Review, 46*(1), 24–47.

Editors of the American Heritage Dictionary. *Roget's II: The New Thesaurus* (3rd ed.). (1995). Boston: Houghton Mifflin.

Fawcett, J. (1995). *Analysis and evaluation of conceptual models of nursing* (3rd ed.). Philadelphia: F. A. Davis Company.

Fawcett, J. (1999). *The relationship of theory and research* (3rd ed.). Philadelphia: F. A. Davis Company.

Fox, L. (2002). The meaning of home: A chimerical concept or a legal challenge? *Journal of Law and Society, 29,* 580–606.

Fromm, E. (1955). *The sane society.* New York: Holt, Rinehart & Winston.

Gooch, C., & Leff, J. (1996). The TAPS project 26: Factors affecting the success of community placement. *Psychological Medicine, 26,* 511–520.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Hammer, R. (1999). The lived experience of being at home: A phenomenological investigation. *Journal of Gerontological Nursing, 25,* 10–18.

Johnson, D. (1980). The behavioral system model for nursing. In J. P. Riehl & C. Roy, *Conceptual models of nursing* (2nd ed., pp. 207–216). New York: Appleton-Century-Crofts.

Lamb, H. R. (1990). Structure. The neglected ingredient of community treatment. *Archives of General Psychiatry, 37,* 1224–1228.

Leff, J., Trieman, N., & Gooch, C. (1996). Team for the assessment of psychiatric services (TAPS) project 33: Prospective follow-up study of long-stay psychiatric patients discharged from two psychiatric hospitals. *American Journal of Psychiatry, 153*, 1318–1324.

Levy, C. (2002a, April 28). For mentally ill, death and misery. *The New York Times.* Retrieved August 28, 2003 from http://www.nytimes.com/2002/04/28/nyregion/28HOME.html?ei=5070&en=3d8df83df01a...

Levy, C. (2002b, April 29). Broken homes: Where hope dies: Here life is squalor and chaos. *The New York Times.* Retrieved August 28, 2003 from http://www.pulitzer.org/year/2003/investigative-reporting/works/levy2.html.

Levy, C. (2002c, June 3). Mentally ill go to homes seen as little better. *The New York Times.* Retrieved August 28, 2003 from http://www.pulitzer.org/year/2003/investigative-reporting/works/ levy4.html.

Levy, C. (2002d, October 6). Mentally ill and locked away in nursing homes. *The New York Times.* Retrieved August 28, 2003 from http://www.pulitzer.org/year/2003/investigative-reporting/works/levy5.html.

Levy, C. (2002e, November 17). New York exports mentally ill, shifting burden to other states. *The New York Times.* Retrieved August 28, 2003 from http://www.pulitzer.org/year/2003/ investigative-reporting/works/levy6.html.

Lin, C. (2003). Ethical exploration of the least restrictive alternative. *Psychiatric Services, 54,* 866–870.

Maslow, A. H. (1954). *Motivation and personality.* New York: Harper & Brothers.

Moloney, M. (1997). The meaning of home in the stories of older women. *Western Journal of Nursing Research, 19,* 166–177.

Montgomery, P. (2001). Shifting meaning of asylum. *Journal of Advanced Nursing, 4,* 425–431.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Newman, S. (2002–2003). Projects and programs. Baltimore: Johns Hopkins Institute for Policy Study. Retrieved August 30, 2003, from http://www.jhu.edu.ips.

Ogden, C., & Richard, I. (1946). *The meaning of meaning.* New York: Harcourt Brace Jovanovich.

Pickett, J., et al. (Ed). *The American Heritage Dictionary of the American Language* (4th ed.). (2000). Boston: Houghton Mifflin.

Polit, D., & Beck, B. (2004). *Nursing research: Principles and methods.* Philadelphia: Lippincott, Williams & Wilkins.

Rykwert, J. (1991). House and home. *Social Research, 58,* 51–62.

Sartori, G. (1984). *Social science concepts: A systematic analysis.* Beverly Hills: Sage Publications.

Sixsmith, J. (1986). The meaning of home: An exploratory study of environmental experience. *Journal of Environmental Psychology, 6,* 281–298.

Smith, S. G. (1994). The essential qualities of home. *Journal of Environmental Psychology, 14,* 31–46.

Treatment Advocacy Center. (1999). Briefing paper: Repeal of the institutions for mental disease exclusion. Retrieved August 24, 2003, from http://www.psychlaws.org/HospitalClosure/RepealIMD.pdf.

Treatment Advocacy Center. (2005). Fact sheet: Schizophrenia. Retrieved August 5, 2005, from http://www.psychlaws.org/GeneralResources/Fact5.htm.

Trieman, N., & Kendal, R. (1995). The TAPS project 27: After hospital: Pathways patients follow in the community. *Journal of Mental Health, 4,* 423–429.

Trieman, N., Smith, H. E., Kendal, R., & Leff, J. (1998). The TAPS project 41: Homes for life? Residential stability five years after hospital discharge. *Community Mental Health, 34,* 407–418.

Walker, L. O., & Avant, K. C. (1995). *Strategies for theory construction in nursing* (3rd ed.). Norwalk, CT: Appleton & Lange.

Wilson, J. (1969). *Thinking with concepts.* New York: Cambridge University Press.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.