

Appropriation of space and well-being of institutionalized elderly people

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ABSTRACT

Due to the increase in the population sector aged over 65 in Romania, and given the expanding popularity of life in nursing homes, the current article aims to discuss the well-being of the elderly people who are institutionalised in residential houses or nursing homes, as far as the appropriation of the new living space is concerned. The novelty factor, the unknown and the awareness of the fact that it is probably their last home cause anxiety to the institutionalised pensioners. The spatial and territorial appropriation of the new residential universe, which is identifiable by the use frequency of the possessive pronouns and affiliation verbs, is achieved in several ways; some are the adaptive expressions of taking possession and emotionally invest in the room and in the places in the home, while others prove the inability part with the old house. Well-being is associated with the satisfaction produced to the resident by the offering him the autonomy of actively participating in taking decisions that concern him. The institution staff should know the appropriation and well-being degree of the pensioner. This would allow the staff to adjust their behaviour towards the residents in order to facilitate the creation of a 'home' feeling.

KEY WORDS: *appropriation of space, psychological assistance, assistance institutions for aged persons, well-being.*

1. INTRODUCTION

In the contemporary world modifications are being produced in the personal lifestyle, where the profession acquires an increasing share; people no longer get married as much as before or do not have children, the birth rate registering a dramatic decrease. At the same time, life expectancy is increasing due to progress in medicine and to a healthier lifestyle. The demographic aging is a reality of the entire European continent, where it is anticipated that the proportion of people aged over 65 years. The statistical data prove the existence of this phenomenon in Romania as well ; from 2002 to 2011, the share of people aged over 65 years old increased from 14.07% to 16.10% [1].

Today, in Romania, we encounter elderly parents, residing on their own because their descendants are looking for happiness abroad. The above considerations, which are the result of the synthesis of some studies presented in the literature, are generated both by the compassion for the aged and alone people and by the interest to know ways to improve the well-being of this segment of people with special needs. One of the options of the aged people deprived of family support is to move from their own home, where they cannot effectively manage the household anymore, in the public or private residential centres so depreciatively called hostels or even retirement homes.

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The researches carried out in Romania on the well-being of aged people in the assistance institutions are very few. They aimed at the ethical and moral dimension of existence in the assistance centres [2], the social representation of age and residency in Europe [3] or the comparative position of the residing conditions of Romanian elderly people to those from other European countries [4]. The conclusions overview of some studies centred on the issue of transition from life in the personal house to life in an assistance institution can provide interrogation tracks for the Romanian researchers interested in the substantiation of improvement steps concerning the life quality of the residents of nursing homes.

2. LIFE IN THE INSTITUTIONALIZED RESIDENTIAL SPACE

Moving to a residential house for elderly people represents an intensely stressful event, because it is equivalent to leaving a familiar house that signifies above all "at home". Not only the novelty and the unknown create anxiety, but also the awareness that it might be the last house. Despite the comfort that numerous such houses are offering to residents, the event causes equally physical, psychological and social difficulties [5, 6, 7].

The loss of control over the environment, the break from the old way of life, as well as changes at the personal identity level are only some of the changes occurring in the lives of people who are moving to the residential collectivity [8]. The intensity of the stress state depends on many factors, such as the person's individual characteristics (age, health condition, etc.), the more or the less voluntary character of moving in a nursing home, the quality of received services in terms of cleaning, security, tranquillity [9, 10, 11].

For the adaptation to be effective to the new living environment, a social support which should be adequate to the residents' capacities, needs and expectations is required. Researches prove that the well-being of those living the transition from home to a collective living place depends greatly on the interaction between the person's psychological resources and on the organizational and contextual characteristics of the old and the new living place [12, 13, 14, 15].

The options of living outside the personal house (or that of a family member) are presented in two ways: a) homes where mostly the medical care is provided to ill and aged people, b) residences for single but relatively healthy people, to whom it is difficult to manage their domestic problems because of mobility issues. There are many reasons that are determining the aged persons who are still healthy to choose to live in a nursing home, reasons that can be grouped into two categories: the need for security and the need for interpersonal contacts [16]. In the first category can be listed the fear of not receiving assistance in case of emergency, the fear of being the victim of an aggression, the fear of being geographically isolated. The second category includes the fear of loneliness, lack of contact with people of the same age, lack of friends, boredom. The nursing homes offer both existential security and the chance of not being completely alone.

Living in an institutionalized residential space implies the acceptance and respect of the operating rules of the settlement, the timetable and other constraints, which can often be felt as something unpleasant. This space corresponds to Goffman's definition [17] of total institutional space, where the entire activity takes place in a unique universe that encompasses individualities which are treated similarly. To a large extent the process seems similar to the one which occurs at the school entrance where the individuality yields up to the rules and to uniformity. In the residential spaces, where the users do not have another choice of living, it seems to be very difficult to build a "mine", an "at my place" which could provide psychological comfort, apart from the material one.

3. APROPRIATION OF THE INSTITUTIONALIZED RESIDENTIAL SPACE

Leaving the personal house in order to adapt to a new one supposes taking possession of it not only physically, but also emotionally. The appropriation of space is defined by Moles and Rohmer [18] as the specific behavioural schema developed by the individual in its relations with the environment, so that he masters it and is not dominated by it. Fischer claims that the one that appropriates space is changing it by intentions and actions that allow him to detach himself from the banality of everyday life and to create his own identity [19]. The appropriation turns out to be a way of controlling the space and interactions because it is offering clues on the image that we build for the others. By appropriation, the individual materializes a part of the mental universe, the appropriation being closely linked to user identity, which becomes partly visible through the way he arranges the possessed space [20, 21].

Entering a residential house for aged persons means leaving a familiar and beloved place, wearing mourning as for a dear person, in order to attempt integration into a different material universe to turn it into a psychological universe as well. Low and Altman [22] claim that the successful spatial adaptation to their new home occurs after the new environment appropriation has occurred. By appropriation, the individual transforms a space into a primary territory over which he feels he has total control, and whose use is on a long term; in this territory the place and position of the useful objects is organized, converting into a mental scheme that feeds the capabilities of being found effortlessly and of forming skills related to this scheme [23].

In assistance institutions also, the appropriation occurs on two levels: the appropriation of space and the territorial appropriation. In the both forms, the proof of appropriation consists in using the possessive article, respectively the verbs of possession, when the pensioner speaks about space or objects that furnish it. Rioux [24] identifies several ways to take possession of the new living space and to transform the home room into a primary territory. Primarily there are different ways of relating to the old and new living space:

- (a) the people continue to invest emotionally in the old house, seeming incapable of investing in the current space;
- (b) the people prove a double spatial affiliation, referring with emotion to the old house, but feeling comfortable in the new space as well;
- (c) the people are investing themselves totally in the new space and are going through a process of non appropriation from the former house. The home room is the new place of living, the old one being mentioned only as a reference to an accomplished period of life.

The home room transformation into a primary territory, visible through the sense of ownership on the inside objects, can occur in four ways:

- (a) the exclusive appropriation of objects brought from the old house, the only recognized as his own;
- (b) the absence of ownership sense on any object, regardless of its origin and time of purchase;
- (c) the exclusive appropriation of personal objects irrespective whether they come from the former house or were purchased prior the moving, but not to the objects belonging to the institution;
- (d) the appropriation of all objects from the room, no matter if they belong to the institution, if they are personal from the former house or were purchased after moving;

It can be concluded that the elderly people are positioned on a continuum of appropriation of space, between the poles of an exclusive appropriation of the former house or the nursing room, eventually going through a double appropriation. In terms of territorial appropriation of objects, there is additionally the possibility of refusing to acquire any object, this being a sign of the impossibility to adapt to the new universe.

There are situations where entering an institution is wished and perceived as a life quality progress, especially by the people whose social network is narrower. [25]. These people are investing emotionally at high level, are participating enthusiastically to the provided activities, are giving their support for the caring personnel, this being proof of the desire for integrating and building rewarding interpersonal relationships, especially with the caring personnel.

4. WELL-BEING IN THE ASSISTANCE INSTITUTIONS FOR ELDERLY PEOPLE

Well-being is the result of the satisfaction towards the past time, of optimism related to future time and of present time contentment. [26]. As a psychological indicator of third age health, well-being is reflected by the positive emotions related to living in an institutional environment often chosen by the person constrained by circumstances. Paradoxically, where the people are being offered many services, the satisfaction is lower because the autonomy and free decisions are limited. But the possibility of participating in elaborating the internal regulations, organizing or choosing activities generates an intense well-being [27] not given by the importance of the taken decisions but rather by the feeling of control over the ensuring events.

From the perspective of the congruence and complementarity model of the factors which influence the well-being of elderly people in relation to the living environment [28, 29], the individual and the environment are united, the individual adapting himself to the environment's reality and trying to shape it. His well-being depends on the degree in which the environment, which he tries to control, can satisfy his needs.

The psychical comfort of residents is associated to activities happening indoor or outdoor of the common spaces, of intimacy in the private room and the possibility of taking guests, especially for elder female residents [24]. Nonetheless, in time the satisfaction associated with the presence in common spaces of leisure is decreasing, probably because the number of colleagues with whom they have build relationships is diminished by natural causes and the availability of interaction with the new-comers is low.

For this reason, the necessary psychological assistance of residents is imperative, in all life stages in the new home, in order to facilitate the adaptation to the new environment and to create the feeling of "at home"; the liberty given for arranging the room and given assistance for completing the approach are both important. The personal objects from the former house can bring the warmth and the familiarity which, inevitably, are missing in the first stage of a life in a new environment. Consulting the resident before purchasing some new objects generates the feeling of control and participation in a decision which keeps the autonomy and amplifies the satisfaction and thus the well-being.

The competent presence of the psychologist or of another specialist in senescence problems can contribute to the building of the affiliation feeling, taking over the fear of the unknown and integration in the institution's program without important emotional costs. Throughout his activity, the specialist can stimulate the social support for the new-comer by the other pensioners from the

institution, for him to find his place in the social gearing, living the new experiences with satisfaction, despite the inherent stress generated by the unknown.

Investigating the type of spatial and temporal appropriation of the new environment offers useful information for the institution's personnel, for them to adjust their own behaviour toward the residents (at verbal and non-verbal levels) and for helping them to effectively adapt to the new lifestyle. Sometimes, the unsuccessful adaptations are compensated by an enhanced taking of different drugs, fact which increases the assistance costs, and thus a good adaption proves itself a bearer of benefits both for the aged person and for the institution.

The appropriation contributes to the maintenance or amplification of the residents' well-being by increasing the social contacts with the other colleagues, building a wider social network, reducing the loneliness and consolidating the decision-making control feeling [30].

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