Out of Their Residential Comfort and Mastery Zones: Toward a More Relevant Environmental Gerontology

Stephen M. Golant [a]

[a] Department of Geography , University of Florida , Gainesville ,
Florida , USA
Published online: 15 Jun 2012.

PLEASE SCROLL DOWN FOR ARTICLE

Out of Their Residential Comfort and Mastery Zones: Toward a More Relevant Environmental Gerontology

STEPHEN M. GOLANT

Department of Geography, University of Florida, Gainesville, Florida, USA

To advance the field of environmental gerontology and make it more relevant to other social and behavioral scientists, this paper proposes a holistic, emotion-based theoretical model to judge whether older adults occupy residential environments that are congruent with their needs and goals. The model theorizes that older persons achieve this individual-environment fittingness or "residential normalcy" when they have two overall favorable and relevant sets of emotional experiences: (1) pleasurable, hassle-free, and memorable feelings—and are in their residential comfort zones; and (2) competence and in control feelings—and are in their residential mastery zones. Older persons often find that their residential environments have become emotional battlefields because although they are in their comfort zones, they are out of their mastery zones, or vice versa. Distinguishing these constructs becomes critical as we increasingly judge residential settings not just for their home-like qualities, but also for their ability to provide long-term care.

KEYWORDS   residential environment, aging in place, emotions, competence, control, mastery, congruence

INTRODUCTION

An acknowledged mission of environmental gerontology is to optimize the fit or congruence between aging individuals and their physical and social environments. The belief is that people do not grow old in some situational, contextual, or environmental vacuum, and that it is better, easier, and less

Address correspondence to Stephen M. Golant, Department of Geography, University of Florida, 3117 Turlington Hall, P.O. Box 117315, Gainesville, FL 32611, USA. E-mail: golant@ufl.edu or smgolan@gmail.com

costly to grow old in some places than in others (Golant, 1984, 2011a). Thus, seniors may enjoy better health and care outcomes, engage in more rewarding activities, and attain higher levels of life satisfaction by changing, manipulating, or modifying their residential arrangements (Golant, 1985; Golant, Parsons, & Boling, 2010; Moore, 2005; Scheidt & Windley, 1985, 2006; Wahl & Oswald, 2009).

Studies have relied on various constructs or indicators to assess whether the housing environments of older individuals are congruent with their needs and goals. Most have focused on the appropriateness of their dwelling environments, as indicated by measures of affordability, physical condition, architectural and interior design, household composition, and crowding (Golant, 2011a). More recent studies have a stronger applied or evidence-based focus, consistent with the increasing efforts of both the public and private sectors to make aging in place more feasible for vulnerable older adults. For example, architects and interior designers have investigated how to make the dwelling environments occupied by more physically frail individuals safer (e.g., reducing falling accidents), easier to access (e.g., visitability guidelines), and less demanding and have looked for solutions that enable them to more easily perform their daily tasks and manage their health problems (Gitlin, 2000; Gitlin, Hauck, Winter, Dennis, & Schulz, 2006; Gitlin, Liebman, & Winter, 2003; Hiatt, 2004; Iwarsson et al., 2007).

This past decade has also witnessed a surge in scientific and applied research studies focused on the quality of life and care offered in older people's neighborhoods and communities. The more academic investigations have focused on two broad questions (Golant, 2011a). First, how do the physical layout and design of neighborhoods (e.g., density, land uses, walkability, and new urbanism features) influence the mobility, activities, and physical well-being of their older residents? Second, how does the social fabric of neighborhoods (e.g., their socioeconomic status, ethnic and racial composition, support networks, and social disorders) influence the physical and mental health of older occupants?

Joining these more academic efforts have been many planning- and policy-related studies focused on making neighborhoods and communities supportive of less independent older individuals who are seeking to age-in-place. Municipalities are responding by creating elder "friendly," "healthy," or "livable" communities that make it easier and safer for older residents to cope with their age-related losses and declines. The vocabulary of housing experts now includes transit-oriented developments, home- and community-based services, affordable clustered housing-care, adult day care, naturally occurring retirement communities, supportive service programs, and elder villages (such as the Beacon Hill prototype) (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007; Golant, 2011a, 2011b; Golant et al., 2010).

RATIONALE FOR A NEW THEORETICAL PERSPECTIVE

One might expect that environmental gerontologists should celebrate this proliferation of interest in the fittingness or congruence of older people's residential settings. The problem, if we choose to characterize it as such, is that academics or professionals calling themselves environmental gerontologists are not conducting most of the studies. Another way of framing this issue is to ask whether environmental gerontologists can claim any intellectual territory that exclusively belongs to them. At best, we can offer only equivocal responses.

Perhaps the only consistent and widespread acknowledgment of the literature of environmental gerontology is the reference to Powell Lawton's work. We can point to many reasons for the successful diffusion of his ideas, but one explanation is that he used constructs that were widely familiar not just to environmental gerontologists but to other social and behavioral scientists who could readily adopt his discourse in their studies. For example, in his environmental docility hypothesis, he argued that demanding and stressful residential conditions were more likely to explain the behaviors of less competent older individuals. Thus, those with more severe physical or cognitive limitations are more likely to postpone outside activities because of inclement weather. Similarly, in his environmental proactivity hypothesis, he argued that less competent older individuals were less efficacious users of their everyday settings (Lawton, 1989b).

The vocabulary used in these formulations is decidedly multidisciplinary: *adaptive behaviors*, *docility*, *empowered*, *competent*, *environment*, *affect*, *proactivity*, and *efficacious*. Consistently, Scheidt and Windley (1985), using terminology that had broad appeal to those studying successful aging, depicted an ecology of aging focused on "the processes governing the efforts of the aging individual to respond successfully to both endogenous and exogenous changes (needs and demands) occurring over time" (p. 246).

RESIDENTIAL NORMALCY AND ITS UNDERLYING CONSTRUCTS

In this article, I describe one part of a larger theoretical model (Golant, 2011b) that introduces environmental congruence constructs that are also likely to resonate with other social and behavioral science researchers. Its goal is to offer a more holistic framework by which to judge whether older people are occupying residential settings that are consistent with their needs and goals. It theorizes that we must jointly specify and examine two relatively independent, emotion-based constructs—residential comfort and residential mastery emotional experiences. The model theorizes that older people will occupy congruent or fitting residential settings when they report that both

sets of these emotional experiences are overall favorable or positive—that is, they achieve residential normalcy (Golant, 2011b):

> Places where older people experience overall pleasurable, hassle-free, and memorable feelings that have relevance to them; and where they feel both competent and in control—that is, they do not have to behave in personally objectionable ways or to unduly surrender mastery of their lives or environments to others. (p. 193)

CONSTRUCT DEVELOPMENT: THEORETICAL PREREQUISITES

Emotional Experiences

Emotions are a recognized subfield of several academic and clinical disciplines, including psychology, psychiatry, neurosciences, sociology, anthropology, and gerontology (Lewis, Haviland-Jones, & Barrett, 2008), and are widely used by advertising and marketing professionals (Morris, Woo, Geason, & Kim, 2002; Poels & Dewitte, 2006). Words that express emotions fill the languages of contemporary and historical populations and cultures all over the world; thus allowing for the possibility of cross-cultural assessments of environmental congruence.

Psychologists have argued that the emotional reactions of individuals represent "the common core of human response to all types of environments" (Mehrabian, 1980, p. 7) and depend on how they perceive, evaluate, and appraise their environments and activities (Barrett, Mesquita, Ochsner, & Gross, 2007). Consequently, they are relevant constructs to explore the individual–environment fit of a wide range of residential environments—whether ordinary dwellings, planned senior housing, or nursing homes—that are occupied by diverse populations of older adults.

Physical scientists believe that all humans are neurobiologically wired to experience emotion and have the universal capacity to experience pleasure and displeasure (Barrett et al., 2007). They have also shown a heightened interest in exploring how people's self-reports of their emotional experiences are linked to their neurophysiological processes, opening up the possibility that we will eventually be able to rely on neuroimaging techniques to assess variations in how older people feel about where they live (Wager et al., 2008).

Gerontologists have argued for the relevance of studying emotional experiences. They were proposed as "the truly significant organizing and motivational forces in human development and functioning" (Izard & Ackerman, 1997, p. 1). When examining the emotions that people experience over their life spans, one scholar emphasized their importance in this way (Magai, 2001):

"They [are] integral to our sense of well-being or lack of well-being. . . .
They are what make individuals care about outcomes, and care in partic-
ular ways, with fear, revulsion, joy, shame, excitement, guilt, indignation,
and so forth." (p. 399)

Early on, Neugarten, Havighurst, and Tobin (1961), focusing on the
antecedents of life satisfaction, recognized the importance of older peo-
ple deriving pleasure from their activities. More recently, the socioemo-
tional selectivity theory of aging by Carstensen (2006) has emphasized
that as older adults recognize the finitude of their lives, they attach
greater importance to their emotionally significant and rewarding activities
and goals. The environmental press model by Lawton, Kleban, Rajagopal,
and Dean (1992) also distinguished the affective responses of older peo-
ple to measure individual–environment congruence; that is, whether they
were engaged in adaptive behaviors that achieved the goal of affective
optimization.

Interactional Worldview, but Recognition of an Objective Reality

The focus on how older individuals subjectively experience their residential
settings is consistent with an interactional worldview perspective on environ-
mental congruence (Golant, 1986). The focus is "not on how the person and
situation, as two separate parts of equal importance, interact [but] rather how
individuals by their perceptions, thoughts, and feelings, function in relation
to the environment" (Magnusson, 1985, p. 117).

However, the theoretical model also acknowledges that older people
are living in "an empirical reality, independent of thinking and perceiving
human beings, that is capable of being described in rational and detached
terms" (Golant, 1998, p. 42). This objective environment comprises a hi-
erarchical array of places including countries, regions, states, communities,
neighborhoods, dwellings, and rooms variously distinguished by their natu-
ral, physical, social, technological, and organizational features and attributes.
The objective conditions of these places have "functional relevance" to their
older occupants. That is, they have the "potential of evoking, reinforcing,
or modifying an individual's or population's behaviors and experiences"
(Golant, 1984, p. 35), and they present opportunities or constraints for them
to realize their residential needs and goals. However, consistent with its in-
teractional perspective, the model assumes that "older adults will not have
the same encyclopedic awareness and knowledge of their residential set-
ting's contents, nor the same motivations, capabilities, or confidence to use,
manipulate, or interact with their features and attributes" (Golant, 2011b,
p. 195).

Competence, Mastery and Successful Adaptation

The constructs, competence, control, and environmental mastery are central to the formulation of the theoretical model. Numerous adult development theorists have linked aging successfully with the ability of individuals to achieve higher levels of functioning and to initiate adaptive strategies that selectively maintain or increase their control over their lives and environments. Representative is Richard Schulz's life span theory, in which "control is a central theme for characterizing human development and relates to the human desire to influence the environment to experience events as contingent upon the self's behavior" (Magai, 2001, p. 403). Thus, individuals who judge themselves as more capable of making things happen and of realizing their needs and goals, and who are more efficacious at shaping their surroundings and achieving desired outcomes are more likely than others to experience positive affective outcomes and higher self-worth or self-esteem (Gecas, 1989; Gurin & Brim, 1984; Schulz & Heckhausen, 1996). Theorists have also emphasized that it is the person's actual experience or perceptions of control that may most matter (Abeles, 1991). As Langer (1983) stated:

> The objective reality may be benign. ... [If] the subjective experience of that reality is such that the individual believes no control is available to him or her, then the negative physical and psychological consequences resulting from this belief will exist regardless of the reality. (p. 283)

These constructs are also central to Maslow's hierarchy of human needs. Consider that four of his five levels—physiological needs, safety needs, esteem needs, and need for self-actualization—are predominantly addressing the individual's needs for competence, control, or mastery. Only possibly the third level, belongingness and love needs, speaks to the individual's need for pleasurable emotional experiences (Maslow, 1954).

And let us remind ourselves what the "good life" means to Rowe and Kahn (1998). They organize their prescription for successful aging around three essential principles that require older adults to avoid disease and disability, maintain a high level of mental and physical functioning, and keep actively engaged in life. The first two of these dictums focus on older people's behavioral, cognitive, or physiological indicators of competence.

Environmental gerontologists have theoretically interpreted the competence of older individuals "as an adaptational response to the interactions or confluence of individual and environmental factors" (Golant, 2011a, p. 216). This interactionist perspective was a major focus of a large empirical research project—the Lund's university ENABLE-AGE project—that showed the extent to which the residential environments of older people were

usable, accessible, or presented barriers. This depended not just on whether individuals had functional limitations, but also on whether design features in their home environments helped them compensate for these vulnerabilities (Carlsson et al., 2009; Iwarsson, Nygren, Oswald, Wahl, & Tomsone, 2006; Iwarsson et al., 2007).This perspective is also fundamental to the sociomedical model of disability by sociologists (Verbrugge & Jette, 1994). It recognized that functional limitations may restrict the performance levels of individuals, but "disabilities only result, however, when their physical settings, assistive devices and social supports do not mediate or compensate for their limitations" (Golant, 2011a, p. 210).

At the same time, the environment may be too helpful and stifle feelings of competence. For example, Langer (1983) emphasized how "simply helping people may make them incompetent" because "it communicates to the person that he or she is not able to do whatever it is for him- or herself" (p. 285). Parmelee and Lawton (1990) argued that residents may view the introduction of supportive home modifications as assaults on their independence and tangible evidence that they no longer have control over their life and surroundings.

A THEORETICAL MODEL OF INDIVIDUAL–ENVIRONMENT CONGRUENCE

A major premise of the theoretical model is that the residential congruence or the fittingness of residential settings is usually not an all or nothing affair (Golant, 2011a, 2011b). Some subjective experiences will point to older people occupying a highly appropriate place to live, but others will suggest just the opposite conclusion. Consequently, we cannot simply interpret environmental congruence as an alignment of older people's feelings along a single "good-bad" dimension; otherwise, we risk incomplete, or worse distorted, research findings. Rather, the model argues that environmental congruence requires the specification of two relatively independent sets of emotional experiences labeled residential comfort and residential mastery. Together, they holistically depict how older people will feel about their residential settings.

The first category, residential comfort experiences, captures the extent to which older people feel that they are occupying pleasurable, appealing, and enjoyable places to live that are relatively free of hassles and associated with positive memories. These are exemplified by older people's self-reports of their feeling comfortable (vs. uncomfortable), contented (vs. discontented), happy (vs. sad), joyful (vs. pained), elated (vs. heartsick), stimulated (vs. bored), cheerful (vs. glum), delighted (vs. disgusted), and admiring (vs. disgusted). The second category, residential mastery emotional experiences, captures the extent to which they are occupying places where they feel competent and in control of their surroundings. These are exemplified by older

people's self-reports of their feeling influential (vs. influenced), dominant (vs. submissive), autonomous (vs. guided), secure (vs. insecure), powerful (or overpowered), strong (vs. helpless), tranquil (vs. anxious), calm (vs. agitated), encouraged (vs. frustrated), confident (vs. uncertain) and feared (vs. fearful).

The model formulates residential comfort and mastery as orthogonal constructs. However, to some extent there will be reciprocal relationships between these two sets of emotional experiences. It is reasonable to expect that feelings of insecurity and vulnerability will dampen the appeal of an older person's residence (Lawton, 1989a). At the same time, older individuals who thoroughly enjoy where they live may be more open to assistance that enables them to function more effectively (Collins, Goldman, & Rodriguez, 2007).

Residential Comfort Emotional Experiences

Older people will differently feel that their residential settings are enjoyable, pleasurable, or appealing places to live. There is no one-size-fits-all place for older individuals to live—paradise will be in the eyes of the beholder. These diverse emotional experiences testify to the diversity of older Americans. Individuals enter old age with different personalities and demographics and assorted life experiences and residential histories. Consequently, they have different residential preferences and expectations and different resources or capabilities to make them happen (Rowles & Ravdal, 2002). How they unequally experience what is often a long period of old age and cope with its vagaries will further fuel their eclectic views of what constitutes an ideal place to live.

To be sure, some residential situations are likely to elicit more similar or shared emotional experiences than others (Magnusson & Torestad, 1992). Most seniors will not relish occupying physically dilapidated dwellings or communities with high crime rates. However, in response to most environmental aspects, older people will feel differently about where they live, variously experiencing their residential settings as rewarding or unrewarding, and they will have more intense feelings about some features than others (Barrett et al., 2007). The result is that older people may occupy an endless array of objectively distinguishable places in which they have favorable emotional experiences:

- For some, it will be places with a warm year-round climate; for others it will be where the seasons change.
- A large and diverse city with lots of restaurants, shops, theaters, and street activity will be appealing to some; others will be happiest in less bustling and less complex rural settings where they are close to nature.

- Some will be content spending their days in their gardens, playing cards, reading books, listening to music, and having quiet gatherings with a few close friends; others will be most uplifted when they spend time outside their dwellings and they are actively involved in their communities participating in religious activities and volunteering (civic engagement) for important causes.
- Some will find places where they continually enjoy new experiences as most appealing; others will enjoy residential situations that allow them to pursue familiar activities and deviate little from their usual social and recreational activity regimens.
- Some will feel that they are inseparable from the treasured stuff that they have collected over their lives; others will dispose of it as junk.
- Some will enjoy being alone; others will feel uplifted only when they are mingling with family and friends.
- Some will enjoy living in active adult communities; others will be disgusted with the prospects of living with people only their own age.

It will be more appropriate to align some residential experiences of older individuals along a negative scale—for example, disagreeable to very disagreeable (as opposed to pleasurable-unpleasurable) because they typically are sources of stress or anxiety. Others have referred to these experiences as the hassles of life, calling attention to "the irritating, frustrating, distressing demands that to some degree characterize everyday transactions with the environment" (Kanne, Coyne, & Schaefer, 1981, p. 3). Once again, what constitutes hassles will be a personal matter, but some residential experiences are more likely candidates: the snow to shovel, the grass to mow, the oversized dwelling to maintain, the annoying neighbor, or the irritating staff person in the assisted living residence.

The temporal origins of their pleasurable residential experiences will also differ (Golant, 2003). Although many will reflect on their current environmental transactions, the etiology of others will be their remembered pasts. Older people often have strong feelings of attachment to their long-occupied dwellings and personal possessions. These have strong autobiographical significance to them and are important reminders of their good past times (Rowles & Ravdal, 2002). This helps explain why some older people describe the places they live in glowing terms, even when they seem so discordant with their present objective realities. When asked about the dilapidated conditions of nearby properties, an 83-year-old woman responded (Rubinstein, 1998):

> I have news for you. I don't see those houses across the street, In my mind's eye those are the houses that I've seen for 40 years, and that's the way I look at them. I remember the people that used to live there. I remember how it used to be in the summer time, and all like that. (p. 99)

Although the literature has predominantly focused on the positive tone of remembered pasts, it is also likely that troubled or unpleasant experiences will dominate the past residential recollections of some older individuals.

Residential Mastery Emotional Experiences

Four sets of environment–behavior interactions are likely to either exacerbate or alleviate the extent to which older people feel incompetent as occupants of where they live. First, with the onset of chronic health problems and physical limitations, they may feel unable to perform various activities. Dwelling upkeep and maintenance tasks become not just hassles, but confirm their inability to live independently, as is their trouble climbing stairs, opening difficult to grasp faucets, and reaching high closet shelves. Neighborhood features also may heighten their feelings of vulnerability. Sidewalks in disrepair or in heavy traffic locations now make walking difficult. They may curtail their outside-the-dwelling activities because they are afraid of their younger and unfriendly neighbors. Older individuals in more remote rural settings will be more anxious about accessing medical assistance.

Second, older people will have heightened feelings of incompetence because of their personal losses—the death of a spouse or the loss of a longstanding friendship. The absence of these significant others may not only simply dampen what were once enjoyable relationships, but also may threaten their perceptions of self-efficacy. As morale boosters or confidants, they assured older people that they had lived relatively successful and productive lives. By assisting them with their everyday activities, they enabled them to temporarily forget about their inability do things on their own. In addition, when older individuals try to find substitutes for these lost relationships, they necessarily must impose on others for help, and they are further reminded of their vulnerabilities.

Third, older people may feel heightened feelings of incompetence when they experience declines in their environmental cognitive abilities. They may feel particularly challenged after losing their driver's licenses because they are unaware of alternative ways of getting to their destinations, they take longer to reach them, or they get lost more often. When they must impose on others for assistance, they are reminded of their failings again.

Fourth, feelings of incompetence may accompany the loss of self-esteem by older individuals because they are less active members in their community or are no longer productive members of the workforce. This lost sense of pride is magnified when their dwellings do not telegraph to others that they have had successful, worthy, or accomplished lives.

Four other sets of environmental transactions will influence whether older people feel in control of their residential circumstances. First, this will depend on whether they are at the mercy of others to perform either their nondiscretionary daily activities (e.g., dressing, bathing,

transferring) or their favorite discretionary social, religious, or recreational activities. The frequency and timeliness of their activities now depends on the permission or participation of others. Second, the ability of older individuals to maintain their privacy—whether in their dwellings, neighborhoods, or residential care facilities—will influence their feelings of being in control. They want to decide who sees, hears, and talks to them, and who is monitoring—administratively or technologically—their activities, behaviors, and movements. Third, because they often feel less confident in their ability to live on their own, they seek predictable interpersonal interactions; they feel more in control when they can trust their relationships with friends, family, staff, or professionals, and these individuals treat them honestly, compassionately, and with dignity. Fourth, because older individuals may experience declines in their financial status, they will enjoy enhanced feelings of control when they can pay for their housing expenses without help or difficulty. Homeowners in particular will have confidence that they can rely on their dwelling's equity to pay for future medical or long-term care costs (Golant, 2008b).

Residential Comfort and Mastery Zones

We theorize that older people can represent each of their sets of residential comfort and residential mastery experiences as overall positive or negative. That is, they can sort through and aggregate each of their sets of feelings according to their directions (e.g., their negative feelings will be counterbalanced by their positive feelings, or vice versa) and intensities or arousal levels (how pleasurable or how stressful (Zautra, Potter, & Reich, 1998).

We also assume that older individuals will be able to appraise how relevant or salient their residential experiences are in their lives. Some will weigh more heavily in their overall place assessments. These will have more psychological importance or greater motivational and behavioral significance to them because they will be satisfying more important needs and goals (Stokols, 1985).

This allows for the possibility that even if the majority of their residential experiences are negative, their assessments may be overall positive if they have a few salient and positive residential feelings. By the same reasoning, a large number of positive but irrelevant residential experiences may be more than offset by a few relevant but negative feelings. As one example, the older widow may view everything about her residential situation as unpleasant and expendable except her geographical closeness to a devoted married daughter, who she highly depends on for her everyday needs.

The model theorizes that older people are in their residential comfort zones or residential mastery zones (Figure 1) when they assign overall posi-
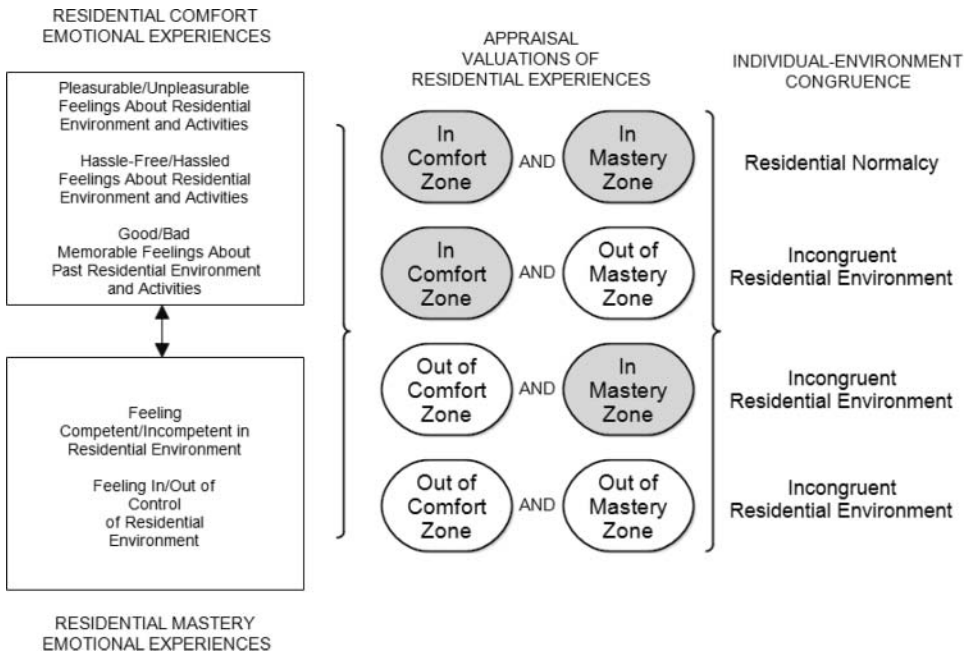
FIGURE 1 Alternative Residential Normalcy Scenarios.

tive appraisal valuations to each of their respective sets of relevant emotional experiences. That is, when in their comfort zones, they will get pleasure and enjoyment predominantly from their place of residence, will not feel hassled, and will have good memories. When in their mastery zones, they will feel mostly competent and in control of their residential surroundings. In the best of worlds, older people will find themselves in both their residential comfort and residential mastery zones. They will have found their sweet spot to live or will have achieved residential normalcy. In the worst of worlds, older individuals will find themselves in incongruent residential settings and out of both their comfort and mastery zones.

OUT OF SYNC RESIDENTIAL COMFORT AND RESIDENTIAL MASTERY EXPERIENCES

Most older people's feelings about where they live will be more equivocal. They will find themselves in their residential comfort zones but out of their mastery zones or vice versa (Figure 1). When confronted with these disparate sets of comfort and mastery experiences, older individuals often find that their housing situations have become emotional battlefields. In particular, those having difficulties managing the declines of old age are often acutely aware of the powerful contradictions between their comfort and

mastery feelings. Even as they cling to their desirable home-like settings, they feel increasingly vulnerable and out of control. Pulled in two directions, they feel caught up in what seems like an impossible balancing act. Two prototypical residential scenarios, one played out in ordinary homes and apartments and the other in assisted living residences, help illustrate these conflicts.

Scenario A: Ordinary Homes and Apartments

Longtime older homeowners who are aging-in-place are often squarely in their residential comfort zones. They feel their dwellings are now appealing places to live, recall good memories of their pasts, have found a way to keep their hassles to a minimum, and enjoy the social and recreational opportunities in their neighborhoods and communities. At the same time, the onset of chronic health problems and activity limitations are slowly but unremittingly pushing them out of their mastery zones: they have more difficulties reaching their shopping and medical destinations; a good friend who they relied on for rides has just moved away; they fear showering alone and even simple home maintenance tasks have become burdens; their friends are not calling as often, possibly because they do not want to be around individuals who remind them of their own uncertain vulnerable futures; stairs have become increasingly difficult to negotiate and they have fallen twice in the past month; and because large out-of-pocket medical costs are cutting into their incomes, they are now having difficulty paying for their home mortgage.

Scenario B: The Assisted Living Residence

Assisted-living residences ideally attempt to help their older occupants achieve residential normalcy in two distinctive ways (Golant, 2008a). To keep them in their comfort zones, they offer them home-like and aesthetically pleasing accommodations that mimic the features and ambience of a conventional residence as much as possible (e.g., the creation of smaller scale and more intimate and friendly spaces filled with their furniture and belongings). They offer them restaurant-like dining experiences and outdoor activities and avoid exposing them to an institutional-like environment consisting of nursing stations and medication carts (Calkins & Keane, 2008). To keep them in their mastery zones, they try to respect their privacy, address their self-care needs, and let them participate as much as possible in decisions that affect their activities, care, and well-being.

In practice, the managements of some assisted living fail to meet these ideal goals. It is difficult for them to create home-like and less institutionalized

environments in a manner that does not jeopardize their ability to deliver higher quality care and assistance. Consequently, older individuals often feel out of their comfort or mastery zones. Their rooms may be small and uncomfortable; they may have to shower in a common area; they may have to eat at times scheduled by the facility; they are surrounded by very frail residents (who remind them that they too are frail); they find the other residents unfriendly; they must tolerate an errant resident with Alzheimer's disease routinely sleeping in their bed; and they often feel trapped with no other place to go. The assisted-living provider may impose more restrictions on their activities as a way (often well intended) to avoid resident mishaps.

THE NEW REALITY OF ELDERLY HOUSING

In our current scientific and policy worlds, where a proliferation of studies from almost every academic and professional specialty are purporting to study the appropriateness of where older people live, it is increasingly important for environmental gerontologists to effectively claim their intellectual territory. Their contributions must not only be unmistakably driven by an environmental gerontology paradigm, but they must also rely on constructs that are likely to be easily understood and adopted by other social and behavioral researchers and practitioners. The theoretical model proposed in this article attempts to satisfy this mission. It uses an emotion-based framework to conceptualize environmental congruence that recognizes the importance of pleasure, competence, and control in the course of human development.

Elsewhere, I wrote that "older Americans are asking more of their residential environments than any time at history" (Golant, 2011a). This was a recognition that they no longer just view their housing according to how well it realizes traditional outcomes, such as being in good physical condition and affordable, having an attractive architectural and interior design, a home-like ambience, and a convenient location. Rather, in response to threats to their ability to live independently, they are now evaluating their housing not just as a place to live, but also as a long-term care environment enabling them to age in place. They now want the physical design of their dwellings to mollify the effects of their functional limitations and health ailments, their families to help them perform their everyday activities, and their neighborhoods and communities to offer appropriate supportive services and health care.

The proposed theoretical model is a response to the failure of most studies to comprehensively assess or separate out what makes a comfortable, appealing, or enjoyable place to live for their older occupants and what makes a place compatible with their increased vulnerabilities. At the risk of unfairly singling out one body of research, consider the most relied on conceptual framework now guiding investigations of why older people relocate

from their residences (Litwak & Longino, 1987). This typology distinguishes three distinctive categories of moves. The first move is amenity, life-style, or want-driven and is typically made by younger retirees seeking a place compatible with their leisure and recreational activities—that is, achieving a more comfortable place to live. On the other hand, the second and third moves are need-based and typically motivated by the onset of physical declines and the loss of significant others—that is, achieving a more competent place to live. Although both are highly relevant moving determinants, the framework explicitly assumes that we can discretely categorize older people into one group or the other and that we can neatly compartmentalize their moving motivations and behaviors.

This analytical divide is no longer consistent with how older Americans view their residential worlds. The increasingly blurred boundaries separating older people's housing and care environments have produced more complex and multidimensional emotional experiences. We now require a more holistic analytical approach to environmental congruence that recognizes the dual importance of both the residential comfort and residential mastery emotional experiences of older Americans. Therein lies their path to residential normalcy.

REFERENCES

Abeles, R. P. (1991). Sense of control, quality of life, and frail older people. In J. E. Birren, J. E. Lubben, J. C. Rowe, & D. E. Deutchman (Eds.), *The concept and measurement of quality of life in the frail elderly* (pp. 297–314). New York, NY: Academic Press.

Alley, D., Liebig, P., Pynoos, J., Banerjee, T., & Choi, I. H. (2007). Creating elder-friendly communities: preparations for an aging society. *Journal of Gerontological Social Work*, *49*, 1–18.

Barrett, L. F., Mesquita, B., Ochsner, K. N., & Gross, J. J. (2007). The experience of emotion. *Annual Review of Psychology*, *58*, 373–403.

Calkins, M., & Keane, W. (2008). Tomorrow's assisted living and nursing homes: The converging worlds of residential long-term care. In S. M. Golant & J. Hyde (Eds.), *The assisted living residence: A vision for the future* (pp. 86–118). Baltimore, MD: The John Hopkins University Press.

Carlsson, G., Schilling, O., Slaug, B., Fange, A., Stahl, A., Nygren, C., et al. (2009). Toward a screening tool for housing accessibility problems: A reduced version of the housing enabler. *Journal of Applied Gerontology*, *28*, 59–80.

Carstensen, L. L. (2006). The influence of a sense of time on human development. *Science*, *312*, 1913–1915.

Collins, A. L., Goldman, N., & Rodriguez, G. (2007). *Are life satisfaction and optimism protective of health among older adults?* Princeton, NJ: Princeton Unversity, Office of Population Research.

Gecas, V. (1989). The social psychology of self-efficacy. *Annual Review of Sociology*, *15*, 291–216.

Gitlin, L. N. (2000). Adjusting "person-environment systems": Helping older people live the "good life" at home. In R. L. Rubinstein, M. Moss, & M. H. Kleban (Eds.), *The many dimensions of aging* (pp. 41–53). New York, NY: Springer Publishing.

Gitlin, L. N., Hauck, W. W., Winter, L., Dennis, M. P., & Schulz, R. (2006). Effect of an in-home occupational and physical therapy intervention on reducing mortality in functionally vulnerable older people: Preliminary findings. *Journal of American Geriatrics Society*, *54*, 950–955.

Gitlin, L. N., Liebman, J., & Winter, L. (2003). Are environmental interventions effective in the management of Alzheimer's Disease and related disorders? *Alzheimer's Care Quarterly*, *4*, 85–107.

Golant, S. M. (1984). *A place to grow old: The meaning of environment in old age.* New York, NY: Columbia University Press.

Golant, S. M. (1985). The influence of the experienced residential environment on old people's life satisfaction. *Journal of Housing for the Elderly*, *3*(3/4), 23–49.

Golant, S. M. (1986). Subjective housing assessments by the elderly: A critical information source for planning and program evaluation. *The Gerontologist*, *26*, 122–127.

Golant, S. M. (1998). Changing an older person's shelter and care setting: A model to explain personal and environmental outcomes. In P. G. Windley & R. J. Scheidt (Eds.), *Environment and aging theory: A focus on housing* (pp. 34–60). New York, NY: Greenwood Press.

Golant, S. M. (2003). Conceptualizing time and space in environmental gerontology: A pair of old issues deserving new thought. *The Gerontologist*, *43*, 638–648.

Golant, S. M. (2008a). The future of assisted living residences: A response to uncertainty. In S. M. Golant & J. Hyde (Eds.), *The assisted living residence: A vision for the future* (pp. 3–45). Baltimore, MD: The John Hopkins University Press.

Golant, S. M. (2008b). Low-income elderly homeowners in very old dwellings: the need for public policy debate. *Journal of Aging and Social Policy*, *20*, 1–28.

Golant, S. M. (2011a). The changing residential environments of older people. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (7th ed., pp. 207–220). New York, NY: Academic Press.

Golant, S. M. (2011b). The quest for residential normalcy by older adults: Relocation but one pathway. *Journal of Aging Studies*, *25*, 193–205.

Golant, S. M., Parsons, P., & Boling, P. A. (2010). Assessing the quality of care found in affordable clustered housing-care arrangements: Key to informing public policy. *Cityscape*, *12*(2), 5–28.

Gurin, P., & Brim, O. G. (1984). Change in self in adulthood: The example of sense of control. In P. B. Baltes & O. G. Brim (Eds.), *Life-span development and behavior* (vol. 6, pp. 281–334). New York, NY: Academic Press.

Hiatt, L. G. (2004). Environmental design in evoking the capacities of older people. In L. M. Tepper & T. M. Cassidy (Eds.), *Multidisciplinary perspectives on aging* (pp. 63–87). New York, NY: Springer Publishing.

Iwarsson, S., Nygren, C., Oswald, F., Wahl, H.-W., & Tomsone, S. (2006). Environmental barriers and housing accessibility problems over a one-year period in later life in three European countries. *Journal of Housing for the Elderly*, *20*(3), 23–43.

Iwarsson, S., Wahl, H.-W., Nygren, C., Oswald, F., Sixsmith, A., Sixsmith, J., et al. (2007). Importance of the home environment for healthy aging: Conceptual and methodological background of the European ENABLE-AGE project. *The Gerontologist*, *47*, 78–84.

Izard, C. E., & Ackerman, B. P. (1997). Emotions and self-concepts across the life-span. In K. W. Schaie & M. P. Lawton (Eds.), *Annual review of gerontology and geriatrics* (pp. 1–26). New York, NY: Springer Publishing.

Kanne, A. D., Coyne, J. C., & Schaefer, C. (1981). Comparison of two modes of stress management: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine*, *4*(1), 1–39.

Langer, E. J. (1983). *The psychology of control*. Beverly Hills, CA: Sage.

Lawton, M. P. (1989a). Behavior-relevant ecological factors. In K. W. Schaie & C. Schooler (Eds.), *Social structure and aging: Psychological processes* (pp. 57–77). Hillsdale, NJ: Lawrence Erlbaum.

Lawton, M. P. (1989b). Environmental proactivity and affect in older people. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of aging* (pp. 135–163). Newbury Park, CA: Sage.

Lawton, M. P., Kleban, M. H., Rajagopal, D., & Dean, J. (1992). Dimensions of affective experience in three age groups. *Psychology and aging*, *7*, 171–184.

Lewis, M., Haviland-Jones, J., & Barrett, L. F. (Eds.). (2008). *Handbook of emotions* (3rd ed.). New York, NY: Guilford Press.

Litwak, E., & Longino, C. F. (1987). Migration patterns among the elderly: A developmental perspective. *The Gerontologist*, *27*, 266–272.

Magai, C. (2001). Emotions over the life span. In J. E. Birren & K. W. Schaie (Eds.), *Handbook for psychology and aging* (5th ed., pp. 399–426). San Diego, CA: Academic Press.

Magnusson, D. (1985). Implications of an interactional paradigm for research on human development. *International Journal of Behavioral Development*, *8*, 115–137.

Magnusson, D., & Torestad, B. (1992). The individual as an interactive agent in the environment. In W. B. Walsh, K. H. Craik, & R. H. Price (Eds.), *Person-environment psychology: Models and perspectives* (pp. 89–125). Hillsdale, NJ: Lawrence Erlbaum Associates.

Maslow, A. (1954). *Motivation and personality*. New York, NY: Harper.

Mehrabian, A. (1980). *Basic dimensions for a general psychological theory: Implications for personality, social, environmental, and developmental studies*. Cambridge, MA: Oelgeschlager, Gunn & Hain.

Moore, K. D. (2005). Using place rules and affect to understand environmental fit: A theoretical exploration. *Environment and Behavior*, *37*, 330–363.

Morris, J. D., Woo, C., Geason, J. A., & Kim, J. (2002). The power of affect: Predicting intention. *Journal of Advertising Research*, *42*(3), 7–17.

Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. *Journal of Gerontology*, *16*, 134–143.

Parmelee, P. A., & Lawton, M. P. (1990). The design of special environments for the aged. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (3rd ed., pp. 465–488). New York, NY: Academic Press.

Poels, K., & Dewitte, S. (2006). How to capture the heart? Reviewing 20 years of emotion measurement in advertising. *Journal of Advertising Research*, *46*(1), 18–37.

Rowe, J. W., & Kahn, R. L. (1998). *Successful aging*. New York, NY: Pantheon.

Rowles, G. D., & Ravdal, H. (2002). Aging, place and meaning in the face of changing circumstances. In R. S. Weiss & S. A. Bass (Eds.), *Challenges of the third age: Meaning and purpose in later life* (pp. 81–114). New York, NY: Oxford University Press.

Rubinstein, R. L. (1998). The phenomenology of housing for older people. In P. G. Windley & R. J. Scheidt (Eds.), *Environment and aging theory: A focus on housing* (pp. 89–110). New York, NY: Greenwood Press.

Scheidt, R. J., & Windley, P. G. (1985). The ecology of aging. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (2nd ed., pp. 245–258). New York, NY: Van Nostrand Reinhold.

Scheidt, R. J., & Windley, P. G. (2006). Environmental gerontology: Progress in the post-Lawton era. In J. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging* (6th ed., pp. 105–125). New York, NY: Academic Press.

Schulz, R., & Heckhausen, J. (1996). A life span model of successful aging. *American Psychologist*, *51*, 702–714.

Stokols, D. (1985). A congruence analysis of human stress. *Issues in Mental Health Nursing*, *7*(1/4), 35–64.

Verbrugge, L. M., & Jette, A. M. (1994). The disablement process. *Social Science & Medicine*, *38*(1), 1–14.

Wager, T. D., Barrett, L. F., Bliss-Moreau, E., Lindquist, K. A., Duncan, S., Kober, H., et al. (2008). The neuroimaging of emotion. In M. Lewis, J. M. Haviland-Jones & L. F. Barrett (Eds.), *Handbook of emotions* (pp. 249–267). New York, NY: The Guilford Press.

Wahl, H.-W., & Oswald, F. (2009). Environmental perspectives on aging. In D. Dannefer & C. Phillipson (Eds.), *International handbook of social gerontology* (pp. 111–124). Thousand Oaks, CA: Sage.

Zautra, A. J., Potter, P. T., & Reich, J. W. (1998). The independence of affects is context-dependent: An integrative model of the relationships between positive and negative affect. In K. W. Schaie & M. P. Lawton (Eds.), *Annual review of gerontology and geriatrics: Focus on emotion and adult development* (pp. 75–103). New York, NY: Springer.