

Home as Place for Healing

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Although environment is a core concept in nursing, it has had little theoretical or empirical attention, especially related to healing. This article explores the following aspects of the meaning of healing as they relate to environment as place: (a) healing is grounded in suffering; (b) healing is active and requires presence of the patient and the nurse; and (c) healing is private, spiritual, and profound. Home is explored as a place for healing. The article explores implications for the study of meaning of *home*, when home is not a place for healing, and future directions for theory and research. **Key words:** *caregiving, healing, home, place, suffering*

AT THE DAWN of modern nursing, and attributed to Florence Nightingale herself, was born the revered conceptual trinity: person, health, and environment. The distinguishing theme of Nightingale's paradigm is arguably *environment*:

... both in *private houses* and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the suffering generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite different—*of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness or of punctuality and care in the administration of diet, of each or all of these*. And this quite as much in *private* as in hospital nursing (emphasis added).^{1(p5)}

Although likely every nurse can recite environment as 1 of the 3 words of the meta-paradigm, significant attention to environment for healing, particularly the “private” home environment has been rare in health-care. Currently, a movement is gathering among disciplines of architecture, geography, social sciences, and nursing to examine both the meaning of healing and the space or “land-

scape” for healing.^{2,3} Certainly no space is more relevant for healing than that of a person's home. This article considers aspects of the meaning of healing and explores home as place or environment for suffering, caregiving, and healing.

ASPECTS OF THE MEANING OF HEALING

Although the concept of healing is pervasive among the discourses of medicine and nursing, Wicks noted that such discourses “reveal an alternative knowledge/practice framework and a level of autonomy that has generally been unrecognized in the actual daily work.”^{4(p122)} Although healthcare disciplines are eager to own philosophies that embrace the idea of healing, realities of practice sometimes lack evidence of healing in its deepest and most meaningful sense. For example, although medicine may claim to be a healing profession, it “has neither an operational definition of healing nor an explanation of its mechanisms beyond the physiological processes related to curing.”^{5(p255)}

Healing may be as simple as the union of a wound for restoration of tissue integrity or as complex as the achievement of serenity and harmony among mind, body, and spirit. It has been defined as “the personal experience of transcendence of suffering.”^{5(p255)} Rather than explore definitions of the concept of healing, here will be considered

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aspects of the meaning of healing and its implications to concepts of place and the home environment.

HEALING IS GROUNDED IN SUFFERING

At the risk of exposing the obvious, it is significant to note that healing is born of suffering, whether from a simple physical injury or from the most intense assault to the soul. Suffering is part of the human condition. Van Hooft observed, "No human life could be complete without accepting some suffering as part of its moral project."^{6(p15)}

Suffering and healing are inextricably related—"healing hurts":

When I was a young nurse in the hospital, hardly a day went by that a patient did not ask, "Will it hurt?" If I had been truthful, the whispered answer would nearly always have been, "Yes, it will hurt." I have learned that healing hurts. Life hurts. Healing really only begins when we face the hurt in its full force and then grow through it with all the strength of our soul. For every reward of learning and growing, some degree of pain is always the price.^{7(p3)}

Meaning and purpose of suffering continue to engage and confound philosophers, theologians, and healthcare professionals.^{6,8,9} To understand healing and to acquire the necessary philosophical, intellectual, and practical facility to help others heal, one must ponder the concept of suffering. Although a thorough analysis of suffering, its meaning, attributes, and implications for healing are beyond the scope of this work, it is important to briefly consider the nature of suffering especially as it may relate to place for healing.

The human need to find meaning in suffering is remarkable. Suffering is a phenomenological state of enduring physical, psychological, emotional, or spiritual distress.⁸ Beyond physical discomfort or pain, it may include struggling, loss and grief, loneliness, or despair.¹⁰ Van Hooft called suffering "one of the most profound and disturbing of human experiences"^{6(p13)} and posited that it is a spiritual phenomenon whose role in human lives "is contested at the level of discourse at which

cultural meanings and visions of human life are negotiated."^{6(p14)} Suffering takes a person to the borders of the sense of identity, of life and its purpose, toward metaphysical realms of meaning, and often to a personal sense of the sacred. Exploring experiences of suffering among the elderly through metaphors and life narratives, Black linked perceptions of suffering to personal meaning and purpose that included a powerful sense of the sacred.¹¹ Sacks and Nelson explored nonphysical suffering among hospice patients, finding that it was personal meaning that enabled patients to "move within the suffering," that time was altered within "an expanded present," that patients "created an emotional space apart from the meaning of loss within suffering," and that trust in caregivers was a critical aspect for conserving energy related to suffering.^{12(p675)} There has been little attention to the interplay among the sense of sacred, personal meaning in suffering, and the physical place of caregiving. To consider such profound concepts without contemplating the home space seems remiss.

A common theme in the discourse of suffering, and perhaps better described as an aspect of healing, is transcendence.^{13,14} Van Hooft observed, "Our bodies might suffer maladies, we might suffer pain, our zest for life might be lost, our relationships shattered, our projects failures, our suffering real, and yet [somehow] we can think of it as for the ultimate good."^{6(p15)} Beyond finding meaning—even sacred meaning, humans who suffer continue to demonstrate a need to develop and share the capacity and inclination to transcend. Ohman et al noted among people living with serious chronic illness, a distressing state of "hovering between enduring and suffering," in which the body was seen as a hindrance and patients felt alone or alienated in their illness and struggled for normalcy. But even within such a state lived "a process of reformulation of the self."^{15(p528)} We know little about the meaning of the personal residence to support such reformulation.

Social scientists and healthcare scholars are beginning to explore specific elements of

such transcendence. For example, within the study of transcendence and healing is growing interest in the concept of forgiveness.¹⁶ One study demonstrated significant improvement in depression, anxiety, and symptoms of posttraumatic stress for women who had experienced spousal abuse following forgiveness therapy as an alternative to anger validation.¹⁷ Forgiveness and healing happen when one gives up hoping the past did not happen. Instead, life experience is claimed and integrated and we ask, "What lesson was learned?" Our experience makes us who we are. There is growing interest in evidence to support forgiveness as an effective element of healing.

Another example within the study of suffering and healing is emerging interest in the concept of sacrifice.¹⁸ Van Hooft asserted, "Suffering for a cause, even merely giving up something we want for the sake of something worthier, frustrates our desires and might for that reason be thought of as suffering. Insofar as these experiences are freely accepted for the sake of some good, however, they are actually cases of sacrifice."^{6(p15)}

To effectively consider the relief of suffering, it is also important to consider the profound implications of the immediate, prosaic measures that are significant components of ultimate transcendence and healing. These may include the myriad acts of family caregivers or of nurse competence and caring. For example, Morse et al demonstrated that to the patient with major illness, surgery, or trauma, comfort "is not an ultimate state of peace and serenity, but rather the relief, even temporary relief, from the most demanding discomfort."^{19(p14)} Thus, it is worth noting that although a goal for nursing may be healing in its grandest sense of serenity,²⁰ episodic and incremental achievement of simple momentary comfort or continuing relief is a most important aspect of healing.

When aspects of illness or trauma are considered from a perspective of suffering, comfort, or transcendence, *home* springs intuitively as the place from where one might expect greatest support for healing. Nurses

know increasingly how to provide comfort within the institution. Yet, we know little about how best to bear witness to and alleviate suffering or how to promote healing within the home environment. We know little about the dynamic effects of personal residence when we consider issues of culture, socioeconomic condition, gender, age, or illness condition. We know little about temporal, aesthetic, or spatial aspects of suffering, caregiving or healing, or how to care from an environmental perspective to optimize healing.

HEALING IS ACTIVE—YOU HAVE TO BE THERE^{7(p3)}

Healing begins when suffering is acknowledged both by the person who suffers and by the one who offers care. Indeed, there is a beginning of empirical recognition of a relationship between intention and healing.²¹ A first step toward wholeness—physical, emotional, or spiritual—is to recognize the suffering, face the illness, accept and understand the diagnosis, and resolve to embark on a journey toward healing:

On that first day as a nurse, I assumed cure, care, and healing to be synonymous. I have learned they are not the same. Healing is not cure. Cure is clean, quick, and done—often under anesthesia. The antibiotic kills the pathogen; the scalpel cuts out the malignancy; the medication resolves the distorted chemistry. Healing, however, is often a lifelong process of recovery and growth in spite of, maybe because of, enduring physical, emotional, or spiritual assault. It requires time. We may pray for cure when we really need healing. Whether for cell reconstruction, for nerve and muscle rehabilitation, for emotional recovery, or for spiritual forgiveness, healing needs work and time and energy.

Healing cannot happen in a surgical suite where the pain is only a sleepy memory. Cure is passive, as you submit your body to the practitioner. Healing is active. It requires all the energy of your entire being. You have to be there, fully awake, aware, and participating when it happens.^{7(p4)}

Healing is not a passive experience of receiving care but an active endeavor from

which the sufferer benefits from the support, guidance, and profound professional presence a nurse may provide. Both patient and nurse must be actively present to witness healing.

"Healing presence" has been the subject of considerable discussion in nursing.²² Perez²³ outlined dimensions of care that reflect such presence: communication (listening and speaking), connection (space, safety, and sacredness), and communion. Potter and Frisch²⁴ argued that nursing integrates process and presence in caring, affirming that presence is essential for effective process in practice²⁵ and to provide safe space for healing.²² The caregiver in a healing environment would offer a presence that is hopeful, empathetic, attentive, intentional, nourishing, and grateful. Such a nurse would continually strengthen the capacity to remain fully present during suffering, loss, recovery, and healing. The ethic of caring means "'being there,' confirming the patients' absolute dignity."^{26(p528)} Such presence implies attention to place.

Little is known about the potential power of healing as one accompanies the sufferer within his or her native home environment, especially as the caregiver may attempt to both honor and therapeutically shape the environment of the home space for healing. We speak of "therapeutic landscapes"³ yet have little empirical evidence in practice of what is most effective or of what nurse or caregiver presence means in its interplay with the home dynamic.

HEALING IS PRIVATE, SPIRITUAL, AND PROFOUND

Ultimately, healing is a private experience, unique to the individual, laden with personal meaning. Nevertheless, it is important to distinguish between the privacy of healing and the loneliness of suffering. Several authors have cautioned about the sense of alienation or "aloneness" that accompanies illness and suffering.^{26,27}

To say that healing is a spiritual experience is not to say that it necessarily emerges from a religious source, although for many patients, healing is associated with religious beliefs or aesthetic values reflected in the home environment that invite the respect and support of the nurse. Rather, the experience of healing often changes people in profoundly spiritual ways. Experience with serious illness, chronic illness, disability, or loss provokes life-changing considerations of self, suffering, personal relationships, place, ways of living, and spiritual insights. The act of healing through such experiences changes the person.

Part of healing is to recognize that life experiences of both suffering and healing change us. "Pain changes us, but not in the same way that healing teaches us. Healing can help us to become more sensitive and more awake to life. . . . Healing opens our hearts to the profound complexities of truth, beauty, divinity, and grace."^{7(p4)} The experience of healing calls for the discovery of new aspects of the spirit. Other concepts related to the profound nature of healing include serenity, optimism,²⁸ and beneficence.²⁹ Also meriting further study are concepts of mercy, altruism, and congruency.

The private, spiritual nature of healing ultimately demands an environment that adequately honors the profound experience of healing. It is important to recognize that the most significant place for healing is often within the home. The nurse in the home (or even the nurse who advises or prescribes from a healthcare setting) is guest, who recognizes and respects the patient's sources of spiritual authority and guidance, reverences the patient's emotion and experience, is invited into the patient's private community, and supports family rituals and practices.¹⁶ Such presence would demonstrate a unique kind of altruism and compassion that enhance presence and support and recognize the "other."

The significance of safe haven, place, or home and implications for respect for suffering and healing have not been adequately explored. Surely, it is the discipline

of nursing that may best contribute to theory, knowledge, and practice that support the native or home environment for suffering itself as well as for comfort, recovery, and healing.

PLACE AND HEALING

The psychologic importance of place has been recognized among other disciplines for some time.³⁰ Studies in the healthcare literature are more recent and largely descriptive, with few efforts at theory development or application and little actual consideration of the concept of healing as it may relate to place. Historically, clinical nursing practice included attention to rituals and details of the patient-care environment, such as the position and condition of the bedding, orientation of window coverings, and tidiness of the patient room. A search of current healthcare literature on healing environments yields works in 3 major areas. First, the overwhelming number of articles focuses on physical or a combined physical-social "optimal" environment for healing within a hospital setting. These works tend to be either editorial in tone, that is suggesting the improvement of physical and social settings in the hospital, such as promoting "views of nature, natural light, soothing colors,"³¹ gardens,³² a "quiet time,"³³ noise reduction³⁴ or otherwise "humanizing" the environment.³⁵ The second area of study is directed at improving therapeutic physical and social environments in long-term care facilities. These works are more likely to employ the undefined term "home" or "home-like."³⁶ The last category among works on healing environments is devoted to promotion of improved working environments for nurses in hospitals, with implications that such improvements will improve the patient experience.³⁷ A few scholars in nursing have begun to explore the importance of place for patient care from a more sophisticated theoretical perspective.² The entire area of geography, place, and optimal healing begs for scholarship. Current works reflect a need for interdisciplinary theory generation and a broader

perspective to include the patient viewpoint; attention to a broader range of environments, including the home; attention to reciprocal interplay of the environment as the concept of home acquires more mature theoretical dimensions; and a deeper consideration of concepts of suffering, healing, and setting.

HOME AS PLACE FOR HEALING

Home is among the most powerful physical, psychological, emotional, and spiritual concepts in human existence. Home provides the boundary and space that support our need to belong. Home reflects our sense of setting, aesthetics, nature, culture, and identity. Ideally, it is one's ultimate place of safety. Intuitively, perhaps we assume that home provides the optimal, essential environment for healing. Home is both reality and fiction, structure, and image. It reflects our values, who we are, and how we care for each other.

Throughout history, Americans have loved the image of suffering, caring, healing, and even dying at home:

Who is not touched by the scene in Margaret Mitchell's *Gone with the Wind*, where the beautiful, innocent Melanie attempts to heal family relationships even in her hour of death? She calls for the conniving Scarlet, publicly forgives her, and then pleads with her to care for her beloved Ashley. The family drama is played against the backdrop of crying children, scurrying maids and ladies, praying old men, and the presiding family doctor. Would such a [domestic] scene have the same tenderness in the setting of an antebellum hospital?^{38(p184)}

We visit birthplaces of the famous. We flock to the reality-fiction homes like that of Louisa May Alcott's little women in Concord or to *Green Gables* on Prince Edward Island. We are fascinated by the lives, passions, rituals, and power of the idea of home.

In spite of the fantasy of the nineteenth century home, the reality of home in the twenty-first century as place for suffering, caregiving, and healing has been slow to move from fictional literature to healthcare

research. Although the term "home" is abundant in literature of social sciences and health-care, it most often appears as a latent descriptive backdrop, as setting, or a kind of demographic variable without texture or dimension. Home has had little attention as a dynamic essential theoretical concept. This neglect of home as a significant theoretical concept has thwarted the development of effective interventions to support healing. Given the recent substantial move of health-care out of the hospital, the increasing demand on family caregivers, and the growing home care and hospice movements, it is especially important to understand all aspects of home. The home environment calls for our deepest consideration as the most significant setting and an interactive variable in health-care and healing.

THE MEANING OF HOME

There is beginning research exploring home as a concept. Such study may have begun with Hayward³⁹ in 1975, who defined home in the following 5 dimensions: (1) home as physical structure, (2) home as territory, (3) home as locus in space, (4) home as self and self-identity, and (5) home as social and cultural unit. In 1991, Despres⁴⁰ expanded to 10 areas of meaning of home that included physical, social, and psychological aspects. Roush and Cox recognized home in the following aspects: (1) home as familiar, (2) home as center, and (3) home as protector.^{41(p391)} Williams added the fourth aspect: home as locator, the place that locates the caregiver and the patient within a larger context.^{42(p333)} Missing still is a theoretical definition of home as center for health, suffering, caregiving, and/or healing.

A growing number of studies explore the meaning of home from some particular viewpoint such as among the elderly,⁴³ among people with disabilities,⁴⁴ and among the homeless.⁴⁵ Such works provide a foundation for metasynthesis, concept definition, and mature theory development. Such conceptual

development requires attention to research on being without home, such as homelessness; to meaning of home outside the native residence, as in long-term institutional care; to meaning when home is lost, as in financial foreclosures; and a myriad of other situations related to home and its profound effects on the human condition.

A myriad of research and clinical questions arise. What is the meaning of home to returning war veterans? How is the home environment changed for them, their spouses, children, and other family members when they return with physical and emotional disabilities? What are the implications for their recovery and healing? What are the implications related to meaning of home for people admitted to nursing homes or other extended care facilities? How does the sense of home and healing change as spaces are adapted to accommodate a disability or challenges of aging? What does "assisted living" really mean to the sense of healing or serenity? How does the construct of home change with the entry of professional home care or hospice provider? There has been little systematic attention to what constitutes a health-promoting home environment in such circumstances.

Many questions remain to be addressed on the issue of the meaning of home for healing. "Most studies fail to differentiate meaning of home among individual family members, fail to capture aesthetic, temporal, or spatial dynamics of the home environment and its meaning, and do not yet recognize interplay among variables of the physical home environment and other concepts such as health behavior, health and development of family members, well-being, health caregiving," suffering, or healing (E. S. Marshall, unpublished data, 2008). Little is known about changes in meaning of home across time for either caregivers or healthcare recipients. Little is known about changes in the home's physical, social, or spiritual environment and meaning as the nurse enters. Although assumptions abound regarding meaning of home and meaning of healing, little empirical theory or research has addressed such issues. It is

time for place and home to become integral to theory and research related to suffering and healing. It is time for what Williams³ called for a “place-centered theoretical perspective.”

WHEN HOME IS NOT A PLACE FOR HEALING

As scholars in healthcare begin to recognize, though perhaps idealize, the concept of home, it is equally important to attend to the situations in which the home environment is not conducive to healing. Moore argued that scholars also “need to focus on the ways in which home disappoints, aggravates, neglects, confines, and contradicts as much as it inspires and comforts.”^{46(p213)} A few studies have explored potential negative aspects of the home environment. For example, Brinchmann⁴⁷ boldly examined “when the home becomes a prison” in cases of extreme caregiver burden without respite for some parents living with a child with severe disability. Leiter also challenged “family-centered” approaches to professional home care of children with disabilities or chronic conditions that impose “therapeutic imperatives” on already burdened parents.^{48(p837)}

Avni⁴⁹ examined the lives of women who had suffered isolation, confinement, humiliation, and physical abuse at the hands of husbands within their own homes. The private or isolated nature of home and power relationships within the home in such cases may exacerbate suffering and isolation and destroy a sense of safety or haven. More study is needed of such situations, especially related to the home space, to understand all dimensions of home, suffering, and healing.

Another area for attention is the common practice of medicalizing the home in professional home care. Realities of practice continue to reflect power relationships and assumptions of professional-centered care and lack of consideration of the primacy of family caregivers and home environment for care and/or healing. There is a risk to assume,

create, or promote hospital regimens in patients’ homes as we haul in beds, procedures, equipment, instructions, and schedules. Several scholars have outlined social and ethical implications of effectively moving hospital to home and thus violating the native social and physical space and privacy.⁵⁰ We know little of the effects on suffering or healing of such impositions and trappings of professional home care that may even disrupt social relationships within the home as we subordinate family caregivers. Such situations underscore the need for continued study of context and meaning of home for caregiving and healing.

CONCLUSIONS

Although the environment of “the private” home may have changed since Nightingale,¹ the existence of human suffering and the “want” of healing within the home environment have not changed and are perhaps even more profound. To understand healing, we must respect suffering. To promote healing, we must cultivate presence, and such presence must be considered within the living space of the sufferer. To become therapeutic, we are invited to participate in the private, spiritual, and spatial aspects of healing. It would be most unfortunate in current trends related to patient safety and privacy if we missed the opportunity to notice and expand our capacities to attend suffering, promote healing, and recognize the home environment to optimize healing experiences. There is a growing call to explore place, attend to home as place for healing, and expand our theoretical and empirical perspectives. To better serve others as researchers, teachers, and practitioners, we might recognize the significance of the home environment for healing, develop more sophisticated theory to explain phenomena related to healing and to home as more than backdrop, and refine our practice to support healing in the native and personal space and residence of the one who suffers. Although we continue to know

more about the person, his or her illness, and even his or her social support, we still know so little about the person's relationship to

home as a dynamic spatial variable of environment or place for suffering, caregiving, and healing.

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