

ENCOUNTERS BETWEEN CLOSED WARDS AND RESIDENTS WITH COGNITIVE IMPAIRMENT: *DEMENTIA IN CONSTRUCTION*

MATERIALITIES OF CARE CONFERENCE
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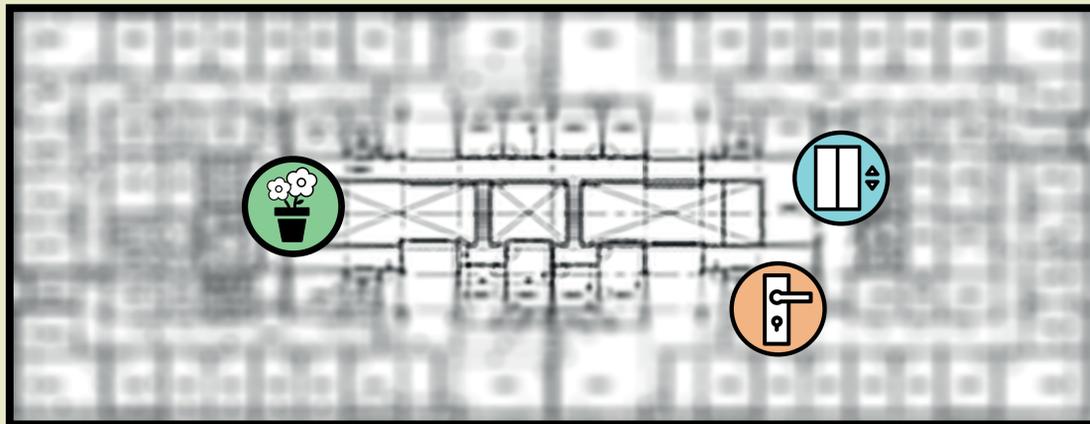
ANNELIEKE DRIESSEN

Introduction

Care homes are not only a site of care. They are also part of care: the inside of the building is “matter that enables the movement of other matter” (Larkin 2013: 329), mediating movement of different (groups of) people, objects and spaces and bringing them into (or keeping them out of) interaction. The building carries and enacts a materialised care logic and therefore warrants more scholarly attention (Martin 2015). Care workers may work on, with and against elements of the care building to provide care. How the interaction between care home buildings and their users occurs, is the topic of this poster presentation.

Poster guide

The three symbols on the floor plan situate the three vignettes (below) in the inside of the care home building. Each vignette describes a human-architecture interaction in dementia care. The analysis of each vignette can be found underneath in corresponding colors.

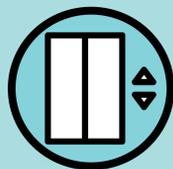


Methods

Twelve months ethnographic fieldwork in three Dutch care homes for people with dementia:

- Participant observation with residents, their family members and their care workers
- Interviews with care workers and family members

Lift Doors



Mrs. Sanders leads the way towards the lift doors, which is covered with a picture of a windmill and cows. “This way”, she says. “Where are you heading?” I ask, although I know the answer. We often chat during her daily waiting for the lift. “Home” she says, pressing the button. If she had inserted the code on the code panel above the button, the lift would have come. Now it will not. We stand still and wait for minutes on end. Then the lift doors open and the physiotherapist Leon steps onto the ward: “Are you keeping watch?”. He stands in our way, just long enough for the lift doors to close behind him. Mrs. Sanders sighs in obvious agitation.

Closed Doors



Physiotherapist Leon tells me that three years ago the bathroom doors in this care home were not accessible without a key. Residents were taken on toilet rounds ‘as they were all assumed to be incontinent’. Those who were not, became incontinent soon after their admission. Now, the doors to residents’ rooms remain locked for, as activity supervisor Janneke notes “Residents take all kinds of things - dentures, hearing aids - and [put] them in the closet, or in the piano”. Mrs. Maren’s walks the hallways and laments “I cannot enter my room”. Weeks pass before she is given a key, but as it takes the shape of a door handle, her confusion about its function causes distress too.

The Balustrade



A flowerpot has shattered onto the patio of the care home. Upstairs Mrs. Van Velthoven and Mrs. Smilde are sitting on their walkers, close to the balustrade, from which the lower floors can be seen. Here, residents often ask me “How can I get there?”. Mrs. Van Velthoven is upset: “I am totally disoriented, I do not understand how I got here” [...] “Well, that thing I threw down on purpose!” [...] Eva begins to take the flower containers off the balustrade: orders from the facility manager. Angrily she says: “She is ruining it for other people”. Martina remarks “Well, I get it. [...] She wants to go to the library. I have asked if they could send up some books”.

Co-production

- Understanding Mrs. Sander’s ‘walking away’ as a symptom of dementia fails to acknowledge the role the physical environment plays in the production of her agitation.
- The code panel and care workers together emphasise the residents’ ‘lack’, namely not being able to remember the code.
- The lift doors co-produce waiting through ‘primary socialisation’ (Kontos & Naglie 2009), while simultaneously restricting residents’ ‘going home’.
- The lift doors require co-operation with care workers to enforce the ‘principle of precaution’ (Daniels 2015) of closed departments: keeping residents inside will keep them safe.

Bodies

- Two systems interact: doors do not close themselves; they require co-operation with key holders.
- The restricted access to toilets shapes the residents’ bodies: they become incontinent. Their degeneration speeds up.
- Other doors also mark an off-limit space for those without a(n understanding of a) key. Residents’ being-restricted is therewith continuously emphasised.
- Closed doors are continuously puzzling and upsetting for residents.
- The doors and the strangely shaped key co-produce Mrs. Maren’s waiting and repeated question.

Durability

- The balustrade draws attention to other floors: it is an object and a relation between objects (Larkin 2013).
- It emphasises the residents’ inability to access these lower floors, yet enables the throwing of the flower pot. The balustrade co-produces this ‘unruly behaviour’.
- The building is not acknowledged in the interpretation of this behaviour. Rather blame is attributed to Mrs. Van Velthoven.
- The building holds a greater material durability (Law 2009) than other socio-materialities involved in care practice. It may become ‘dyschronic’ to the care logic of care workers. Carers may seek to adjust other materialities: taking flower pots down and bringing books up.

Conclusion

- Dementia is co-produced in construction: symptoms associated with dementia (such as agitation, anger, the repeating of questions, restlessness, ‘walking away’ and even incontinence) are brought about by the inside of the building.
- This does not mean that the building ‘can do anything’: it requires a close cooperation between the elements of the inside of the building (such as doors and balustrades), other objects (such as keys) and care workers.
- How these human-architecture interactions play out should be subject to further study, as understanding them is crucial to learning more about the possibilities to improve care home design.

References

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