Designing a multicultural dementia home

Marloes Pieper, 4006194
maus.pieper@gmail.com
AR3A160 Lecture Series Research Methods 14/15
Position Paper

Abstract

Immigrant elderly suffering from dementia are not using the care home facilities available for them. Literature gives several suggestions to make care homes appealing for them, yet they stay on an insufficient level of architecture. They fail to address that a dementia space should be designed by addressing the senses. Because we are dealing with the primitive human responses of demented people, it does not matter where you're from, the beauty of a space will become equal across all cultures.

Keywords

Dementia, immigrant elderly, care homes, sensesory design

Dementia and immigrant elderly

Dementia is the general term for a collection of different diseases which all concern the decline in mental abilities. The most common type of dementia is Alzheimer's disease. Alzheimer's is widely known for the loss of a persons' (short) term memory. This will worsen over time and lead to the overall loss of emotional expression, ability to socially interact and speech. In the end, all cognitive functions are either greatly decreased or lost completely (Alzheimer Nederland 2013).

Even though our population is ageing quickly and the number of people diagnosed with dementia are heavily increasing, both the cause of the disease, as well as the cure, are still unknown. Living with dementia is becoming more common and with the advancing healthcare many people will continue to live anywhere from 5 to 20 years from the moment they are diagnosed (Alzheimer Nederland 2013). However at some point the dementia will be so severe that the ability to live at home will become increasingly difficult. At such a moment all reasoning, and being able to form a plot of the things that happen around them, has completely disappeared. They become fully dependent on the care of their surroundings (Marquardt 2009). The demented become slowly but surely lost in space and time.

Within the context of my graduation topic I am exploring the possibility to design a multicultural dementia care home. I feel any dementia home should be locally embedded within the lives and surroundings of the local elderly. Therefore the population of the home should also reflect the local elderly population. In my case this means addressing the large group of immigrant elderly from a Turkish, Moroccan and Surinamese background who dominate my design location.

However, there are alarming statistics when it comes to demented elderly within these cultures. Where 20% of the Dutch elderly use the current available care homes, only 1% to a maximum of 3% of immigrant elderly are interested in our professional care homes (Draak 2011). Designing the facility with a focus on welcoming those cultures will be a vital element of my project if I wish to achieve my goal of creating a locally embedded dementia home. During my research of determining why immigrant elderly experience such hesitation when considering a care home I developed a notion of architectural expression which I feel the home should represent. As an architect and for the purpose of this essay this is focussed on the architectural and spatial expression, ignoring the social political reasons in this matter.

Suggested solutions for cultural specific care homes

Because the first generation of immigrants is now reaching the age of 65+, the number of people suffering from dementia increases rapidly within these cultures. In fact, there are twice as many cases compared to Dutch elderly. This is mainly due to the physical condition of the immigrant elderly. They are more likely to suffer from diabetes and heart and blood vessel illnesses, two of the largest risk factors for dementia. (Versprille 2012) Since this trend became visible, the research done on dementia within the immigrant cultures has greatly increased. Several different essays and papers have suggested programmatic and architectural solutions for creating an environment where the immigrant elderly will feel welcomed.

One of the most common solutions suggested is the possibility for the immigrant elderly to be able to practice their own religion. (Baas 2004, Burger 2008, Genderen 2012 and Hoffer 2005) Specials rooms designated for different beliefs should be incorporated and decorated with appropriate materials and objects. This includes the possibility to speak to a clergyman or pastor if wanted. Spiritual and traditional festivities from the land of origin could be continued here.

In order for the different cultures to feel at home it is also suggested to include several visual elements in the interior. These should reference to traditional landscapes or monuments in the land of origin (Baas 2004, Burger 2008, and Hoffer 2005). It is argued that these images will provide a sense of 'feeling at home' for the dementia patients. As they fall back into their memories they often forget the period they have lived abroad and cannot locate themselves in their new country.

Across all cultures the customs and rituals that come with sharing a meal, should be focussed on within a care home. Besides creating multiple diet or religious food options the meals should represent traditional dishes which the demented elderly are familiar with (Baas 2004, Burger 2008, and Genderen 2012). Unlike the Dutch style of having a large space where the living room and the kitchen intertwine, the kitchens should have the possibility of being closed off. The smells that come with the traditional dishes are therefore prevented from lingering around the homes.

Offering programmatic additions such as a supermarket or restaurant within the facility of the care home is also stimulated (Baas 2004, Genderen 2012 and Yerden 2013). These would only function to the demented elderly, not to any outside user. Here the demented would be able to experience going shopping, or having dinner with family, just like they would have if they were living at home, but in a safe environment.

These four main changes are suggested across a wide variety of literary sources. In combination with several changes to the type of care giving they should provide a welcoming environment for the demented immigrant elderly. However architecturally I think they fail to appoint what is really needed here.

Limitations of solutions

During my visits to three different culturally adapted care homes for dementia patients, I had the chance to observe and see if the suggested solutions were in place. All four of the homes had culture specific living rooms with objects and fabrics that originated from the culture of the inhabitants. Two of the homes had a closed kitchen and two had a flexible religious space where different religions could be practiced. One care home had a large central space with a supermarket, restaurant and a café. Nevertheless, the architectural expression, both exterior as well as interior, of all four was clinical and relatively standard.

This is the first main limitation of applying the changes suggested; they are a separate layer poured on top of an institutional type of architecture which does not approach the vulnerable user group in a sensitive way. They are limited to pragmatic and practical issues. By setting these solutions the architecture is allowed to fit the criteria without being truly adjusted. Although simple adjustments to the existing care homes should be encouraged, as adapting a building is often more realistic than building a new one, they lack a sense of depth for creating dementia friendly spaces.

The focus stays on creating an environment where the dementia patients are tricked into being at home. This is done in two ways; on one side there is the replica of public functions, on the other the replica of the atmosphere of the country of origin. The line between giving the dementia patients a feeling of familiarity and creating some sort of Disneyland environment is very thin, thus easily crossed. I feel this approach is disrespectful and does not acknowledge the elderly as an existing member of society. Instead a hidden world is created where they are excluded from participating.

Considering I am designing a dementia home this year I have the ambition to consider both theoretical as well as pragmatic solutions. They should be focussed on the possibilities of participation of the demented, instead of on the limitations; both by a physical as well as a mental approach. By holding these core values with me from the beginning the integration of architectural solutions will hopefully be much more profound.

Fig. 1, 2; Living room adjusted to its Morrocan dementia users in one of the dementia homes I visited. Furniture, lighting and objects are cultural specific. The shelves hold items the inhabitants can bring themselves.

Orientation and sensory environments

Even though the physical world of a demented elderly becomes less and less, the mental world is still very much alive; even when this mental world is made out of only memories and has completely let go of any interaction with the direct surroundings. The self-being of the demented shows through stripped down, basic and pure emotions and sensations (Feddersen 2014). The spaces surrounding the demented should therefore offer a place for as much mental activity as you would normally take for physical activity. Creating spaces for thoughts seems abstract, but as thoughts are often triggered by sensory experiences, designing becomes about initiating these experiences. At the stage where the social interaction and physical activity has become the lowest, the need for being in a sensory activating environment increases. The design should provide appropriate (psychological) activity by creating chances for exploring and engagement. This will increase the patient's sense of purpose (Jakob 2002).

It has become clear that dementia forces us to work with the core human responses to space. As the disease itself behaves in a similar matter for all its sufferers, it can be concluded that no matter what the cultural background of the elderly is; they all experience the same difficulties. The disorientation the demented feel is often linked to the orientation of a large scale location; a city, a country, a region. Especially considering the immigrant demented elderly, the solutions aim at creating an orientation point far away from their actual location. Yet when talking about addressing the senses, the vestibular sense is just as important as sight, touch, smell, taste and sound. It is the sense that provides us with the knowledge about our placement and moving through the direct space around us (Jakob 2002). Being responsible for spatial orientation and balance, it becomes vital in providing a sense of orientation for demented elderly. Not the orientation of the country or region they are in, but the pure and basic realisation of where their minds and bodies are in relation to the space.

In the beginning stage of dementia, a person's own personality and cultural background might influence the way the disease develops. As the severity of dementia increases, the activities and psychological well-being becomes similar for all its sufferers, as we deal with such basic human values. Just as anxiety and disorientation become similar, the notion of beauty and pleasure become equal across all cultures as well. Considering the need of sensory design, the assumption can be made that the experiences of beauty are thus universal. Integrating the immigrant cultures into care homes goes beyond the placement of open or closed kitchens. It goes beyond providing spaces to practice their own beliefs. Despite the fact that these obviously still need to be present, a much deeper appreciation for reaching the senses is what is needed. An appreciation for addressing the small scale self-awareness in a specific space, equally for all demented elderly, no matter where they are from.

Universal beauty

In order to integrate the immigrant cultures into the healthcare facilities the focus should extend further than the application of the practical solutions. Because dementia forces us to only consider the core human responses to spaces, the notion of beauty and pleasure become equal across all cultures. The spatial experience is therefore not influenced by the pragmatic solutions suggested but by the stripped down senses of the dementia patients. It is these senses that need to be addressed in order for anyone to feel attracted to the facility. A dementia friendly space should be safe and through the use of specific materials, light, sounds and scale create an aesthetically pleasing space (Prokopová, 2015). These are values that address the pureness of primitive human responses demented elderly experience, no matter what cultural background people have. It can be seen as the long awaiting opportunity to turn to a more basic, sensory experience of architecture.

References

Alzheimer Nederland
2013 *Factsheet: Verloop van Ziekte*. Amersfoort: Alzheimer Nederland

Baas, N.
2004 *Naar een Cultuurspecifiek Dementie-Aanbod.* Tilburg: Brabants Ondersteuningsinstituut Zorg (BOZ) in collaboration with Palet, steunpunt voor multiculturele ontwikkeling in Noord-Brabant.

Burger, I.
2008 "Zijn de care-voorzieningen klaar voor de groeiende groep Turkse en Marokkaanse ouderen in Den Haag?" *Epidemiologisch Bulletin* 43, 2/3; 13-29

Draak, M. den & Klerk, M. de,
2011 *Oudere Migranten: Kennis en Kennislacunes.* Den Haag: Sociaal en Cultureel Planbureau

Feddersen, E. & I. Lüdtke
2014 *Lost in Space: Architecture and Dementia.* Basel: Birkhäuser Verlag

Genderen, C. van
2012 "Huize Orchidee voor Turken." *AD Rotterdam* 70, 62: 13

Hoffer, C.
2005 "Allochtone ouderen: De onverwachte oude dag in Nederland." *Onzichtbaar- Onmisbaar: Ouderen in Rotterdam, Essays* 4, 1; 7-30

Jakob, A. & L. Collier
2002 *How to make a Sensory Room for People Living with Dementia.* Southampton: Faculty of Arts & Humanities Research Council

Marquardt, G. & P. Schmieg
2009 "Dementia-Friendly Architecture: Environments That Facilitate Wayfinding in Nursing Homes," *Am J Alzheimers Dis Other Demen* 24, 4:2

Prokopová, A.
2015 "Architecture and Dementia." *3NTA Online Publication Platform http://www.3nta.com/*

Versprille, H.
2012 "Tajine en couscous voor dementerende." *Het Parool* 75, 155; 8-9

Yerden, I.
2013 *Tradities in de knel: Zorgverwachtingen en zorgpraktijk bij Turkse ouderen en hun kinderen in Nederland.* Amsterdam: Faculty of Social and Behavioural Sciences

Images

Figure 1:
Own image, taken in 10-06-2015

Figure 2:
Own image, taken in 10-06-2015