

P R O B L E M S T A T E M E N T

A N D

L I T E R A T U R E R E V I E W

P R O B L E M S T A T E M E N T

Every form of housing has an edge, which separates public life from private. This edge can take on many forms. In residential housing, it can be as narrow as the exterior wall or can include broader spatial zones such as the entire front yard. This edge serves several functions. It is the barrier to the outside world, but it is also the vehicle we use to let the outside world know who we are. Throughout most of our lives, we manipulate this edge like a theater proscenium. When the curtain is closed, we hide away what is private. When the curtain is up, we display what we want others to see. There is extensive, classic literature on how the selection and decoration of our home environment is a strong means of non-verbal communication of expressing who we are (e.g., Cooper-Marcus, 1974; Carp, F.M. & Carp, A., 1982; Altman, 1980). This edge plays a key role in this interpersonal communication as well as the social milieu.

Despite the documented evidence of the use of the housing edge as a means of interpersonal communication, the role of the edge in sheltered care settings has not been extensively explored. There are typically few opportunities for residents to use this edge in sheltered care environments for the elderly. These environments which offer both housing and some form of supportive care are often large, complex interior settings. Frequently, the architectural framework of these settings compresses this very necessary zone to only a doorway and a wall in the hallway. Compressing this edge denies residents an opportunity to use this zone as a means of non-verbal communication which they have been accustomed to over their lifetimes. At a time of their lives when older people have the most to share with others, they frequently lack the architectural framework to support such self-expression. In settings where we encourage socialization of older adults, few non-verbal means of expressing common interests and backgrounds currently exist. Moreover, the lack of individualization that is negatively associated with sheltered care settings—often begins at the unit's edge.

Significance

The importance of maintaining social engagement has long been a central theme in the literature on successful aging (Jacobs, 1975). There is substantial literature to suggest housing boundaries play a key role in socialization (Cooper-Marcus, 1974). While housing edges have traditionally served as a means of regulating social engagement, this role of the edge in sheltered care environments for the elderly has not been well explored. These settings are traditionally separate living environments which provide some form of support such as CCRCs, apartments, assisted living and nursing homes. However, these environments frequently have negative associations (Health Unit, 2001). A part of sheltered care settings' negative imagery is due to the loss of a sense of identity and control for the elderly (Calkins, 1995; Goffman, 1961). However, this research posits that maintaining that control and identity can start at the unit's edge.

As increasing numbers of people move into sheltered care settings, we must understand what we can do to make these settings supportive and promote successful aging. Gaining a more sophisticated understanding of the power of the unit's edge and its proper treatment fits within this paradigm. Architects and designers have started to explore the issue of bringing this edge back into these settings by the use of interior front porches, hallway niches, interior windows, display cases and shadow boxes. However, little research has been done comparing the effects of each of these different treatments on resident identity, communication and socialization. Moreover, there is little empirical research available reviewing the use of these edges. This research intends to begin to fill this gap and provide a clearer understanding of how these edges are being used.

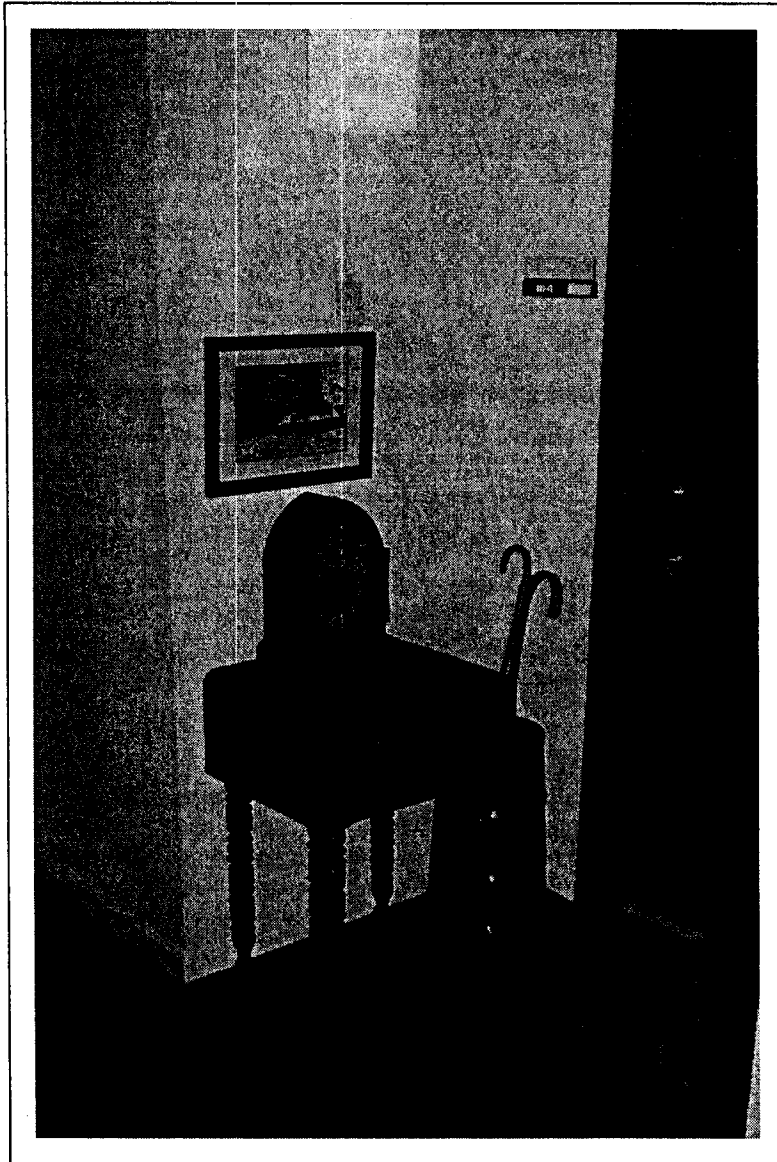


FIGURE ONE EXAMPLE OF USING THE UNIT'S EDGE
PHOTO BY MARK PROFFITT

T A R G E T E D L I T E R A T U R E R E V I E W

The following targeted literature review was used to establish key concepts for the study. The study of personalization is quite diverse and is found in multiple fields of study, which include environmental psychology, environmental personology, interior design, sociology, and cultural anthropology. This review focuses primarily on key environment and behavior studies, gerontology and architectural design.

ENVIRONMENT / BEHAVIOR STUDIES

Research has indicated that people make judgments about environments based upon appearances (Carp, F.M. & Carp, A., 1982). Judgments of likes or dislikes have been argued to be based upon our past experiences. For instance, Rapoport (1985) discusses how houses reflect the cultural, regional, religious, and economic factors related to the inhabitants. Cooper-Marcus (1974) in her article, "House as Symbol of Self", argues the exterior of the home serves as a second skin. The home image we select and the decorations we choose reflect our personalities and the identities we wish to portray to others. Furthermore, Altman (1980) argues that personalization of a home fosters social interaction by expressing to others common values and lifestyles. It is these commonalties that strengthen social networks. Rapoport (1985) formed a conceptual framework for evaluating home environment based upon fixed feature elements, semi-fixed feature elements and non-fixed feature elements. Fixed feature elements refer to architectural elements such as the floor and the walls. Non-fixed features elements change rapidly and refer to the inhabitants' spatial relations, gestures and nonverbal behaviors. Semi-fixed features include furniture and artwork. Semi-fixed features can change and are frequently the primary means of inhabitants' expressions of congruence with their home setting. Thus, homeowners frequently have the control to adapt their environment to communicate what they desire. Janz (1992) used this framework to compare two socio-economic neighborhoods in Milwaukee to determine if residents expressed their identities using their home fronts. Her findings supported the use of home fronts as a mechanism for home owners to communicate and reflect group membership. In contrast to home environments, total institutions, such as prisons or nursing homes, have been found to lack personalization (Goffman, 1961). A characteristic of a total institution is the loss of individual identity for only a group identity. Such settings that are uniform in appearance, are negatively perceived in this society. Therefore, it can be inferred for this study that the best home environments allow one to manipulate the appearance of the unit's edge to express one's individuality as well as group membership.

GERONTOLOGY

Gerontological research has looked at different aspects of the dwelling for socialization, communication and personalization in various types of settings. Some specific uses of the unit's edge in home environments by the elderly have been documented. Rowles (1981) identified a surveillance zone among the homes of a rural elderly population. This surveillance zone is comprised of the area within view from the window's edges of their homes. Neighbors would informally check on each other by waving or looking for lights at night. The elderly had a higher degree of socialization with people who were included within this zone. This same concept was noted by Hochschild (1973) who studied a mid-rise congregate building with exterior balconies as corridors. Residents of the building would informally check on others as they walked past other residents' units. If the curtain was up, then it was assumed all was well or they would wave to the person inside. If the

curtain was closed, they would check on the person. Similar to the rural social network, the most common friendship was between residents who shared the same corridor balcony and passed by each others' units each day. The importance of personalization of private spaces within congregate care settings has been studied by Kinny et al (1986). The living room walls were studied for the amount of personalization. Their study found that the residents who most personalized these walls had the greatest perceptions that their unit felt like a home. Kamptner (1989) discusses the importance of possessions as a person ages and moves to a new location. He argues that these items represent ties or bonds with others and these possessions assist in helping to maintain personal identities. The introduction of a familiar habitable edge into a nursing home setting, which previously lacked this feature, has also been studied (De Long, 1970). Two semi-private rooms were converted into four private rooms with a small front porch. This new arrangement fostered sociability among the residents because it created a familiar common meeting zone. The use of personalization for orientation and wayfinding has been demonstrated in sheltered care environments for residents with early stage dementia. In one study for example, large display cabinets filled with personal items were found to help four out of ten residents with locating their rooms (Namazi et. al., 1991).

ARCHITECTURE

Innovative housing for older adults has recognized the benefits of manipulating the unit's edge. The primary manipulation has occurred at the doorway to the unit. One of the first innovative uses of the unit's edge is at Captain Eldridge Congregate House (See Figure Two), where each unit has a front porch to place furniture (Morton, 1981). A dutch door and interior window were provided so residents could select the amount of interaction they desired within a two story atrium space. Annie Maxim House (See Figure Three) continued this idea by using a single loaded corridor with entry porches along each dwelling unit's edge (Boles, 1985). A window was provided to view the hall from the kitchen in the unit. At the Corinne Dolan Center for Alzheimer's Care (See Figure Four), the entry area to each unit has a display cabinet and a dutch door (Cohen & Day, 1993). The principal function of these items is to help residents identify their rooms by remembering personal objects. Woodside Place (See Figure Five), another facility for Alzheimer's care, used dutch entry doors and placed a high shelf inside the room for residents to personalize (Hoglund & Ledewitz, 1999).



FIGURE TWO CAPTAIN ELDRIDGE HOUSE,
DONHAN & SWEENEY ARCHITECTS
PHOTO BY MARK PROFFITT



FIGURE THREE ANNIE MAXIM HOUSE,
KJA ARCHITECTS
PHOTO BY MARK PROFFITT



FIGURE FOUR CORRINE DOLAN CENTER,
UNIVERSITY HOSPITAL HEALTH SYSTEM /
HEATHER HILL HOSPITAL AND HEALTH
PARTNERSHIP, HEALTH CONSULTANTS
INTERNATIONAL, TALIESIN ARCHITECTS,
STEPHEN NEMTIN
PHOTO BY MARGARET F. CALKINS, Ph.D.

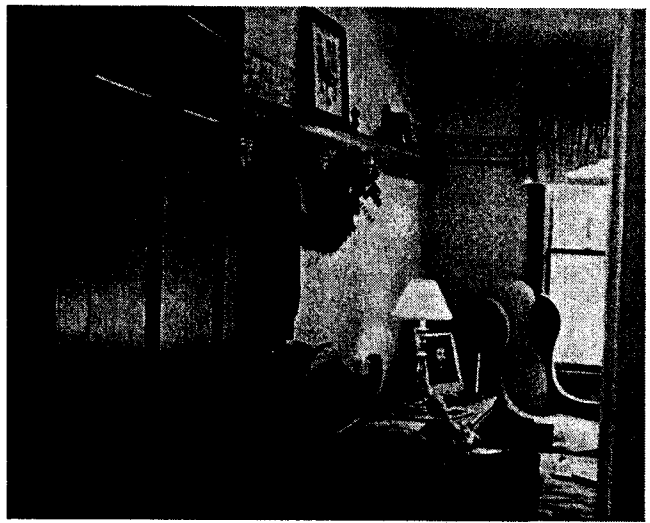


FIGURE FIVE WOODSIDE PLACE,
PERKINS EASTMAN ARCHITECTS
PHOTO BY ROBERT RUSCHAK