

Contemporary Aesthetics

Special Volume 4 (2012) ARTIFICIATION

2012

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Artification for Well-Being: Institutional Living as a Special Case

Susann Vihma

Abstract

Millions of people live in institutional residences that differ significantly from their homes. This article looks closely into the quality of these habitations and points out some critical characteristics based on a research project called CoWell. One salient question circles around the concept of homeyness, which in many countries is the main objective to realize in institutional living. Some kind of artification is implemented and is seen as a means for achieving a homey atmosphere and of stimulating the inhabitants and the staff. However, very little research has been done on homeyness. Cleanliness, permanence, and randomness are often recognizable in institutional living. These three features create a special quality and they affect artification. However, the question of who should make decisions concerning artification is not dealt with in official reports and research literature. The conception of artification *as a process* would support measures to improve the milieu and help to meet the many divergent interests the habitat should fulfill.

Key Words

artification, design, elderly care centers, homeyness, institutional living, well-being

1. Introduction

It is generally recognized that a good environment enhances physiological, psychological, and social capacities and improves the quality of life. Therefore, special measures are taken with the aim of improving the quality of environments. One of the possible means is artification. Hence, my objective here is to look more closely at how art is conceived as a means of improving well-being. After my general introduction, I present institutional living as one particular illustration, as I believe that it may also help guide us in enhancing well-being in other contexts.

Numerous projects propose that art and well-being are related, but such a relationship cannot at all be considered clear.^[1] Nor is it clear how art affects institutional living. Therefore, I shall attempt to show a possible juncture between art and well-being, in particular, as a way of understanding the elements of well-being that art can influence. The usual basic assumption is simply that art in some form increases well-being, and therefore is introduced into different spaces and contexts, such as municipal areas, workplaces, residences, and hospitals. Yet the results of research at the international level are still contradictory on how art affects well-being.^[2] It is possible that different forms of art affect well-being in different ways, so that some have a greater and faster influence than others. Moreover, the view of art among subcultures almost never appears in research; instead, the question is more closely one of mainstream, middle-class awareness or the view of art canonized in the Western cultural tradition.

Before turning to my particular theme, I would like to ask why art and artification should be scrutinized in this context. Should art and artification be incorporated into a discussion of well-being at all? I do not have to look far to find the answer because art is often mentioned in articles and reports. The current trend is to design institutional living facilities that do not have an "institutional" flavor, so such buildings and their furnishings always seem to require enhancement. In a home, this "extra" factor takes a particular form on a personal level over an inhabitant's life span. Along with the necessary space and practical items, many other things, such as pictures, equipment for hobbies, gifts, and souvenirs, come into play. In this manner, the home, as a habitat, forms an entity whose shapes and patterns do not always have clear boundaries between practical, decorative, entertaining, and artistic

forms. These constitute the inhabitant's integrity, which, from the perspective of well-being, is fundamental. This type of complexity is not built into institutional living, and these types of objects are not brought to institutions or collected in the same manner. In the institutional habitat, the non-institutional features are provided by others, not the residents, especially in public or shared areas. They are often art works or decorative objects that do not necessarily have any connection with the lives of the residents or staff. The milieu of institutional living both becomes artfied and is artfied in this manner.[3] This gives rise to an interesting bypath concerning the relationship between artification and decoration

For the topic of this article, I have chosen the milieu[4] of one group living in institutions, the elderly. I examine the appearance of art within this context as part of the more general objective of well-being. According to the materials I have consulted, art always appears in the environment of those living in such an institution.[5] In addition to paintings and other art objects, the artification of institutional living spaces can involve other genres, like music, theatrical art, and literature, and are of differing quality when they are produced in these places. It can also be said that art is consumed in these institutions when people encounter art and when the milieu is artfied in this way.

When speaking of art genres, the characteristics of a constructed environment, such as space, architecture, furniture, and other design products, cannot be disregarded.[6] The question touches on the concepts of architecture and design, both of which may incorporate artistic qualities. Thus, the problem of artification can even extend to spatial and product design. Furthermore, artification can be broadened to include the actual care work in institutions when we remember, for example, that the making of music and other performances are sometimes carried out in addition to, or as part of, basic care. Artification could be extended to touch the entire organization comprising basic care, decision-making, and budgeting.[7]

Presentations of good environments often contain illustrations of inspiring spaces and furnishings. Many countries have drawn up guidelines and criteria for achieving a good milieu. In this article, however, I do not analyze these recommendations, although I do refer to them. Instead, my objective is to concentrate on one problem that I feel is important and has remained almost completely untouched, the artistic quality and artification of a milieu, and through this, the possibility of experiencing artistic qualities. I inquire into the manner in which a milieu is artfied and the factors that affect the artistic quality of a milieu where empowering possibilities for aesthetic experiences are present.

2. What kinds of issues are involved in the artification of institutional living?

The general demand of a social policy for homelike surroundings in institutional living adds to the topicality of artification as a subject of discussion. Art works are brought in to add to the comfort and stimulation of the inhabitants, in other words, to lessen the institutional aura. It is thought that art can not only increase stimulation but also the home-like atmosphere, so that the general goal of well-being can be realized.[8] The meaning of home and homeliness has, however, hardly been studied.[9] We do not know much about what "home" signifies to people and how this signification occurs. Hence, the relationship between artification and homeliness has not been examined in detail; rather, artification is simply assumed to improve the desired homely quality of a milieu. This is not necessarily so. Particularly when we think of contemporary art works, it cannot in the least be assumed that their presence would improve homeliness, and a homelike feeling would ensue. On the other hand, it is possible that there are only few or no art works in homes, so why would we even think that art would be linked to homeliness?[10] Yet, in an institutional habitat, an effort is made to specifically use art as a means of reaching the much-spoken goal of homeliness.

On the whole, it seems that when artifying the institutional environment, most attention is directed towards the objective of bringing art and art objects onto the

premises rather than thinking about what type of art would be suitable for the inhabitants and staff at a particular time.^[11] The question also remains of who should make the decision about the acquisition and placement of art.^[12] In Sweden, an artist has been hired to bring art to elderly care centers. Nevertheless, the question of how artification should be realized in such a milieu has still not been sufficiently examined. Who, at any particular time, is permitted to have an impact and for what reason?

3. A good environment

The Finnish architect Tuomo Siitonen has divided institutional living into a hierarchy with three privacy levels.^[13] One problem he found in the movement between the different rooms was that the transition from privacy to non-privacy was too direct. From an area of privacy one steps directly into public spaces, usually from one's own intimate room out to the public corridor. Decisions about the quality of different rooms should vary according to the degree of privacy a room should maintain. Semi-public and public spaces cannot be reserved for anyone's personal matters, be they those of the inhabitants or the staff. Semi-public areas have design potential in that they can provide forms of companionship and support different social roles.

In contrast with an artistically interesting and rich milieu, we can imagine a stripped or unadorned space, such as an empty lobby, a hall, or even a prison cell.^[14] In outdoor spaces, such a milieu could be a bare or shabby area. It could also be anonymous, no one's space, such as a hotel room.^[15] In the case of a prison cell, the milieu can be understood as part of the punishment, which, for that reason, would not be considered deserving of being pleasant or cozy. It is stripped of almost everything and has only basic furniture, such as a bed, table, and chair, or sometimes only a mattress.^[16]

Presenting the antithesis of homelike features demonstrates my belief that the interior design of institutional residences actually shows the same trend and general practice. The simpler the milieu, the more the living conditions seem to be severe or institutional, the antithesis of homelike. Hence, hardly any object in the physical environment would attract the resident; the personal connection is not there. The elements that could possibly add warmth were chosen by someone other than the inhabitants. We may ask why choices are made in this manner.

Conversely, when people can help create their own living milieu it becomes a more pleasant place. During the last few years, participatory design and co-design have become a trend in design and design research. In place of 'user-centered design,' the term 'co-design' is more commonly used today, so that we no longer think of only planning and designing *for* people but *with* people. However, the practice of co-design does not seem to be adopted when elderly care centers are designed. It is possible that the personnel or other decision-makers, such as civil servants at the municipal level and managers of care centers, do not have the instruments or training to carry out such a new type of approach, or perhaps they may think of it will increase the cost.

When the institutional milieu is examined from the point of view of the inhabitants, staff, and other stakeholders, the situation does not appear so black-and-white. The diversity of interests creates situations that are difficult to solve and circumstances in which many objectives collide. Is there any way to assume that a satisfactory situation can be found for all? This question has not been raised in public discussions and research, since it seems that problems with practical and everyday activities and basic care swallow all the resources.

From the point of view, first of functioning, and then of well-being, the satisfaction of personnel is significant. Spaces that have been planned only for staff, such as offices and meeting and dressing rooms, belong closely to the conditions of institutional living. (See illus. 1, below.) The division between the residents' rooms and other areas often stamps its mark on the entire milieu. Often the main entrance is defined by the institution's personnel and service organization and their need for public

information. That is why the entrance and related furnishings greatly influence the “degree of institutionality.” In other words, does one step into the familiar warmth of something homey or into an area arranged according to the public image of some other party? The artistic quality of the entryway and the hallways to the rooms can, of course, also be evaluated in modern apartment buildings. These, however, do not have the clear message of an institutional residence, which often has signs that read Office, Administration, Appointments, Opening Hours, Week’s Menu, Exercise Hours, Emergency Numbers, and like signs indicating institutional functions immediately inside the outer door.



Illustration 1. An office and space designed for staff behind a glass window in an elderly care facility.

Research has shown that routine becomes imbedded in institutions and stiffens practices, which are then difficult to change.^[17] Such routines lessen the homeyness of the place and do not help maintain work efficiency. Instead they create the need to hurry. They affect the nature of the activity and the milieu. The programs announced from week to week have the same set schedules, furniture is arranged to make cleaning easier, the number of pieces is reduced, and the like. All sorts of things, such as tablecloths, chests, baskets, and magazine racks are taken out and the milieu becomes plainer. On the other hand, cleaning and treatment equipment is left in the halls and in the shared washrooms. We can assume that the routines tied to the staff, their schedules, and tasks obstruct artification in a place where it would be welcomed and could affect well-being.

From the very beginning, attaining well-being and implementing artification include a problem that originates from the different viewpoints, approaches, and demands in the design of space, furniture, and the practices of institutional living. Nevertheless, the living areas of institutions always seem to be artified in some manner. The more important question is how artification formed; in other words, whose task is it to artify the milieu? Therefore, I regard artification as a process, although it sometimes happens on an unconscious level. Artification happens when one artifies.

4. The problem of artification in design and architecture

The relationship between art and design has been a major controversial topic throughout design history.^[18] It has intermittently divided opinions into two opposites, particularly since the beginning of modernism. One includes art in the planning and form-giving process of design; the other ignores art. Often this complicated and partly ideological question has been ignored in professional discussions of design, which instead tend to focus on the *aesthetics* of design.^[19] It follows that the outcome of professional design is always assumed to include aesthetic evaluation but not artistic evaluation. That is, design is always seen as successful when judged to be elegant, or as a failure when considered awkward and unsuitable.

Design focuses on products and arrangements with qualities that generate experiences, such as meaningfulness and the feeling of beauty. The outcome of

design is not, however, always an art work. Differences of opinion raise the question of whether such products and arrangements even have artistic qualities. If they are considered to have such qualities, what kind are they and how are they constituted? In the study of artification, the relationship between art and design must be clarified. One way to proceed is to divide the examination into two parts. The first part regards art works that have been brought into a space. The second looks at milieus and the artistic qualities of products or, more precisely, at the relationship between people and products, in which the latter are seen to function as a vehicle of artistic quality. The first seems easy to characterize in practice, even though there could be many different opinions about the quality of the works. However, this in itself can complicate the question of the possible artistic qualities of the actual care work, for example, when singing or dancing is included in a care program.

Several interesting examples of the debate on whether design products include artistic qualities can be found in design and architecture history. Western modernism, which has dominated the field for more than a hundred years, does not provide an unambiguous answer, even though one might think that it would. Modernism in design and architecture was first affected by the technological development in industrial production, which also defined design ideals to a great extent. The so-called artistic influences were omitted, as the modernism pioneer Adolf Loos proposed at the beginning of the last century.^[20] Machine production was admired and its ideals of form were transferred to product design. In the new cultural condition it was thought that the aesthetics of design and architecture were constituted differently and did not follow the legacy of art. The same kind of thinking was represented by some Russian *avant-garde* artists, such as Vladimir Tatlin. However, a modernist designer could bring art works into a plain space, as Le Corbusier did in his well-known *l'Ésprit Nouveau* pavilion in 1925.

On the other hand, the viewpoint of the *De Stijl* movement, which held that a successful form has a practical and functional value together with being a work of art in space, also belongs to the modernism tradition. Piet Mondrian went as far as to propose a new form of painting, his Neoplasticism works, as a starting point for designing an interior: a painting continues and unfolds in space.

Loos' idea of disconnecting art from design was continued in Germany after the Second World War in the famous Ulm School of Design that reformed education in industrial design and its professional image.^[21] Even today the dichotomy and the discussion on design's relation to art occupy the design world and continue in places like education and the press. One extreme anchors design to the legacy of art, while the other differentiates itself from it. In general, modernism has indeed cut off references and reduced form and, as earlier mentioned, has even denied this kind of legacy in design.

In the study of artification, there is a need to go deeper into this problem. I propose that artistic quality can be examined in the design of milieus, and that the legacy of art can be used to advantage. It is not enough to admit that various spaces evoke aesthetic experiences. Instead, particularly with respect to design, we could point out the qualities that influence these experiences in some way or another. In addition, we should be able to consider whether at least some characteristics could be called artistic qualities. Thus, we could speak of "artistic qualities" that can be realized more or less successfully when designing a milieu. The use of the term, of course, refers to the legacy of art, but would this do any harm? Possibly it would be the contrary: the use of the term could enrich and concretize design options and open up possibilities in design that would make good use of tradition even better than before.

Take minimalism, for example, a form ideal of modernism sometimes represented in art, architecture, and design. Its objectives, particularly its artistic ones, are implemented as carefully reduced forms and the sophisticated selection and combination of materials, and in proportions, which are given the primary role in evaluating the degree of artistic success. It does not take a stand against technological development. Minimalism may completely reject references to earlier

Western traditions in painting and sculpture and attempt to create new bases for expression.^[22] It sets its own perceivable specific artistic goals. In my opinion, the characteristics of minimalism could well be considered when designing some institutional living spaces. Then design and architecture, too, would have the artistic qualities of material combinations, proportions, scale, and finish. We would have "artistic" spaces and products consciously designed in a minimalistic style. In comparison, nowadays the plain milieu created for institutional living is often a grotesque contrast to minimalism ideals. As we have seen, the tendency to reduce a milieu does not lead to minimalism, which needs careful design in the use of materials, color scheme, space, and so on.

5. Homeyness for millions of elderly people in care centers

At the end of 2009 in Finland, 42,802 persons were living in elderly care centers, either nursing homes or assisted-living facilities. This figure was approximately four percent greater than the previous year.^[23] It is predicted that by 2030 the total will increase to 100,000 persons. In the UK, the percentage of the population aged 65 and over increased from 15% in 1984 to 16% in 2009, an increase of 1.7 million people over 25 years. In the United States, the elderly population will more than double between now and the year 2050 to 80 million.^[24] In Finland, only one in every 10 elderly care centers meets the quality recommendations for good care, which consider the staff, food, space, and so on.^[25] Although physically or mentally challenged persons, those needing a foster home, children taken into custody, and persons recovering from chemical abuse also fall into the category of persons living in institutional facilities, for different periods of time, I have limited my discussion to a particular resident group: the elderly and their habitat. However, it is likely that several of the same features can be found in many other types of institutional living facilities.

Recent research has questioned the tendency to group people. For example, those over 65 years of age are called the elderly, retirees, and the like.^[26] They are still individuals, with different types of backgrounds, and they should be understood and treated as such. However, the starting points for the development of "assisted-living and institutional care"^[27] have been the proportional growth of this age group and the resulting load on the national economy. The topic is politically current. In many countries, experts in the care of the elderly agree that, in the future, the elderly will live in care centers or assisted-living facilities with special public services. Therefore, various concepts of care centers have been developed. Among their objectives are a good quality of life, the right to self-determination, and, accordingly, self-reliant performance, safety, homeyness, satisfaction, respect for privacy, and private rooms with hygienic facilities. Visions and strategies concerning "service in institutional care" repeat these general objectives, but although guidelines have been written, there has been very little research done on the actual quality of the habitats.

A recent Swedish study stressed self-reliant performance as the most important aspect for the quality of life of the elderly.^[28] This issue was reported to be related to residency, for which one of the most important design criteria was then the support of self-reliant performance. However, this finding has lately come under scrutiny. Do activities possibly pertain more to social function among the elderly? Would it not be better to foster communality and mutual support rather than emphasize self-reliant performance? This stance would affect the layout and furnishings of elderly care centers in many ways.

Because homeyness is a dominant objective in many countries, it is interesting to look at how research results shed light on what it can mean, how it can be manifested, and especially how it can affect artification. Currently, there is a call for abandoning the term 'institution.' The same suggestion had already been made in Finland in the 1950s.^[29] Siitonen critically stated that the use of the term 'homey' actually refers to the obscure gap between institutional living and the home. When we cannot use the word 'home,' we simply use the looser 'homelike.' He therefore recommended that an analysis of the environment be approached from the privacy and communality points of view, which architecture can affect.^[30]

In Sweden, the architect Jonas E. Andersson has studied domesticity and a homelike feeling.[31] The capability of architecture, particularly as *Baukunst*, to evoke feelings is the starting point of his research. Andersson analyzed milieus built as institutional living of the elderly. His example showed pictures and textile art on the wall but he did not discuss their possible role. According to his results, the elderly particularly want to take a painting, in other words an art work, with them when they move into an institution. Eva Lundgren claimed, in turn, that homeyness is not treated with the residents in mind; it is created by the staff.[32] It can be characterized as over-decorated and “cheap.” Actually, in Lundgren’s opinion, homelike seems to be a cosmetic, ideological make-up.[33] When we want to retain old things in the institutional milieu because they carry memories, we can ask whose memories they should be, particularly when the items were not the choice of the residents.

6. Questionnaires and guidelines

When an elderly group was asked about what affects homeyness, no topics related to art were mentioned at all.[34] A bookshelf was listed if actual books could be placed in it. Although the responses were concrete, they did not indicate *how* the aim of homeyness could be obtained and consequently increase well-being. The response material especially dealt with basic physical needs and demands. The study did not look into the participants’ experiences or significant issues that point out preferences and feelings. The observational part of the study showed that silence and the lack of self-realization were dominant in elderly care centers.[35] (See illus. 2, below.)



Illustration 2. Elderly care centers often have quiescent arrangements comprised of art works, decorative objects, plants, and furniture. One can wonder whose conception of artifying the milieu they express—the personnel’s and organization’s?

Standards, instructions, and guidelines generally present minimum requirements. In addition to homeyness, tranquility, lightness, and safety are often listed. Cultural and other inspiring activities are also briefly mentioned. Guidelines suggest solutions to aid exercise and modifications of social areas for which art works and items such as bulletin boards and aquariums are noted.[36] Art is also mentioned in conjunction with the personal and private areas of the inhabitants. All in all, the guidelines project an idealistic vision for care in which everyday problems are not apparent. It is not surprising that information on the design and care of the areas seems to be abundant, so that general guidelines for design are easily found. However, according to Mirja Kälviäinen, the guidelines are too general, hence, ambiguous; therefore their application can vary greatly according to the preference of decision makers.[37] In addition, they examine different key issues one by one

but do not consider their synergy and interaction to reveal possible contraindicators. In American and British guidelines, for example, a lifestyle rather than demands for efficient care is sometimes presented as a basis for the design.[38]

7. Art brought into an area

Even in the plain milieu of institutions, art can generally be found. Usually we see original art works or copies, such as paintings, drawings, photographs, prints, and posters. In addition, amateur works of the residents themselves can be found that some people would classify as art works, since they have been produced, for example, in art workshops. The persons who produce these works might also perceive these types of creations as art. Rather than discussing the quality of the art, let me instead briefly describe a characteristic of the established practice in institutional living, as seen in research visits and documented in photographs taken by researchers.[39]

In addition to art, decorations are often found nearby that are primarily meant to adorn rather than add substance and broaden references to life and the world, as art does. However, it is not always possible to classify decoration and art so simply because both can refer to familiar or famous figures, for example, that possibly connote the past, natural phenomena, or a distant culture. Ornaments, too, can connote an earlier period that is thus remembered. On the other hand, thanks to structure and color, art works can decorate an area as well as invigorate it in a more deeply touching way. An art work can also be experienced primarily as decoration, when its references and contextual links are not known, but still be thought of as pleasant or harmonious and skillful in technique. The making of a decoration, however, is far more easily recognized as an imitative production and cheap, in both material and style. The problem of quality in decoration and ornament has received much attention in design history since the industrial revolution in the 1800s, when mechanization and design education produced a need to improve the quality of the product environment. It is also associated with the *kitsch* tradition in Western design, from which modernism withdrew. On the other hand, art can be ungainly, banal, or *kitsch*-like. In elderly care centers, as stated earlier, it is not always easy to categorically differentiate between what is considered decorative and what is considered artistic.

In the common areas, we usually find items on display that represent the particular time of the year or holidays, with those used for holidays surprisingly like the arrangements used in kindergartens. (See illus. 3, below.)



Illustration 3. A table decorated for Easter in a Finnish elderly care center in 2009.

In addition, for warmth and comfort we usually see plants, often artificial flowers, and textiles such as tablecloths, pillows, and curtains that are not necessarily considered art works, but which can reveal some artistic quality. Other similar products that can be experienced as beautiful or meaningful are utility items, such as vases, pitchers, and tools, in addition to objects that allude to local history, religion, or different cultures.

Accompanying the art and decoration found on walls in elderly care centers are other kinds of items that have nearly the same visual impact, such as a bulletin board, a large clock, or a fire extinguisher. The variety of items and, in many cases, their banalities differentiate between the milieu of an institutional residence and a home. When considered more specifically, however, such a general description is not sufficient, since many homes have some diversity and banality of the same kind. Therefore, from what I can see, institutionality becomes apparent from other characteristics that are requirements of the care organization but are associated with the need for cleanliness, order, and efficiency. It is apparent that such objects typically belong to the staff and care organization.^[40] They are on display because of the demands of the work involved and the need to be prepared in case of emergencies. In summary, I would say that the milieu of institutional living is described by the calculated *randomness* that is formed in this way by the selected art works, decorative objects, and organizational materials, in combination with the emphasis on cleanliness. (See illus. 4 and illus. 5, below.) It is particularly interesting, from the point of view of artification, to look at how this complex milieu is formed, as well as how it is modified from time to time. Artification seems half-baked.



Illustrations 4 and 5. The diversity and randomness of the everyday environment of two elderly care centers in which art, decoration, various materials, and furnishings are mixed-and-made compositions in which the residents or all of the staff do not necessarily have any influence.

8. The artistic qualities of the space and its furnishings

Once one is acquainted with the available literature and documents from visits, there is good reason to ask why artification does not succeed. Why does artifying so often

remain insufficient? There could very well have been some good attempts in the design that, for some reason, did not work or were realized only to some extent. It could also be that the personnel, management, or even the residents do not pay enough attention to their surroundings, and possibly get used to the deficiencies or rely on the principle of permanency. The earlier-mentioned randomness in the acquisition and placement of items supports this assumption. Sometimes a product acquired and placed for a good reason simply remains in place, even though no one remembers its background and significance. As time passes, other props and new paraphernalia are added. For this reason, items brought into common areas and the planned artistic quality of an area demand special attention and continual consideration about how they can be realized and what they should represent.

Some artists have paid attention to the reduced milieu of care environments and made it their goal to produce special works for patients' rooms, for example. This practice has possibly led to an entirely new artistic genre and indeed may improve the milieu.^[41] So far, however, it seems that such art projects have remained rare single initiatives.

According to the modernist tradition, unambiguousness is a good design quality, as is precise measurements in order to achieve a well-proportioned whole. One difficult question in the planning of institutional living concerns the need to *control* the physical environment so that the ideal of harmony is met. (See illus. 6, below.) But when is the specific randomness that belongs to everyday life and homeyness acceptable in the shared areas of an elderly care center? Today, the proportion of control is more often found in many places where tidiness and a high level of hygiene seem to play the primary role. When the details in an interior are kept tightly organized, the milieu does not look inviting; instead our relationship to it becomes tense.^[42]



Illustration 6. Randomness in the everyday environment of an elderly care center. A place or setting has no design for randomness, which is apparent irrespective of the style of the interior. Therefore, a room easily looks disorderly and should be cleaned up. The furnishings are not flexible in this sense whether the style in question be Rococo, Biedermeier, or Modernism.

9. The artification process

In the artification of institutional living, more is needed than simply putting emphases on the design and maintenance of the product environment, since this type of attitude leads to phenomena such as randomness, control, and permanence. These three qualities are quite different, but seem to affect one another in a cumulative manner. Randomness or the casual feature of homeyness seems to generate control, the need to clean up, which, in turn, reinforces permanence. The

latter means that it is difficult to change the composition of items because doing so risks the order of things and lessens control. Therefore, it would be advisable to create a varying milieu in the first place, as a composition that needs to be changed and does vary. Residents, staff, and the organization are continuously changing anyway.

Even the needed general guidelines do not guarantee that the environment will have a good artistic quality, as we have seen. On the contrary, artification would probably be more successfully advanced if art produced in association with living and the artistic qualities of the milieu were understood as varying and as part of everyday activities for support and enlivenment.

In my opinion, artification should be emphasized as a process. The artification process could be integrated into the practices and planning of institutional living facilities in order to avoid situations in which art works and artistic qualities are thought of as extras to an existing conception of the environment and activity, as their special complements. In addition, new guidelines are probably needed to illustrate best practices that have succeeded in producing well-being.

Possibly more important, warning examples are needed to demonstrate the kind of artification that seems to reduce well-being. The living and care environment can be examined as a continual process in which the different stakeholders actively participate. Living and care practices could include means for continually weighing and varying artistic qualities. Areas and furnishings can then be considered to be changeable and flexible, with no attempt at creating a final or optimal arrangement. Instead, change, when possible, may require a different type of furnishings and a discussion of their design, characteristics, and references. The quality of architecture, of course, has great significance regarding how to shape the building, but probably the help of designers would be needed from time to time, when artification is integrated into everyday activity and when the product environment is conceived as a process. Unless we conceive of artification as a process, the residents, staff, and visitors quickly become "blind" or slowly begin to underestimate the effect of the details in the environment, even though small changes and modifications can produce inspiring results.

Well-being is considered to apply broadly to the different sections of society, such as working life, parenting, education, holidays, and the like. Artification extends into many areas in which the same type of critique presented in this article may apply. By and large, the significance of the components in the built environment and artification can be given far more attention by considering research results.^[43]

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Published on April 5, 2012.

Endnotes

[1] Numerous projects attempt to promote the art and well-being approach, in Finland, for example, the international Art in Hospital project http://www.thl.fi/fi_FI/web/fi/tutkimus/hankkeet/taiku (in Finnish), accessed 31.8.2011.

The book by Marjatta Bardy, Riikka Haapalainen, and Merja Isotalo (eds.), *Taide ja elämä* [Art and Life] (Helsinki: Like, 2007) provides background articles and presents case studies of how art and artists' methods have been adapted for social agencies, care centers, schools, workplaces, and public art projects in suburbs. This book is the first to compile an account of the use of art in Finland. See also http://www.thl.fi/fi_FI/web/fi/tutkimus/hankkeet/taiku/toimintaohjelma/toimijat/tk-verkosto (in Finnish), accessed 31.8.2011.

[2] Hanna-Liisa Liikanen, *Taiteesta ja kulttuurista hyvinvointia–ehdotus toimintaohjelmaksi 2010–2014* [Art and Culture for Well-being –proposal for an action programme 2010-2014] (Helsinki: Ministry of Education, 2010:9) pp. 64-65; Annika Eklund and Nina Svedberg, *Rummets betydelse för patientens välbefinnande och tillfrisknande* [The signification of the room for the well-being of a patient] (MA Thesis, Högskolan i Borås, 2007:58).

[3] With the word 'artification' I am emphasizing people's active grasp and design. I do not necessarily ponder the question of whether the milieu is artified as a result of general activity without any attention paid to its cause and reason.

[4] I use the word 'milieu' with a broader significance than "built environment." The term 'milieu' emphasizes the atmosphere and mood, proportions, and other experiencing; it broadens the concrete nature of the physical environment.

[5] CoWell (Constructing Well-being—organization, design, and management in elderly care contexts) is a research project funded by the Academy of Finland (2009-2012). It is gathering material from Finland, other Nordic countries, some other European countries, the United States, and Japan. My material is limited to industrialized Western situations. The topic would also be an extremely interesting target of research on a broader international basis. <https://www.uef.fi/stj/hyvrvava> (Homepage of CoWell project, in Finnish), accessed 31.8.2011.

[6] Heini Lehtoranta, Minna-Liisa Luoma and Seija Muurinen (eds.), *Ikäihmisten laitoshoidon laadun kehittämishanke* [The development project for the quality of institutional care for older people] (Helsinki: National Institute for Health and Welfare, 2007), pp. 8, 28-29. In the report, the founding concept is "quality of life," not "well-being."

[7] See also Raija Lundahl, Sinikka Hakonen and Asta Suomi, "Taide ja kulttuuri— innovaatioita seniori- ja vanhustyöhön" ["Art and Culture—innovations in senior and elderly care"] in *Vanhuus ja sosiaalityö. Sosiaalityö avuttomuuden ja toimijuuden välissä*, eds. Marjatta Seppänen, Antti Karisto and Teppo Kröger (Jyväskylä: PS-Kustannus, Jyväskylä, 2007), pp. 253-269. They conceived of art as a tool for the social milieu.

[8] It is true that other means than art are used to soften the severe mood of an institution, such as textiles and color coding, decoration and even scents. See also *Hyvinvointi 2015 -ohjelma* [Welfare 2015 program [Long-term objectives for social services] (Helsinki: Ministry of Social Affairs and Health, 2007:3), pp.11 and 46.

[9] Anni Vilkkö, "Ikääntyminen, muistot ja koti" ["Getting Old, Memories, and the Home"] in *Vanhuus kaupungissa*, ed. Antti Karisto (Helsinki: WSOY, 1997), pp. 168-183; ref. on p. 171.

[10] Whether or not artification is included in the home and homelike atmosphere is difficult to prove. It is pertinent for this article that institutional living always seems to include artification that focuses especially on the set goals of well-being and homeliness.

[11] To a lesser degree, attention is directed to art works or to art that may belong to care work.

[12] In this article, I am referring to public or semi-public areas. It is appropriate for the residents to decorate and furnish their own rooms according to their own

wishes.

[13] Tuomo Siitonen, "Porstuakamarista palvelutaloon. Ikäihmisten asuntoja ja asuttamista" ["From Porch to Care Center"], in *Vanhuus kaupungissa*, ed. Antti Karisto (Helsinki: WSOY, 1997), pp. 125-150, ref. on p. 147. For example, the *Wilhelmina Elderly Care Center* 1994 by Siitonen in Helsinki is designed hierarchically in this way.

[14] Compare Erving Goffmann, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961).

[15] By anonymous, I mean the rooms of the hotel serve many different people so that an attempt is made in planning to use approved general design solutions that are suitable for a broad culture. Even though the hotel can be designed in its own individual style, the rooms are generally impersonal and similar in different countries. Today, the hotel as a concept of institutional living is one of the predetermined solutions.

[16] Today, however, in a photograph accompanying a newspaper article in Finland, for example, prisoners can bring books, a radio, and pictures into their cells. The windows have curtains, and the like. They have been able to personalize their space to some extent. Living in cell-like rooms can, of course, be a person's choice and the environment deliberately institutional, such as in monasteries. The asceticism of the space can then be experienced as aesthetically valuable. This type of choice and living does not however belong to the spaces being examined in this article.

[17] Jonas E. Andersson, *Rum för äldre [Room for Elderly People]* (Ph.D. diss., Kungliga tekniska högskolan i Stockholm, 2005:7). Also Lehtoranta and others, p. 30 in Part II.

[18] The border between design and architecture is fuzzy so that in this article I use the term 'design' more often than 'architecture,' even though interior and fixture solutions can possibly be included in the architect's sphere, as in many total works of art.

[19] As an exception, I can mention Ossi Naukkarinen, "Muotoilun estetiikka ja muotoiltu Suomi" ["Design aesthetics and Finnish design"] in *Suomalainen muotoilu*, eds. Susann Vihma and others (Helsinki: WSOY, 2009), pp. 50-72.

[20] Adolf Loos, *Ins Leere gesprochen 1897-1900* (Berlin: Verlag der Sturm, 1921). <http://www.archive.org/stream/insleeregesproch00loosuoft#page/n7/mode/2up>, accessed 1.9.2011.

[21] See e.g. *ulmer modelle— modelle nach ulm/hochschule für gestaltung Ulm 1953-1968* [The publication on the occasion of the 50th anniversary of the founding of the Ulm School of Design 1953-1968] (Ulm: Ulmer Museum/HfG Archiv and Hatje Cantz Verlag, 2003).

[22] Tate Modern, *Donald Judd* (London: Tate Modern, 2004). Catalogue and exhibition 5.2.-25.4.2004. See also Bruce Glaser, "Questions to Stella and Judd," *Art News* (September 1966); reprint. ed. Ellen H. Johnson, *American Artists on Art from 1940 to 1980* (New York: Harper & Row Publishers, 1982), pp. 113-120.

[23] <http://www.stakes.fi/FI/tilastot/aiheittain/Sosiaalipalvelut/laitosjaasumispalvelut.htm>, accessed 31.8.2011.

[24] Lehtoranta, Part I. The need for continuous institutional care begins for persons at about 82 years of age. The figures are in the same direction for, e.g. Japan, the United Kingdom, and the United States. In the UK: <http://www.statistics.gov.uk>, accessed 31.8.2011. In the US: <http://www.census.gov/population/socdemo/statbriefs/agebrief.html>, accessed 31.8.2011. In Japan:

http://www.stat.go.jp/English/data/handbook/c02cont.htm#cha2_2, accessed 31.8.2011.

[25] Valvira (National Supervisory Authority for Welfare and Health), *Vanhusen ympärivuorokautisen sosiaalihuollon palvelut. Toimintayksiköihin tehdyn kyselyn tulokset ja valvonnan jatkotoimenpiteet* [Social round-the-clock services for elderly people] (Helsinki: Valvira 2010:3), p.16.

http://www.valvira.fi/files/Vanhusen_sosiaalihuollon_palvelut.pdf, accessed 31.8.2011.

[26] Helky Koskela, *Koti vai kasarmi? Vanhusen ajatuksia vanhainkodeista* [A home or a barrack? Thoughts of elderly people about care centers] (Lic.thesis, University of Jyväskylä, 2004). Society in Finland functions and is built, however, so that people are placed in specifically defined groups in institutional care, and services are planned for them accordingly.

[27] Ministry of Social Affairs and Health, *Ikäihmisten hoitoa ja palvelua koskeva laatusuositus* [Recommendations for the quality of care and services for the elderly] (Helsinki: 2001:4), ref. on p. 10. The primary goal is to keep people in their homes. The recommendations include a follow-up system and quality indicators that especially concern personnel. There are no specific recommendations for the quality of spaces; instead there is one general statement. Later in the Ministry's report, *Tie hyvään vanhuuteen. Vanhusen hoidon ja palvelujen linjat vuoteen 2015* [The Road to Good Ageing: Policy for the Care and Service of the Elderly by 2015] (Helsinki: 2007:8) objectives were added for using new technology in the production of service. The possibility for people to realize their own lifestyle, such as enjoying their own hobbies and cultural services, affects well-being, ref. on p. 15.

[28] Maria Haak and others, "Home as a signification of independence and autonomy: Experiences among very old Swedish people," *Scandinavian Journal of Occupational Therapy* Vol. 14, No. 1 (2007), pp. 16-24.

<http://informahealthcare.com/doi/abs/10.1080/11038120601024929>, accessed on 31.8.2011. See also the recommendations of other countries, such as the British *Care Homes for Older People: National Minimum Standards and The Care Homes Regulations 2001* (London: The Stationary Office, 2003). The value of self-sufficiency seemed to vary depending on the culture, when people were asked about their experiences concerning well-being. See also Derrick Wirtz, Chi-yue Chiu, Ed Diener and Shigehiro Oishi, "What Constitutes a Good Life? Cultural Differences in the Role of Positive and Negative Affect in Subjective Well-Being," *Journal of Personality* 77:4 (2009), 1167-1195.

[29] Siitonen, p. 136.

[30] Siitonen, p. 147.

[31] Andersson, pp. 115 and 126.

[32] Eva Lundgren, "Homelike Housing for Elderly People—Materialized Ideology," *Housing, Theory and Society* 17 (2000), 109-120.

[33] Lundgren, 116. Decorative antique objects and bric-a-brac may not lead to a more homelike environment. Decorative objects in public spaces of geriatric facilities were chosen by non-residents to reflect an idealized past rather than an experienced past.

[34] CoWell.

[35] CoWell.

[36] Erlend Bleken, *Hjemme Bra – Borte Best? Fysisk bomiljø for personer med demens i heldøgns pleie* [East or West, home is best?](MA thesis, Kunsthøgskolen i Bergen, 2011) has listed activities that increase well-being in elderly care centers. The list contains artistic activity such as painting and making music, along with

cooking, exercising, contact with pets, and the like.

[37] Mirja Kälviäinen and others, "Kansei Search for Elderly Care Home Design Guidelines," paper presented at *KEER2010* (International Conference on Kansei Engineering and Emotion Research), Paris, 2010. <http://www.keer2010.eu/>, accessed 1.9.2011.

[38] For example, The Green House Project (<http://www.ncbcapitalimpact.org/default.aspx?id=146>, accessed 31.8.2011).

[39] CoWell. Research visits have been made and documented in different parts of Finland, as well as in Denmark and Sweden in 2010. In addition, the project also has experts from Norway, Sweden, Denmark, and England contributing with their own material.

[40] Fire extinguishers, medical gloves, emergency exit signs, and the like. In addition, the choice of lighting fixture design often underlines institutionality, emphasizing bright well-lighted rooms.

[41] One illustration from Finland is the example of Maiju Ahlgren's works, the *On-Off* series, 2003. The paintings function as roller shades or screens. See <http://www.maijuahlgren.net/onoffmaalaukset.htm>, accessed 31.8.2011.

[42] Saito, p. 169.

[43] I thank my colleagues in the CoWell project Sari Rissanen, Mirja Kälviäinen, Hannele Komu, Anneli Hujala, and Hugh Miller for collecting and sharing material. The photographs were taken by the researchers.
