Preventing Social Death in Long Term Care: Fostering Social Connectivity in the U.S. and The Netherlands

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Long term care (LTC) is both costly and of increasing concern as baby boomers age and more people live longer with chronic conditions. Today, people receive formal and informal LTC supports in homes, nursing homes, and alternative settings around the world. Where people live and the way LTC is delivered has an important impact on whether person’s receiving care thrive as they age. This paper is about how different LTC environments in the U.S. and The Netherlands foster or impede social connectivity, suggesting that quality of life will be impeded and types of social death, or disconnection from social life, more often the result in environments that limit choice and self determination, limit access to privacy and social connection, and limit access to reciprocal exchanges, a key component of participating in relationships typical of the concept of “the gift” introduced by anthropologist Marcel Mauss in 1954. Building on ethnographic data from a 15-month study of LTC in The Netherlands and a review of staffing practices in LTC environments in the U.S. and The Netherlands, I will explore concepts of reciprocity and social connectivity impacted by various LTC environments in two countries known to experiment with different models of care. This research builds on social constructivist notions of death and dying explored throughout this edited volume and adds to this effort examination of social death in anthropological perspective.
Between May 23-27, 2012, I completed a research trip to The Netherlands to collect data on innovative long term care (LTC) environments for a book chapter. On May 25th, I met in Brussels, Belgium with the editors and co-authors of the proposed book where we each presented ideas for our chapters and discussed them. Arrangements were made to visit multiple innovative LTC environments with medical anthropologist Dr. Anne-Mei The who helps design dementia care with De Werkvloer Centraal in Amsterdam and Freek Lapré, Director of Movinex and President of the European Association of Homes and Services for the Ageing (EAHSA). Research included extended interviews with both Dr. The and Mr. Lapré, informal interviews with families and staff in several of the facilities visited, and on-site observation in the following LTC facilities:

(1) De Tabakshof, Elst—dementia care
Het Bosje 11 | 3921 EH | Elst (Utrecht) | [http://www.tabakshof.nl/](http://www.tabakshof.nl/)

(2) De Gerrie Knetemannlaan, Amsterdam West
Gerrie Knetemannlaan 272 / 292
1061 MC Amsterdam

(3) Humanitas-Akropolis, Rotterdam—continuum of care complex

(4) Gerrit Spronkers, Rotterdam—independent and staged care
Achillesstraat 290, 3054 RL Rotterdam, [www.stichtinghumanitas.nl](http://www.stichtinghumanitas.nl)

(5) Vlietwijk, Voorchoten—for dementia
Woonzorgcentrum Topaz Vlietwijk, Prof. Einsteinlaan 2, 2251 VG Voorschoten, [http://www.topaz.nl/](http://www.topaz.nl/)

(6) Rumah Kita, Wageningen—Indonesia focus
Plein 15 augustus 1, 6708 AL Wageningen, [www.rumahkita.nl](http://www.rumahkita.nl)
The proposed book has been submitted and accepted at Cambridge University Press by editors Nico Carpentier and Leen Van Brussel with the Vrije Universiteit in Brussels (see attached agenda, book proposal cannot be circulated yet). Abstracts were due to the editors July 1, 2012 (see attached) and a draft of my chapter will be due to the editors November 30, 2012.

BOOK CHAPTER WHEN PUBLISHED AS WELL AS THE BOOK WILL BE FORWARDED IN NOV.