

REFLECTION

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Colophon

Delft University of Technology
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AR3AD133 Designing for care

Student

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RESEARCH AND DESIGN

The design that I have made is strongly influenced by the results of the following studies:

- The anthropological research during my fieldwork in a nursing home for severely demented elderly (Zuydtwijk- Leiden)
- Interviews conducted with the psychologist and the mental caregiver of the elderly, the specialist geriatric medicine, the nurses, and family and friends.
- Theoretical research, that complements the anthropological research and the results of the taken interviews
- Excursions to different care homes (such as Hogeweyk and Reigershoeve) and the made observations
- Lectures and discussions with Henri Snel, founder of Alzheimer and Architecture
- Visiting elderly and documenting a day in their life (Sofia en Paul) and walking around the faculty as "elderly".

At the very beginning of this graduation studio we walked around in the faculty as elderly. We experienced what it's like to go through a building and the spaces in a wheelchair, how uncomfortable it is when you talk to the person that stands behind you and pushes the wheelchair and how carefully and tense you walk through the hallways when you are visually impaired or even blind. I strongly believe that when you design for a specific target group, you need to understand how they live, what kind of obstacles do they face during their everyday life and how can this be improved through architecture?



RESEARCH AND DESIGN

I have slept for one week in nursing home Zuydtwijk in Leiden. This was from day one absolutely shocking for me. It is a nursing home for severely demented elderly, who stay in a closed department. These elderly come into this care facility when they no longer can stay at home. They are in their final phase of their lives and this phase, sadly takes about 1 to 1,5 years. Before entering the nursing home I was not aware that only people with severe dementia were living there, nevertheless I am very grateful that I ended up in that specific nursing home and that I have experienced a brief moment of their lives, because that week became a life lesson for me and had a lot of influence on the design and on me as a person.

Staying one week in nursing home Zuydtwijk made me realize how terrible dementia is, this disease makes people forget their lives, it makes them forget the faces and the names of their children and leaves the body behind as an empty shell in a lived life.

At the start of this graduation studio I had no intention to design for people with dementia, it didn't cross my mind, but after leaving the nursing home in Zuydtwijk, after leaving the people and the place where I have stayed for one week, and after realizing how terrible this disease is, I felt responsible to design a better place for them, because those people somehow form a part of me now and I believe that especially these people deserve a better place to stay and deserve the attention of architects to design these places, regardless of the complexity. Because it is an unbelievable complex subject, and there were a lot of days where I didn't knew what to do, or how we say it in Dutch "Ik zat met me handen in het haar". But everytime I thought back at my fieldwork and I realize for whom I'm designing for, and this kept me going.

RESEARCH AND DESIGN

Staying for one week in a nursing home with severe demented elderly was very valuable, but it also came with challenges / problems for the research, because how do you find out what people with dementia think? One of the biggest challenges that I faced was that I could not ask any questions to the demented elderly. I could not ask them for example "how would you like to live, what is your opinion of this nursing home, what is important for you?". So it required a different strategy, it required a combination of different research methods together.

Anthropological research is one of the research methods that I have applied during my graduation research. Demented elderly were in no condition to answer my questions, but I was able to observe their actions within their everyday life and capture this data visually. Next to that I have talked multiple times with a lot of people who work in the nursing home, like the psychologist and the mental caregiver of the elderly, the specialist geriatric medicine, the nurses, family and friends. The findings of the anthropological research have been verified by the interviews conducted with the consulting team and the theoretical research. The information gained from the different research methods matches, strengthens and verifies each other.

What I have learned after this week is that the smallest things matter for people with dementia. Seeing some passing by matters, feeling sun, wind or rain matters, having the possibilities to go outside matters, being able to sit somewhere else than in the shared living room matters, colors, light, texture and proportions of spaces matters, enjoying greenery matters and last but not least, triggering the senses matters. And what I have learned is that all those things are not only important for people with dementia, but are also important for people without dementia. As Feddersen says in his book *Lost in Space* "Architecture that through its use of proportions, materials, light, color and acoustics communicates elementary sensory experiences equally appeals to people with or without dementia." (Feddersen, 2014, p.11).

RESEARCH AND DESIGN

Another thing I found out is that the environment can either benefit the behavior or make things worse. So the architecture can either help people with dementia or make it much worse. I realized the value and power of architecture and I took this design assignment very seriously. The goal was to design a better place for people with dementia. Reflecting back on it now, I think I was too harsh on myself, I was so focused on designing a good place/ building for people with dementia, that I somehow forgot that there is not one answer or one solution for this complex subject, because one solution can benefit person A and another solution can benefit person B. What I want to say is that there are multiple solutions, in Dutch we say "Er zijn meerdere wegen die naar Rome leiden". I realized that I have to take a position as a becoming architect, I need to take all the information of the research into account and design with my own vision about this topic, because there is no "standard" demented person. After realizing this I started to design possibilities, providing the resident to either sit outside or inside, being in the living room or in a more private space, etc. and within these different possibilities comes different sensory experience.

To conclude, I can say that the research method, the anthropological research, the fieldwork, the interviews, etc. made the relation between the research and design very strong. Staying for one week with the people for whom you design has such an effect on the outcome of the design, that I think that more architects should do research like this, because it's not all about money, efficiency and quantity, it's also about people.

I can say that although this design subject really pushed me to my limits and required a lot of me, both mentally and physically, I would do it all again because the lessons that I have learned are very valuable, not only for the design but also in life.

RELATION GRADUATION STUDIO AND MASTER TRACK

The relation between the graduation topic; designing for dementia, the studio topic; designing for care and the master of Architecture are highly relevant to each other. At this moment we are living in a society where the number of elderly people will increase rapidly in the upcoming years. According to the CBS Population Forecast, the number of people over 65 will increase from 2.7 million people in 2012 to 4.7 million in 2041. All these people need housing. If we then look at the number of people with dementia, that number will increase fivefold due to the aging population. From 50.000 in 1950 to over 280.000 now. The numbers will double to more than half a million in the next 25 years. This studio and the graduation topic focuses to this problem, because in the future more architects will be needed that can design these types of buildings. This studio stimulates students to think of new concepts, because most of the current elderly homes are outdated. This studio realizes that and is stimulating students to design better elderly homes and inclusive living environments for these people.

RESEARCH METHOD AND APPROACH CHOSEN BY THE STUDENT

As mentioned in page 6:

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In addition: the research methods have emerged from the situation and kept developing during the research process. Looking back on this process I remember how I was thinking about the best way to document all the information. The first couple of weeks I struggled a lot, but as the process went on I started to make more and more connections between the anthropological research, the conducted interviews and the theoretical research, and this helped me a lot, because it confirmed the gained information and matched each other. The next challenge was to translate the information and the conclusions of the different research methods to architecture.

GRADUATION PROJECT AND SOCIAL FRAMEWORK

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This means that we need to rethink the facilities where the elderly stay, because the current care homes do not meet the requirements of today anymore, especially not for people with dementia.

The design that I have made is not focused on quantity over quality, it is not focused on efficiency by making as much as possible rooms. I was free in my design and I tried to find a balance between a good design and a realizable design. In the professional field this design can be seen as an example of how it can be, instead of how it is nowadays, where elderly with dementia are hidden and isolated from the outside world.

ETHICAL ISSUES AND DILEMMAS

The ethical dilemmas I encountered during the field research was for example how to find out what people with dementia think, what do they like or dislike, what is important for them? Another dilemma I faced was how to document the field research? And after documenting the observations, the hardest part started and that was to design for people with dementia, realizing how complicated this disease. Being able to look at architecture and design decisions not from the eyes of a healthy person but from the perspective of someone with dementia was the biggest challenge. During the process I started to feel more and more comfortable with this topic "onder de knie krijgen" which is very hard, because in the beginning, the complexity can be really frightening. Just thinking about designing for dementia can be a reason to change a graduation subject, and I must admit that this period was the hardest part of the entire study, combined with the Corona virus, which made everything more difficult. Going to the faculty and seeing the other students and their progress, talking with them and exchanging ideas is where you can learn the most. I do call with a fellow student a couple of times a week but it's not the same as being on the faculty with each other. But if I could do it all over again, knowing how valuable the lessens were, I would chose this topic again.

In the upcoming weeks towards P5 I will continue on fine tuning the drawings. After that I will start working on the renders so that the atmosphere of the spaces (interior and exterior) can be shown better. At last I will think of a creative way to present the P5.