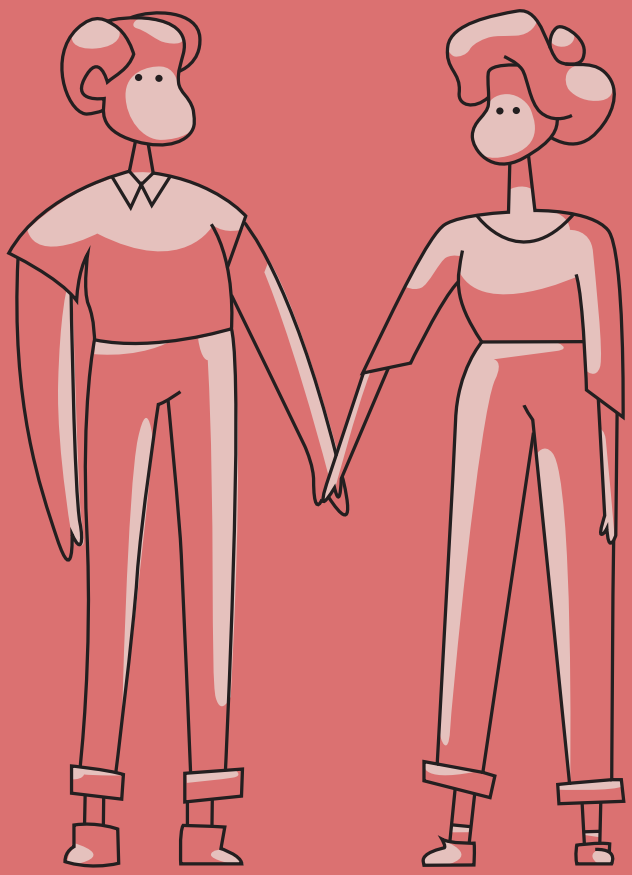
A PLACE FOR **INTIMACY** IN ELDERLY CARE.



Graduation Thesis by Jiska Broere

Master thesis
A place for intimacy in elderly care

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PREFACE

This project about intimacy in elderly care is the final step of my master Design for Interaction at the Technical University Delft. During this graduation project I dove into the complex topic of intimacy in elderly care, which brought together my interest in health care and in uncommon, social topics. I feel grateful for concluding my master with such a beautiful project. I definitely could not have done it alone and would like to thank everybody who has been involved throughout the project.

I would like to thank my supervisory team from the TU Delft for your guidance during this project.

Marieke, you always radiated passion and understanding for this project which was very motivating. Your feedback was always on point, and you knew how to bring it to me in a pleasant, but honest and direct way. You let me do my thing and create my own path, but always made sure that I did not lose sight of where I was going.

Jeske, you have so much passion and feeling for the topic of my project as well. Everytime I thought I had reached a dead end, you came up with creative solutions to keep going. You are full of fun and inspiring examples, stories and ideas and always gave me good feedback with an eye for detail.

To both of you, thank you so much for all the feedback but most of all for the good times during our meetings. You showed me that, above all, I should enjoy this project to the fullest.

I would also like to thank my supervisory team at Pieter van Foreest.

Ad, thank you for the possibility to do this project at Pieter. You always came up with endless ideas and possibilites during our meetings, but fully trusted me in processing your input and making decisions. You always made sure to remind me about the perspective of the care givers and provided me with everything I needed for the project.

Nathalie, you were also a big support in setting up my project. Together with Ad you connected me to all the right people, and always thought along with me with full enthusiasm. Due to our different backgrounds it was a big surprise for you where this project would lead, which is why I am extra grateful for the confidence you had in the project. I learned a lot from your feeling for the residents and the topic of intimacy.

Helma, this project would have never happened without you. Thank you for seeing this opportunity and bringing everyone together. During the project you kept an eye on me to see how I was doing and you always managed to make time for me. Your endless enthusiasm gave me a lot of energy. You always thought in possibilities and regularly brought some fun and craziness into the project. Thanks to your experience and feeling for these kind of projects you taught me a lot about the approach and methods.

Also a big shout out to **everyone at Muzus**, I had a great time. I was able to do my own thing but truly appreciated having such a nice work spot, with such a great lunch and atmosphere. Everyone was always up for a little chat about my project and willing to help me. Special thanks for the ones who joined the creative session; your input and feedback was very valuable. This project would have not been the same without your beautiful art works.

Additionally, a special acknowledgement to everyone else who has supported me throughout the project.

Sara, thank you for thinking along with me, providing me with feedback and giving me the opportunity to organise the tests with residents and creative sessions with care givers. Your open-minded and proactive approach were great.

Caroline, thank you for helping me set up and do the creative sessions and tests, and evaluating my project. Your connection with the residents was inspiring.

Maarten, thank you for giving me critical and constructive feedback, it has brought my report to the next level.

A special thanking to **all the residents** who told me about their personal life so candidly. All our conversations were so lovely and ejoyable. Hearing your stories during the interviews and creative sessions were my main inspiration and motivation for this project.

Thank you to **all the professionals** who were so nice to make time for an interview with me. Your expertise deepened my understanding of the topic.

Thanks to **all the care givers** that showed me around, introduced me to residents and helped me with the testing and interviews. No to forget all the care givers that joined the creative session with so much enthusiasm. Your hard work and love for the residents is heart warming.

Marloes, Wikke, Albert en Tobias, thank you for joining the creative session with all your energy and creativity, and thank you for your beautiful creations.

Thanks to **all my friends** who listened to my stories, came to me with ideas, drank coffee with me and overall supported me these last months.

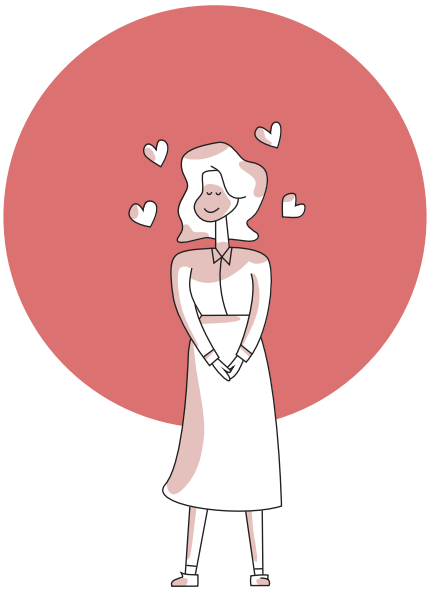
Thanks **roomies**, for the good times and distraction, especially these last few weeks.

And last, but definitely not least, a big thank you for **my dear family,** who has always believed in me and supported me.

I look back on a beautiful project with all these great people that were involved. I learned a lot, struggled, but most of all enjoyed this project to the fullest. I sincerely hope you enjoy reading this report, and that we can start giving intimacy a place in elderly care.

Enjoy!

Jiska



EXECUTIVE SUMMARY

Intimacy is important for every human being. It contributes to our social contacts, physical health and quality of life. Intimacy also plays an important role in the lives of elderly, despite certain prejudices. Nevertheless, there is often a lack of attention for intimacy in elderly care.

This graduation project therefore aims to give intimacy a place in elderly care. During this project, a literature study and interviews with professionals are conducted to explore the current state of knowledge. An additional user research with resident in elderly care is done to explore the user needs. Multiple design directions are explored with creative sessions, quick prototyping and user testing. A final design is created based on all the collected insights, which is evaluated with care givers and residents.

Intimacy is defined as a social interaction between two persons, which creates a reciprocal feeling of connectedness. It consists of intimate behavior and intimate experiences, that can take place with different intimate relationships. Intimacy is a broad concept and very personal, since everyone has different needs and desires.

Care givers in elderly care are often unaware of the importance of intimacy for residents. Intimacy is barely discussed and care givers do not act on it considerately. Due to a lack of education about intimacy in elderly care, care givers find it hard to handle intimate needs and desires. Discussing intimacy is also challenging since it is a personal and sensitive topic.

The goal of this project is to create awareness about positive intimacy for residents in elderly care, and to provide care givers with a conversation starter, by designing a small moment of intimacy in public that is active and light-hearted. Creating awareness about the existence and importance of intimacy is the first step in making a change in the behavior of the elderly care context.

A Bed of Roses, or in Dutch 'Onder de Wol', is the final design of this project. The design is a humorous and intimate photobooth of a vertical bed, in which residents can take a photograph with their partner, family, friends or care givers. This photograph is then printed and can be used as a conversation starter in combination with a booklet. This booklet contains introductory questions and illustrations about different types of intimacy. Care givers can use to booklet to initiate a conversation with residents. The photographs from the photobooth are also largely printed and displayed in a public photo exposition in the residency.

The final design is tested with residents and evaluted with care givers, who all react positively and enthusiastically.

Intimacy can not be forced, but a small moment of intimacy can be stimulated with a light-hearted activity, such as A Bed of Roses. The final design brings a joyful and intimate moment to the residents with the photobooth, provides care givers with the booklet that gives them confidence for a conversation and creates awareness about intimacy in elderly care with the photo exposition.

GLOSSARY

Elderly
People with an age over 65.

Residents
The people living at the elderly care residencies of Pieter van Foreest.

Somatic residents
People living in a health care institution that have physical diseases or disabilities.

Psychogeriatric residents
Elderly people living in a health care institution that have psychological diseases or disabilities.

Quality of life
The well-being of an individual concerning the physical, mental and social aspects of life.

Well-being
Subjective and objective well-being.

- **Subjective well-being**
  The way people think and feel about the state of their own life, including life satisfaction, positive emotions and meaningfulness.

- **Objective well-being**
  The level to which basic human needs and rights are present in someone's life.

Community
A community is a group of people with diverse characteristics who are connected by social ties and engage in joint action in a geographical location or setting

CONTENTS

1. THE PROJECT

This chapter introduces the graduation project about intimacy in elderly care. The topic of intimacy in elderly care is introduced and the structural details of the process are specified. This chapter functions as a starting point for the project.

Chapter overview

1.1. INTRODUCTION

Intimacy is an important aspect of well-being during the entire human life (Robinson & Molzahn, 2007). It is important since the experience of intimacy has a serious influence on social development and physical health of people (Moss & Schwebel, 1993). Despite the importance, intimacy remains a challenging concept to define and discuss. Intimacy is rich, complex and there is a wide range of interpretations available (Laurenceau, Feldman Barrett, & Pietromonaco, 1998).

The influence of intimacy on the development of children has been researched frequently. Discussing young adults and their experiences with intimacy is not unusual either. However, when it comes to intimacy and elderly people, people tend to react differently. There are many prejudices about intimacy amongst elderly, and the subject is a big taboo nowadays.

Figure 1. "We are old, but we are not dead." Fragment from the documentary 'O Amor Natural', about sexuality in older age. (NPO start, 2015)

This is no different in elderly care. In fact, intimacy is hardly ever discussed between residents and health care providers due to a lack of knowledge and skills concerning the topic.

The main goal of health care providers in elderly care is to keep the quality of life of residents as high as possible. The quality of life is dependent on many different factors, and intimacy is one of them. Despite the prejudices, intimacy remains important throughout life and is also important for elderly with poor health (Lindau et al., 2007). Considering the focus on the quality of life in elderly care, the topic of intimacy is not getting the attention it deserves.

The topic of intimacy amongst elderly does not receive heaps of attention in the scientific research world either. Little research has been done into the view of health care providers on intimacy, let alone about the view of residents themselves. Since intimacy is a personal subject, the individual experiences of residents are of high importance. The perspective of residents on intimacy is nevertheless greatly underexposed (Roelofs, 2018). There is a lack of understanding about the interpretation, experience and desire for intimacy of elderly care residents. Even though the topic of intimacy is a personal matter, it can be researched objectively by exploring these interpretations, experiences and desires. This creates the opportunity to dive into intimacy from the perspective of the resident and complement the existing research.

As a graduation project for the Technical University in Delft, this project aims to explore the perspectives of residents in elderly care on intimacy. The project is initiated by and organized in collaboration with elderly care organization Pieter van Foreest and the service design bureau Muzus. Using a design research approach, the topic of intimacy is researched, the needs and desires of residents are explored and a final design to improve the experience of intimacy is created. This project is executed in six months as the final step of the master Design for Interaction.

1.2. FOCUS

During this project, the focus is on residents from the somatic department at Pieter van Foreest. The psychogeriatric department of Pieter van Foreest is the largest department, meaning there are more residents with dementia than somatic residents. As stated in section 1.1., little research on the topic of intimacy amongst elderly is available and it is a complex topic. Dementia would add yet another layer of complexity, which makes this project too complex to address within the given time frame of 100 days. To increase the feasibility and fully grasp the essence of intimacy, the focus in this project will primarily be on somatic residents. Researching and designing for the topic of intimacy amongst somatic residents lays a basis for further research and projects on the topic of intimacy for both somatic and psychogeriatric residents.

The context of Pieter van Foreest consists of multiple residencies, each again with multiple areas and rooms: personal rooms, the hallways, living rooms and common rooms. Intimacy is not limited to one area or room and therefore all the areas and rooms are taken into account during this project.

Many stakeholders - residents, friends, family and care givers - can play an important role in the experience of intimacy (see Figure 2). This project is centered around the residents. The aim is to understand their needs and desires, and how other stakeholders influence their experience of intimacy. The different stakeholders are taken along in the project when their influence appears to be significant for the project.

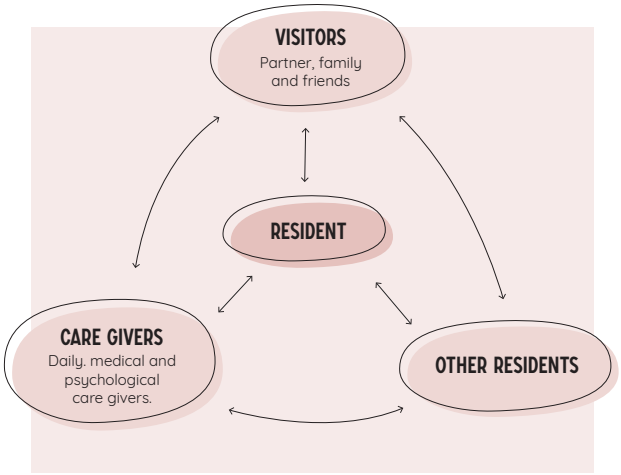


Figure 2. The stakeholders in the project.

1.3. COLLABORATORS

This project is established with the collaboration of the Technical University Delft, elderly care institution Pieter van Foreest and service-design bureau Muzus.

Technical University Delft
This project is the final step to complete the master Design for Interaction, which is part of the faculty of Industrial Design Engineering from the Technical University Delft. It is a 100-day project that takes place over six months, set up with coaches from the Industrial Design Engineering faculty.

Muzus
Muzus is a service-design bureau that designs surprising solutions with a positive impact (Muzus, n.d.). Real people are their inspiration and they always work user-centered. They use different design research methodologies to conduct qualitative research. Muzus offers support during this project with their expertise in research and design.

Pieter van Foreest
The project is done for the elderly care institution Pieter van Foreest. Pieter van Foreest offers a wide range of services supporting elderly with living, health care, treatment and well-being. Their residents are the most important and their mission is to make them feel significant. This means that the personal needs and desires of the residents are the main priority. To realize this, they work with a person-centered approach aiming to keep the quality of life as high as possible. To improve their services, they also want to incorporate the topic of intimacy and sexuality into their approach. Within the organization there is a focus group working on the topic and psychologist Nathalie van Ruijven is working on a research about intimacy and sexuality amongst the staff. This project is an addition to the research, offering the perspective of the residents on intimacy.

1.4. APPROACH

Intimacy in elderly care is quite a new topic to explore and not much design research is done yet. Therefore, an open-minded attitude is desirable to generate refreshing ideas. The project is explorative and user focused, meaning the somatic residents of Pieter van Foreest are the center of the project. The aim is to gain insight in the tacit knowledge of residents to understand their needs and desires. Therefore, this research is qualitative.

Method
This project is divided over five phases, which are displayed in Figure 3. In each phase different design methods are used which are explained in this section, and the phases build on each other. The process and these phases are inspired by the Double Diamond method. The idea behind the Double Diamond is to think in a divergent and convergent way, alternating between gathering and filtering information and ideas. In this project, the Double Diamond method has not been applied exactly, but the combination of diverging and converging is used in the Investigate, Discover and Explore phases. Within the Define and Design phases there is no more diverging and converging, but they present the outcomes of the previous phases in statements and a final design. The different phases and their accompanying methods are explained in this section.

Investigate
In the first phase, the relevant data about the topic is gathered. This data is presented in Chapter 2 Investigate, starting on page 16. The goal is to understand the current state of knowledge and to define the unknown. Firstly, literature research is done to explore information about the topic of intimacy, intimacy amongst elderly and intimacy in elderly care. Literature research is a suitable method to discover the state of the art. Secondly, semi-structured interviews with professionals are conducted to further explore the topic and gather information from experts in the field (Byrne, 2001). Semi-structured interviews and in-depth conversations are also held with employees from Pieter van Foreest, to investigate the view on intimacy from within elderly care.

From this first part of the research, a definition for intimacy is derived and borders for the project are identified.

Discover
In the second phase, the aim is to understand the side of the residents in elderly care. This phase is presented in Chapter 3 Discover, starting on page 28. Within the topic of intimacy, the experiences and desires from the residents are discovered. To do so, contextmapping interviews are held with somatic clients from Pieter van Foreest. The method of Contextmapping is a user-centered design approach that involves users as the expert on their own experiences (Sanders & Stappers, 2012). During the interviews, generative tools are used to encourage clients to express their personal experiences.

From this phase, the view on intimacy of residents is discovered and the context is clarified. These results are presented in an elaborate description of the context and insights.

Define
All the insights are gathered, and the main goal of the project is defined. The goal is presented in Chapter 4 Define, starting on page 56. This chapter consists of a definition of personas and the vision and design goal. Personas are archetypal representations of intended users (van Boeijen, Daalhuizen, Zijlstra, & van der Schoor, 2013) and communicate the different users of the project. The vision and design goal give the project direction and form a starting point for the exploration phase.

Explore
In the exploration phase, ideas are generated that contribute as solutions to the design goal. The most promising ideas are tested within the context to gain feedback and facilitate further development of a design. The exploration phase is described in Chapter 5 Explore, starting on page 68.

To generate ideas, brainstorming is used in both an individual way and during creative sessions. Different brainstorm methods can be used to stimulate the creativity and produce a large number of ideas (Roozenburg & Eekels, 1995). The idea behind brainstorming is that quantity leads to quality. The creative sessions are set up with fellow designers, residents and staff from Pieter van Foreest, to involve the users as much as possible. Involving users leads to more, and sometimes unexpected, ideas and insights.

Ideas will not be directly fully developed and tested, but interaction prototyping will be used to quickly test the impact of ideas. Interaction prototyping and evaluation is a method that helps you to simulate and test how users will experience the interaction with an idea (Boess, Pasman, & Mulder, 2010). By using this approach, ideas are tested in an early stage of development. After multiple tests, a final concept is chosen, explored, and further developed.

This explorative phase results in insights about design solutions and the choice of the final design.

Design
The final design, forthcoming from the exploration phase, is presented in the design phase. The final design is an idea that is developed into an implementable solution. The idea of the final design is presented, along with an implementation plan. The final design can be found in Chapter 6 Design, starting on page 90.

Evaluate
Starting op page 110, the final design is evaluated with residents and care givers in Chapter 7 Evaluate.

Discuss
To finalize this project, conclusions are derived from the evaluation with the final design. The results and importance of this project are discussed in Chapter 8 Discuss, starting at page 120.

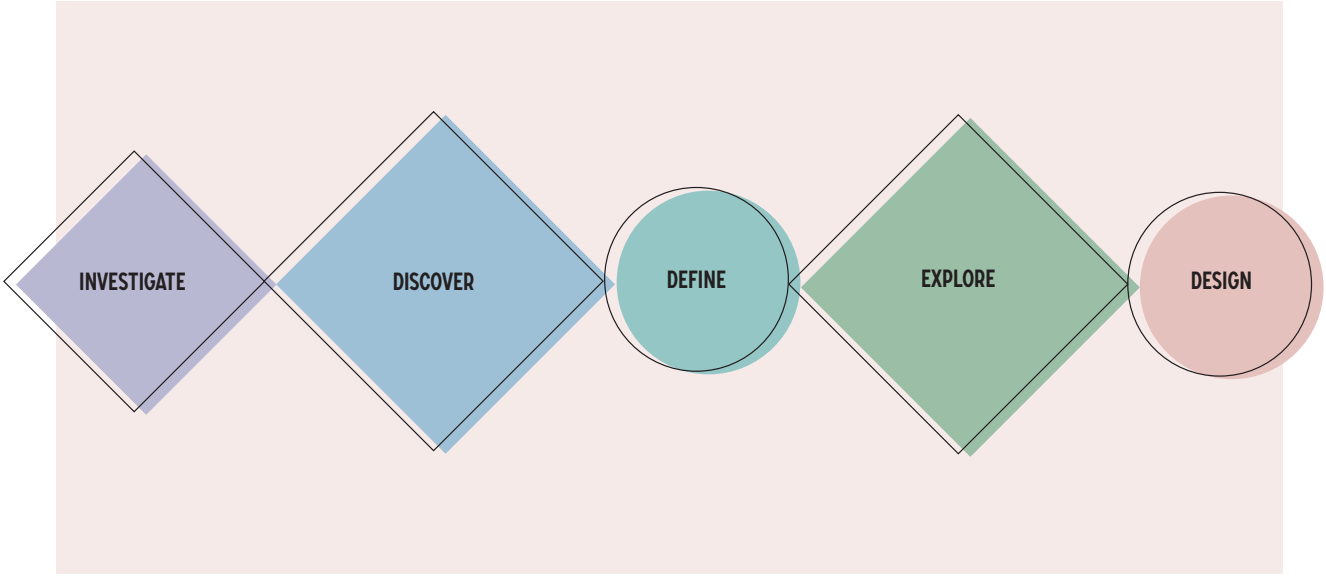


Figure 3. The five main phases in the design process of this project.

2. INVESTIGATE

The goal of this chapter is to investigate and understand the current state of knowlegde about intimacy in elderly care. Accordingly, also the unknown aspects of intimacy in elderly care are defined. The result of this chapter is a set of boundaries for the following research.

Chapter overview

2

2.1. PROCESS

To understand the concept of intimacy in elderly care, research has been done on the topic of intimacy. The research concerned the concept and definition of intimacy, the development of intimacy in older age and the influence of elderly care on intimacy. An overview of all research activities is given on the right page. In Figure4 an exposition about intimacy in elderly care during the Dutch Design Week is shown, and in Figure 5 a photograph of a photography project about intimacy in older age. The literature research and semi-structured interviews were initiated with the following research questions;

Intimacy

- What is a suitable definition of intimacy for this design research project?
- In what ways can intimacy be experienced?
- For which reasons is intimacy important?
- What contextual factors influence the experience of intimacy?

Elderly and intimacy

- Does the interpretation, desire and experience of intimacy change in older age?

Intimacy in elderly care

- How is intimacy currently integrated in elderly care system?
- What is the current attitude of care givers towards intimacy for residents?
- To what extent are care givers aware of the interpretation, desire and experience of intimacy of the residents in elderly care?

Figure 4. #heterdraad photo exposition and 'Beschuit met Aandacht' display, at an elderly care fair during the Dutch Design Week 2019.

Figure 5. Photograph of the project '100 years, age of beauty' by Arianne Clement.

LITERATURE RESEARCH

Literature research has been done about the research questions mentioned on the previous page.

MEDIA AND EVENTS

The media research consists of documentaries about the topic of intimacy and sexuality on older age and in health care and a photo exposition. Two events, the Dutch Design Week and an elderly health care fair, are attended to explore the current state of intimacy in health care.

2

OBSERVATION DAYS AT PIETER VAN FOREEST

To understand the context of Pieter van Foreest, one day is spent as a fly on the wall in two different departments at the Hooge Tuinen. Another day is spent accompanying the caily care givers in their daily routine.

4

SEMI-STRUCTURED INTERVIEWS WITHIN PIETER VAN FOREEST

Within Pieter van Foreest, interviews are conducted with four professionals.

A spiritual caregiver who often discusses personal and difficult subjects with her clients.

A psychologist who believes intimacy is an important part of the clients well-being.

A chamberlain who wants all clients to be themselves.

A nurse who is specialised in sexual health consultancy.

6

IN-DEPTH CONVERSATIONS WITHIN PIETER VAN FOREEST

To further understand intimacy within the context, casual, in-depth conversations with different staff members are held. These conversations involve two nurses, two hosts, a teammanager and a geriatric specialist.

8

EXTERNAL SEMI-STRUCTURED INTERVIEWS

To gather different views and expert opinions on the topic of intimacy amongst elderly, interviews with different professionals are conducted.

Frans Hoogeveen works as a psychologist and is specialised in care for people with dementia.

Jacqueline de Groot is geriatric specialist and has previously worked as a nurse in elderly care.

Jantien Thomson works as a sexologist and has her own practice. She has a background in health care as a doctor.

Mahmoed Chamanyzadeh is a therapist and sexologist in the psycho-oncology sector.

A sexual health consultant who often gives trainings in health care facilities about intimacy and sexuality.

Loet Berkelmans, who founded Flekszorg. Flekszorg is an organization that offers sex-care to disabled and elderly people.

A sex-care employee who works in the legal department of a sex-care organization for disabled and elderly people.

A sex-carer who offers care to disabled and elderly people.

2.2. INTIMACY

Intimacy is a broad concept which can be defined in many ways. Intimacy can be interpreted as a short moment or a life-long relationship, it can be seen as something physical or emotional, and it can mean being close with other people, yourself, a holy spirit, animals or even with nature. The definition of intimacy can be different for every individual since it is dependent on one's own preferences and interpretation. The aim of this section is to develop a suitable definition of intimacy for this project, based on the research as discussed on the previous page. Firstly, the concept of intimate interactions, consisting of intimate behavior and intimate experiences, is explained. Secondly, the importance of intimacy for our well-being is explained followed by the social aspect of intimacy. The section is concluded with a definition of intimacy.

Intimate interactions

To allow an in-depth research, this project is focused on intimate interactions between two persons that result in a reciprocal feeling of connectedness. These interactions are intimate moments where people verbally or non-verbally exchange something personal or private with each other. An intimate interaction consists of two parts; the first is intimate behavior and the second an intimate experience. Intimate behavior can be a verbal or non-verbal action, such as looking someone in the eye, talking or an affectionate touch. The intimate experience is the result of this action, such as the perception of understanding or the feeling of attraction (Prager, 1995).

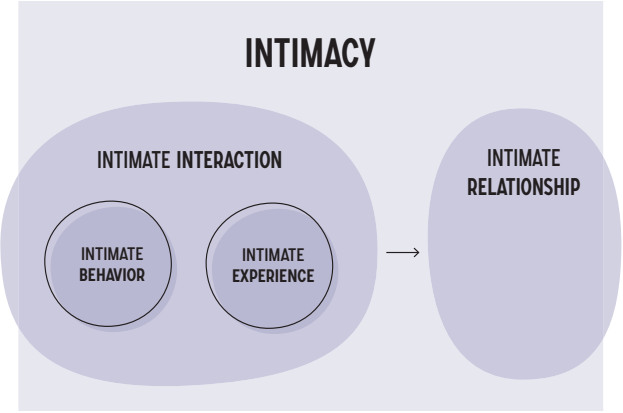


Figure 6. The intimacy system (Prager, 1995).

When these interactions frequently take place over time, this can eventually lead to the development of intimate relationships (Prager, 1995). The more intimate interactions two people share, the deeper they connect and the more intimate their relationship becomes. Intimate interactions can take place without the presence of an intimate relationship, but an intimate relationship cannot exist without the occurrence of intimate interactions. Intimate interactions and intimate relationships together shape the total concept of intimacy (see Figure 6).

Intimate behavior and experiences

Even an intimate interaction is still a broad concept consisting of different types of behavior and experiences. Psychologist Frans Hoogeveen explains that we can make a distinction between emotional, physical and spiritual intimacy (see figure 7). Emotional intimacy involves the experience of feelings and sharing these feeling with another (Sinclair & Dowdy, 2007). It can for example be a deep conversation or experiencing the feeling of belonging (Nationaal Ouderen Fonds, 2017). Physical intimacy involves sexuality, but also non-sexual touching or even just being together in the same space (Tarzia, Bauer, Fetherstonhaugh, & Nay, 2013). Spiritual intimacy can express the connection with a god, or the connection between two persons sharing their values and beliefs (Trauer & Ryan, 2005).

What people consider as intimate and which type of intimacy they enjoy the most, differs for every individual. The spiritual caregiver from Pieter van Foreest describes intimacy as something very personal and close to yourself. She agrees that intimacy comes in many ways and that everyone can prefer a different type. During her interview, the sex-carer says she also experiences this with her clients and explains that some clients just want to have a good conversation, others want to cuddle in bed and others really want to have sex. Whatever the personal desire of someone is, the different behavioral types of intimacy often go hand in hand. When there is a lack of emotional intimacy in a relationship, the physical intimacy often decreases as well. This also works the other way around. When people experience a strong spiritual or emotional connection, the step to physical intimacy becomes smaller.

Intimacy is often confused with sexuality, since the action of having intercourse can also be described as being intimate with someone. This confusion is common, and it is therefore important to clarify the difference between intimacy and sexuality. Sexuality describes the sexual preferences, actions, feelings and fantasies that one can have.

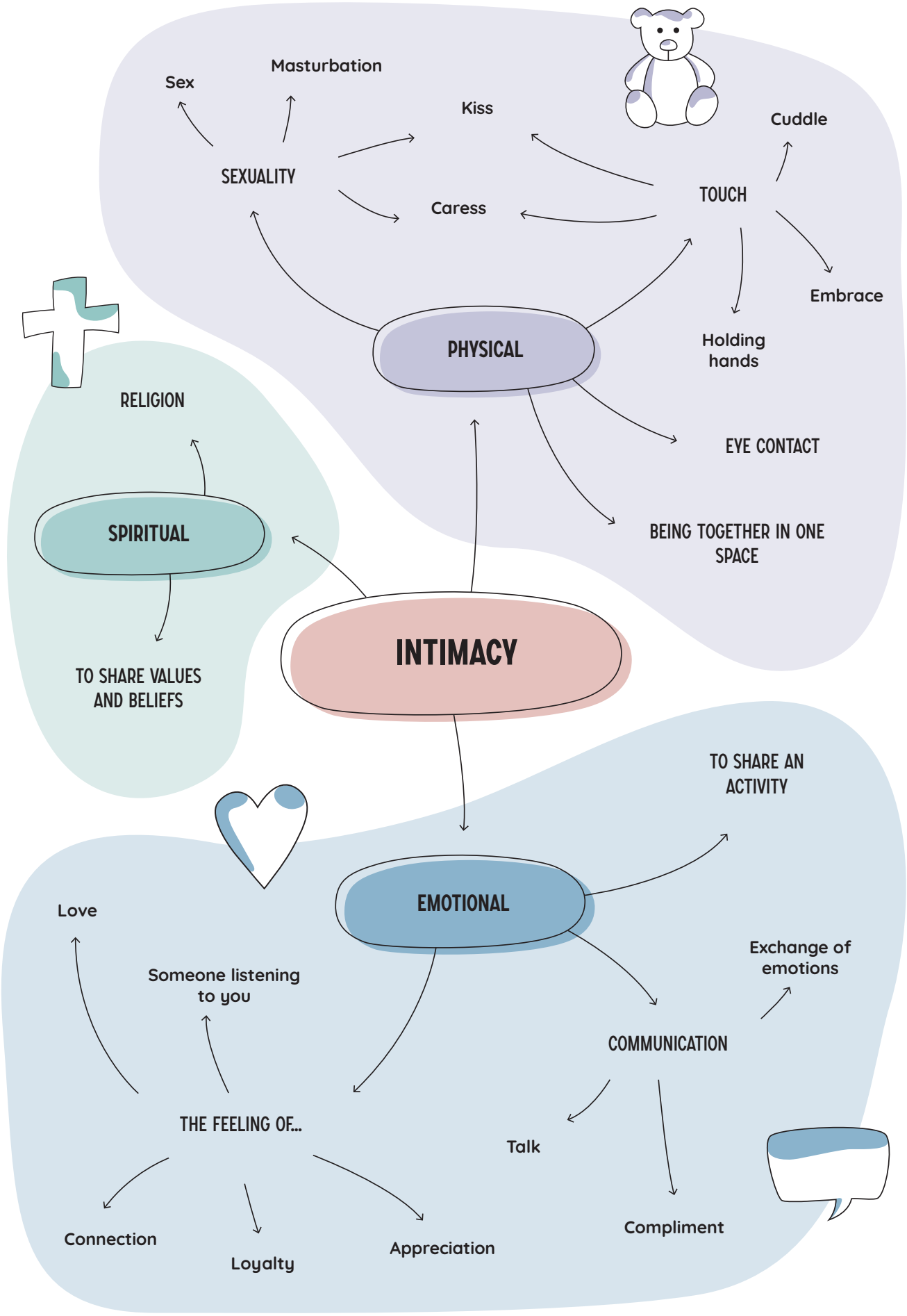


Figure 7. Intimacy mindmap displaying the three most important types of intimacy with examples. This mindmap is based on the literature research and the interviews.

Sexual behavior is usually seen as intimate, but some people do not experience sexual behavior as intimacy. Sexual interactions can therefore be intimate interactions, but they do not have to be. Also, not all intimate interactions are sexual. In other words, sexuality can be part of intimacy, but intimacy is much broader than sexuality (see Figure 8).

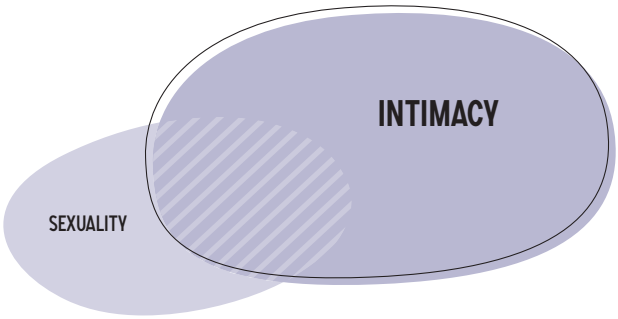


Figure 8. Visual representation of sexuality and intimacy.

The importance of intimacy
Intimacy is important for everyone, no matter your age, since it has a significant influence on people's social development, physical health and quality of life. (Moss & Schwebel, 1993; Robinson & Molzahn, 2007). Quality of life consists of many factors, but geriatric specialist Jacqueline de Groot says that having satisfying social contacts is the most important factor for the majority of people. Most scientific research agrees and also considers intimacy as an essential aspect of these interpersonal relationships (Laurenceau, Feldman Barrett, & Pietromonaco, 1998).

The sex-care employee clearly understands the universal need for intimacy, thanks to her work. She mentions that intimacy and sexuality can bring people self-acceptance and happiness. The sexual health consultant believes that intimacy is also important because it allows you to enjoy your own body, which increases self-appreciation. The importance of intimacy is easily overlooked since the presence of intimacy in our lives is often taken for granted.

A term to express the importance of physical intimacy is 'hunger of the skin'. It conveys the human need for touch and how a lack of touch can have a negative influence on our lives. It has been scientifically proven that touch, such as hugging, generates oxytocin, which contributes to our social processes. These social processes then again contribute to our general well-being. This means that touch can positively influence our well-being, and a lack of touch can also negatively influence our well-being. (Alspach, 2004; Ebner, Maura, MacDonald, Westberg, & Fischer, 2013)

Social intimacy
Intimacy can be experienced with different types of social contacts (see Figure 9). Commonly known contacts that experience intimacy are romantic relationships such as lovers and spouses. But intimacy can also take place between family members, friends, colleagues or acquaintances. In general, intimate interactions are most likely to take place between two persons who are relatively equal in their relationship (L'Abate & L'Abate, 1979).

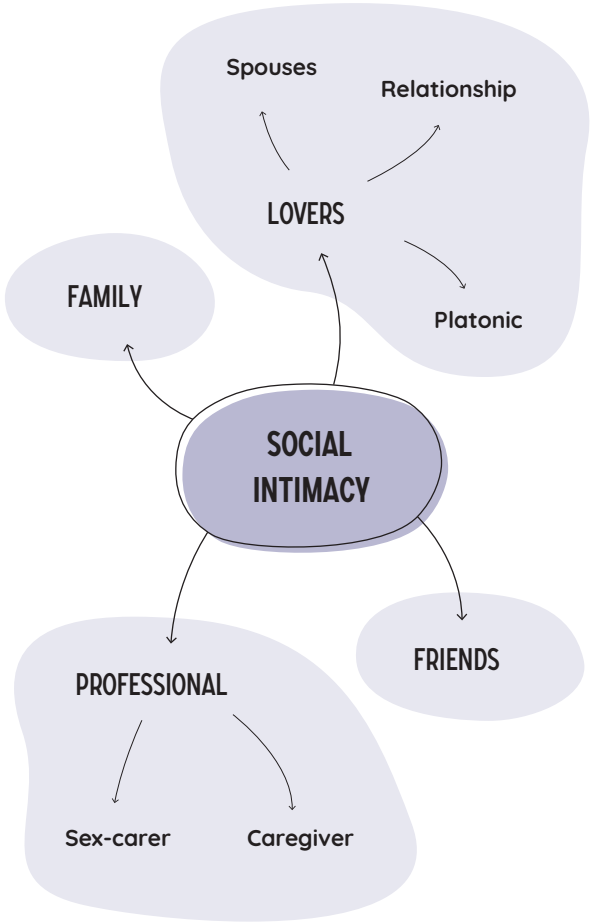


Figure 9. Social intimacy mindmap.

Conclusion
For this project intimacy is defined as a social interaction between two persons, which creates a reciprocal feeling of connectedness. The interaction is desired and can either be physical, emotional and/or spiritual.

2.3. ELDERLY AND INTIMACY

Intimacy is a complicated subject that is different for every individual and can change over time. There are many aspects that can have an impact on the development of intimacy. In this section, the development of intimacy is explained along with the influential these aspects.

Development of intimacy
Intimacy develops and changes throughout life, starting at the moment of birth. Even though the development of intimacy is different for everyone, a couple of main changes can be seen broadly (Delfos, 1994).

Children and teenagers
In the first years of life the physical intimacy develops. Babies learn to react to touch - first out of helplessness and later on to seek comfort and tenderness. After a few years the emotional intimacy starts to develop as well. Children explore intimacy with peers in a non-sexual way and start to build friendships. During the teen years intimacy gets an explorative character and the attention of physical intimacy shifts towards the erogenous zones.

Young adults
This shift intensifies, and sexuality becomes the main behavioral type of intimacy for young adults. Next to this focus, the formation of a partner relationship also becomes an important aspect of the intimacy development. When the age of twenty is changing into thirty, the focus on sexuality is reinforced even more. A lack of other intimacy besides sexuality is common to grow and can for example be supplemented by contact with children.

Middle-aged adults
Around the age of thirty-five, the focus on sexuality usually shifts towards emotional intimacy. However, a renewed interest in sexuality can arise ten years later. In those years, intimacy starts to develop into a broader concept.

Older adults
For elderly people, a decrease in health often starts playing an important role in their lives and can lead to physical limitations, which can influence the experience of intimacy. These physical limitations lead to helplessness, which becomes the main reason for physical contact. In the last phase of life, a feeling of safety and comfort is the most important.

While these phases roughly describe the development of intimacy, this absolutely does not apply to every individual. Everyone develops intimacy in their own way over the years, and this also applies to the elderly. There are many possible aspects, either related or unrelated to age, that can affect intimacy.

Occurrences and life choices
Sexologist Jantien Thomson explains that age definitely has an influence on intimacy in a certain way. This is due to the fact that our hormones change when we become older; a gradual change over many years for men and a quicker change, known as the menopause, for women. This hormonal change can affect our needs, feelings and experiences concerning intimacy and sexuality. However, she mentions, age is definitely not the only factor that affects intimacy. The main changes in intimacy stem from important occurrences and life choices, such as serious relationships, moving in together or having children.

Frans Hoogeveen emphasizes that we often confuse age with the length of a romantic relationship when we talk about the changes of intimacy. He illustrates this by explaining that for the majority of people the frequency of sexual contact decreases when the length of a relationship increases, and not just when we get older. This means that someone in their late seventies, who has been in a relationship for forty years, might have sexual contact about once a year. At the same time, someone else with the same age, but who is single and just met a new lover, might have sexual contact every week. The illustrated point here is that age can but does not necessarily influence intimacy. Similarly, the length of a relationship can, but does not have to, influence intimacy.

Elderly people have a large part of their life behind them and have generally already gathered many important experiences. Previous occurrences concerning intimacy shape the way they look upon intimacy nowadays, whether those occurrences are negative or positive. If people had an active and satisfying intimate life when they were young, they take this with them when they get older. This also works the other way around; when people have, for example, experienced a lack of intimacy in their youth, they can grow a negative attitude towards intimacy.

Illnesses and medication usage
An aspect that comes up more frequently once we get older, is the influence of illnesses and medication usage. The older people get, the more ailments and diseases arise, both mentally and physically. Consequently, the medication usage also increases. According to the sexual health consultant, you can assume that every disease, no matter how seemingly insignificant, has an influence on the experience of intimacy and sexuality in a certain way. Even catching a simple cold can for example result in less energy for an intimate conversation, let alone sexual intercourse.

"YOU CAN ASSUME THAT EVERY DISEASE, NO MATTER HOW SEEMINGLY INSIGNIFICANT, HAS AN INFLUENCE ON THE EXPERIENCE OF INTIMACY AND SEXUALITY IN A CERTAIN WAY."

- Sexual Health Consultant

We can see a difference between mental and physical illnesses when it comes to intimacy. Where mental illnesses often influence the desires for intimacy, these desires often remain the same in the case of somatic complaints. Even though the desires for intimacy do not change, the intimate behavior does change, explains the sex-care employee. You can imagine how giving a hug changes when someone is in a wheelchair, how touching changes due to the misfunctioning of hands, or how looking into each other's eyes loses its value when eyesight decreases. These physical limitations can lead to a decrease in physical intimacy.

Therapist and sexologist Mahmoed Chamanyzadeh adds that even when physical intimacy is still perfectly possible, people often avoid intimacy due to their illness. Illnesses can not only make people insecure about the way they look or feel, but also about what is still technically possible and wise to do.

Nevertheless, it is also possible that desires change due to somatic complaints. Illnesses, and the additional medication, can change people's mental state. Dealing with physical limitations, handling pain or fighting illnesses can take a lot of energy and influence our mood. Our mood and energy level can have a big impact on our desires for intimacy.

Conclusion
There is this common idea that intimate behavior always changes when we get older, and that the focus shifts towards emotional intimacy rather than sexuality. Even though, in broad terms, this can be the case for most people, it is definitely not true per definition. For most elderly, intimacy is an important part of their life (see Figure 10). Just like with children, teens and adults, the needs and desires for intimacy are also different for every older individual. This existing idea is not per se a problem, but we should not be led by prejudices.

The personal development of intimacy, life occurrences and choices, the length of a relationship, illness and medication usage can all influence the desire, behavior and experience of intimacy. It is important to explore and understand these aspects, and what their impact is, to meet the needs and desires for intimacy.

Figure 10. Photograph of the series #heterdraad.

2.4. ELDERLY CARE

The life of residents changes completely once they move into an elderly care residency. Consequently, also their experience of intimacy is affected. In this section it is researched, on the basis of literature, observation and interviews, to what extent the experience of intimacy of residents is influenced by the context of elderly care. In elderly care, the main goal is not to cure people from an illness but to keep the quality of life as high as possible. Frans Hoogeveen explains that due to the history of health care, the care for elderly often gets a medical focus, while the most important thing is to make the life of elderly as good as possible.

Social contacts
What is the most important aspect of your life that you would not want to live without? There are many possible answers to this question, but most people answer it with their personal relationships. They would not want to live without their family, friends or partner. The people that you love and that love you, are often the most important aspect of your life. Jacqueline de Groot agrees and says that the aspects that make a life good can differ for every individual, but in general we can see that social contacts are the most important.

One's social contacts are an important part of the quality of life, and intimacy is an important part of these social contacts (Laurenceau et al., 1998). The topic of intimacy is often neglected in health care, which should not be the case when the goal is to make the life of elderly as good as possible.

Discussion of intimacy
The approach to work on the quality of life is dependent on the health care institution. At Pieter van Foreest, they believe that all residents should be able to be themselves and have the life they want to live, despite the need for care. To accomplish this, they have a personalized intake where they extensively discuss different aspects of the resident life. The flower (see Figure 11) is used to initiate this intake.

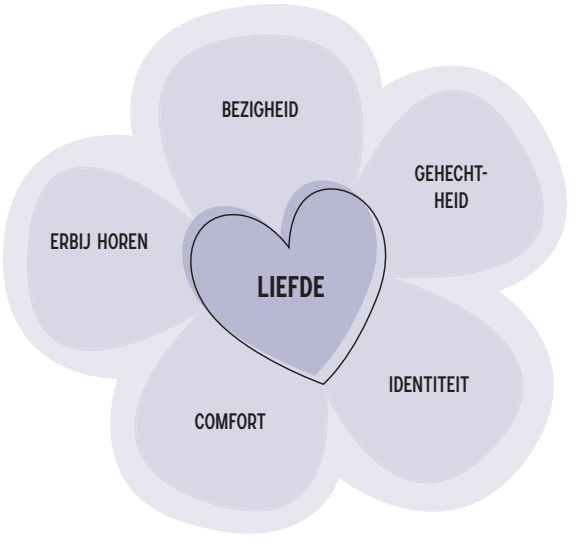


Figure 11. The flower for the intake conversation at Pieter van Foreest, made by Trimbos institution.

A topic that does not come forward during the intake, nor in later resident conversations, is the topic of intimacy. There are multiple reasons why the topic of intimacy is not commonly addressed with residents at Pieter van Foreest, or any other health care institution.

First of all, the topic of intimacy is not well enough integrated in the health care system. There is a small header about intimacy in the documentation system for the resident intake, but this part is often forgotten or purposely skipped. Second, intimacy is not involved in most health care education and health care employees do not receive training about the topic either.

This absence of intimacy leads to a lack of knowledge and skill on the side of caregivers. Multiple caregivers mentioned during conversations that intimacy was not a part of the lives of elderly anymore. Intimacy amongst elderly in health care is a blind spot. Not knowing that intimacy is indeed still important for many residents, most caregivers do not discuss the topic at all. Even when caregivers are aware of the importance of intimacy, it can still be difficult to bring it up. They often lack skills to start the conversation with residents.

Loet Berkelmans also points out that many caregivers feel uncomfortable with the topic of intimacy. It is not uncommon for male clients to get an erection when caregivers wash them in the shower. This does not have to be a sexual insinuation of the resident but can be a natural reaction to touch. Moreover, since there is no reciprocal feeling of connectedness, this moment is not considered as true intimacy during this project but only intimate behavior. Instead of talking about this with the resident and trying to understand how the resident feels, 9 out of 10 caregivers get out as fast as they can due to awkwardness.

Caregivers themselves often ascribe the avoidance of the topic to their lack of time. This is an understandable argument, since most caregivers are very busy and have to take care of many clients. However, some experts express in their interview that they disagree and believe that the

topic is avoided due to discomfort and not a lack of time. When there is time to discuss the weather or the medication usage, there should also be time to discuss intimacy.

Not just the caregivers, but also the residents and their partners find it hard to bring up the topic of intimacy. It is a personal subject, and unless a resident is very assertive, they often feel too insecure to talk about it. Residents can also feel that caregivers are not very understanding about intimacy in old age, and that they are unaware of the needs and desires of residents (Bauer et al., 2013).

Problematic behavior
Intimacy is discussed when residents bring it up, which is not the matter of course, or when there is a problematic situation. The example of an erection under the shower, is a situation that can be seen as inappropriate and therefore problematic. Other examples are public masturbation, public display of affection, sexual harassment or romantic relationships that grow between residents. When situations like these occur, staff members discuss how to deal with them. Due to the fact that only these problematic cases are discussed, staff often has a negative attitude towards the topic of intimacy.

This focus on problematic situations of intimacy is unfortunate, since it is likely that there is a need for intimacy lying beneath the problematic behavior. In some cases, like sexual harassment, the behavior is definitely problematic and should be prevented from happening again. But instead of acting medically and suppressing the urge of the resident with medication, it would be more interesting to find out what the underlying need is. Staff members can then aim to fulfill this need in an enjoyable way, that does not harm anyone.

Besides the needs that are expressed in problematic behavior, residents are likely to have many more needs and desires when it comes to intimacy. We are largely unaware of that, since caregivers only take action once there is a problem with intimacy, says Loet Berkelmans. The sexual health consultant is hopeful for change, saying: “It is a pity that when we talk about intimacy, we mostly talk about unacceptable behavior. It would be great if we could focus on the positive side of intimacy.”

“IT WOULD BE GREAT IF WE COULD FOCUS ON THE POSITIVE SIDE OF INTIMACY.”

- Sexual Health Consultant

Health care environment
Not only the discussion of intimacy, but also the environment of a health care facility has an influence on the experience of intimacy. First of all, your living situation obviously changes once you move from your own home to a health care facility. At most facilities, you have your own room and you share the rest of the house with other residents. This is a big difference with owning your own apartment or house.

With the change in space, your privacy changes as well. In a health care facility, everyone can walk into your room at any given time and all the staff and other residents can always know where you are and what you are doing. The spiritual caregiver says that having a private moment is only possible on someone’s room, where there is not even enough space for a couch. Loet Berkelmans adds that the care that residents receive in a health care facility also influences the privacy. “People change from a very private situation at home, into a situation where everyone can always touch you” she says.

Next to your physical environment, the people around you change as well. When a resident was living together with a partner who is still independent, they are now separated in living. And on top of this, residents are sharing the house with many other residents and staff members.

Conclusion
Moving into a health care facility is a big step and has an impact on many aspects of one’s life. Intimacy is an important part of the quality of life, and naturally the experience of intimacy is also affected by health care. Firstly, the amount of social contact with their personal relationships decreases. Secondly, intimacy is never discussed, eliminating the opportunity to improve the circumstances. Thirdly, many care givers have a negative attitude towards intimacy due to problematic sexual behavior. And lastly, the residents lack privacy due to the elderly care context.

2.5. THE TABOO

A taboo is something that is considered inappropriate to do, or to talk about. A taboo can limit people to express themselves around a certain topic. People might have needs and desires that, due to the inability to be express them, stay unknown and unfulfilled. When the fulfillment of these needs and desires could lead to an increase in the quality of life, it is unfortunate when a taboo stands in the way and limits one's well-being.

Intimacy amongst elderly

The taboo that is important here, is the taboo of intimacy and sexuality in the lives of elderly. It is highly uncommon to discuss the topic of intimacy amongst elderly, let alone the public display of intimate elderly. Many people are unaware that elderly still have intimate needs and desires and that they still experience intimacy and sexuality. Others do not want to know, or do not want to think or talk about the fact that intimacy amongst elderly is perfectly common (Figure 12).

Figure 12. Fragment from Hotel Sophie, episode 5 about elderly and sexuality. (BNNVARA)

Our whole society is programmed to consider beautiful, young and fit people as sexy. We have quite a limited beauty standard which is also projected on the topic of intimacy. Frans Hoogeveen illustrates this with an example about movies. He says that nobody is surprised when there is an intimate scene in a movie of two people fitting this beauty standard. But when we see, for example, overweight, disabled or old people in an intimate situation, we react differently. Whether we make fun of it, feel awkward about it or believe it is moving, we act differently because it is different from the standard. This image of the beauty standard for intimacy is created unconsciously and we can not blame ourselves. However, we should be aware of this image and our prejudices on the topic.

Taboo in elderly care

This taboo is clearly noticeable in elderly care as well. The topic is barely discussed between staff and residents and expressing intimacy often leads to embarrassment and discomfort. All sex-care providers believe that intimacy should be a normal topic for everyone and open to be discussed. They are confronted with the taboo in elderly care every day. When asked if intimacy amongst elderly is still a bit of a taboo, the sex-care employee responds with: "A bit of a taboo? It is a huge taboo! The health care staff finds it hard to talk about intimacy." Loet Berkelmans strongly agrees. She mentions that we like to believe that we are very progressive and open-minded, but there is still such a big taboo and so much ignorance about the topic of intimacy amongst elderly.

"A BIT OF A TABOO? IT IS A HUGE TABOO! HEALTH CARE STAFF FINDS IT HARD TO TALK ABOUT INTIMACY."

- Sex-care employee

Design for taboo

We are surrounded by taboos in our daily lives, from taboos about sexuality, to mental health and death. Even though many taboos are still existing, a shift is taking place in the dialogue around these topics. It is becoming more common to openly discuss taboo topics and overcome the embarrassment (Foster, 2018). Humorous and interactive experiences can support people to overcome uncomfort and open up about personal topics (Kirsch, 2019). By creating taboo breaking design interventions, design can contribute to making a change.

3. DISCOVER

This chapter aims to complement the collected knowledge with insight in the experiences of residents in elderly care. Tacit knowlegde about intimacy in elderly care is collected through user-centered research. The result of this chapter is a better understanding of both the context and the residents.

Chapter overview

3

3.1. PROCESS

Contextmapping interviews were held with eighteen clients and one partner to define the experiences, needs and desires of clients for intimacy. All the interviews were conducted at Pieter van Foreest residencies. The clients were interviewed in different constructions and settings (see Figure 13 and 14). On the right page an overview of all the interviews can be found. In this section, the process of gaining and analyzing the insights is explained.

Clients

The somatic residents were the primary focus of this research. However, also residents from the psychogeriatric department were interviewed due to the limited availability of somatic residents. Intimacy is a sensitive and personal subject, and therefore not all somatic clients were willing to participate in the research. All residents have intimate desires and needs, whether they are somatic or psychogeriatric residents. However, the influence of psychogeriatric diseases, such as dementia, on the experience of intimacy is not taken into account during this project. The primary aim of this research was to discover the experiences, needs and desires coming from the person, not the disease. The clients from the psychogeriatric department are carefully selected by the staff, to ensure having an in-depth conversation.

Interview construction

Multiple interview constructions are set up and used to gain more insight on intimacy and on conducting conversations about intimacy. The starting point was a private conversation with one resident in their personal bedroom (see Figure 13). Interviews with couples were also conducted to extend the research. A group session was organized (see Figure 14) to explore the interaction between different residents when discussing the topic of intimacy. This conversation was co-hosted by a professional from the residency to make the residents feel at home. Professionals who already knew the residents also conducted interviews, since a new face can limit the comfort of the residents and their ease to express themselves about intimacy. In all interviews intimacy cards, which are presented on the next page.

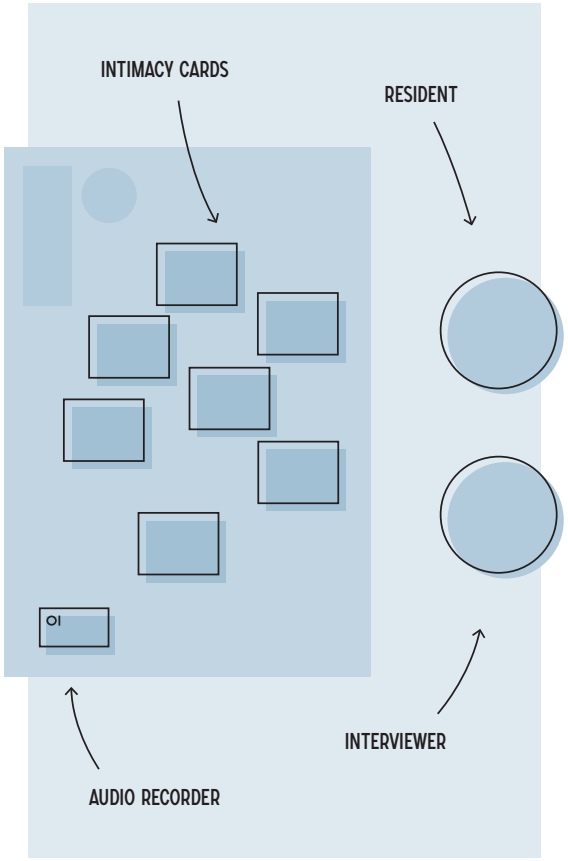


Figure 13. General interview setup for individual interviews in the room of the resident.

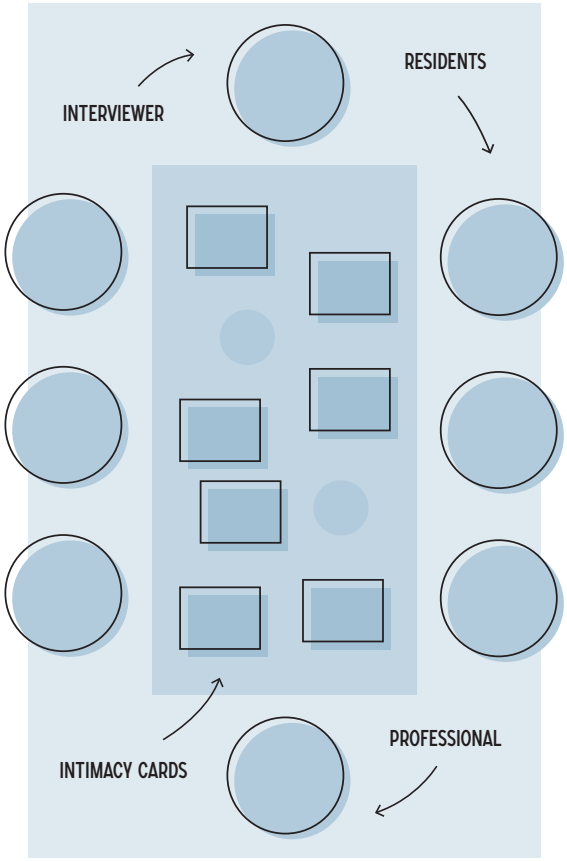


Figure 14. Setup for the group session held in a recreation room at Pieter van Foreest.

6

INDIVIDUAL CONTEXTMAPPING INTERVIEWS

Six interviews were conducted with somatic residents who live at a residency of Pieter van Foreest. The interviews were conducted in their own room. During three interviews, the audio was recorded. All participants were living separately from their partners due to their move to the health care residency.

The participants received intimacy cards a week before the interview to prepare them for the conversation topics. These cards were used as generative tools during all interviews.

2

CONTEXTMAPPING INTERVIEWS WITH COUPLES

Two interviews were conducted with couples at Pieter van Foreest. One couple lives together at a residency of Pieter van Foreest. Their department is a combination of psychogeriatric and somatic care. The other couple lives separately. One spouse lives at a psychogeriatric department, the other spouse lives at home and visits daily. The interview was initiated with the intimacy cards.

1

CONTEXTMAPPING SESSION WITH A GROUP AND A PROFESSIONAL

One group session was organized with seven participants from different departments within Pieter van Foreest. The session was organized together with the welfare manager of the residency. All participants had different backgrounds and relationship statuses. The group session was held in a recreative area in the residency. The group session was initiated with the intimacy cards.

1

CONTEXTMAPPING INTERVIEW TOGETHER WITH A PROFESSIONAL

One interview with a residents was conducted together with a psychologist of Pieter van Foreest. The psychologist and resident knew each other well. The resident lives at the psychogeriatric department, and was selected as suited for the contextmapping session by the psychologist. The interview was held in the room of the resident, initiated with the intimacy cards.

1

CONTEXTMAPPING INTERVIEW CONDUCTED BY A PROFESSIONAL

A contextmapping interview with a resident is conducted by a nurse, who is educated as a sexual health consultant. The resident lives at the somatic department of a residency of Pieter van Foreest. The interview took place in the room of the client.

The professional was briefed about the research goals and questions before the interview. The professional also used the intimacy cards to initiate and guide the conversation.

Generative tools

To initiate the interviews and stimulate the clients to open up about their experiences, needs and desires for intimacy, cards are made as generative tools. The cards were designed through an iterative process. The cards were based on the different types of behavioral intimacy, explained in the previous chapter.

The cards contain illustrations, showing different ways to experience intimacy (see Figure 15 and 16). The cards have a large size, enabling elderly to hold and see them easily. The illustrations are simple and allow interpretation of the topics. The illustrations show a diversity of age, relationships and gender. The descriptive texts below the illustrations are subtle and clear.

In addition to the cards, there is a card template to document the results during interviews (see Figure 16). On the template, an intimacy card can be placed and answers to the core questions can be written down.

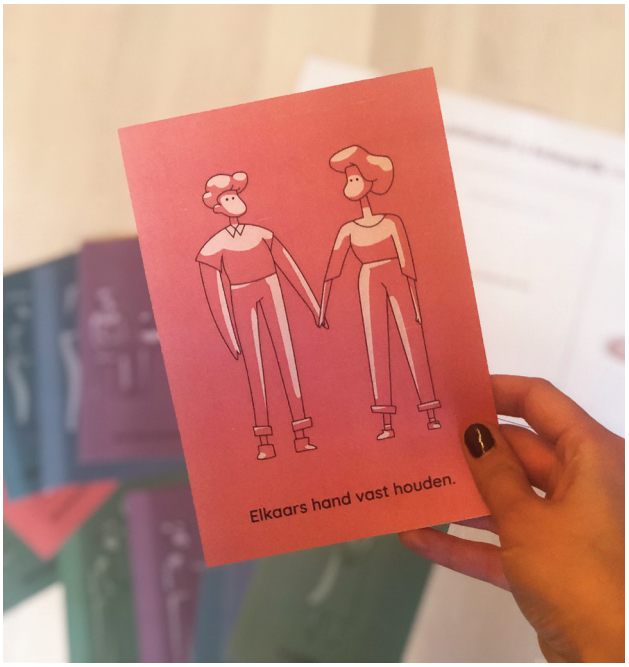


Figure 15. Intimacy card 'Holding hands', with in the background the other cards and the card template.

Figure 16. Intimacy cards spread out on a table, with the card template on the right.

Analysis

To find similarities and differences within all the different residents, all the information that is collected during the research was analyzed.

All the interviews and sessions are documented in text, using notetaking and transcribing based on the audio recordings.

Next, the interviews were analyzed and interesting quotes are used to create statement cards. These statementes cards are clustered into themes, experiences and opinions. The process is shown in the figures below.

The result is a collection of many insights, divided over different themes (see Figures 17 and 18).

Figure 17. Analysis of research insights; clustering the quotes from the client interviews.

Figure 18. Analysis of research insights; clusters from quotes from the client interviews.

Insights
The identified insights are sorted into the three parts 'intimacy', 'elderly and intimacy' and 'intimacy in elderly care', corresponding with the division presented in chapter 3. These three connected parts are shown in Figure 20.

Within these three parts, the insights are further divided over four elements, namely the intimate relationship, intimate behavior, intimate experience and the context. The relationship, behavior and experience are elements derived from the intimacy system as explained in the previous chapter (see Figure 19). Due to the fact that intimacy is inseparably connected to the context of an intimate interaction, the context is added as the fourth element to the themes. The insights are gathered within these elements.

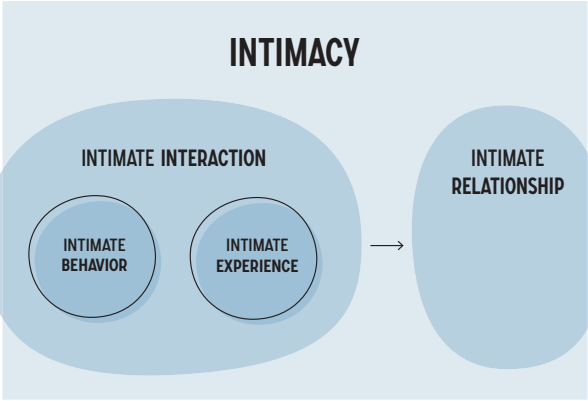


Figure 19. The intimacy system (Prager, 1995).

The first part, intimacy, concerns the residents' general opinion and interpretation of the term intimacy. The insights explain their personal idea of intimate behavior, an intimate experience and the types of relationships that are part of intimacy. These insights are based on the context of their home situation, before moving into an elderly care residency.

In the second part, elderly and intimacy, the focus lies on the changes in intimacy that residents have noticed whilst becoming elderly. Insights only arise in the intimate behavior part, since the context, relationships and experiences do not change according to the residents.

In the third part insights are gathered about intimacy in the context of an elderly care residency. Insights are presented about how intimate relationships maintain, develop and originate within elderly care. Additionally, insights are presented about discussing the topic of intimacy, which is a new kind of behavior that comes with care giving. The largest part of insights concerns the influence of the elderly care context on the intimacy of residents.

In the continuation of this chapter, the elderly care context is first clarified by presenting the people, surroundings and the daily life of residents. Subsequently, the three parts and their corresponding insights are explained.

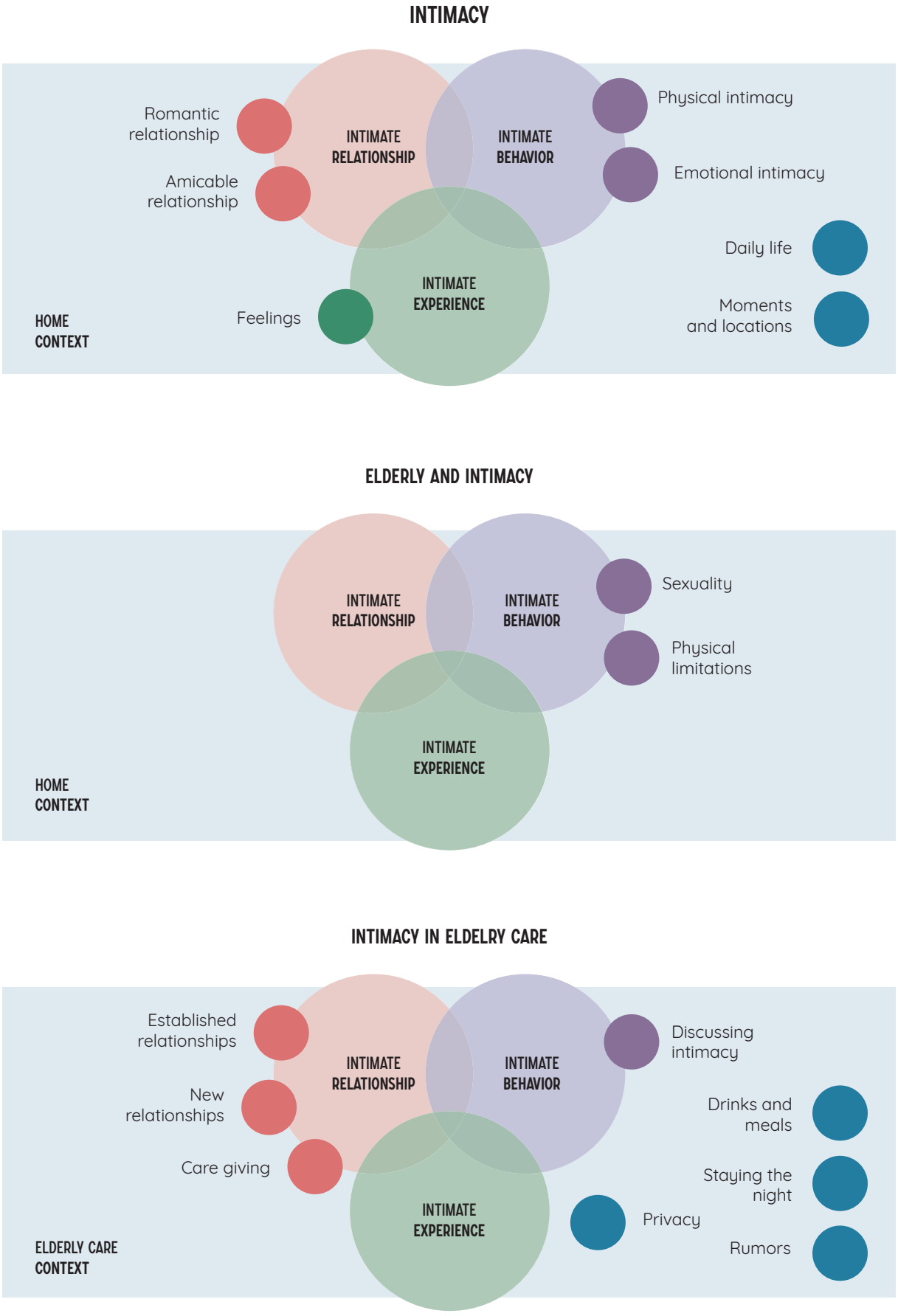


Figure 20. The frequency of social contact between residents and others in the elderly care residency. Visitors in the bottom, staff members on the upper left and residents in the upper right.

3.2. SOCIAL CONTACT

This project is focused on the residents of the Pieter van Foreest elderly residencies. The residents live by themselves, but have contact with other residents, staff and visitors. The different people that are part of the elderly residencies were identified during observations and interviews at Pieter van Foreest. All these people are part of the elderly care context, and therefore influence the experience of intimacy of residents.

Residents
The residents are the elderly people living at the residencies of Pieter van Foreest. Elderly are defined as people with an age over 65 years. Due to physical and/or psychological limitations they are unable to live by themselves, which is the reason they moved into an elderly care residency. The somatic residents, who are the residents with physical limitations, are the starting point of this project. Most residents live by themselves in the residencies, but some residents live there together with their partner.

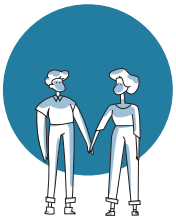
The residents have their own bedroom but share many other spaces with their fellow residents. Residents do not know each other before they move into the residency and can not choose their neighbors. Since they see each other often in the residency, they are able to get to know each other over time if they want.

When the residents were young, the world was different than it is nowadays. They grew up in a different time and often have different norms and values compared to today's youth. In comparison with their care givers, their view on life can be different as well. Pieter van Foreest is an elderly care institution in the west of the Netherlands. Many residents have been born and raised here or have lived there for a large part of their lives. In general, people from this part of the Netherlands are known to be sober and down-to-earth. Most residents of Pieter van Foreest fit into this image well.

Medical and psychological care givers
The medical and psychological care givers support the residents with their mental and physical health on the long-term. These care givers include psychologists, occupational therapists, spiritual care givers, geriatric staff members and general practitioners. They see the residents on a weekly or monthly basis, to check on them and formulate a plan to improve the different aspects of their health. Psychologists talk to residents and focus on their social and mental well-being. They aim to support residents in the way they feel and behave. Occupational therapists aim to improve the physical well-being of the residents by conversation and exercises. Spiritual care givers also focus on the mental well-being of residents, but more specifically on their thoughts, beliefs and religion. Geriatric staff members and general practitioners are specialized in the medical treatment of the residents. They define the best treatment and medication for the resident.

Daily care givers
The daily care givers are the employees of Pieter van Foreest who support the residents with their daily tasks and activities. These daily care givers include the nursing staff and the home care staff. They help the residents with getting in and out of bed, showering, getting dressed, transport through the building, food, drinks and medication. Next to these practical tasks, they also support the residents mentally by socializing with them. Since these care givers see the residents almost daily, they get to know them well and they often create a personal relationship.

Leisure and activities employees
Within Pieter van Foreest, there are employees that offer leisure services, and organize and support activities. These leisure services include for example hairdressing and manicures. The activities can be individual, such as employees who take residents for a bike ride or play pool with them. However, most activities are group based and at the residency, such as dancing, movie screenings, coloring and flower arranging. These employees, and sometimes volunteers, aim to bring fun and recreation into the lives of the residents. All residents can join any activity they want to. Dependent on who often the residents join the activities, the residents and employees see each other weekly or monthly.



Visiting partners
Residents who have a partner are separated in living from their partner due to their move into the residency. Most partners visit their partner, who is a resident, almost daily for a few hours. A partner can be a spouse, but also a girlfriend, boyfriend or lover. The partner is often the person who initially has the most intimate relationship with the resident. In most cases, this partner used to be or still is the informal care giver of the resident. Partners are also often closely involved in the treatment of the resident.

Visiting family members
In most cases, the family members of the residents also frequently visit. These family members are mostly children and grandchildren but can also be siblings or even parents. The depth of the relationship between the resident and the family member is different in every situation. Some residents are very close to (some of) their family members, where other residents have more superficial relationships with their family. It is also different for every family member how often and how frequent they visit the resident. Close family members are also often informal care givers and first contact persons of the resident.

Visiting friends
Last but not least, there are the visiting friends of residents. In general, friends visit the residents less frequent than the family members, but this does not mean that friends are less important. Residents and their friends know each other well and have a friendly relationship. Friendships usually mean a great deal to the residents, and the visits of friends is highly appreciated. However, just like with family members, the depth of the relationship can differ. In most cases, friends are not involved in the treatment of the residents.

Social contact
In the normal daily life, you can largely control for yourself with whom you have social contact and with whom you build intimate relationships. You can experience intimacy with whoever you want and whenever you want because you are independent. When you live in elderly care, this changes. Living in an elderly care residency, you are more dependent on others and you lose the control over your social contacts.

Most residents of elderly care used to live at home together with their partner before moving into the elderly care residency. Their partner was the person they had the most contact and the most intimate relationship with. After this, their most important social contacts were there friends and family. The residents could visit them whenever they wanted and vice versa.

Now that the residents are living in elderly care, they do not have control anymore over who they see and when they see them. They have become dependent on their visitors. Besides this, they also have social contact with care givers and fellow residents, which they did not have in their home situation.

The people that residents have social contact with are introduced on the previous pages. The frequency of the social contact between the residents and these people is visualized in Figure 21. In the upper left part of the figure you can see the staff of the elderly care residency, in the upper right part the fellow residents, and in the lower part the personal visitors.

Visitors
In most cases, the partners of residents visit the residents on a daily basis. It has to be noted that definitely not all residents have a partner, since many residents have lost their partner of never had a partner. However, the residents that have a partner who is regularly visiting often have an intimate relationship with that partner. This relationship does change when the resident moves into the residency. Partners who were constantly together before the move, can now only see each other for a few hours each day. Even though they see each other less than at home, the partners visit the residents the most from all visitors.

Most family members try to visit the residents frequently as well, mostly once a week or once a month. Friends often visit the residents less frequently. The relationship between visiting friends and family and the residents is normally good, but unfortunately those relationships do change due to the frequency of social contact.

Care givers and employees
The social contact between the residents and care givers is new, since they do not know each other before the residents move into the elderly care residency. Where there is no relationship at the beginning, a personal relationship can develop over time between residents and care givers.

Regardless of the relationship status, daily care givers and residents have a lot of social contact, often just as much, if not more, than the partners. Thanks to this frequent contact, they can get to know each other fast. The medical and psychological care givers have less contact with the residents, usually weekly or monthly, depending on the health status of the resident. The leisure and activities employees also see the residents less frequently. This social contact is dependent on how often the residents join the activities.

Fellow residents
The residents do not have personal relationships amongst themselves when they move into the elderly care residency, and they cannot choose their own neighbors. Nonetheless, they have frequent contact because they see each other in collective spaces of the residency. If there is no desire to get to know one another, they do not have to build a relationship. However, because of the frequent contact they can get in touch with each other if they want and friendly or romantic relationships can develop.

Conclusion
All the different people in the elderly care residency have social contact with the residents, and with each other. Everyone has different relationships with each other, and the residents are not fully in control over the contact they have with others. They have new social contact when they move into the elderly care residency, and their existing relationships can change. Both changes can take time to get used to.

With the frequency of social contact of their relationships, the intimacy within those relationships can change, in either a positive or negative way. However, the frequency of social contact and the intimacy of the relationship are not necessarily related to each other.

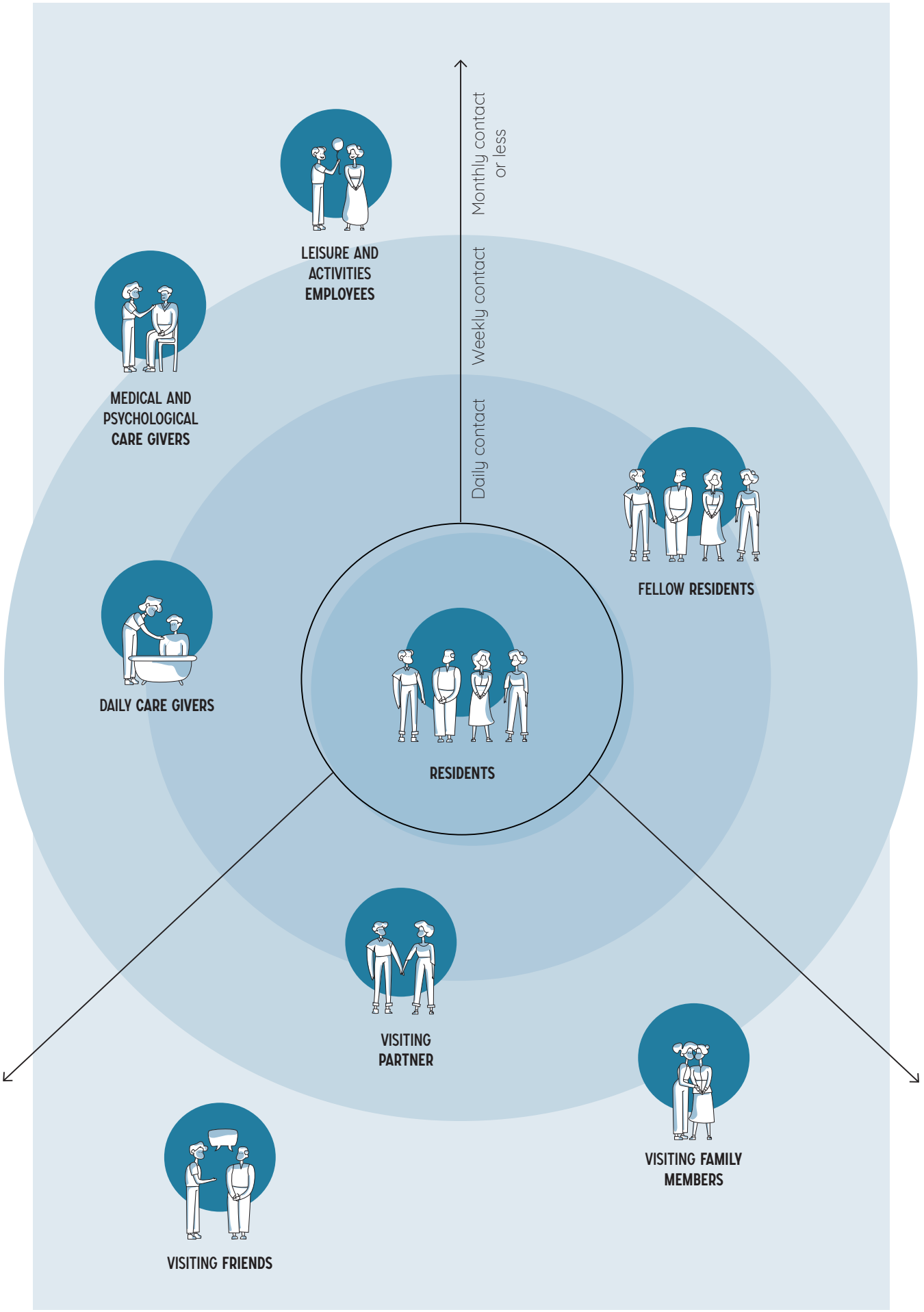


Figure 21. The frequency of social contact between residents and others in the elderly care residency. Visitors in the bottom, staff members on the upper left and residents in the upper right.

3.3. CONTEXT

The context of residents influences their daily life, and likewise their experience of intimacy. The residents live in an elderly care residency, which is their daily environment. They share this environment with the people discussed in the previous section. Every residency of Pieter van Foreest is different, but the same types of spaces are present in every residency. The biggest part of this project is done within the residency called 'De Hooge Tuinen'. Based on this residency, an overview of all the different spaces for the residents is given here.

Overview

Every residency is divided into multiple departments for residents and has one public department with spaces for all residents. On the ground floor of 'De Hooge Tuinen' there is a department for somatic residents and couples on the one side, and public spaces on the other side. On the other floors there are multiple departments specifically for psychogeriatric residents. Every department consists of a common living room and personal bedrooms of residents. The public department has an open, common area and multiple smaller rooms that can be closed off. In general, all people can move around freely in all spaces, but some residents are restricted to their own department unless they are supervised by a care giver. In Figure 22, a simplified map is shown of the ground floor of the 'De Hooge Tuinen' residency, with the most important different areas indicated.

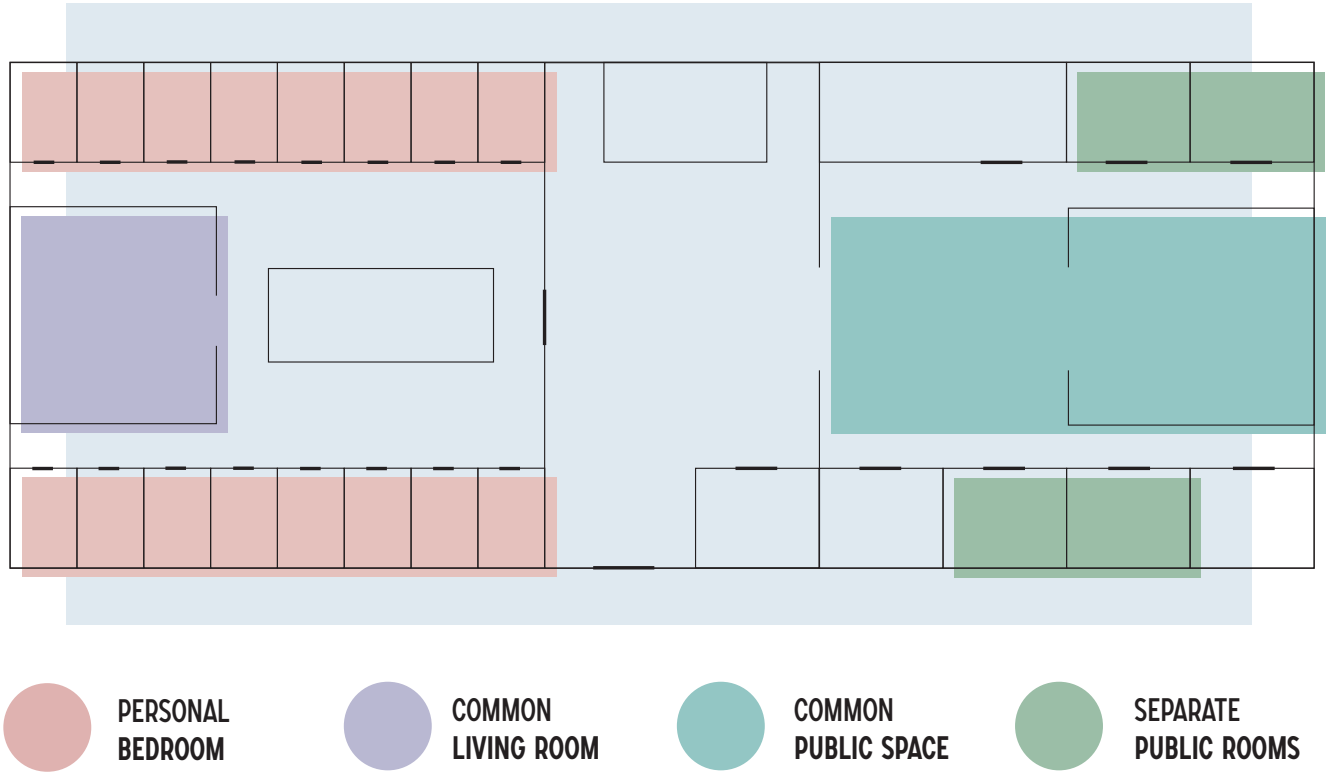


Figure 22. Simplified map of the ground floor of the 'De Hooge Tuinen' residency, with the most important areas indicated in different colors.

Rooms and people
The people in elderly care move around in all the different areas of the residency. They have an impact on the atmosphere in these areas with their presence. On the next few pages the different rooms and areas are explained, along with the people that can be found there. Below every picture, there is a visual overview over the people in that area. The different people are explained previously in this report and summed up below.

RESIDENTS

FELLOW RESIDENTS

DAILY CARE GIVERS

MEDICAL AND PSYCHOLOGICAL CARE GIVERS

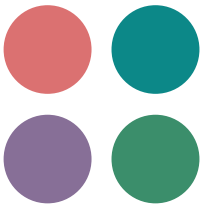
LEISURE AND ACTIVITIES EMPLOYEES

VISITING PARTNER

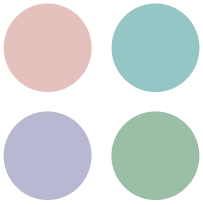
VISITING FAMILY MEMBERS

VISITING FRIENDS

Some people are primary occupants of the area, meaning the area belongs to them and they are the main users of this area. These people are indicated with dark blue circles. Other people are not the primary occupants but visit or use the area often. These secondary, but regular users are indicated with middle blue circles. Lastly there are the people that barely or never enter the specific area, they are indicated with the lightest blue.



PRIMARY OCCUPANTS



SECONDARY OCCUPANTS

NON OCCUPANTS

Personal bedroom

Every resident has a personal bedroom (Figure 23) on their department, that consist of a single room with a bed. The residents can further furnish and decorate their room themselves, with the result that most rooms have a closet, table and seating area. Residents have either their own bathroom, or they share one with their neighbor resident. Couples living in the residency have a two-room apartment. Next to the bathroom they have both a living room and bedroom, connected to each other. The personal rooms cannot be locked, due to the fact that care givers must always be able to enter the room in case of an emergency.

The personal bedroom belongs to the resident, and therefore the resident is the primary occupant of the space. However, everyone can enter the room since there is no lock on the door. In practice this means that daily care givers regularly walk into the personal bedroom of residents to execute their daily tasks, such as bringing clean sheets, medicines or food. Visitors also just walk into the room when they are visiting the residents. Sometimes medical care givers enter when they are picking up the residents for an appointment.

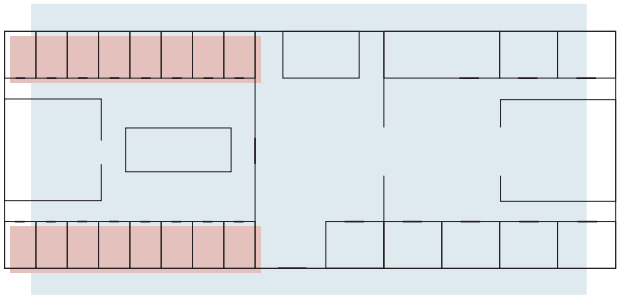
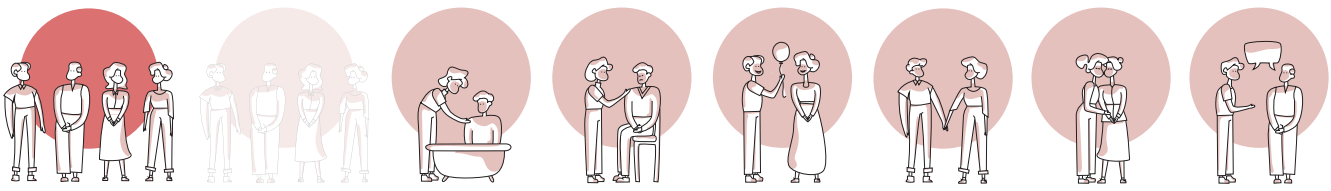


Figure 23. A personal bedroom from a resident at 'De Hooge Tuinen' residency.



Common living room

Every department has a common room, called the living room (Figure 24). In this room there are large tables, where residents can have breakfast, lunch and dinner. There is also a seating area with lounge chairs, and a small kitchen for the staff. The daily care givers can be found in this common living room often, preparing the meals for the residents. The residents often have a fixed spot at the table, sitting together with the fellow residents. They can welcome visitors in the common living room, but often they rather do this in their personal bedroom or the common public area.

The common living room is meant for all the residents from the department and the daily care givers, which are the main users of the room. Occasionally visitors also stop by this room to visit a resident, but they usually do not spend a lot of time there.

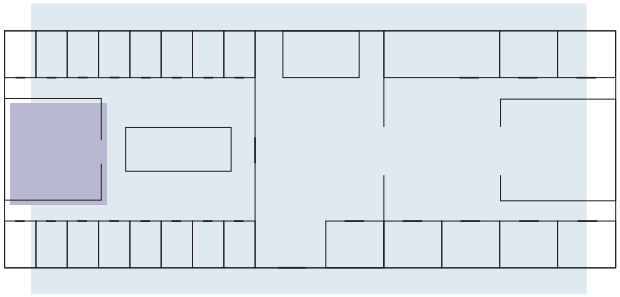


Figure 24. The common living room at the somatic department on the ground floor of 'De Hooge Tuinen' residency.

Common public space

In the public department of the residency there is one large, common area (Figure 25). This area is open for everyone and the center of the public department. It contains one long table, multiple smaller tables and a bar for drinks and snacks. Around this area, separated by walls and doors, there are public rooms.

Everyone is free to use this space since it is public, and everyone uses it indeed. Residents often come here to have a drink with visitors, but also care givers take residents here for a casual chat. The leisure and activities employees organize activities, such as folk dancing or flower arranging, on a regular basis in this area. Other staff members also use this space for coffee and lunch breaks.

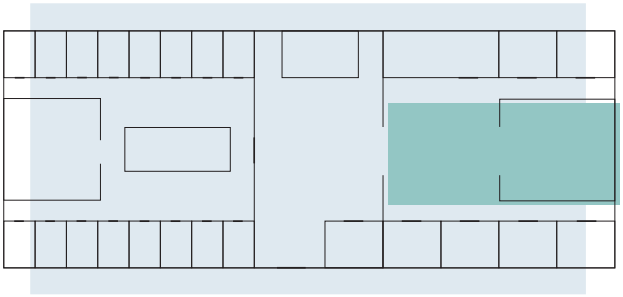
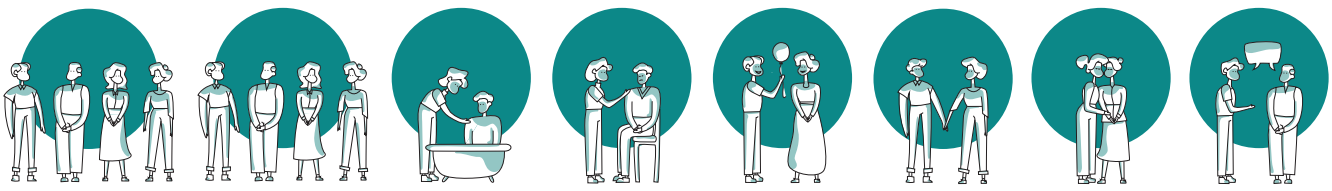


Figure 25. The common public area at 'De Hooge Tuinen' residency.



Separate public rooms

Around the common public space, there are multiple smaller, public rooms for different purposes. There are two recreational rooms for group activities (Figure 26), a physiotherapy room, a hairdresser and a relaxation room. These rooms can be used for activities and appointments, both in a group or individually. The rooms are furnished differently, appropriate for their function. The recreational rooms have tables, chairs and certain attributes. The physiotherapy room is equipped with all the tools needed for physiotherapy with residents. The hairdressing room is decorated like a regular hairdresser and the relaxation room has, amongst others, religious attributes and a 'snoezelkast', which is a closet filled with multiple stimuli aimed at the primary senses (Staal et al., 2007).

The medical care givers and leisure and activities employees organize the activities and appointments with the residents. They are, together with the residents, the regular users of these rooms. Other people can have access to these rooms but usually never drop in uncalled-for.

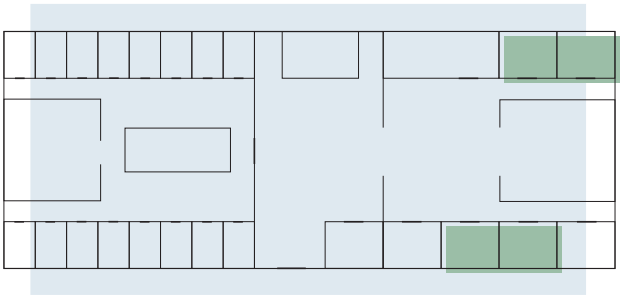


Figure 26. Photo of the 'Garden room'; a recreational room at 'De Hooge Tuinen' residency.

3.4. DAILY LIFE

To give an idea of the daily life of residents living at Pieter van Foreest, a typical day of a resident is illustrated in this section. The daily life of residents is situated in the rooms and with the people discussed before. Within this context, residents have both fixed, daily activities and various changing activities. These activities take places in different rooms and with different people, but always in the same rhythm. Most activities are planned beforehand, and residents like to hold onto this schedule. Pieter van Foreest organizes many activities, and if residents join all activities, their days can be quite full.

Not every day of every resident is exactly the same, but the visual in Figure 27 illustrates the daily schedule of one resident. This resident is Sara, a 78-year-old woman. The visual is an overview of her activities during a regular day.

Waking up
Sara wakes up early in the morning in her own room, where the daily care givers help her to get up, shower and get dressed.

Breakfast
She can have breakfast in her own room, but Sara prefers to go to the common living room where she eats her breakfast together with her fellow residents. Here, the daily care givers are also present to serve breakfast to them.

Physiotherapy
After breakfast there is time for activities and appointments. Today, Sara has appointment with a physiotherapist. This appointment takes place in a separate public space where she does some exercises to train her legs.

Coffee time
Around 10 o'clock it is time for a cup of coffee. The daily care givers serve Sara coffee in her personal room. She could also drink her coffee in the living room, but she likes to get have some alone time and drink her coffee peacefully.

Activity
After the coffee, there is a folk dancing activity planned. This activity is organized by activities employees and takes place in the common public space. Sara loves to move as much as she can and joins the folk dancing together with fellow residents from different departments.

Lunch
Lunch is served around 12 o'clock and is organized similarly to breakfast. This means most residents come to the common living room, just like Sara. Here the daily care givers serve the residents lunch.

Visitor
In the afternoon the residents have time to relax, and often visitors come along. Sara gets a visit from her husband today. She waits for him in her personal room, and once he arrived they go to the common public space to grab a cup of coffee and catch up.

Dinner
The day ends with a dinner in the common living room, where all the residents enjoy their dinner served by the daily care givers.

Bedtime
To complete the circle, Sara is supported by the daily care givers to go to bed again, at the end of a full day.

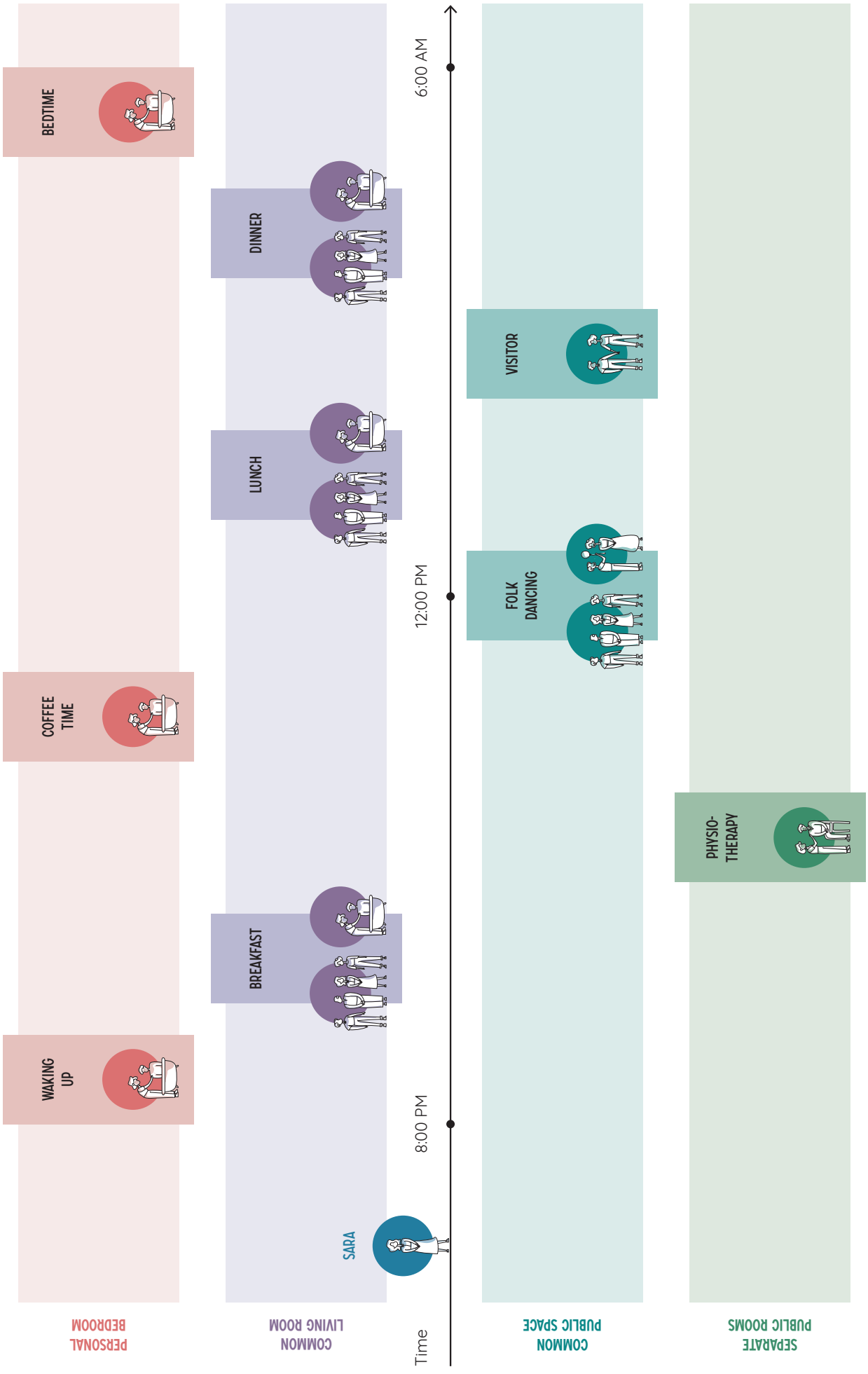


Figure 27. A day in the life of Sara, a resident of the 'De Hooge Tuinen' residency.

3.5. INTIMACY

In this section, the first part of the insights is presented. These insights all concern the interpretation of intimacy for residents. The section is divided into insights about intimate relationships, intimate behavior, intimate experience and the home context. Intimacy is a broad concept and can have a different meaning and definition for every individual. Intimacy is for this project defined as a social interaction between two persons, which creates a reciprocal feeling of connectedness. Within this definition, there is still a lot of room for interpretation. The residents explain in their interviews what intimacy means for them and what types of intimacy are most important to them.

Intimate relationship
The feeling of privacy is important for the experience of intimacy. Intimacy is an interaction between two romantic partners, and residents do not want anyone else to be involved in that interaction. Being completely excluded from others is most preferred, but the feeling that nobody else can see or hear you also contributes to the feeling of privacy.

"IT [INTIMACY] IS A MOMENT THAT YOU EXPERIENCE WITH THE TWO OF YOU, AND WHERE YOU DON'T WANT ANYONE ELSE TO BE PRESENT."

- Resident

Romantic relationship
For the residents, true intimacy is an interaction with a romantic partner. Whether it is a physical or emotional interaction, or a combination of those two, they all involved a romantic partner. A romantic partner can be a husband, wife, boyfriend, girlfriend or lover, as long as there are romantic feelings involved that differentiate the relationship from friendship.

"REAL INTIMACY? THAT IS WITH MY HUSBAND."

- Resident

Amicable relationship
Intimacy can also be experienced with family or friends, but in that case the experience of intimacy is different than with a romantic partner. The moment and behavior can be the same, but the feelings and the intensity of intimacy are less. For example, one can go out for dinner with their partner and that can be an intimate experience. When one goes out for a similar dinner with a friend, the experience can be different and might not be as intimate. Whenever a resident does not experience intimacy anymore with a romantic partner, intimate experiences with friends and family are often a substitution for this absence. In general, intimacy with friends or family is considered as less important compared to romantic intimacy by the residents.

"YOU CAN BE INTIMATE WITH FAMILY AS WELL, BUT THAT IS DIFFERENT FROM REAL INTIMACY."

- Resident

Intimate behavior
It differs per person whether emotional or physical intimacy is most important. Most residents feel that both of them are important and especially the combination of the two. One resident explains that caring touches and the expression of affection are very important to feel loved and intimate with someone.

"TOUCHING AND SHOWING AFFECTION IS IMPORTANT FOR EVERY HUMAN BEING, RIGHT?"

- Resident

Another resident gives the example of having a good conversation together, late at night in bed, as ultimate intimacy. In the last example, lying there together and sharing personal thought and feelings perfectly illustrates the combination of physical and emotional intimacy. Spiritual intimacy is not experienced as true intimacy by any resident in this research, and this type of intimate behavior is therefore left out of the analysis.

Physical intimacy

Residents give many different examples of intimate behavior. The most frequently mentioned are the short expressions of physical intimacy, such as a kiss, a stroke over the shoulder or holding each other's hand. This physical behavior is not necessarily linked to sexuality but does express love and connection to one another. Due to illness and physical disabilities, some of this behavior becomes harder to do for residents. For example, if residents are sitting in a wheelchair it is more difficult for them to spontaneously give their partner a hug. Their physical possibilities are often limited and therefore they feel like their expression of intimacy is also limited.

"TOUCHING EACH OTHER'S HAND FOR A BIT OR GIVING A KISS IS IMPORTANT, THEN YOU FEEL CONNECTED TO ONE ANOTHER."

- Partner of resident

Emotional intimacy

Other important intimate behavior is a good conversation about feelings, either positive or negative. Even though somatic residents can often verbally express themselves clearly, the limited time with visitors and lack of privacy limits them from having deep conversations.

Looking deep into each other's eyes is often referred to as being a very intimate experience. Residents mention that they can see how looking in someone's eyes can contribute to an intimate moment. They add that looking into someone's eyes is also about honestly. They consider it important during a good conversation with someone since it can tell you whether you can trust someone or not.

"IF YOU LOOK SOMEONE DEEP IN THEIR EYES, YOU CAN SEE IF SOMEONE IS HONEST."

- Resident

Some residents mention that the importance of eye contact for intimacy might have decreased over time, since their eyesight is not as good as it used to be. Looking deep into each other's eyes has become a physical challenge for some residents.

Intimate experience

All this intimate behavior is not necessarily considered as intimate by the residents. An intimate experience has to arise in order for the complete moment to be intimate.

Feelings

When an intimate action leads to reciprocal intimate feelings, the whole interaction becomes intimate. For the residents, to experience intimacy with someone means feeling loved, listened to and connected. Feeling loved and connected can be a result from both emotional and physical intimacy, where feeling listened to is a result from emotional intimacy.

"TRULY LISTENING TO SOMEONE IS HIGHLY IMPORTANT TO FEEL CONNECTED TO SOMEONE."

- Resident

Home context
These intimate behaviors and experiences together make intimate moments. Every resident has specific personal moments in which they usually experienced intimacy in their daily life. These moments are not only shaped by the behavior and the experience, but the context has an influence as well. Some moments stand out and occur with many residents. Examples are having dinner together, relaxing on the couch at home and late-night conversations in bed. Often, the intimacy in those moments arises spontaneously and is not planned beforehand. Now, while living in elderly care, residents experience almost none of the moments that they used to.

"DINNER WAS ALWAYS A MOMENT WHERE WE TOOK THE TIME FOR EACH OTHER AND COULD HAVE MORE ELABORATE CONVERSATIONS."

- Resident

Moments and locations
Going on day trip or sharing an activity is both seen as doing something fun and exciting, as an intimate experience by the residents. Some residents explain that going on a romantic getaway with their partner is very intimate. In that case, other intimate actions and moments have to be part of the getaway in order to make it intimate. A couple living in the residency together tells about the memory of going to the beach together by car. They would make trips to the beach frequently when they were still living at home. The day trip itself was not very intimate, but the conversations and experience they had in the car did feel very intimate to them.

All residents express that they still do fun things and make day trips from time to time. Those trips are often not as spontaneous and intimate as they used to be and have to be organized instead of on own initiative. However, most residents do not feel a lack of opportunity to go on trips.

"THERE IS THIS VERY CHEERFUL LADY THAT SOMETIMES TAKES ME FOR A RIDE ON THE BIKE. THAT IS ALWAYS A GOOD TIME."

- Resident

Daily life
The residents who have a partner that lives separately from them all mention that the biggest change in intimacy is connected to the fact that they do not live together anymore. Sharing your whole life together is also part of an intimate relationship and moving into elderly care changes this completely. Living in elderly care, residents often see their partners only a few hours each day. Where small, daily moments were often experienced as intimate, these moments do not occur in their daily lives anymore.

"THE BIGGEST STEP IS THAT YOU ARE NOT CONSTANTLY TOGETHER. YOU DON'T SHARE EVERYTHING WITH EACH OTHER ANYMORE."

- Resident

3.6. ELDERLY AND INTIMACY

This section presents the second part of insights, about elderly and intimacy. As mentioned in section 3.1., changes have only occurred in the intimate behavior for residents in older age. Therefore only insights about intimate behavior are presented here.

Throughout our whole life, our definition and experience of intimacy changes. Intimacy develops when we grow older due to our body that changes, the intimate experiences that we collect and important life events that occur. The development of intimacy is part of our own development. In order for intimacy to develop, we often explore new ways to experience intimacy. For elderly, and elderly moving into elderly care, intimacy can also develop. Moreover, intimacy often has to develop since the live of residents changes. However, instead of exploring intimacy further, residents often experience a decrease or even a complete disappearance of intimacy.

Intimate behavior
While becoming older the main changes in intimacy occur in the intimate behavior.

Sexuality
For some residents, sexuality is long gone where other residents frequently experience sexuality with a partner. Physical limitations and the length of relationships can influence the experience of sexuality for elderly. For a couple living together at the residency, sexuality is very normal, and they do not experience many obstacles with it since they sleep together in a room. This couple explains that for them sexuality has become less exciting. The reason they give is that sexuality was still new when they were young, but by now they have grown used to it. Sexuality is not this normal for all residents, and many do experience different kinds of obstacles and challenges. Another resident says that his illness creates many challenges in sexuality, and that his partner and him have accepted the absence of sexuality a long time ago.

"WHEN WE WERE YOUNG IT [SEXUALITY] WAS VERY EXCITING, WHICH IT ISN'T ANYMORE. BUT IT DOES STILL HAPPEN!"

- Resident

Physical limitations
Becoming elderly, often goes hand in hand with physical limitations, illnesses and injuries. At the somatic department, all residents are there for physical reasons. These physical limitations can influence their actions of intimacy and therefore their experience of intimacy. Often, these limitations sneak into the lives of residents slowly, just like their health decreases slowly as well. Step by step, different intimate actions become harder to do and they find themselves unable to experience intimacy in the way they normally did. Due to insecurity and a lack of knowledge about the broad possibilities of intimacy, they do not find new ways and intimacy sometimes completely disappears from their lives. One resident explains that over time his experience of intimacy with his wife has decreased and currently he does not experience any intimacy anymore, even though he desires it.

"IT [INTIMACY] DIDN'T JUST DISAPPEAR ONE DAY TO THE NEXT, BUT IT SLOWLY DECREASED DUE TO ILLNESS."

- Resident

3.7. ELDERLY CARE

Residents live in the elderly care environment and are influenced by their surroundings and people in this environment. Both their surroundings and the people have an impact on their general well-being, and likewise on their experience of intimacy. During the interviews, residents explain that their relationships change due to their move into the elderly care residency. The context also has a large influence on their experience of intimacy. When it comes to intimate behavior, new actions arise in elderly care. Therefore, in this section, the insights about intimate relationships, intimate behavior and the elderly care context are presented.

Intimate relationship
At the elderly care residency, residents experience daily interaction with their fellow residents, the care givers and their visitors. Being in a different place then home, these contacts are also different compared to home. Just like the environment itself, the interactions with these contacts also influence their experience of intimacy.

Established relationships
Due to their move to the elderly care residency, residents lose many of their social contacts. They are no longer able to visit their friends and family themselves, which makes their social contact dependent on visitors. Many residents tell that family members visit regularly, but that is not the same in the case of their friends. They miss seeing their friends the most, and often feel disappointed about the lack of visits.

"YOU DON'T SEE ANYONE ANYMORE. I FEEL VERY SAD ABOUT THAT."

- Resident

When a resident gets a visit from friends or family, they usually have one or two hours to spend together. This is not a very long time, and especially not long enough to easily experience intimacy. Residents explain that the visits often remain casual and without a lot of depth. The visits are used to catch up, drink a coffee and chat with each other. Deep conversations that residents normally might have had with their social contacts, are currently lacking in their lives.

"WHEN SOMEONE IS VISITING YOU JUST CASUALLY CHAT WITH THEM, YOU DON'T NECESSARILY HAVE A VERY DEEP CONVERSATION."

- Resident

New relationships
Within the residency there are also fellow residents with whom they can have friendly contact and build new friendships. However, unlike your friends at home, you cannot choose your fellow residents. Most residents have not created any new friendships within the residency. A resident explains that building friendships takes time and that she does not always feel like investing in that.

"YOU CAN CREATE NEW CONTACTS HERE, BUT THAT TAKES TIME."

- Resident

Intimate behavior
When moving into elderly care, new types of intimate behavior arise, namely care giving behavior and discussing intimacy with care givers. Living at home, this was not part of the understanding of intimacy of residents. During the interviews, insights were gained about these new aspects.

Care giving
Many residents receive help and support from care givers with certain daily activities, such as showering and getting dressed. These moments can be considered as intimate, since the residents are literally exposed when they are naked. The nudity of the residents and the physical touch of the care givers can result in discomfort on both sides and can also lead to a physical reaction such as an erection. Care givers can interpret this example as a resident making an intimate move on them, or expressing an intimate desire, while for the resident this might just be a physical reaction. All residents see these exposed interactions with care givers as purely practical. They explain they had to get used to it and felt uncomfortable at the beginning, but that they do not mind it now and appreciate the care givers doing their work well.

"THAT [BEING WASHED] IS VERY PRACTICAL. IT IS PART OF CARE."

- Resident

Discussing intimacy

Experiencing intimacy is one thing, but discussing intimacy is another. Just like intimacy itself, discussing the topic of intimacy is also different for every individual. The topic of intimacy is rarely discussed between residents and care givers. Both residents and care givers often feel uncomfortable talking about intimacy because they consider the topic either too personal or too sensitive. Many residents express that they would appreciate discussing intimacy with care givers, but that they do not want to bring up the topic themselves.

When aiming to openly discuss the topic of intimacy with residents, it is good to keep in mind that intimacy is, and will always be, a private topic. Even the residents who talk about intimacy openly, explain they do not feel the need to discuss all the details of their intimate life with everyone. On the other side you have residents who are not as open and do not want to talk about intimacy at all. They feel that it is nobody's business what intimacy means for them and what they do. No matter how open residents discuss intimacy, it should always be respected that intimacy is something private and that they do not have to share everything if they do not want to.

"WHAT I DO IN MY BEDROOM IS MY OWN BUSINESS, NO ONE NEEDS TO KNOW ABOUT THAT."

- Resident

Residents often interpret intimacy as sexuality, missing the broadness of the concept of intimacy. For example, having intercourse with someone is sometimes referred to as 'being intimate with someone'. This confusion is logical due to the close link between intimacy and sexuality. It is important to be aware of the possible interpretations of intimacy when starting a conversation about it, to make sure both participants in the conversation have the same understanding.

When asking about intimacy, some residents got slightly scared and uncomfortable because of their association with sexuality. In case sexuality becomes an obstacle for the openness in the conversation, it is more appropriate to introduce intimacy using different formulations such as connectedness, affection or even love.

Many residents in elderly care have lost their life partner with whom they have always experienced intimacy. For some of those residents, intimacy becomes something nostalgic, something they used to have with their partner. Since the loss of their partner is emotional and painful for them, discussing intimacy can also be emotional and painful. The residents in this situation explain that it is indeed emotional to talk intimacy, but that it is also nice to talk about what they had with their partner.

"IT IS TWO-SIDED; ON THE ONE HAND IT'S HARD TO TALK ABOUT IT, BUT **ON THE OTHER HAND IT IS NICE."**

- Resident

Elderly care context

Overall, residents feel comfortable living in the elderly care residencies of Pieter van Foreest. It was quite a step for them to move there from their own home and it took some time to get used to the place. Some residents mention that they would rather still live at their old home, but most of them accept their new home in the residency and feel content. The new elderly care context evidently has an impact on intimacy as well.

"IT TOOK SOME TIME TO GET USED TO THE NEW ENVIRONMENT, BUT NOW WE FEEL COMFORTABLE."

- Partner of resident

Drinks and meals

Residents always get their daily meals served to them in either the common living room or in their personal room. Most residents explain that they prefer to eat in the common room since the atmosphere there is better. Their personal room is also their bedroom and is often not as nicely decorated as the common room. Some residents express their preference to eat in their personal room because that room offers more privacy in comparison to the common room.

When residents get visitors for dinner or tea, they can also both go to the common room or their personal room. The same preferences and differences occur in this situation. One partner explains she stopped coming over for dinner because she neither feels comfortable having dinner in the common living room due to all the people and the noises, nor having dinner in the bedroom due to the medical bed and the lack of coziness.

"I PREFER TO EAT IN THE LIVING ROOM, THE ATMOSPHERE THERE IS NICER."

- Resident

Privacy
Residents have their personal room in the residency, but this does not mean they have total privacy. Staff members frequently walk into their room with just a little knock on the door as a warning. The residents do not have control over when and who enters their room. This disturbs their feeling of privacy. A resident explains that normally staff just walks in, but they would not do so if the resident would explicitly ask the staff to not enter the room.

"IF WE TELL THEM WE WANT TO HAVE A PRIVATE CONVERSATION IN OUR ROOM, THEY [THE CARE GIVERS] WOULDN'T DISTURB US."

- Resident

Most residents agree with this and know that the staff would respect their privacy when asked. However, even though the residents can ask for privacy, they never do so. Residents feel like they will be judged when they ask for privacy, and that the staff and fellow residents will get the wrong idea about what is happening in their room. They believe that everyone will assume they want privacy for sexuality, even when all they want to do is have a good conversation.

Staying the night
Partners or family members of residents can spend the night in the residency, with the use of an extra bed. Some residents are aware of this possibility, where others did not know the option existed. Even the residents who are aware of the option of someone staying the night, never seriously considered this or discussed this with the staff, their partner or family. One resident explains he does not want his wife to spend the night there because he is scared that he might need medical help during the night which would disturb her sleep. A partner of a resident explains that it just does not feel comfortable staying the night, because you have to share the bathroom with fellow residents and the staff members are always around. Another partner says she does not want to stay over because she knows there will be a lot of gossiping about it.

"I DON'T REALLY KNOW WHY, BUT IT FEELS VERY DIFFERENT TO SPEND THE NIGHT HERE THAN AT HOME."

- Partner of resident

Rumors
Many residents have the feeling that fellow residents and care givers gossip about what they are doing. Whether it is actually true that they are gossiping, what they are gossiping about and whether the residents care about the gossips, the feeling that others gossip about them has an influence on their behavior. Multiple residents explain that they do not feel comfortable asking for privacy or asking for their partners to stay over, because they are concerned about what the care givers or fellow residents will think about them.

The fact that residents and care givers talk about other residents, even when there are no bad intentions involved, can result in prejudices about residents. When care givers are guided by those prejudices, they might lack an open-minded attitude, which is desirable in case residents wish to discuss their intimate desires and needs.

"IF I WOULD SPEND THE NIGHT HERE, PEOPLE WOULD TALK ABOUT THAT."

- Partner of resident

3.8. CONCLUSION

For many elderly people, intimacy is an important aspect of their lives, whether they openly express this or never discuss the topic. Many residents in elderly care have desires and needs for intimacy, whether consciously or unconsciously. For other residents, intimacy is part of the past and they feel comfortable with leaving that behind. Additionally, some residents talk about the topic of intimacy fairly easy, while others are not willing to talk about it at all. Intimacy remains a private topic and residents should not be forced to open up about it.

Intimate behavior and experiences
The interpretation and meaning of intimacy can be different for every individual, just like intimate desires and needs. Everyone considers different behavior, experiences and moments as intimate. Besides all these different interpretations, there is a common understanding among the residents that intimacy is a moment between two persons, where no one else should be present. Because of older age, illness and physical limitations, residents often cannot and do not experience intimacy in the way they used to or in the way they want. Most residents stop exploring intimacy and accept the loss.

Intimate relationship
Residents in elderly care primarily experience intimacy as a romantic interaction between two loved ones. Intimate experiences can also take place with friends or family, but these experiences are different and less intimate compared to the experiences with loved ones. If residents have lost their partner, amicable intimacy with friends and family often becomes more important. In elderly care, residents have the most contact with their daily care givers, and less contact with their partner, friends and family than they used to. The frequency of contact is not automatically related to the level of intimacy in the relationship.

Elderly care context
The context of residents also contributes to the decrease in intimacy, mostly due to the lack of privacy. An unsuitable environment can limit or block the experience of intimacy, but a suitable environment is not a guaranty for intimacy to occur. Intimacy normally arises spontaneously and is difficult to plan or force upon someone.

Residents experience a lack of privacy because there are always people around in the residency. Their personal bedroom is the best place to experience privacy, but care givers and visitors can still walk in at any given time. Residents can ask for privacy, but do not feel comfortable doing so due to rumors. Intimacy is currently a topic that residents feel ashamed about and that is hidden in their own room. Instead of opening up about it and giving residents the idea that intimacy is normal and accepted, the context acts like intimacy is nonexistent or should not exist.

Most care givers do not consider intimate desires in their daily behavior, since they are not fully aware of the existence and importance of these desires. The topic of intimacy remains untouched in most education, it is barely discussed during work and there is no attention for positive intimacy. When intimacy is discussed, care givers mostly talk about unacceptable behavior and sexual harassment. The topic of intimacy also has a negative touch to it for residents, due to the loss of physical abilities and the loss of partners. Intimacy is a sensitive topic for many people. The positive side of intimacy, and what is still important and possible, is barely shown or discussed.

In general, most care givers know that intimacy is important for every human being, but they are still unaware of the intimate desires of residents. Moreover, they are unaware of how they influence the experience of intimacy and how they can contribute to it.

4. DEFINE

This chapter defines a focus and a design direction for the project, based on all the previous research. It shows the interpretation of the research results in personas, a vision and a design goal. The content of this chapter is the starting point for the following exploration phase.

Chapter overview

4.1. PERSONAS

In the elderly care residencies of Pieter van Foreest, there are many different residents with different backgrounds, behaviors, norms and values. When it comes to intimacy, these residents also have different experiences and desires. Even though every resident is unique, similarities between the residents are identified during the interviews and group sessions. Based on these similarities, four personas are created to illustrate the personalities of the residents.

What are personas?
Personas are fictional, generalized characters that represent real people. They can describe for example the personality, interests, behavior and desires of users. (van Boeijen, Daalhuizen, Zijlstra, & van der Schoor, 2013) Personas are based on real data from real users and can paint a realistic picture of those users. However, personas remain generalized, and therefore not all users will fit in exactly with these personas. Some users might not be able to relate to any of the personas, or they might identify with multiple personas. In general, however, personas represent the majority of the users.

In this project, four resident personas are created. The personas are based on the interviews and group sessions held with the residents in elderly care. It is important to understand the residents well, and to keep their differences in mind throughout the project, which can be done with the personas as a constant reminder.

The four personas, which are named Sensitive Susan, Loyal Lewis, Candid Christopher and Decent Daisy, can be found on the pages on the next spread, and are shortly explained here.

Sensitive Susan
Sensitive Susan (Figure 29) is a resident who has lost her partner a few years ago and has not experienced romantic intimacy since then. Therefore, she feels nostalgic about intimacy and is reminded about her husband when the topic of intimacy is brought up. She cares a lot about her family members, who are her closest social contacts now that she lives in elderly care. She always loves visits from them. She is a sensitive person and often reacts emotionally. She is also emotional when talking about intimacy, since she experiences both positive memories as well as sad feelings of loss.

Loyal Lewis
Lewis (Figure 30) is a resident who is very friendly and always willing to help others out. Before moving into elderly care, he was very active and loved organizing activities to bring people together. He has been together with his wife since he was 14 years old, and his loyalty to her is highly important to him. Due to physical limitations he is not able to do everything he used to do. To express his love for his wife, he sometimes grabs her hand or gives her small kisses. His physical limitations also make him feel insecure, because he is not sure anymore what he can and cannot do.

Candid Christopher
Christopher (Figure 31) is very open-minded and modern. He does not want his age to limit him from doing anything. He is inventive and always tries to find creative solutions for the challenges he experiences. He is sexually active and not ashamed to express this. He believes intimacy and sexuality are important for everyone, no matter the age. He is not easily ashamed in general, and is very social and talkative with other residents, visitors and staff.

Decent Daisy
Decent Daisy (Figure 32) is a lot less talkative than Candid Christopher and prefers to stay on the background. Other people's opinions are very important to her, which is why she always tries to make a good impression. She is cautious and makes sure her proper image does not gets damaged. She loves to cuddle with her husband and for her that is an important part of intimacy. She does not like to talk about intimacy though, since she believes that is something strictly between her and her husband. She is therefore also very fond on her privacy.

Differences between personas
Amongst all the similarities and differences between the personas, there are two important elements in which they differ from each other. These are the amount of intimacy they desire and their attitude in life. These two elements form the axes of Figure 28. The personas are divided over the axes, to show their differences.

The amount of intimacy the residents desire is important because it is very personal and can differ a lot between residents. It should not be assumed that elderly do not have intimate needs, but neither should be assumed that everyone has full intimacy desires. Differences in desire for intimacy, can also be closely related to the desire for privacy, social contact and attention.

The attitude of residents shows that not everyone behaves the same nor has the same mind set. Some residents are very proactive, making sure they do and say what they want. Others are more

reactive and await initiatives of others. This is also important for the topic of intimacy, since some residents proactively look for ways to experience intimacy where others do not explore and accept the loss of intimate experiences. For care givers it is important to understand that some residents might have the desire for intimacy, but do not actively express this desire.

In Figure 28 can be seen that Sensitive Susan desires the least intimacy, where Candid Christopher desires the most intimacy. Christopher is also the most proactive persona, opposite of the reactive Decent Daisy and Loyal Lewis.

Conclusion

Different people have different desires and therefore also different reactions to situations and designs. A design or design intervention does not necessarily need to have the same effect on all personas, but all reactions should be taken into account and understood. It would be great if all personas have interest in the final design, whether they interact with it similarly or in their own unique way. Throughout this project, the personas are considered when making design choices.

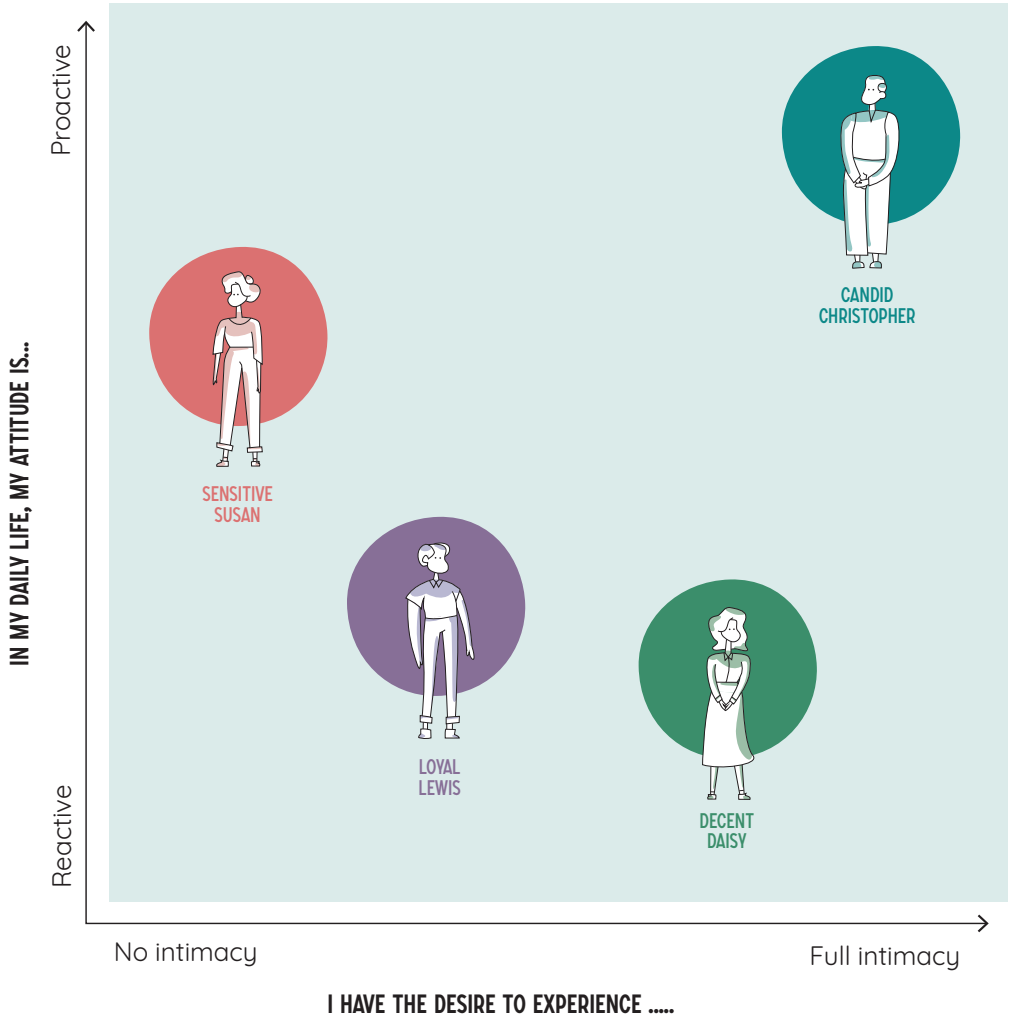


Figure 28. The four personas 'Sensitive Susan', 'Candid Christopher', 'Loyal Lewis' and 'Decent Daisy' divided over the axes, based on their desire for intimacy and their proactive or reactive attitude.

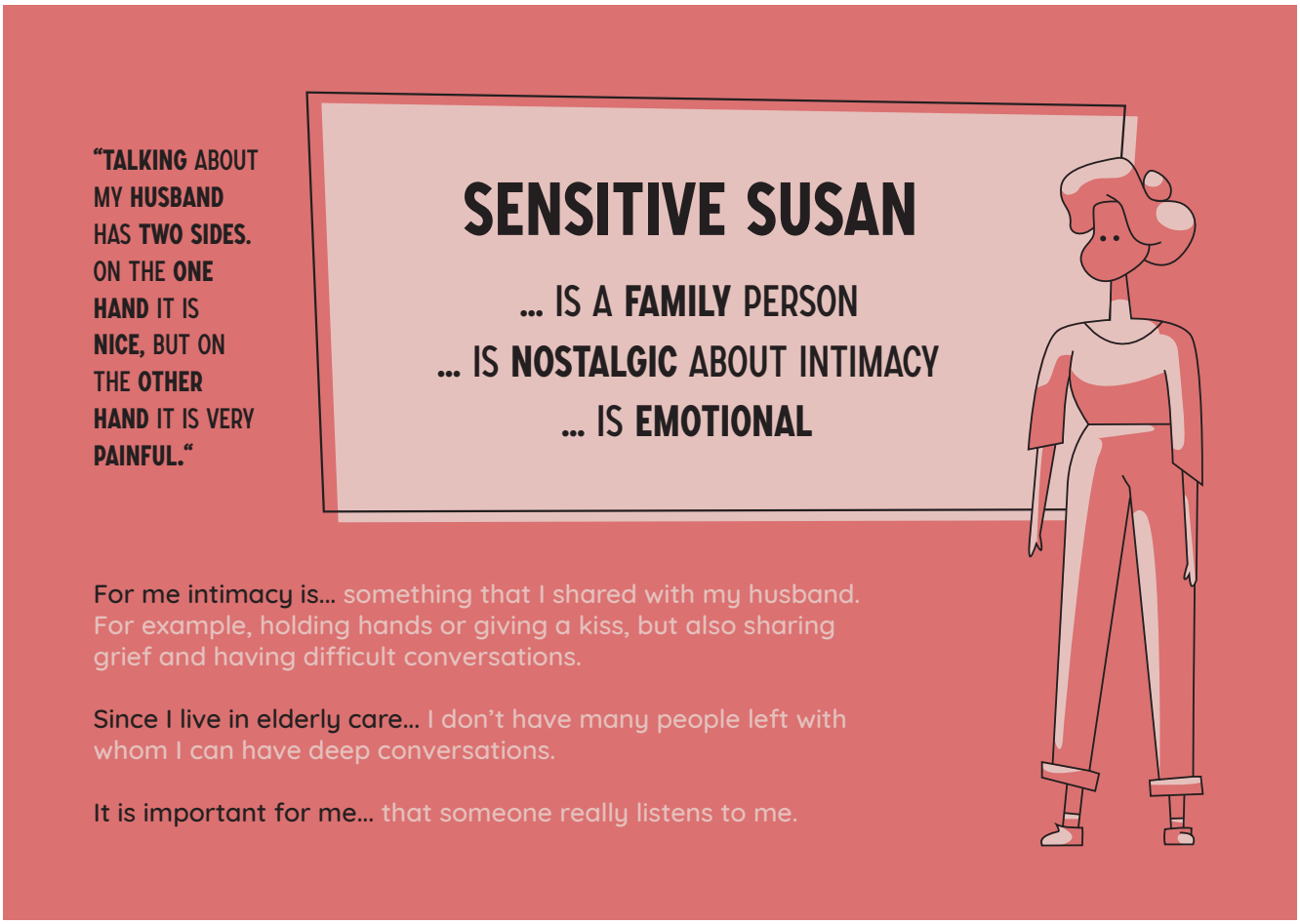


Figure 29. Persona of Sensitive Susan, based on interviews with real clients.

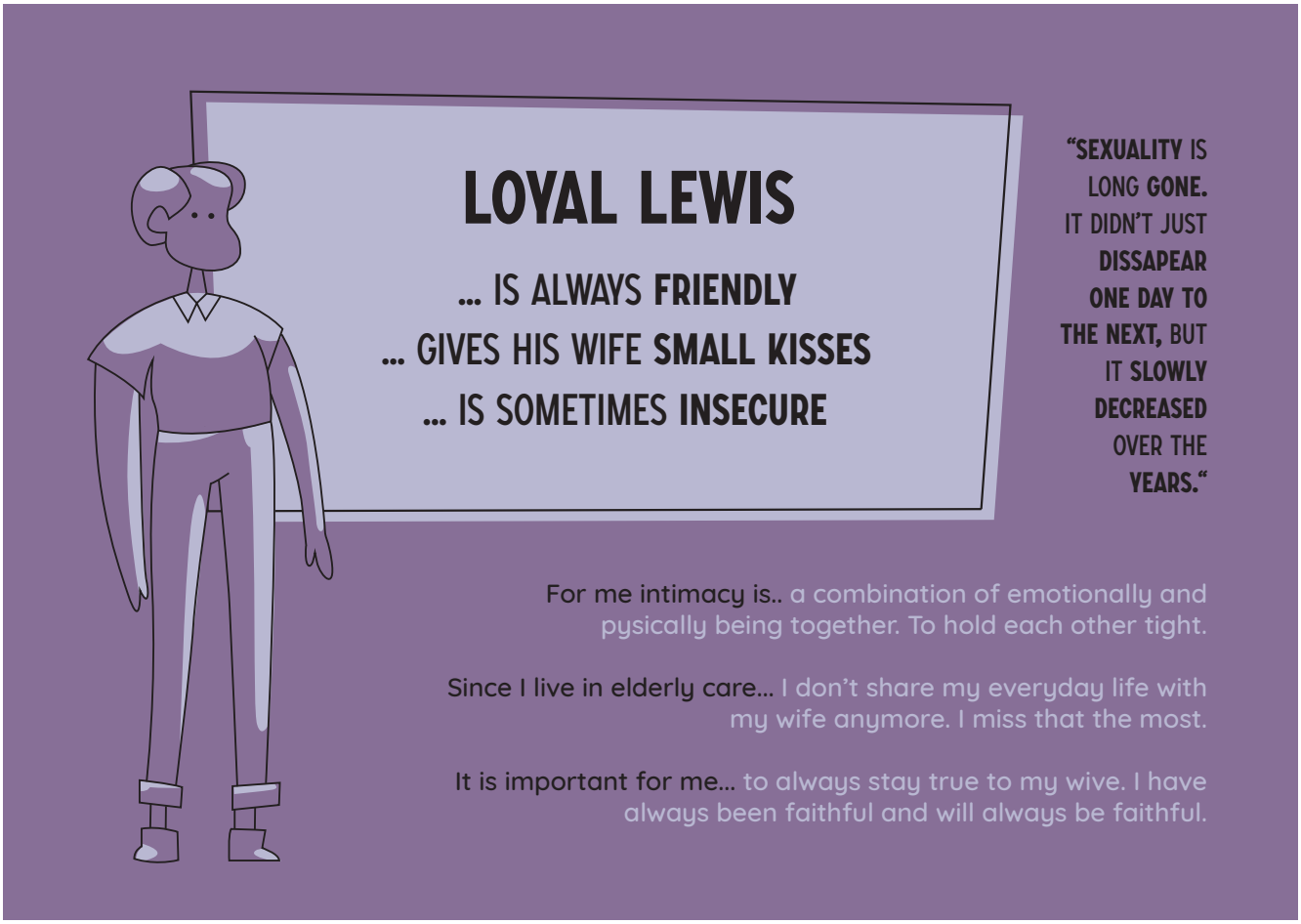


Figure 30. Persona of Loyal Lewis, based on interviews with real clients.

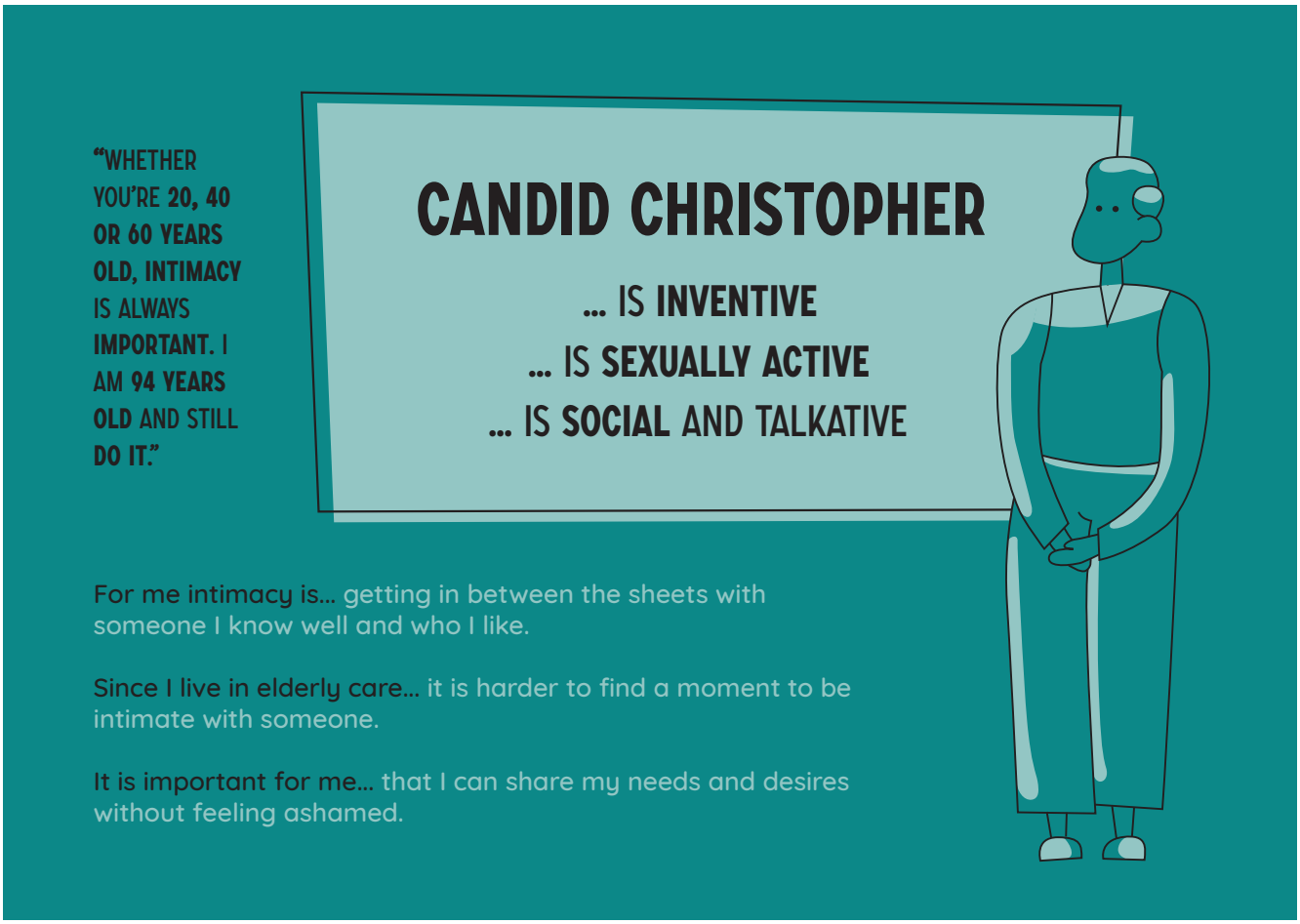


Figure 31. Persona of Candid Christopher, based on interviews with real clients.

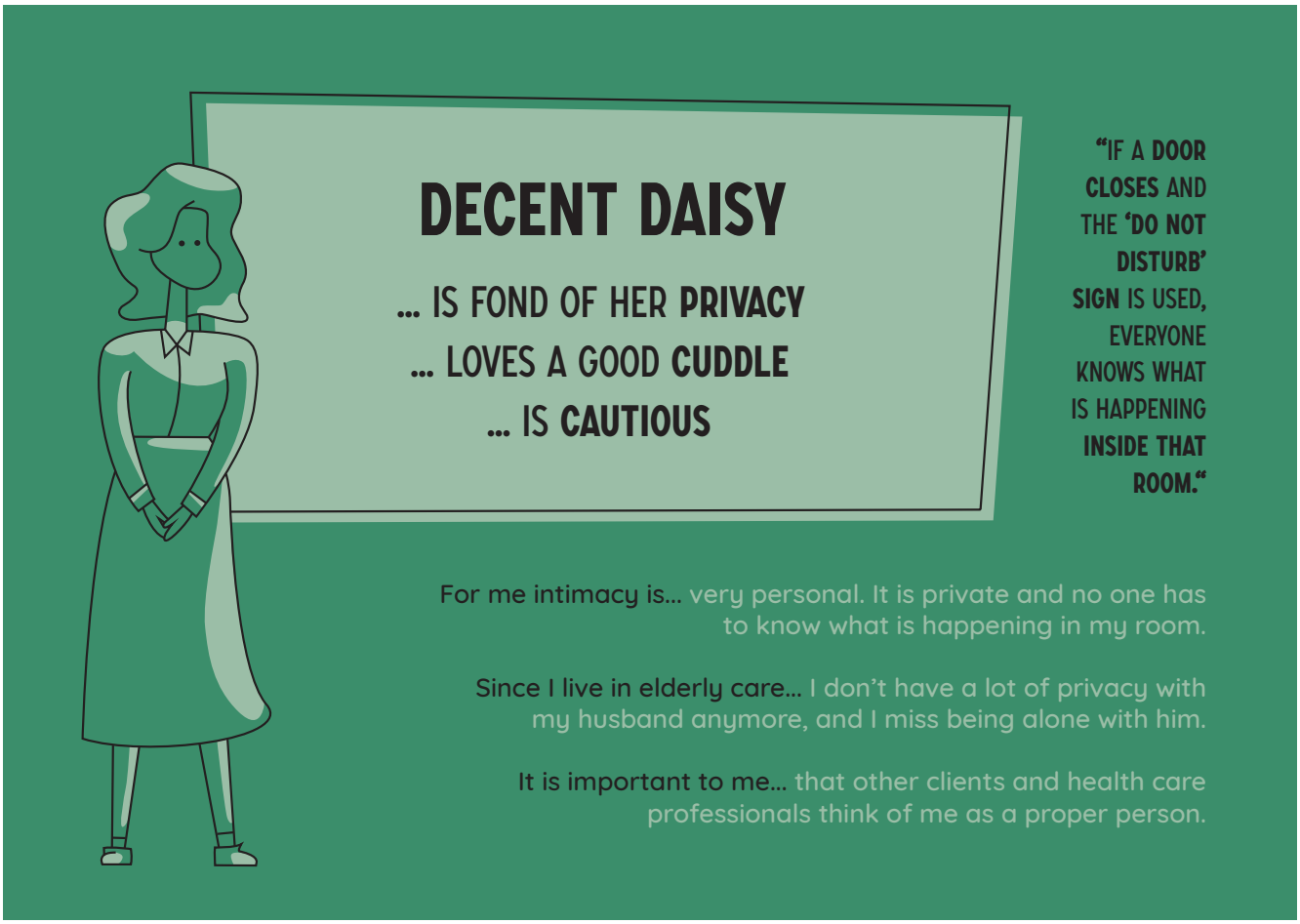


Figure 32. Persona of Decent Daisy, based on interviews with real clients.

4.2. COMMUNITY

The residents in elderly care are situated within a context with different people, as discussed in the previous chapter. All these people together form a community. A community is a group of people with diverse characteristics who are connected by social ties and engage in joint action in a geographical location or setting (MacQueen et al., 2001). All the people in elderly care are definitely diverse in their characteristics but are connected to each other due to their context and by their daily activities. They all share the same purpose of maintaining and improving the well-being of the residents. Since the residents are inseparably connected to their context, one can only design for the resident while keeping the community in mind.

Nowadays, the community has a big influence on the experience of intimacy for the residents, since intimacy is not taken into account during the daily behavior of people. Intimacy is never discussed with residents, there is a taboo on the topic and residents have very limited privacy. To change the behavior of a community, there must first be a change in mindset. The first step in realizing such a communal change is creating awareness amongst all participants of the community (Hiatt, 2006). Once the community of elderly care is aware of the desires for positive intimacy or residents, they can also understand how the elderly care context limits these desires. This again can motivate them to make a change in their behavior and support the facilitation of intimacy for residents.

Eventually, an increase in awareness should lead to a change in behavior, which should lead to a better experience of intimacy for the residents. These residents are the central point of this project, but the focus shifts towards the total community when we talk about creating awareness. Aiming to achieve social impact in a community on the long run, instead of aiming to solve people's everyday problems, is what we call 'social design' (Tromp & Hekkert, 2019). When using social design, interventions are created to achieve this impact on a community. In this project the aim is also to set a change in motion on a community level.

4.3. VISION AND GOAL

A change in the experience of intimacy for residents in elderly care does not happen from one day to the next but takes time. Within this desired change, there are short and long-term goals for both the residents and the elderly care community. The long-term goals for the residents and the community together shape the vision of this project, the short-term goals define the design goal.

In Figure 33, the most important short and long-term goals are presented. The short-term goals are the direct, desired results from an experience with a design intervention. The long-term goals are the results that have to develop on the basis of the design intervention, amongst other solutions.

For the residents it is important that they have an active and fun experience on the short-term. Being actively involved and enjoying an experience can change the passive, and sometimes negative, attitude towards intimacy. When residents have a light-hearted experience with intimacy, they tend to seek for this experience more often. The topic of intimacy can come across as a heavy topic, and a fun design intervention can enlighten this load. It would be great if the experience can stimulate residents to start the conversation about intimacy with their partner, family, friends or care givers. Additionally, it would be great if the experience can remind residents that it is possible to experience intimacy in ways they might not have considered.

For the community it is important to raise awareness amongst all people about the existence of intimacy and intimate desires of residents. The awareness can be a first step for a change in behavior. Similar to the resident goals, the design intervention can also be a stimulant for other people to start the conversation about intimacy with residents. Initiating such a conversation is easier when two sides are aware and open-minded about the topic.

On the long-term, residents should be able to explore and experience intimacy in their own way. Their context and the behavior of their context should be supportive of their needs and desires. Where discussing intimacy might feel a little ill at ease at first, residents should feel comfortable with the topic on the long-term. This does only apply for those residents who actually feel the need to discuss intimacy with others.

The community should on the long-term not only be aware of intimacy amongst residents, but on top of that it should be socially accepted. The goal is to eventually break the existing taboo. When intimacy in elderly care is socially accepted, the topic can be more openly discussed, and people can act more considerate. When it comes to an organizational level, intimacy should be fully integrated into to health care system of Pieter van Foreest. It is not yet defined what this integration would look like, but intimacy should be considered as part of the well-being of residents. To support this integration and the change in behavior, the community should have more knowledge and skills concerning intimacy in older age.

	RESIDENTS	COMMUNITY
SHORT TERM	**+ an active and fun experience** + a conversation starter for the topic of intimacy with care givers + an eye-opener about the possibility to experience intimacy	**+ awareness about the existence of intimacy and intimate desires in elderly care** + a conversation starter for the topic of intimacy with residents
LONG TERM	**+ the possibility to experience intimacy in a desired way at a desired moment** + comfort to discuss the topic of intimacy when there is the need to do so	**+ social acceptance about intimacy amongst elderly and in elderly care** + full integration of intimacy in the elderly care system + knowledge about intimacy in older age

Figure 33. The desired effect on attitude and behavior of intimacy, mapped out for users and the community, on the short and the long term. Model based on Tromp & Hekkert, 2019.

Vision

The most important long-term goals are gathered in the vision. The vision creates a broad picture of what place intimacy will have in the elderly care community in the future and how the community regards intimacy. In the future, intimacy amongst elderly should not be a taboo but should be considered as a natural aspect of the lives of residents in elderly care. This means that residents can experience intimacy when and how they want. Intimacy is after all an important aspect of the human well-being and if elderly care aims to make the quality of life as high as possible, then also the intimate desires of residents should be fulfilled. To make this possible, intimacy for residents should be fully accepted by the community and supported by the elderly care employees.

This leads to the following vision;

INTIMACY FOR ELDERLY IS **SOCIALLY ACCEPTED** AND **RESIDENTS** IN ELDERLY CARE CAN **EXPLORE AND EXPERIENCE INTIMACY** IN THEIR OWN WAY.

Design goal
In the way that the vision illustrates the long-term goal of the project, the design goal illustrates the short-term goal. The vision has to develop over time, but the design goal should be realizable within the project. The design goal of this project is also the first step in accomplishing the vision.

As explained before, this first step is creating awareness, which concerns all people in the elderly care community. Visitors should see that intimacy is important for everyone, but also residents themselves should see that intimacy can play an important role in the lives of other residents and may do so in their own lives as well. However, it is most relevant to create awareness amongst the care givers since their behavior has a large impact on the experience of intimacy for residents. The awareness should be created about the desires for intimacy, which are often left unfulfilled. Being aware of the desires of residents can motivate care givers to explore ways to fulfill these desires.

More specifically, in this project it is about the desires for positive intimacy, and not the negative side. Sexual harassment, unwanted intimacies and unacceptable behavior are common subjects when the topic of intimacy is discussed between care givers. Although it is important to discuss these subjects, it often means that the healthy, positive desires of residents are overlooked. Due to the broadness of the concept of intimacy, there are also many different positive desires.

Intimacy develops throughout the human life, and unfortunately when people become elderly or get an illness, this development stops, and intimacy even decreases in most cases. Experiencing full intimacy seems impossible for many residents. Starting with just a small moment of intimacy, intimacy can be brought back into their lives in a nice and slow way. Residents will not be scared off if a small moment seems within their possibilities, which can motivate them to restart exploring intimacy.

To create awareness, it is desirable to spread the message about positive intimacy as far as possible. By addressing intimacy in public spaces, most people will see it and the reach of the design intervention will be as big as possible. Experiencing intimacy in public might feel contradictory, since it is very personal and private for most people. Even in their personal bedroom residents often do not have enough privacy to experience intimacy in a comfortable way. To create privacy later on, people first have to be convinced that intimacy is not a topic to be ashamed about. Creating a small moment of intimacy in public, or a moment that is visible for the public, expresses that intimacy is a natural aspect of life that does not have to be hidden or kept silent.

Residents in elderly care have become largely dependent on their care givers and visitors, which often results in a passive attitude. When it comes to intimacy, they also accept their losses and do not actively look for alternative experiences of intimacy. To stimulate residents to explore intimacy, the residents should be actively involved in the design intervention as well. Next to this, intimacy is often a heavy topic due to the decrease of intimate experiences, the loss of a partner or the loss of physical and mental abilities. However, intimacy can still be pleasant. If intimacy is introduced in a light-hearted and positive way, this can reduce the heavy load and make intimacy more accessible.

For the care givers it is important, in addition to becoming more aware, that they have a conversation starter to discuss intimacy with the residents. Care givers often feel insecure about initiating the conversation since they lack a direct reason and do not know how to formulate appropriate questions. Therefore, the final design should provide them with motivation and guidance.

All of this leads to the following design goal;

THE DESIGN GOAL IS TO **CREATE AWARENESS** ABOUT **POSITIVE INTIMACY** FOR **RESIDENTS IN ELDERLY CARE,** AND TO **PROVIDE CARE GIVERS** WITH A **CONVERSATION STARTER,** BY DESIGNING **A SMALL MOMENT** OF INTIMACY IN **PUBLIC** THAT IS **ACTIVE** AND **LIGHT-HEARTED.**

4.4. REQUIREMENTS

The design goal illustrates the desired result for this project. To check whether that result is reached with the final design, certain requirements have been set up. These requirements provide guidelines to check the different aspects of the design goal, and to make sure the design is suitable for both the context and the users.

As many people as possible should know about the design.
The main aspect of the design goal is to create awareness about the topic of intimacy. The meaning of awareness in this project, is to reach as many people as possible with the message of positive intimacy. The design should start a ripple effect, spreading the word across the context of elderly care. This can be tested by checking how many people get to know about the design and the meaning behind it. If people start telling others about the design, the ripple effect is also successful.

Residents should be able to interact with the design.
Some people say that doing something once, is better than seeing it a hundred times. This also goes for this situation. An active and fun experience can stand out and attract attention. Also, by involving residents in a moment of intimacy, this can open their eyes to possible ways to experience the broadness of intimacy.

The design should be clearly visible in a public space.
First of all, this means that people do not necessarily have to be told about the experience but can take initiative themselves if they want. Secondly, by visibly displaying the design in a public area, residents are regularly reminded about the topic of intimacy. It also shows that intimacy is accepted and that the elderly care organization is open about it. And lastly, the topic of intimacy is in this way also present for the ones who do not feel like getting actively involved.

The design should have an understandable link to the topic of intimacy.
When clearly visualizing the topic of intimacy, the design can create awareness about the topic and function as a conversation starter.

The design represents the broadness of intimacy and shows that it is more than just sexuality.
Even the small moments of intimacy, both emotional and physical, are important to residents. Where intimacy is often confused with sexuality, it is important to show that intimacy is much more than sexuality and can be experienced in different ways.

The design should be accessible for residents with physical limitations.
Since the focus is on the somatic residents in elderly care, many users have physical limitations. When the design is accessible for as many physical limitations as possible, the design will become more inclusive for the residents.

The design can be experienced with a romantic partner, friend, family member or care giver.
For residents, true intimacy is an experience with a romantic partner. An experience for a couple is therefore the starting point of the design. However, this should not be a limitation of the design. There are also residents who do not have a romantic partner or do not have any romantic desires. It is desirable that the design can also be experienced by residents with other contacts, such as family or friends, or even alone.

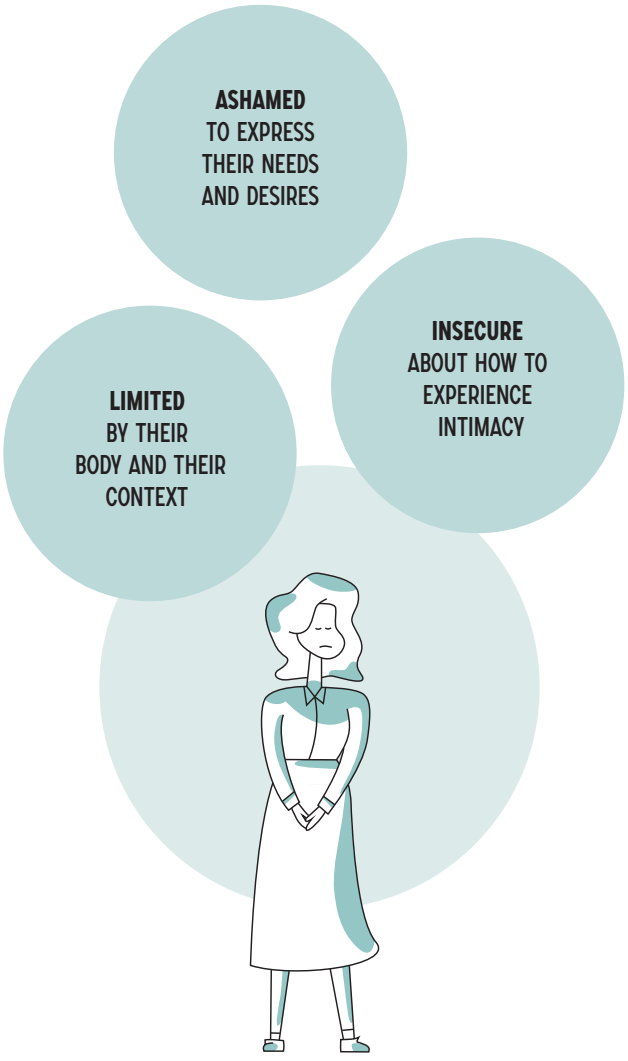
4.5. INTERACTION

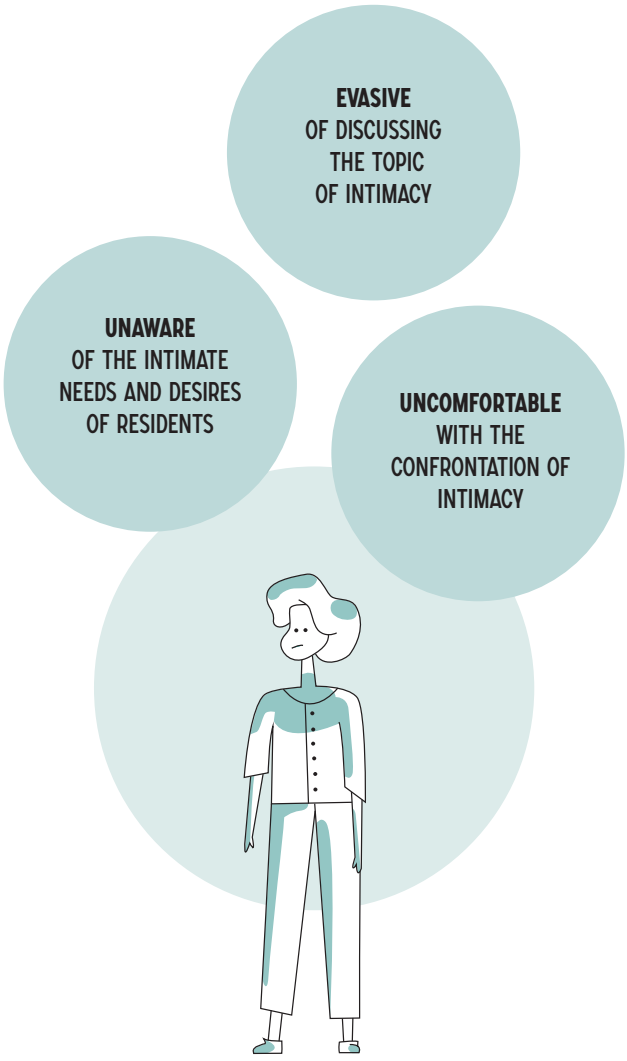
Residents and care givers have a certain way of interacting with the topic of intimacy. This interaction concerns the way they feel, act and talk about intimacy in elderly care. With the design of this project, the goal is to start a change in their attitude and this interaction. Based on the interviews with residents and care givers, is it defined how they interact with intimacy related situations. Additionally, it is defined how the interaction should be after introducing the design. This is not about the direct interaction between the people and the design, but about the desired interaction with intimacy related situations as a result of the design.

Current situation

Currently, residents feel uncomfortable and ashamed to express their needs and desires concerning intimacy. They did not grow up talking about this topic and are mindful about the reactions of their context. They also feel insecure about the experience of intimacy. They are unable to experience intimacy is the way they used to and are not sure how they can experience or explore it in different ways. Lastly, they feel limited in their possibilities and moments to experience intimacy. The physical limitations of their own body and the influence of their context are the reason behind this feeling.

Care givers find it difficult to start a conversation about intimacy with residents, which makes them evasive of discussing the topic. They feel the need for advice, support or tools to initiate the conversation. Due to the lack of attention and communication about intimacy, care givers are often unaware of all the intimate needs and desires of residents. When intimacy is discussed, or when they encounter an intimate situation or action, they feel uncomfortable.





Desired situation

In the desired situation, residents feel comfortable enough to express their intimate needs and desires to their partner, family, friends or care givers. The expression towards care givers is especially important, because they can support the residents in facilitating their wishes. To express themselves, residents should feel that intimacy is accepted by all the people in elderly care. The idea that they will be judged about their desires, or that there will be negative gossiping should disappear. Where the loss of intimacy is now frequently accepted, it would be great if residents started exploring intimacy again. They should get a little push from their context to make them feel stimulated.

Where care givers now often avoid the conversation about intimacy, they feel confident enough to start the conversation in the desired situation. Giving them a reason and support for the conversation, can result in this confidence. To enter the conversation with an open-minded and understanding attitude, care givers have to be aware of the existence of intimate needs and desires. Intimacy can be a sensitive subject, so they should also be aware of the feelings that might come with those needs and desires. To actually make a change in the experience of intimacy, care givers should be supportive towards the residents. They should try to help the residents with fulfilling their needs and desires.

5. EXPLORE

Based on the vision and goal defined in the previous chapter, the ideation phase is started. The aim of this chapter is to explore possible design solutions and to develop a final design. This is done by ideating, testing and iterating. This chapter results in insights and leads to the final design solution, which is presented in the next chapter.

Chapter overview

5.1. PROCESS

To generate as many ideas as possible, and as good as possible, multiple creative activities are organized. On the right page an overview is given of these activities. The reason to generate ideas is to find a solution that contributes to the completion of the design goal, as presented in Chapter 4 Define. The process of finding a solution can be roughly divided over three phases. Firstly, the existing solutions for intimacy in elderly care, such as activities and attributes (Figure 34 and 35), are further explored. Secondly, new ideas and solutions are generated individually and in creative sessions. Thirdly, the most promising ideas are tested with residents and care givers.

Involved people
During the idea generating phase, both care givers and residents have been actively involved. They are experts on their context and their contribution is valuable in evaluating possibilities. External designers and researchers have also been involved, to generate a wide range of ideas. They are experts in the area of social design and idea generation.

Approach
Many brainstorming methods are used, such as brainwriting, rapid prototyping, role playing, random inspiration, collage making, sketching and idea combining (Roozenburg & Eekels, 1995; Tassoul, 2006). A large amount of ideas is generated (Figure 40), assuming that quantity eventually leads to quality. These methods are applied during the different creative sessions with the different people involved. The results from the sessions are used to set up the following sessions and to develop feasible ideas. In consultation with multiple employees of Pieter van Foreest the most promising ideas are selected and tested in the context.

Research question
During all activities and brainstorm sessions, the goal was to answer the following research question;

- How can we create an active and light-hearted moment of intimacy in public for residents that creates awareness about positive intimacy?

To make this research question more accessible and manageable, it is split up in multiple research questions during the individual and group brainstorm sessions.

Figure 34. 'Snoezelruimte' at the location De Kreek, filled with sensory stimuli for residents.

Figure 35. Page from 'De Lach', a old magazine for men, with intimate and sexual content.

ACTIVITIES

To explore the existing solutions for intimacy in elderly care an interview was conducted with a physiotherapist. She explained her methods and accompanied a visit to the 'Snoezelruimte'. This room can be seen on the left page, and is filled with sensory stimuli. Additionally, the suitcases with attributes for men and women are looked into, containing an intimate magazine amongst others. During the 'Month of Love' in the 'Akkerleven' residency multiple activities are attended, such as the beauty morning and the romantic dinner.

2

CREATIVE SESSIONS WITH DESIGNERS

Two creative sessions are organized with researchers and designers from the Technical University Delft (Figure 37) and service design bureau Muzus (Figure 36). During the sessions the design goal is presented and discussed and a brainstorm is conducted using multiple brainstorming techniques.

1

CREATIVE SESSION WITH RESIDENTS

One creative session is organized with residents from Pieter van Foreest (Figure 38). Five female residents are part of this creative session. The session focuses on the visual aspects of intimacy. The residents are guided and work with collaging techniques to make a visual representation of their personal interpretation of intimacy.

1

CREATIVE SESSION WITH CARE GIVERS

Another creative session is organized with employees of Pieter van Foreest (Figure 39). The group consists of fifteen employees who all work as different care givers within elderly care. During the creative session the design goal is presented and tested with the employees, experiences of intimacy are shared and collected and ideas are generated using different brainstorming techniques.

10

IDEAS TESTED

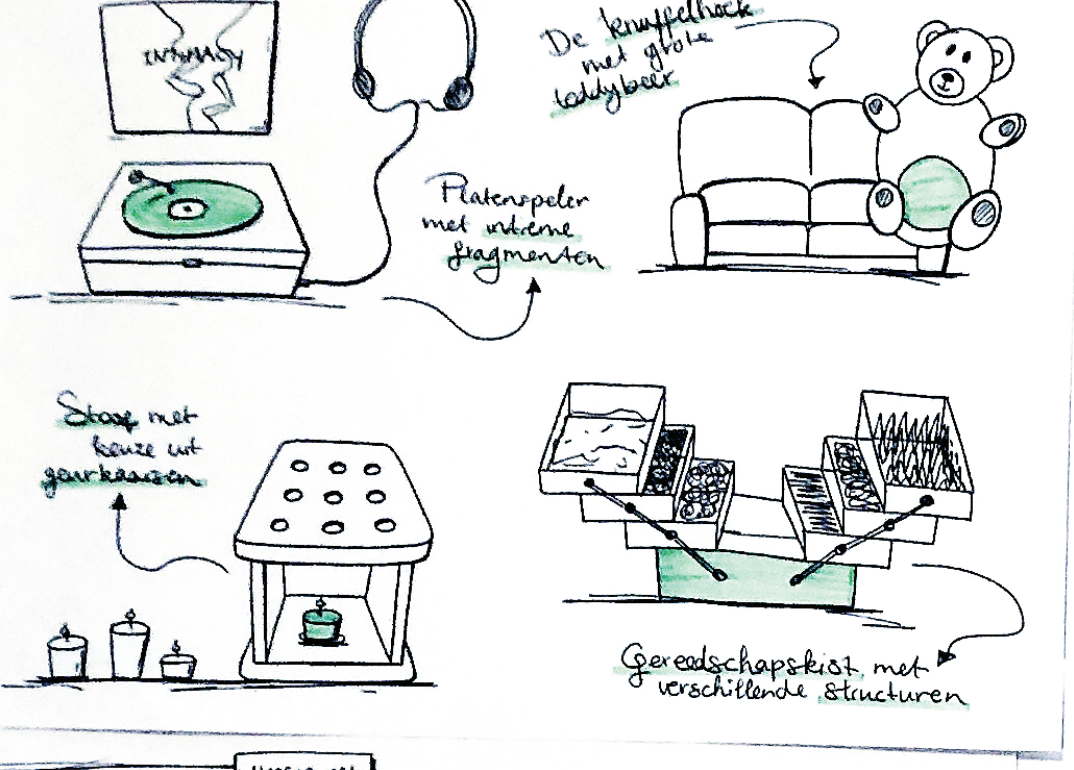
The most promising ideas are worked out into realizable ideas and created using the rapid prototyping technique. Some ideas are combined into one single experience. The ideas are tested with residents in multiple elderly care residencies. Feedback from care givers is also collected and taken along in the insights. The tested ideas are presented and discussed in section 5.2.

Figure 36. Creative session with six researchers and designers from Muzus.

Figure 37. Creative session with four Industrial Design Engineering graduates.

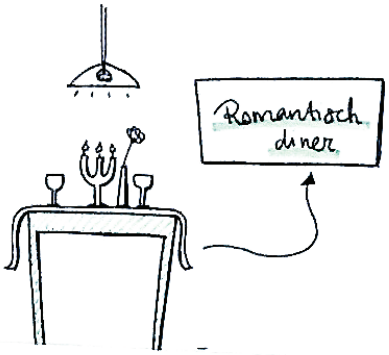
Figure 38. Creative session with five residents from Pieter van Foreest.

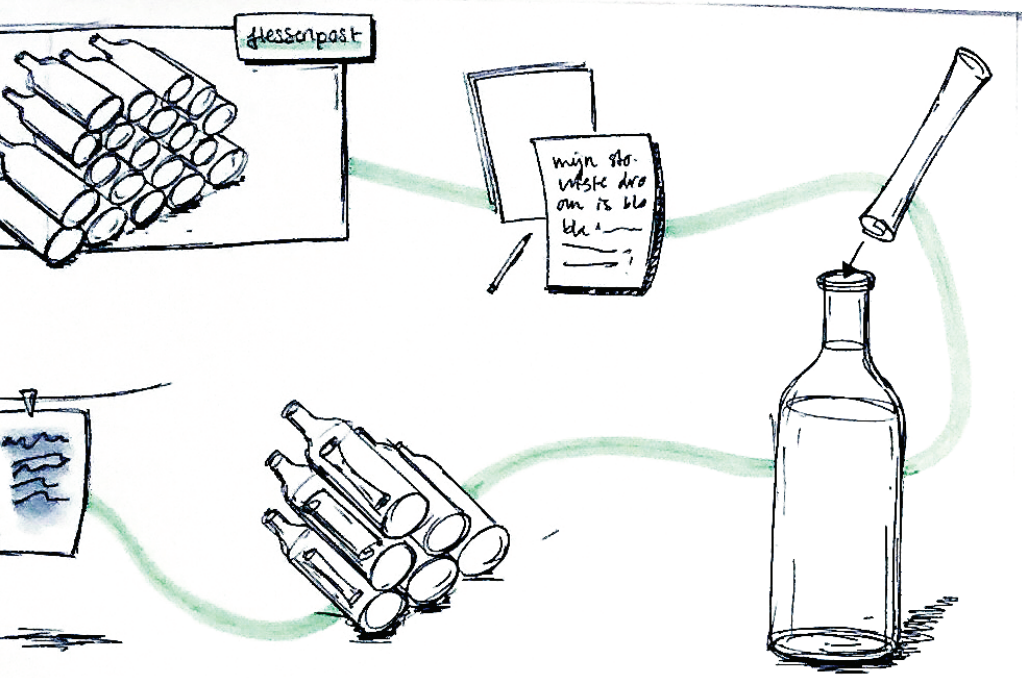
Figure 39. Creative session with fifteen employees of Pieter van Foreest.

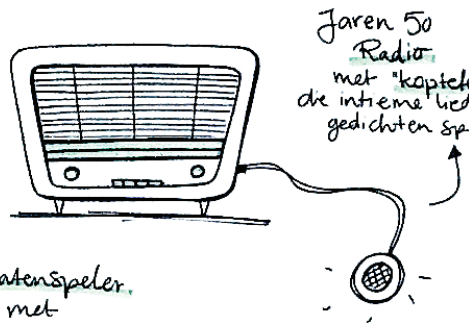

De knuffelhoek met grote teddybeer
Platenspeler met intieme fragmenten

Stoof met kaas uit gaarkeuken

Gereedschapskist met verschillende structuren


Romantisch diner


dressoirpost
mijn stoutste droom is klein


Jaren 50 Radio
met "kopte
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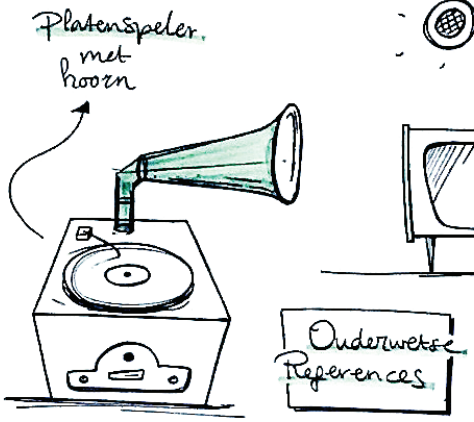
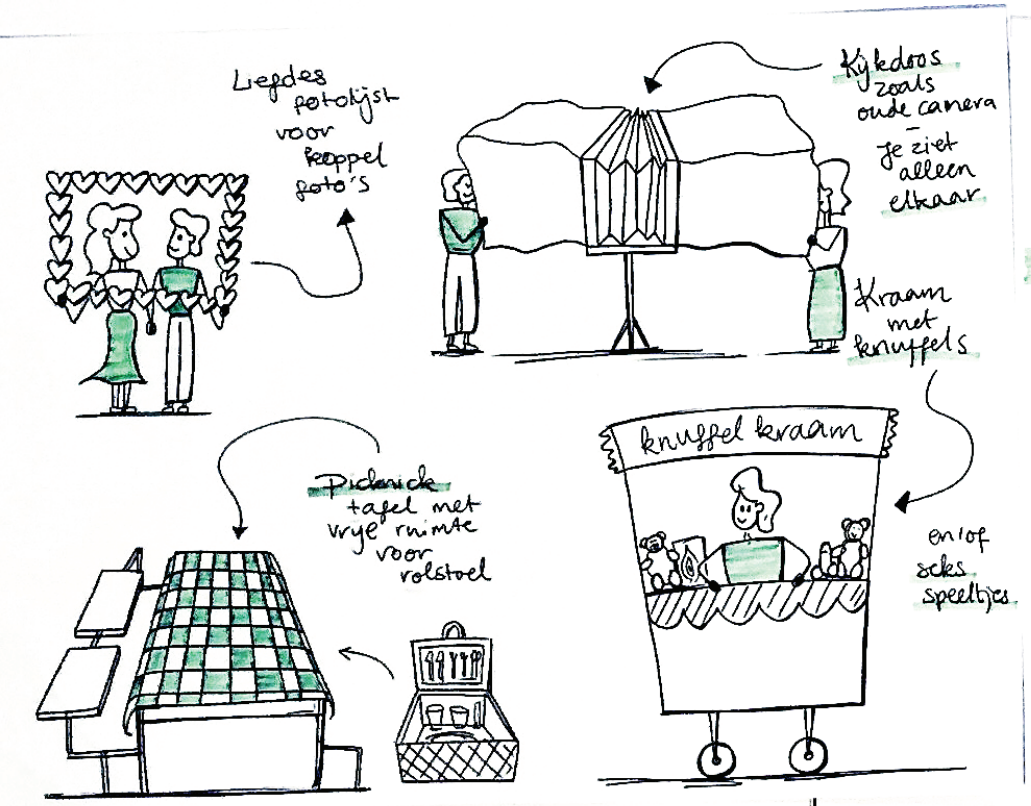
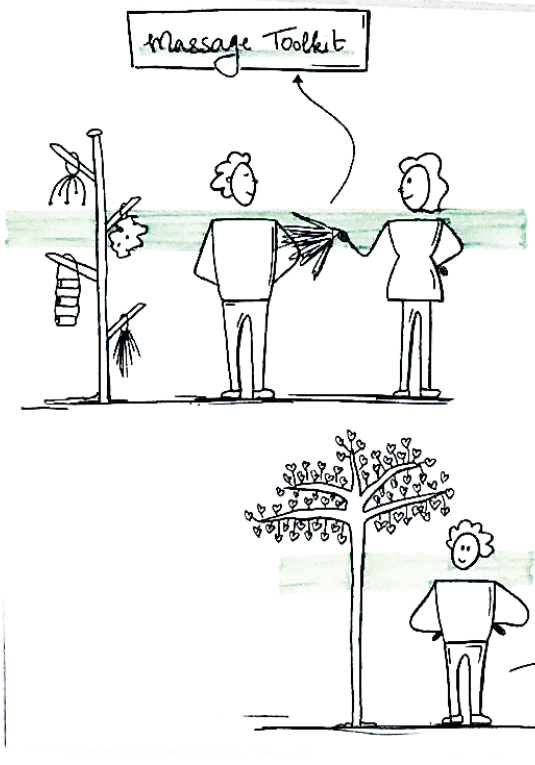

Platenspeler met hoorn
Onderwerpe References


Liefdes fotolijst voor koppel foto's
Kijkdoos zoals oude camera
je ziet alleen elkaar
Kraam met knuffels
knuffel kraam
en/of socks speeltjes
Picknick tafel met vrije ruimte voor rolstoel


Massage Toolkit

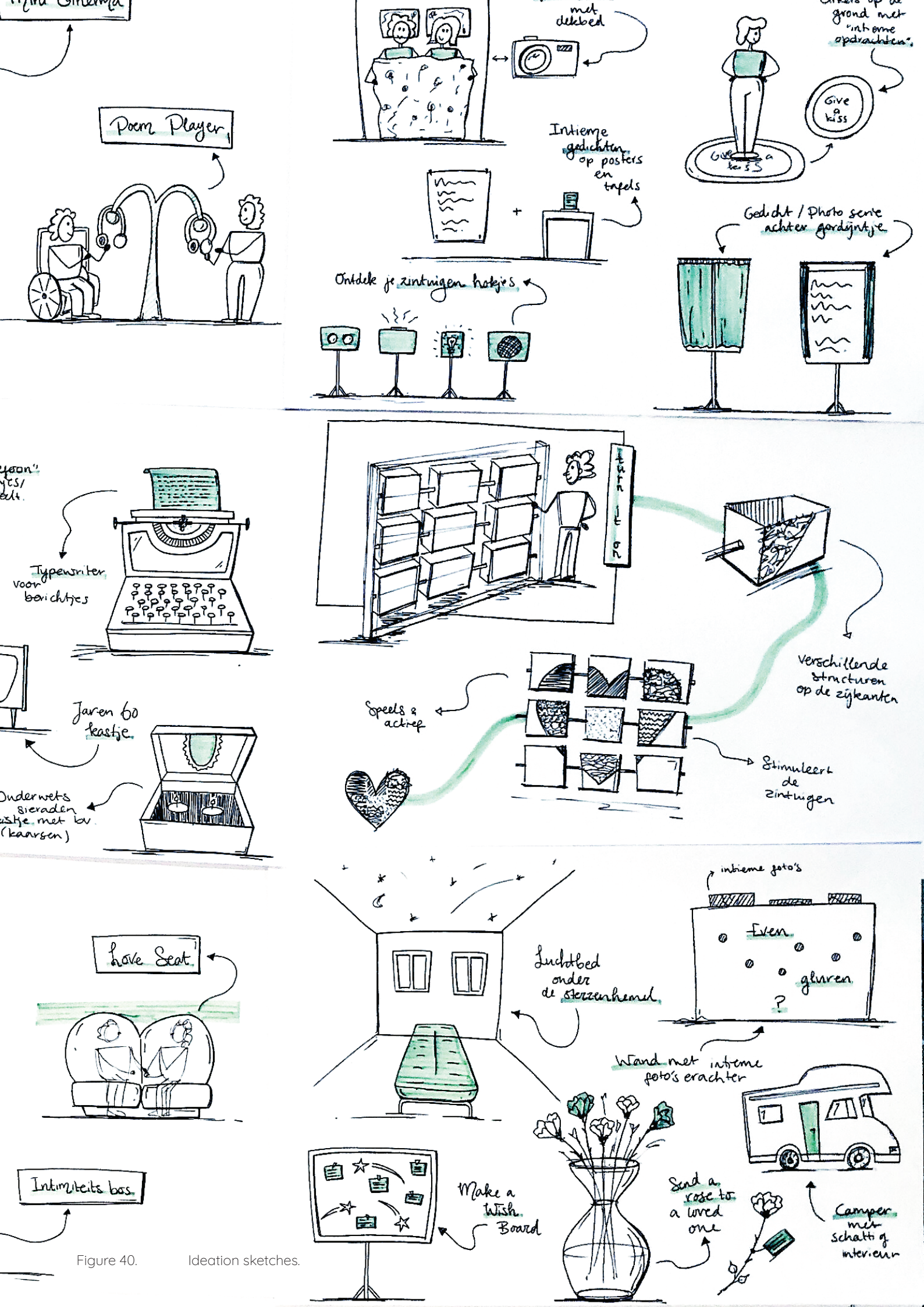


Figure 40. Ideation sketches.

5.2. TESTING

During the creative sessions and the individual brainstorming, many ideas are generated. The most promising ideas are presented in this chapter, on the left pages. These ideas are made using rapid prototyping and tested with residents and care givers in the elderly care context. The prototypes and tests can be seen on the right pages, along with explanations.

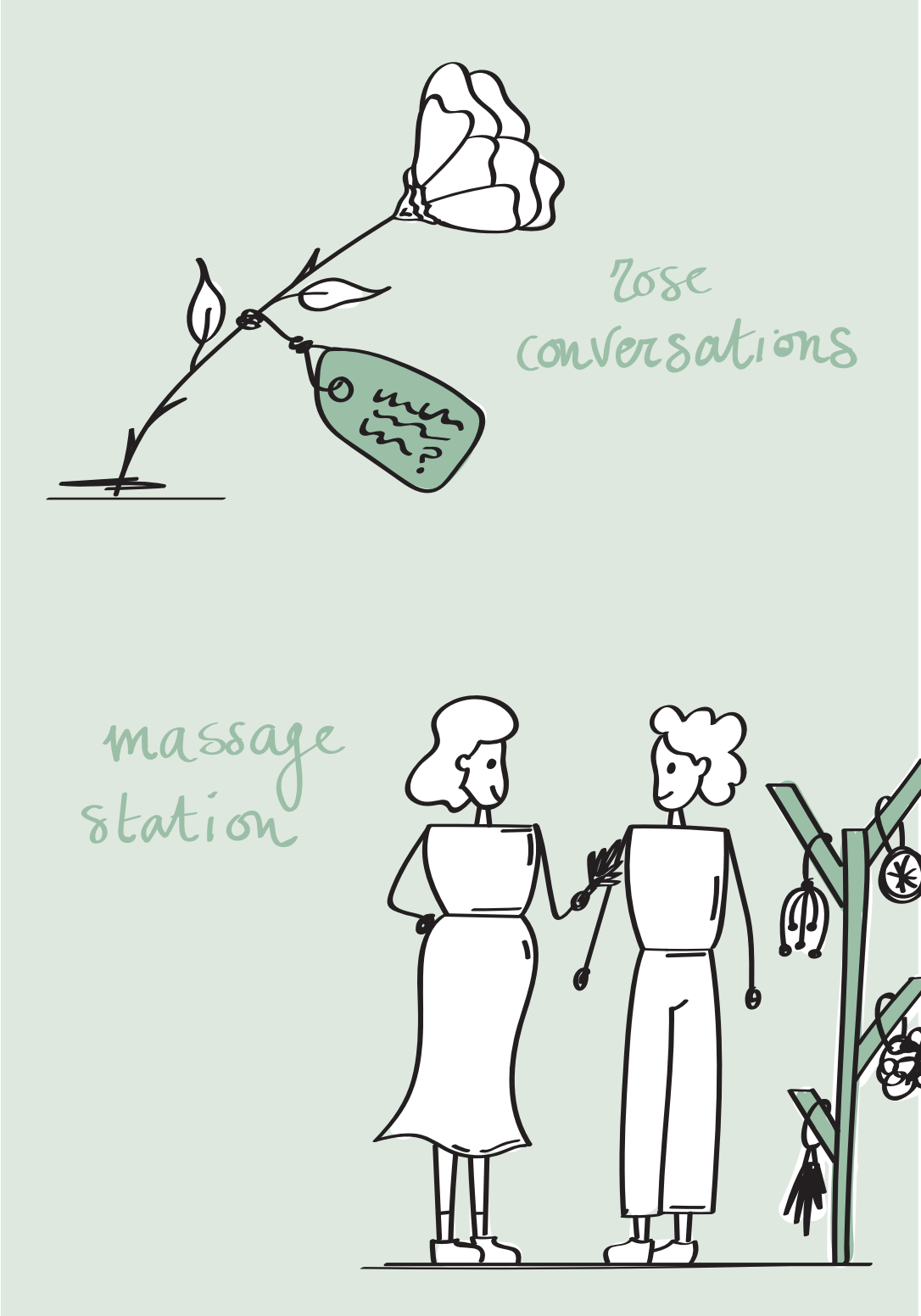


Figure 41. Drawing of the ideas 'rose conversations' and the 'massage station'.

Rose conversations
During the group interviews, as discussed in section 3.1., it is found that stimulating personal conversations between residents can result in open and intimate conversations. The idea of rose conversations (Figure 43) builds on this finding, providing residents with intimate questions and topics. These questions are presented on a note attached to an object related to intimacy, such as a rose. The questions are placed in a public place, such as the restaurant, where people sit together.

Massage station
The massage station (Figure 42) is an idea to facilitate a moment where people can give each other casual massages with massage tools. A station attracts the attention and the tools support people in giving massages. Due to the reduction in social contact, residents often experience a reduction in physical contact as well. Motivating people to massage each other, can stimulate more physical interaction. The massage tools can be used by couples, but also by care givers to stimulate the senses of residents.

Insights
When people go to the restaurant to grab a cup of coffee, they do so to have a casual chat with each other. They notice the objects and the questions, but do not experience intrinsic motivation to discuss and answer the questions. Unprepared, and in a public space, this might not be the right moment for such conversations.

Additionally, most people going into the restaurant together know each other well. They feel like they already know the answers to the provided questions. The residents explain that it would be interesting to talk about these topics with people they do not know that well yet, at another moment.

Giving a hand massage can easily create a connection between two people, and most residents enjoy the massage a lot. However, they do not initiate a massage themselves. When being stimulated by care givers they are enlightened to receive a massage, but they do not feel comfortable exchanging massages with others independently.

Figure 43. The prototype of 'rose conversations'. Here a heart shaped object with a question attached.

Figure 42. A massage station with different massage tools, positioned in a public area.

Figure 44. Drawing of the ideas 'fantasy-in-a-bottle' and the 'the scent stove'.

Fantasy-in-a-bottle
Everyone has intimate and sexual fantasies, but due to the decrease in possibilities and intimacy for residents, their fantasies are put off and forgotten. To accept the existence and stimulate the expression of those fantasies, residents can write them down privately with this idea. Their fantasies are written down and put in a bottle (Figure 45). Bottle post speaks to the imagination and keeps the fantasy a secret to others.

The scent stove
It might be challenging to spontaneously come up with intimate fantasies, and therefore scents are used to bring up memories and start the conversation. Bringing up memories can make residents think about what they love, what they miss and consequently what they desire. The scents are presented along with an old-fashioned stove, which is a recognizable object for residents. The idea of the scent stove (Figure 46) is tested in combination with the fantasy-in-a-bottle.

Insights
Residents immediately recognize the stove and are excited to smell the scent. However, many residents are unable to properly smell the scents due to colds and reduced sensory functioning. The little ritual of smelling the different scents is a nice introduction to the topic of intimacy and a good conversation starter. Involving the scents throughout the conversation is not necessary. Moreover, it might feel forced and distracting to constantly bring back the scents.

Residents think it is nice to recall intimate memories and talk about them. Making the link to desires and fantasies is more difficult. They mention that most things are not possible anymore and prefer to continue talking about their memories. Those memories eventually end up in the bottles, instead of their intimate fantasies.

Figure 45. A bottle with a letter on which an intimate memory of a resident is written down.

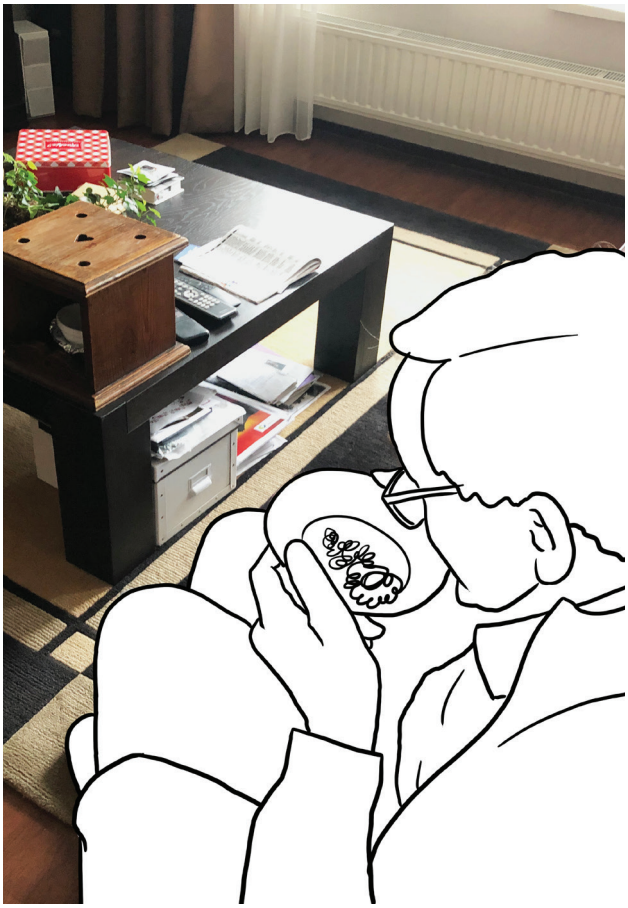


Figure 46. A resident smelling scent to recall intimate memories and start a conversation.

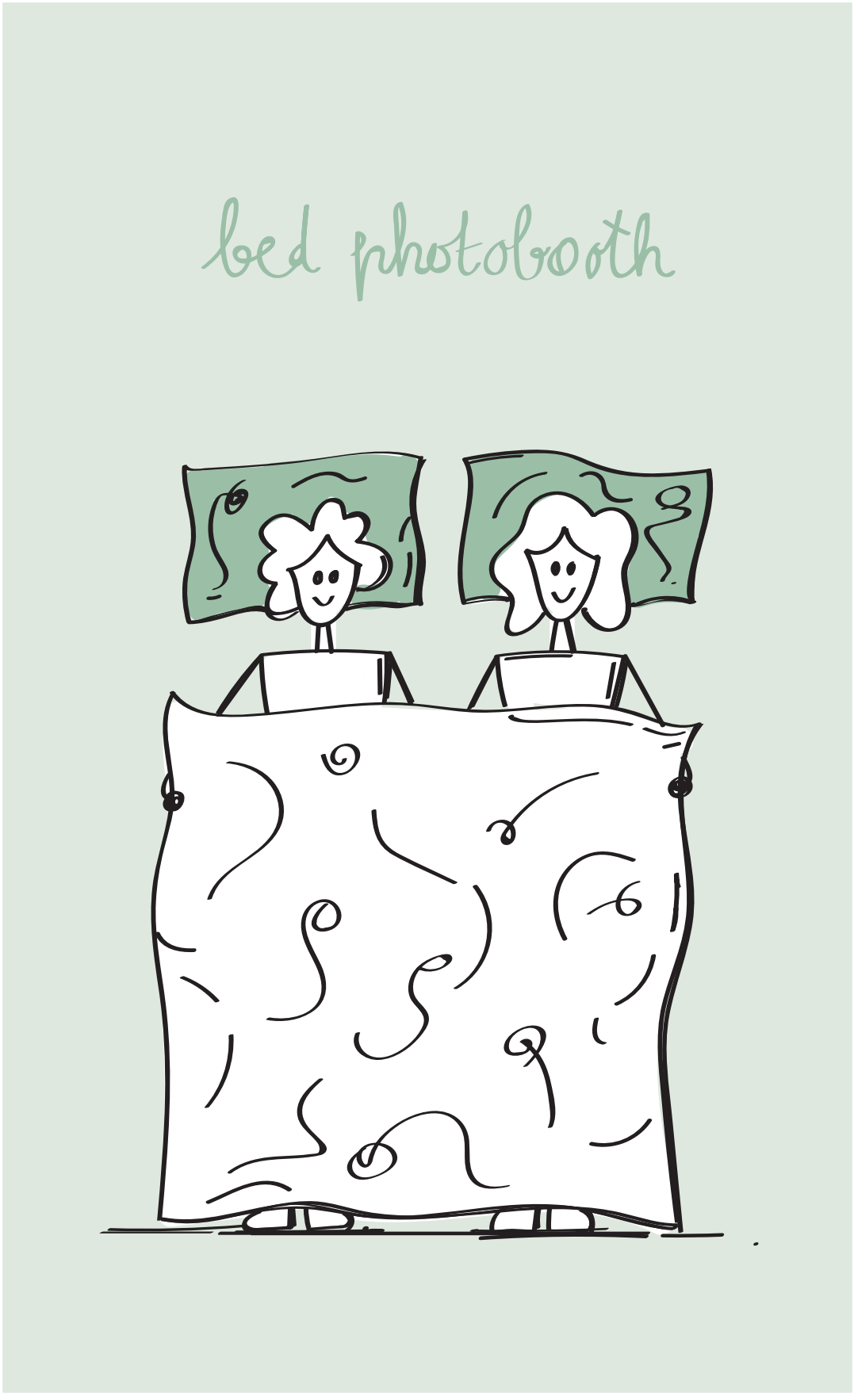


Figure 47. Drawing of the idea 'bed photobooth'.

Bed photobooth
Sleeping together with a partner is an intimate moment for many residents, which has often disappeared from their lives since the move to an elderly care residency. Getting into bed by themselves can be challenging, since most residents have physical limitations. Instead of helping residents to get into bed, this idea brings the bed to the residents. Residents can “lay” in bed while standing up or sitting down. A photo is taken of the bed, which makes it look like the residents is actually lying down in bed (Figure 48).

Since it is no fun to take a picture by yourself, people are stimulated to dive into the vertical bed together. They have to get close together to fit into the picture frame and pretend to lay down in a cozy way. In this way, they experience a tiny moment of intimacy that is introduced in a funny way. The result is a fun and cute photo of two people in bed together, which also has a strong link to the topic of intimacy. The photos taken in the photobooth are afterwards printed and presented in the main hall of the elderly care residency (Figure 49).

Insights
Residents have to be asked and motivated by, for example, a care giver to take a picture in the photobooth. Once they are in the photobooth, all residents start smiling due to the silliness of the concept. They enjoy the experience of taking the photo. Some residents even cuddle up under the blanket and start playing around with different poses.

A couple mentions that they have not been in bed together for three years, and that cuddling up is something they have missed and therefore enjoy doing for the photo. For them taking the photo is an intimate moment. Family members and care givers also take a photo with residents but for them the experience is less intimate.

All residents enjoy receiving the photo afterwards as a memory. The photo is a light-hearted conversation starter, mainly for residents with a romantic partner. The residents also enjoy the small exposition in the main hall. Other residents and care givers notice these photos as well and talk about it to each other.

Figure 48. Photo of a resident and his wife, made in the bed photobooth.

Figure 49. An exposition of all the photos made in the photobooth, with residents, visitors and employees.

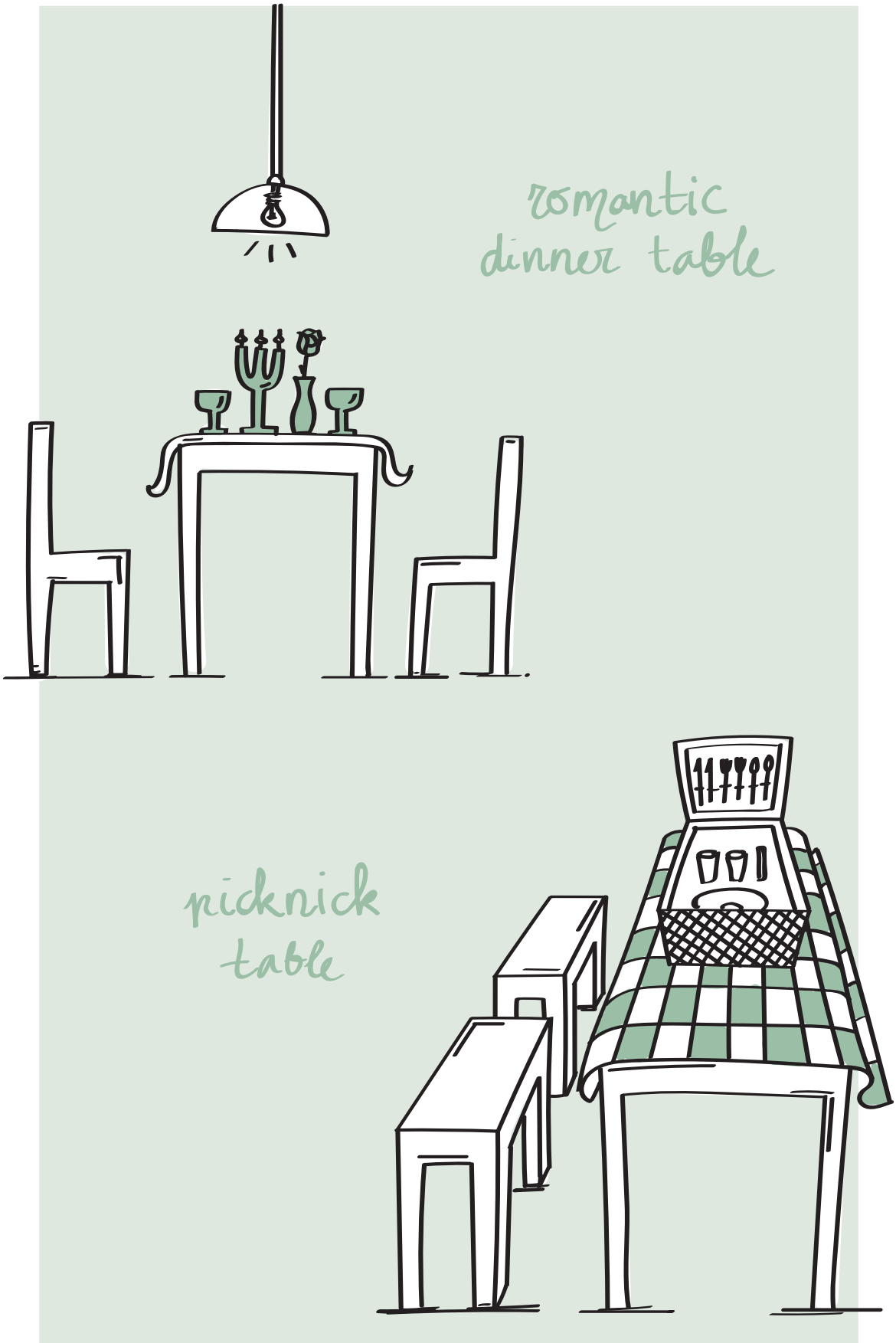


Figure 50. Drawing of the ideas 'romantic dinner table' and 'picknick table'.

Romantic dinner table
Going out for dinner is for many residents a romantic and intimate experience. It is also a memory for most residents, since going out for dinner outside of the residency is very difficult. This idea is about bringing a romantic restaurant experience into the residency. This is done by dressing one table in the public restaurant in a romantic style using candles, flowers, wine glasses and a tablecloth (Figure 51). Dressed like this, the table stands out and creates a different vibe. Any resident, visitor or care giver can take place at the table if they want.

Picknick table
The idea of creating a picknick table is very similar to the romantic dinner table, but in a different style (Figure 52). Similar to going out for dinner, sharing a picknick in the park is experienced as a romantic and intimate moment by residents. Unfortunately, also similar to a romantic dinner, a picknick is difficult due to physical challenges. Therefore, besides the romantic table, another table is dressed in picknick style with a basket, tablecloth with flowers and plastic cutlery.

Insights
Residents and care givers notice the different table settings, but no one decides to take place at one of the tables. They give three main reasons for not doing so.

First of all, residents are not sure who the tables are meant for and whether they can take place or not. Care givers should explain them they are allowed to have a seat.

Second, most residents always sit in the same spot in the restaurant and do not desire changing this spot. They feel comfortable in their regular spot and are not easily tempted to change their habits.

Third, the differently dressed tables stand out from the other tables which attracts attention. Residents mostly do not like to be in the center point of attention when having dinner or a drink.

In general, the residents like the idea of having a romantic dinner once again but creating a romantic dinner table in the residency feels a little fake.

Figure 51. Romantic dinner table in the public restaurant of the residency 'Akkerleven'.

Figure 52. Table dressed in picknick style in the public restaurant of the residency 'Akkerleven'.

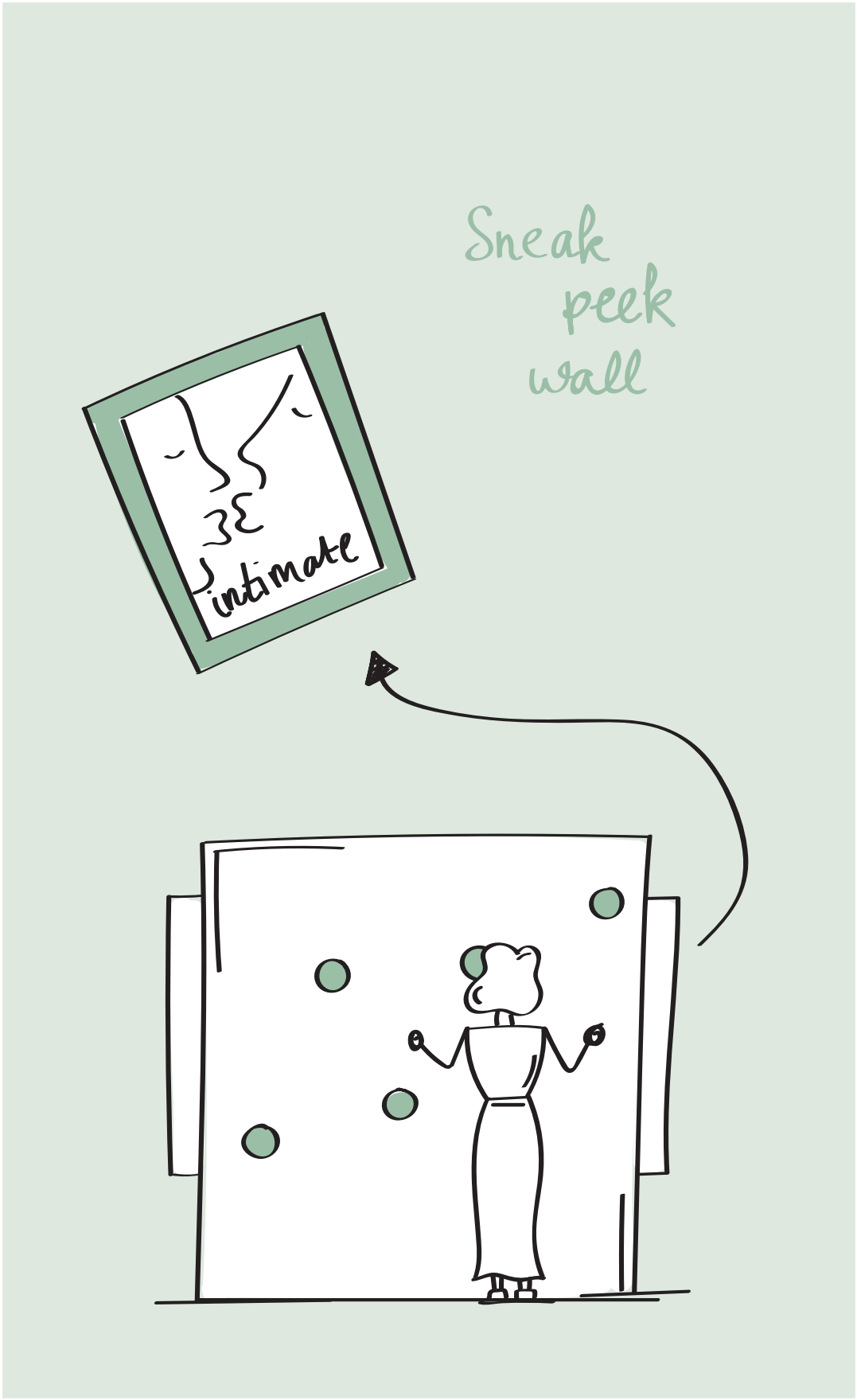


Figure 53. Drawing of the idea ‘sneak peek wall’.

Sneak peek wall
Where most ideas are focused on the social interaction between people, this idea focuses on displaying the topic of intimacy in a visual way. The sneak peek wall (Figure 54) is a little wall with peek holes on different heights. Behind these holes there are photos displayed from an intimate photo series of elderly people, made by Arianne Clement.

The fact that the photos are placed behind peek holes triggers people to come and have look. Looking at photos is passive but peeking through the holes adds an active element.

Displaying intimate photos (Figure 55) of elderly shows that intimacy is existent amongst elderly, which contributes to the awareness. However, hiding the photos behind a wall also shows that intimacy remains a private topic.

The sneak peek wall is placed in a common, public area of the residency in a spot where many people pass by.

Insights
Almost all care givers are immediately triggered by the sneak peek wall and have a look to find out what is displayed behind the wall. Most residents are not as proactive, and only a few residents go and take a look at the wall by themselves. People do start talking about the presence of the wall amongst each other, both care givers and residents. The care givers discuss the content of the photos, where the residents do not feel comfortable with talking about the content.

Some residents explain that they find the content behind the wall quite shocking due to the nudity in the photos. They grew up in a different time and are not used to seeing these kinds of pictures. A few residents mention that the photos are beautiful. Some care givers agree and say that it is beautiful to show that elderly people can also be sexy and intimate.

Some residents mention that they do not know the people in the photos and are therefore not interested in the photos. Some care givers joke about the wall and feel slightly uncomfortable.

Figure 54. A wall with peak holes, between which intimate photos of elderly are displayed.

Figure 55. One of the pictures that is displayed behind the peak holes, from Arianne Clement.

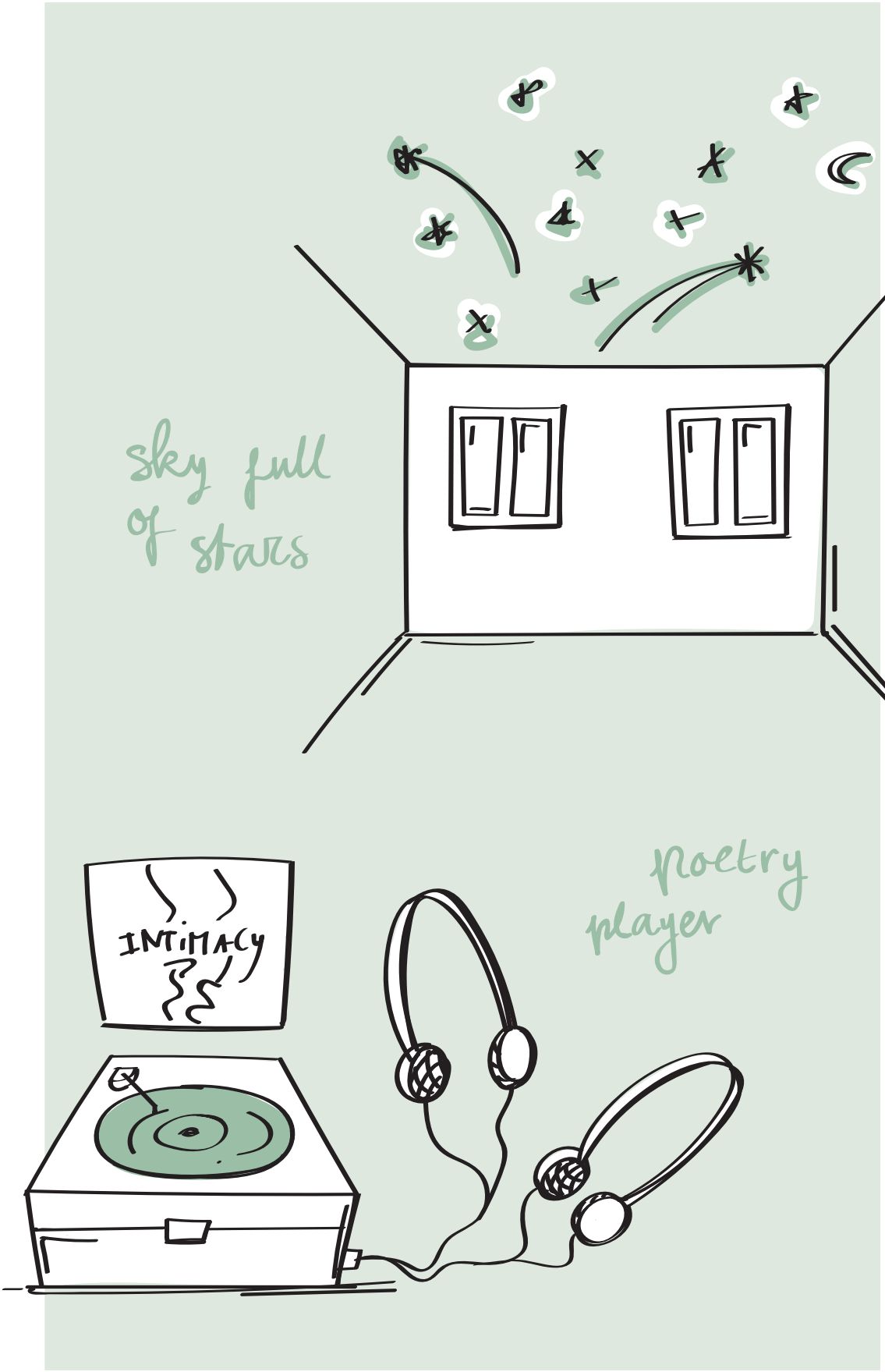


Figure 56. Drawing of the ideas ‘sky full of stars’ and the ‘poetry player’.

Sky full of stars
Imagine going out late at night with a loved one and lying down in the grass to look at the stars. This moment is considered as intimate by many people, since there is something magical about looking at stars. This idea is to create a secluded, slightly dark space with little lights as stars (Figure 57). Residents can come here with visitors or care givers to experience a moment of calmness and intimacy.

The space with stars is created in a corner of the main hall of the elderly care residency.

Poetry player
The idea of a starry place is combined with playing intimate poetry. Poetry can be a good stimulant of emotion and can tell stories in a beautiful way. Fragments from the radio series 'Candlelight' are played in this idea (Figure 58). All fragments are about love and intimacy. The fragments are played in two headphones, creating a seclusion from the surroundings while two persons experience the same poem.

Insights
Like with many other ideas, residents have to be encouraged to come to the starry space and listen to some poetry. Since it was not announced beforehand that there would be a special corner with poetry, most residents feel overwhelmed by the idea.

The residents that would like to visit this little starry corner experience the place as nice. They feel a little uncertain when going there, since they are not familiar with sitting in the area where the starry corner is built. Once they arrived in the space, they feel secluded and calm. However, they would not go there with visitors because they prefer their familiar room or restaurant.

The residents enjoy the voice that reads the poetry to them and are often touched by the poems. They mention it makes them think about the topic of love, loss and intimacy. They do not like the headphones and would prefer the poetry reading to be an event in the public space.

Figure 57. A resident listening to intimate poetry from 'Candlelight' radio in the intimate corner.

Figure 58. Another residents listening to the intimate poetry in the intimate corner.

5.3. CONCLUSION

The bed photobooth (Figure 59 and 60) is the idea that receives the most positive reactions and that contributes the best to the design goal. The design goal is to create awareness about positive intimacy for residents in elderly care, and to provide care givers with a conversation starter, by designing a small moment of intimacy in public that is active and light-hearted. The idea of the bed photobooth is therefore the selected idea that will be further developed into a final design. During all the tests insights are gained that add to the understanding of the residents and the context. Conclusions are drawn from these insights, which are taken along in the development of the final design of the bed photobooth.

Awareness
Awareness is created when as much people as possible experience, see or hear about the final design. It is about seeing the emotional experience of the residents, rather than the intimate setting. Therefore, a completely secluded experience is not the most suitable solution to the design goal, since only the people in the experience encounter the experience. The photobooth is an open experience, and also visitors and care givers are impacted by seeing the facial expressions of the residents in the photobooth. This experience can also be seen afterwards on the pictures, which spreads the experience and the corresponding message even further.

Small moment
Full intimacy has to be built up from the start and cannot be simply created in a designed interaction. Giving each other massages or cuddling in a secluded space can be a big step in intimacy for residents. Even a tiny moment, such as looking each other in the eye, can already be enough to start with. The photobooth stimulates people to get a little close and have that small moment of intimacy. A small moment also refers to the length of the experience, which should be kept very short. Since the experience is new and should be light-hearted, keeping it short gives the experience a low threshold.

Public
By designing the moment in public many people see it. People walk past it, discuss it with others and start telling each other about it as well. Out of all ideas, this happens mostly with the photobooth. Because of this, the experience and the topic of intimacy starts to live in the elderly care residencies.

Active
An active experience in this situation doesn't mean that residents should do everything independently and completely physically active. Since residents are often physically limited, smelling scents, looking at pictures, talking or taking a photo is already active for them.

Positive and light-hearted
To create a focus on the positive side of intimacy, the experience should be fun and light-hearted and not too heavy and serious. When a complete setting is created for a moment, as in the idea of a romantic dinner or starry space, a certain pressure is put on the moment. A fun experience, such as the sneak peek wall or the photobooth, doesn't have this pressure and is light-hearted.

Unforced
Intimacy arises spontaneously and is impossible to plan. When it feels forced and there is an obvious aim to create intimacy, intimacy often does not arise at all. This is clearly noticeable with most ideas tested. When there is another aim, such as taking a photo in the photobooth, intimacy can arise unexpectedly and spontaneously. For example, touching can also take place if residents want to, but it is not required like with the massage station.

Two people
Intimacy is a moment between two people, and it is therefore desirable that also this moment is experienced by two people. This should neither be forced, but the experience should be more fun to do together. One person can take a photo in the booth alone, but it is way more exciting to take a photo together with someone. Additionally, people enjoy having a picture with someone else as a memory, which can be a motivation to take a picture.

Intimacy is also different for everyone and residents can experience intimacy with different people. The base for intimacy is romantic for most residents but intimacy can be equally important for residents without a partner. Some ideas, such as the romantic dinner, are more suitable for a romantic moment than for a moment with friends. The photobooth is a moment that is equally nice with a romantic partner as with friends or family. Diving into bed with a partner is very intimate, but due to the funny element it is also suitable for others.

Organizing an activity
Residents prefer to be prepared for an activity instead of joining something spontaneously. They especially like to join special events that are announced beforehand. On their own, they do not easily undertake new things, but they do when stimulated by their care givers. Organizing the photobooth as an activity is a nice way to prepare the residents for the experience and to plan time and space. Eventually, residents will have to experience intimacy independently, but for this first step they need a little push. Therefore, there should be someone in the experience encouraging them to join.

Conversation starter
To start a conversation about intimacy with residents, which can be quite challenging, care givers desire a reason or motivation. A souvenir from the experience can be an initiative or stimulant for a conversation. The letter with the fantasy from the fantasy-in-a-bottle idea is such a souvenir, as well as the photo from the photobooth.

Intimacy
To create awareness about intimacy, the experience should have a clear link to intimacy without being provocative. On the one hand, the photos behind the sneak peek wall are experienced as too nude and sensual for some residents, which results more in deterrence then openness. The experience of the photobooth should not do this, but link to intimacy in a more subtle way. On the other hand, experiences such as a diner or picknick are mostly considered as cozy and nice, instead of intimate. A right balance between subtle and provocative should be found.

Visual aspects
Intimacy is something romantic and calm, and the visual aspects of the design should suit this. Cozy lights, roses or red colors are examples of visual elements that fit in well with an intimate image. A suitable visual expression leads to a clearer link to intimacy for residents.

Figure 59. Photograph of a female resident with her son in the photobooth.

Figure 60. Photograph of a male resident with his son in the photobooth.

6. DESIGN

In this chapter, the final design of the project is presented: A Bed of Roses. The design is based on all the insights from the previous chapters. The idea, interaction and implementation of the design are presented here.

Chapter overview

6

6.1. A BED OF ROSES

The final design of the project is called ‘A Bed of Roses’, in Dutch ‘Onder de Wol’. The design is an intimate photobooth of a vertical bed for residents in elderly care. The photobooth results in an exposition of large photos of the residents and a visual conversation starter for the care givers. The design comes forth from the bed photobooth idea, as presented in Chapter 5 Explore, and is developed with the input from all the tested ideas and the additional feedback from care givers.

Figure 61. The three main elements from the final design; the photobooth, the booklet and the photo exposition of the photobooth.

A Bed of Roses consists of three main elements, as can be seen in Figure 61. Firstly, there is a photobooth of a bed in which residents can take a photo together with their partner, friend, family or even care giver. Secondly, a designed booklet with illustrations and questions transforms the photo into a conversation starter for the care givers. Thirdly, an intimate photo exposition is created using the photobooth photos of the residents. These three elements of the final design are explained in detail on the following pages.

The appearance of the photobooth, the booklet and the photo exposition are inspired by the visual collage in Figure 62. This collage is based on the five collages that residents made individually during a creative session about the visual representation of love and intimacy. The collage shows soft, pastel colors, flowers and a traditional car. The colors reflect the soft and tender side of love and intimacy, the flowers represent romance and happiness, and the car relates to the residents’ intimate memories of going on dates.

Figure 62. Collage of the visual style of the final design A Bed of Roses, inspired by the collages made by residents.

The photobooth

The first element of A Bed of Roses is a humorous and intimate photobooth of a vertically positioned bed. Residents can get their photo taken when they get into the bed with their partner, family member, friend or care giver. The reference of a bed can be interpreted as romantic and sensual but can also simply cozy or seen as mere funny. Consequently, the photobooth of the bed is suitable for every type of relationship. Residents can either sit or stand in the photobooth, allowing residents with physical limitations to engage as well. As the photo is taken from the front, it appears on the photo as if the residents are lying down in bed together with the other person, which is a situation that is often difficult to realize in reality. An impression of the photos taken in the photobooth can be seen in Figure 63.

The photobooth can be stowed away as a compact package consisting of a foldable frame with a background cloth, pillows and a blanket. The height of the pillows is adjustable in order to match the height of the resident. Due to the compactness of the package, the photobooth can easily be transferred between different locations of Pieter van Foreest. Health care employees are able to set up the photobooth independently and place it in a suitable public area of the elderly care residency. If desired, the photobooth can also move around between the different departments within the residency.

The photobooth aims to facilitate a small, intimate moment for residents in elderly care in an active and light-hearted way. Residents are actively involved when participating in the photobooth and the humorous accent creates a light-hearted experience. Within the photobooth there is room for intimate behavior to the extent that residents desire. Thus, the photobooth mainly fulfills the last part of the design goal, as mentioned in Chapter 4, Define.

THE DESIGN GOAL IS TO **CREATE AWARENESS** ABOUT **POSITIVE INTIMACY** FOR **RESIDENTS IN ELDERLY CARE,** AND TO **PROVIDE CARE GIVERS** WITH A **CONVERSATION STARTER,** BY DESIGNING **A SMALL MOMENT** OF INTIMACY IN **PUBLIC** THAT IS **ACTIVE AND LIGHT-HEARTED.**

The public experience of the photobooth also contributes to creating awareness and can be a conversation starter by itself, besides providing a small moment of intimacy for the residents. Additionally, the photobooth results in photos of the residents that are used in the next two elements, which focus on the other parts of the design goal.

Figure 63. A collage presenting the photobooth of the final design A Bed of Roses, made with a real photo of a resident with her son, that is taken during testing in Chapter 5.

The booklet

The second element of the final design is the conversation starter in the form of a booklet (Figure 64). The booklet consists of a short textual introduction with sample questions, an insert page for the photo of the residents and eight illustrations. The text on the front page of the booklet supports the care givers to formulate an introduction to the topic of intimacy. The questions are formulated informally and allow care givers to guide the conversation to their liking. The text on the front page is as follows;

A Bed of Roses

In this booklet you can find **your photo**, together with illustrations of small moments of **affection** and **intimacy.**

How did you feel about taking this photo **together**?

How was this little moment **in bed** for you?

Which **illustrations** in the booklet appeals to you?

Residents generally enjoy physical photos of themselves with friends and family as a memory of special moments. Handing out the photos to the residents can be a motivation for care givers to seize the moment and initiate a conversation about intimacy. Two printed photos can be inserted into the booklet, providing both the resident and the other person in the picture with a souvenir from the small moment in the photobooth.

Following the photos, the booklet is filled with multiple illustrations, which showcase examples of intimacy. The simplistic illustrations are clear and simultaneously leave room for interpretation from both the care givers and residents. The illustrations can help to guide the conversation, provide a focus during the conversation and support residents in expressing their thoughts.

The booklet provides the residents with a physical memory of a pleasant moment. However, the main focus of the booklet is providing the care givers with a conversation starter. The booklet aims to give care givers motivation, more confidence and guidance to address intimacy with residents. The booklet therefore contributes to the middle part of the design goal.

THE DESIGN GOAL IS TO **CREATE AWARENESS** ABOUT **POSITIVE INTIMACY** FOR **RESIDENTS IN ELDERLY CARE,** AND TO **PROVIDE CARE GIVERS WITH A CONVERSATION STARTER,** BY DESIGNING **A SMALL MOMENT** OF INTIMACY IN **PUBLIC** THAT IS **ACTIVE** AND **LIGHT-HEARTED.**

The full booklet design can be found in Appendix 10.2. The Booklet.

Figure 64. Two pages of the booklet with on the left side the photo of the resident inserted, and on the right page an illustration of two people “diving in bed together”.

The photo exposition

The photos made in the photobooth are afterwards carefully selected and processed in preparation for the photo exposition. The photo exposition (Figure 65) presents the collection of photos made in that particular residency, inducing a feeling of recognition and ownership for the residents. Positioning the photo exposition in a public area allows all residents, visitors and care givers to see the photos which stimulates the spreading of awareness.

Displaying a diversity in relationships on the photos illustrates the broadness of intimacy. An accompanying text can further explain the subject of intimacy and the idea behind the photographs. The text is presented on a sign next to the exposition;

A Bed of Roses

Intimacy is important for everyone, no matter your age. We often associate intimacy with sexuality, but it is much broader than that. For example, think about holding hands, cuddling on the couch or having a good conversation. Intimacy can be experienced with a romantic partner, friends, family or care givers. It is a moment between two people where a mutual feeling of connectedness arises.

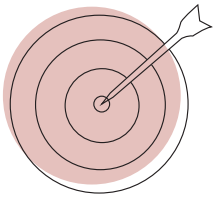
This photo exposition shows tiny, light-hearted moments between two people, emphasizing the positive side of intimacy. Because after all, intimacy is something beautiful.

The photo exposition aims to create awareness about positive intimacy in elderly care. The photographs show the connection between two people and the broadness of possibilities within intimacy. Care givers frequently encounter the photos of residents and are therefore constantly reminded about intimacy. When care givers discuss the exposition and tell other colleagues about it, the photo exposition can be the start of ripple effect in awareness.

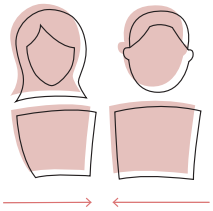
THE DESIGN GOAL IS TO **CREATE AWARENESS** ABOUT **POSITIVE INTIMACY** FOR **RESIDENTS IN ELDERLY CARE,** AND TO **PROVIDE CARE GIVERS** WITH A **CONVERSATION STARTER,** BY DESIGNING **A SMALL MOMENT** OF INTIMACY IN **PUBLIC** THAT IS **ACTIVE** AND **LIGHT-HEARTED.**

Figure 65. A collage presenting the photo exposition as part of the final design A Bed of Roses.

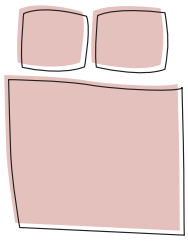
6.2. KEY ASPECTS



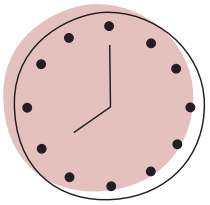
Distracting from purpose
The main goal of the photobooth is to create a small, intimate moment for residents, but the residents are not aware of this aim when participating in the photobooth. The goal for the residents seems to be taking a fun photograph together, which distracts them from the purpose of intimacy. This way, intimacy is not forced onto anybody but there is plenty of space for intimacy to arise spontaneously during the activity.



Bringing people close
The two persons who are taking a photo together, have to get close to each other in order to fit into the picture. This set photo frame forces people to get physically close with, again, a distraction. This proximity not only allows but stimulates physical contact and intimate behavior. The fact that a photo is taken also stimulates people to pose nicely and try out different positions.

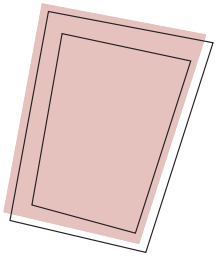


Turning things around
Due to physical limitations, it is for many residents very difficult or even impossible to lie down on a bed with someone. The scenario that is created in this photobooth is therefore uncommon and truly lying in bed with someone can be a big step in intimacy for residents. Instead of asking residents to make this big step and help them to get into bed, the photobooth turns the situation around and brings the bed to the residents. Now, “lying” in bed is just a small step, since it is much simpler and more accessible for residents. The photobooth realizes something that is normally difficult for physically limited residents.

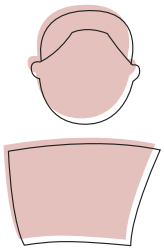


Facilitating a low threshold
Everyone knows that taking a fun photo is just a short moment. Knowing beforehand that the activity will not take long, makes it a low-threshold activity. Asking a lot of time of residents, especially when they are not familiar with the activity, can discourage them. Residents can be stimulated to participate in the photobooth by making the moment short.

Giving freedom for intimacy
The photobooth offers freedom to experience any type of intimacy with any type of personal relationship, since everyone desires to experience intimacy in their own way. Focusses a design on one type of intimate behavior, such as stroking or talking, excludes many residents who have other preferences. The photobooth doesn't force any behavior on anybody and residents can fill in the amount and type of intimate behavior themselves.



Receiving a souvenir
The photo that the residents receive afterwards in combination with the booklet, is a physical souvenir of the small moment in the photobooth. Residents often value photos deeply, since photos can keep their personal relationships close. When residents and visitors know beforehand that they will receive the photo as a souvenir, this can be a motivation for them to participate in the photobooth.



Feeling of ownership
The residents receive the photo of themselves in the booklet, and also the exposition at the residency is made up of photos from the residents, which creates recognition, pride and a sense of ownership. This recognition is desirable for the booklet since people tend to talk more easily about personal photos. This desire is idem for the photo exposition since residents will be more likely to visit the exposition and tell others about it because they are part of it.

Creating a conversation starter
Many care givers know that intimacy is important, but struggle bringing up the topic with residents since they lack a direct reason or access to correctly formulated questions. The personal photograph that is part of the booklet is both a reason and a conversation starter for the care givers. The questions and illustrations give the care givers a starting point but simultaneously allow them to guide the conversation to their own likings.

6.3. USER SCENARIO

A Bed of Roses is an idea consisting of three successive elements. The performance of the idea, from preparation till closing, takes about three to four weeks in total. The process of A Bed of Roses is explained in detail on the next few pages in a user scenario.

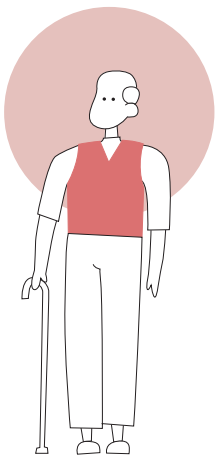
The residents, partner, welfare manager and photographer are the four main characters in the story of the final design.

The resident can be any residents, from both the psychogeriatric department and the somatic department. The final design is suitable for all the personas, as presented in Chapter 4 Define, since residents can determine the level of intimacy and commitment themselves. For example, Decent Daisy might not feel completely comfortable to express a high amount of intimacy in the photobooth but can nevertheless take a casual photograph. Even more, if residents do not desire to participate in the photobooth, they will still be able to experience A Bed of Roses by visiting the photo exposition.

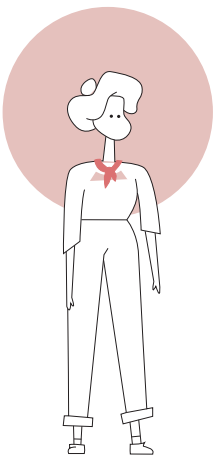
The starting point for the final design is a romantic relationship since residents consider that as true intimacy. Therefore, in this user scenario, is the partner one of the main characters. In the real situation the partner can indeed be a romantic partner, but might as well be a family member, friend or care giver.

The welfare manager is an employee of the elderly care residency who initiates and organizes A Bed of Roses. Welfare managers focus on the well-being of residents in their daily work and frequently organize activities, meaning they have both the motivation and the expertise to initiate and organize an activity such as A Bed of Roses. Partly due to the fact that they have the time, and partly due to their professional background, they are often also more focused on the subject of intimacy in comparison to daily care givers.

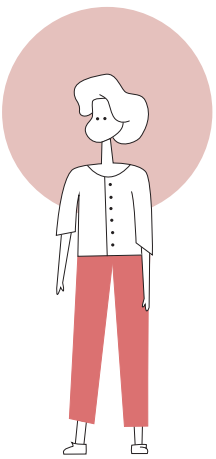
Aiming for a result of high-quality photographs for the photo exposition, the photographer of the photobooth is an external photographer. Care givers are generally busy with their daily work and entrusting them with the task to take photographs for a few hours will increase their work pressure. An external photographer can fully focus on the photobooth without pressure. Deploying an external photographer also gives the activity a professional feeling and creates a certain distance between the photographer and the residents, which can be pleasant for residents when it comes to intimacy.



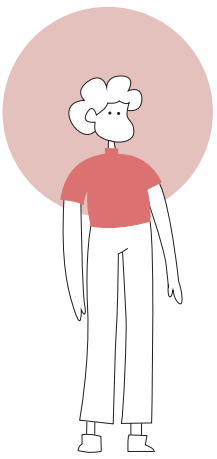
THE RESIDENT



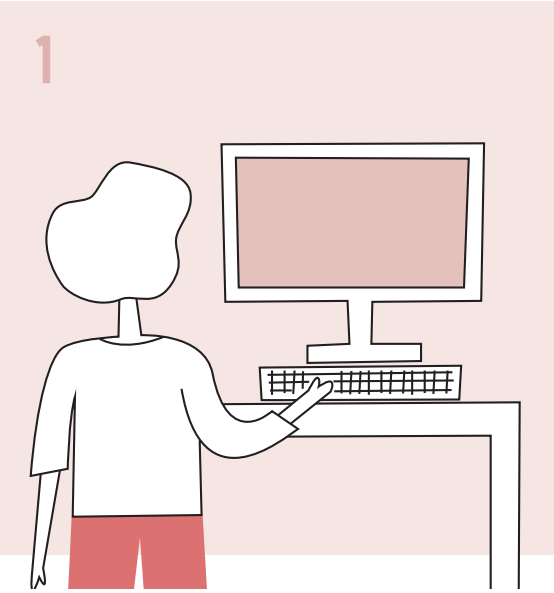
THE PARTNER



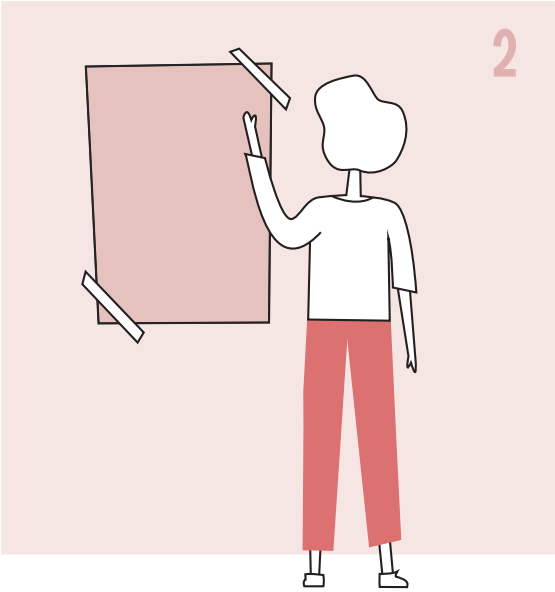
THE WELFARE MANAGER



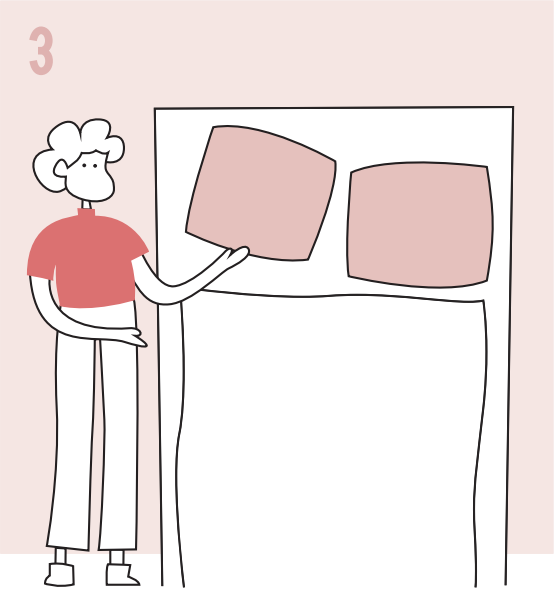
THE PHOTOGRAPHER



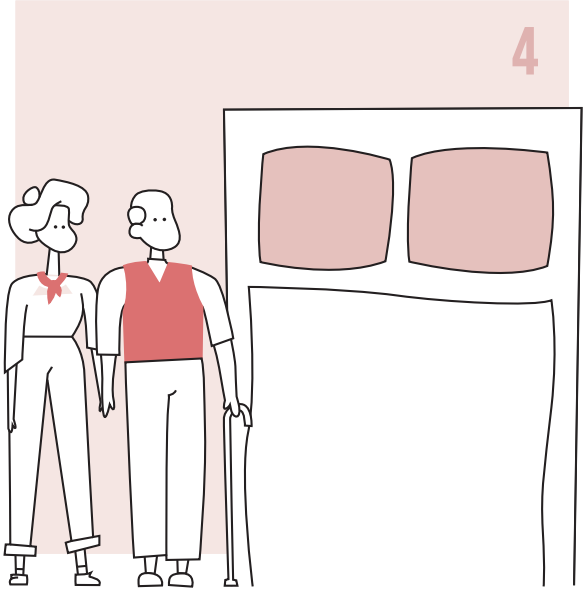
1. The welfare manager that is organizing the photobooth activity starts the preparation. A date is selected, the photobooth is requested along with the photographer and the promotional templates are filled in. The promotional templates can be found in Appendix 10.3. Promotional templates.



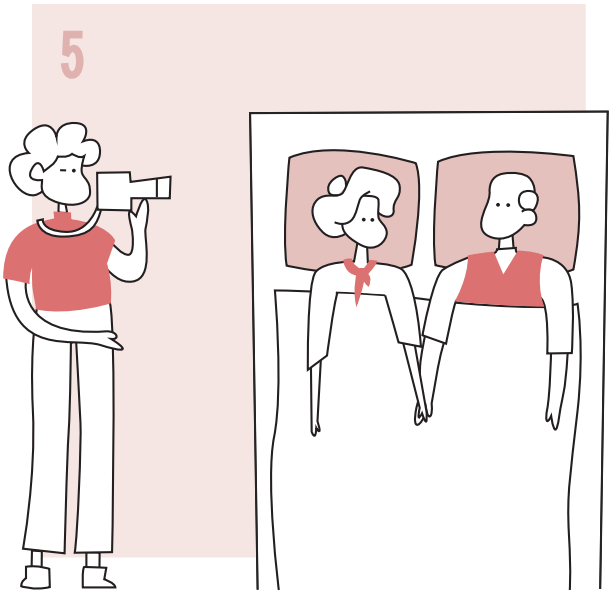
2. The promotional templates consist of posters and flyers, announcing the activity of the photobooth. With the right date filled in, the welfare manager scatters them all over the residency. The residents and visitors see them and get to know about the activity.



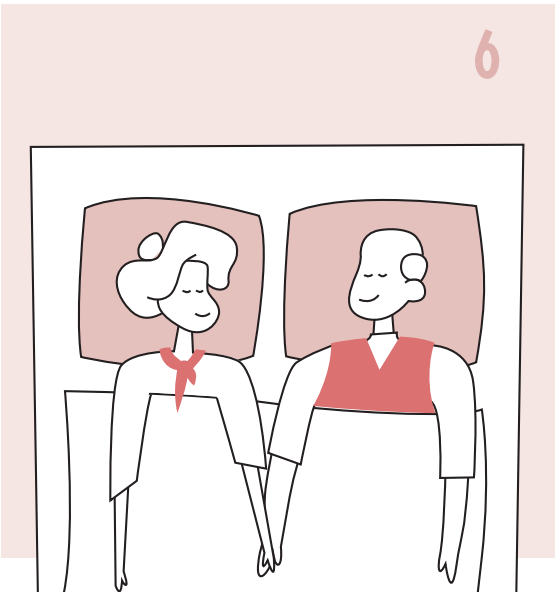
3. On the day of the photobooth activity, the welfare manger builds up the photobooth in a public and suitable spot. The photographer arrives and sets up his camera at the photobooth.



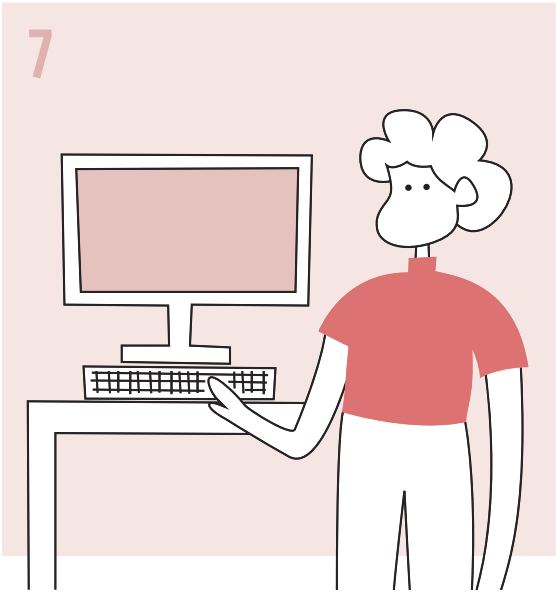
4. The photobooth is set up in a public area in the residency, so residents and visitors notice the booth when they walk by. Since the activity is also announced beforehand, residents can come to the public area to take a photo.



5. The photographer takes photos of the residents and visitors. With an active attitude, the photographer can also stimulate residents that are walking by to come into the photobooth. The welfare manager and other care givers can stimulate residents too.

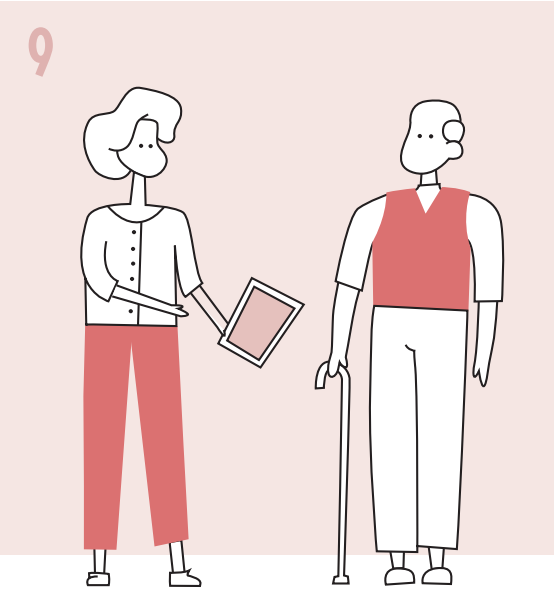


6. When residents and visitors are in the photobooth together to take a photo, they can experience a small moment of intimacy by cuddling up, holding each others hand or looking into each others eyes.

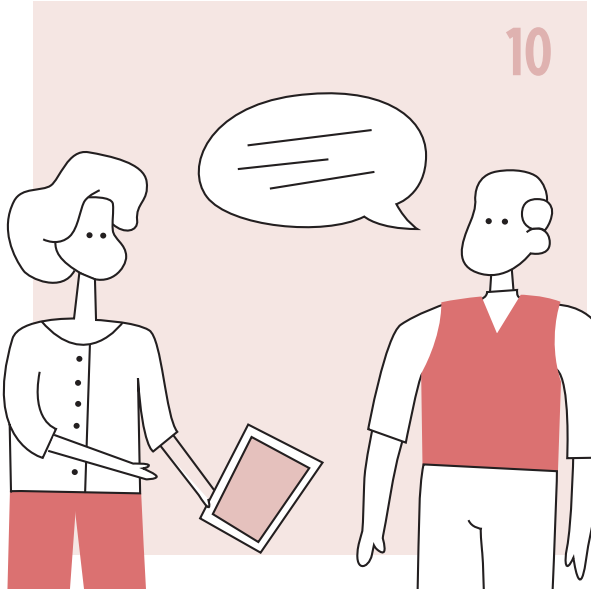


7. The photographer processes the photos that are taken in the booth by selecting and editing them. Subsequently, the selected photos are send to the elderly care residency.

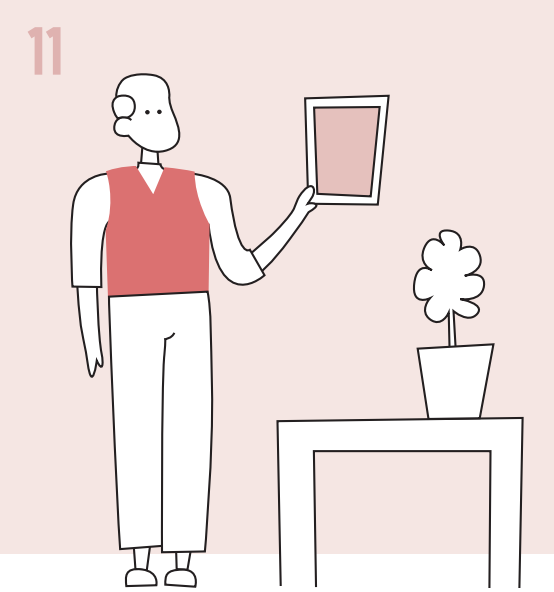
8. The welfare manager receives the photos from the photographer and prints them. Each photo can be placed into the simple booklet with questions and illustrations to start a conversation about intimacy with the resident.



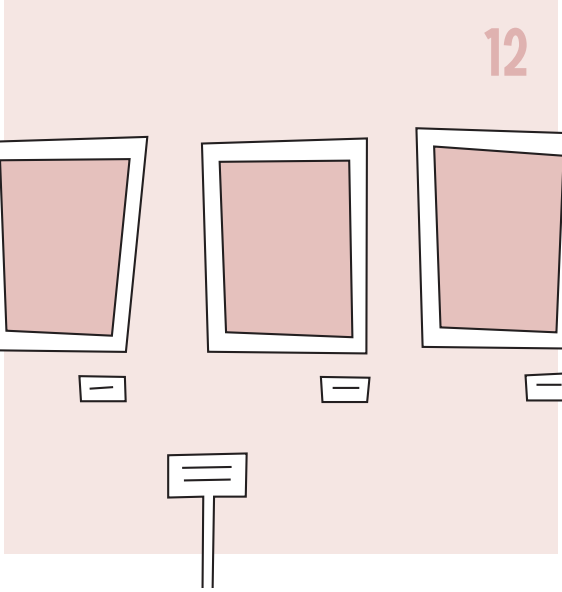
9. The welfare manager, or another caregiver, can bring the printed photo to the resident the day after the photobooth. If the welfare manager feels the desire or need to talk about intimacy with the resident, the photo and booklet can be used to start the conversation.



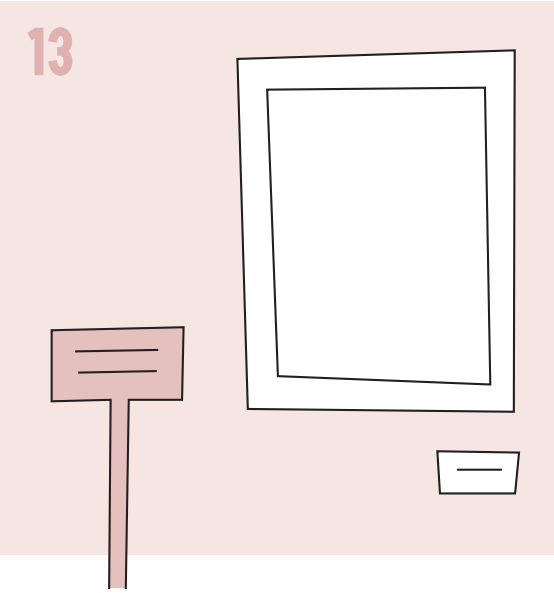
10. The booklet provides the welfare manager with questions and illustrations to start and support the conversation about intimacy. The photo and experience of the photobooth are a light-hearted introduction to the topic of intimacy.



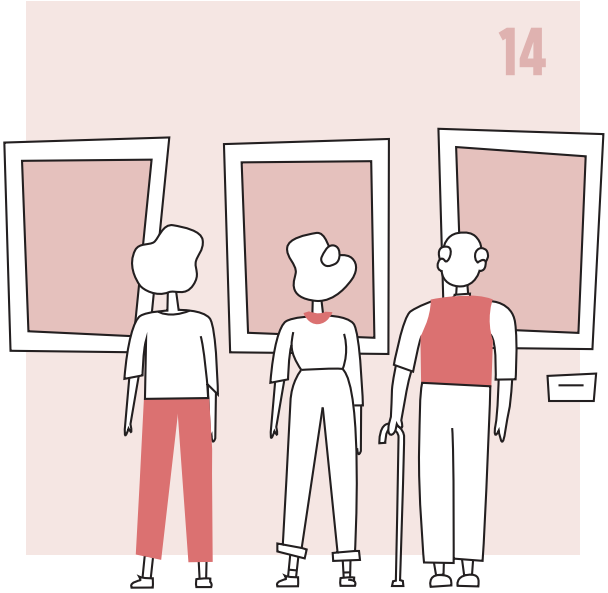
11. The resident can keep the photo and place it somewhere in the room as a personal memory. The photo is also a reminder, for both the resident and the care givers, that intimacy is an important part of life.



12. Additionally, a photo exposition is made from the photos from the photobooth. The photos of different residents are displayed in a large size. The photo exposition takes place in a public area of the residency.



13. At the photo exposition, there is an explanatory sign with a little story about the idea behind the photobooth. This story can explain the importance of giving positive intimacy a place in elderly care.



14. Residents, visitors and care givers can see the photos in the photo exposition when they walk past this public place. The photos spread awareness and hapinnes about intimacy.

6.4. IMPLEMENTATION

A Bed of Roses needs to be organized by each individual location of Pieter van Foreest, and therefore the idea has to be widely implemented over the complete organization. The implementation consists of a few steps, that are antecedent to the actual performance of the idea. The implementation is visualized in Figure 66.

The first step is to announce the existence of A Bed of Roses throughout the elderly care organization Pieter van Foreest. Announcements can be made by placing a short, introductory article in both the physical and digital newsletter of the organization, which additionally provides background information about intimacy.

After a first announcement, the final design is further introduced in staff meetings by displaying the project movie and optionally a short presentation by employees who are familiar with the project. Organization wide section meetings of psychologists or welfare managers are suitable occasions for these introductions, since these care givers are most likely to initiate and organize A Bed of Roses.

The welfare employees of each elderly care residency have a monthly meeting in which they discuss and plan the activities for the upcoming month. In this meeting, A Bed of Roses can be introduced and planned as well if the welfare managers desire to implement the idea. Preferably, the final design is planned in combination with another activity that involves visitors, such as dinner party.

Once the activity is planned, the welfare manager can start the preparation, as explained in the user scenario, two weeks prior to the moment of the photobooth. Once the photobooth is performed, the follow-up with residents takes place directly the day after so the memory of the residents is as vivid as possible. The photo exposition is created one week later to close off the activity.

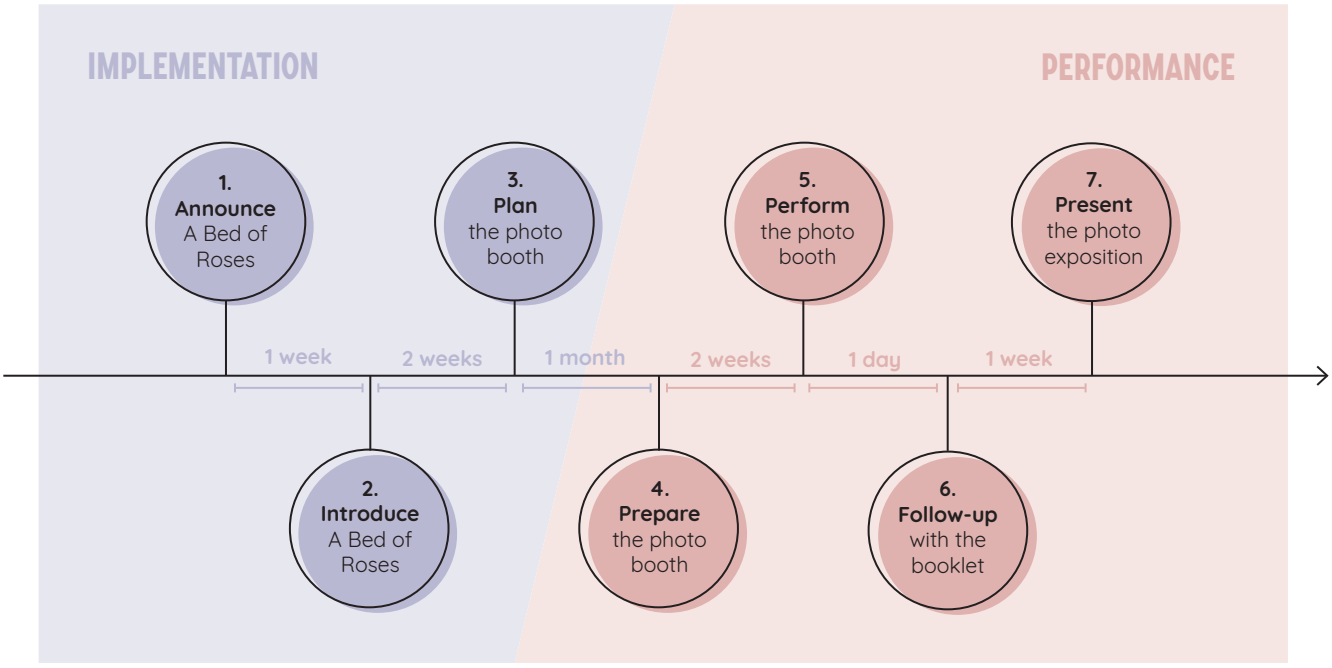


Figure 66. The seven steps for implementation of the final design A Bed of Roses.

6.5. VARIATIONS

The main element of A Bed of Roses is the intimate bed photobooth, which is a joyful activity to organize once, perhaps twice a year, in one elderly care residency. Once the photobooth has been performed, the novelty and surprise element will disappear for the residents. This does not mean that the idea ends there and disappears. The core of the concept can be poured into multiple appearances to extend the employability of the idea.

The key aspects, as presented in section 6.2, represent the core of the idea of A Bed of Roses. Maintaining these key aspects, variations of the idea can be made around this starting point. Different photobooths, using different moments and with different styles can be created to stimulate intimacy. In Figure 67 inspirational ideas for these photobooths are presented. The ideas presented in the figure are all moments inspired by interviews and creative sessions with the residents. These different moments and activities evoke the association of intimacy for residents.

Figure 67 shows the moment of looking at the starry sky on the top left, having a picknick in the park on the top right, sharing a romantic dinner on the left bottom and going on a trip by car on the bottom right. All these ideas are situations which link to intimacy but are out of reach for most residents. The photobooth of a bed is selected for the final design of A Bed of Roses, since that situation has the clearest link to intimacy. Therefore, the bed should remain the starting point, but can be supplemented with more variations. Alternating with more variations can also increase the range of residents to which the photobooth appeals.

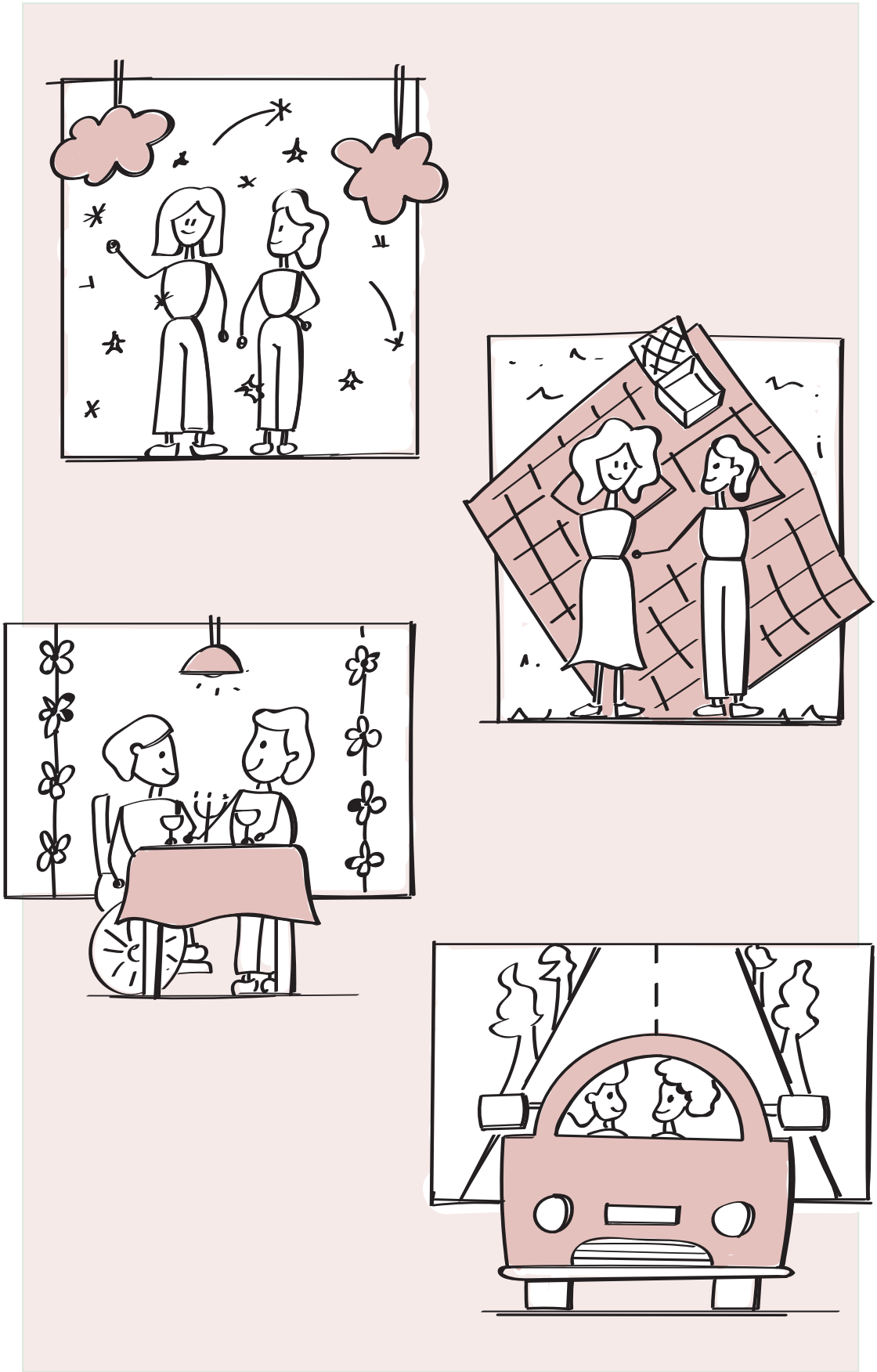


Figure 67. Drawings of four ideas for variations of the photobooth.

7. EVALUATE

The final design, as presented in the previous chapter, is evaluated with care givers and residents. The final design is tested by the goals which are defined in Chapter 4 Define. The evaluation in this chapter leads to conclusions and recommendations in the next chapter.

Chapter overview

7

7.1. PROCESS

The final design 'A Bed of Roses' is created with the aim to fulfill the design goal. In Chapter 4 Define the design goal is presented along with the corresponding requirements and desired interaction. In this chapter, the final design is evaluated on the basis of the goal, requirements and interaction.

The original idea of the bed photobooth is evaluated with residents and informal care givers during the explorative testing phase in Chapter 5 Explore. A short follow-up with the photographs and a small exposition of the photographs were also tested in that phase.

The complete final design is evaluated with 5 care givers using an explanatory document. This document was send to the care givers, analysed by them and afterwards discussed during an interview. Some care givers were fully involved throughout the project, others were only introduced to the project during the evaluation. All care givers are experts on the mental well-being of residents. Unfortunately, daily care givers were not able to participate in the final evaluation due to restricting circumstances. On the right page an overview is given of all the interviews and tests.

First reaction
First of all, the initial reaction to the final design is evaluated. During the testing, the reaction of residents and care givers is observed and shortly discussed. During the evaluative interviews, the reactions of the care givers is more extensively discussed.

Design goal
The design goal of this project is to create awareness about positive intimacy for residents in elderly care, and to provide care givers with a conversation starter, by designing a small moment of intimacy in public that is active and light-hearted. The following questions, which are based on this design goal, are answered in the evaluation;

- Does the final design create awareness amongst care givers about positive intimacy for residents in elderly care?
- Does the final design provide the care givers with a conversation starter?
- Does the final design result in a small intimate moment for residents that is active and light-hearted?

Requirements
The final design is subsequently tested on the previously defined requirements;
- Does the design reach as many people as possible?
- Are the residents able to interact with the design?
- Is the design clearly visible in a public space?
- Does the design have an understandable link to the topic of intimacy?
- Does the design represent the broadness of intimacy?
- Is the design accessible for residents with physical limitations?
- Can the design be experienced with a romantic partner, friend, family member and a care giver?

Desired interaction
The final design also aims to change the attitude of residents and care givers towards the topic of intimacy. It is evaluated whether the final design leads to the desired interaction based on these interaction qualities;

- Do the residents feel comfortable to express their needs and desires?
- Do the residents feel accepted by the people in their context?
- Do the residents feel stimulated to explore and experience intimacy?

- Do the care givers feel confident to start the conversation about intimacy?
- Do the care givers become more aware about the intimate desires and feelings of residents?
- Do the care givers act more supportive in letting residents experience intimacy?

Implementation
Lastly, the different steps of the implementation plan and the user scenario of the final design are evaluated with the care givers.

6

INTERVIEWS WITH CARE GIVERS FROM PIETER VAN FOREEST

One **psychologist** who has been fully involved throughout this project, and is experienced with research about intimacy and sexuality.

Two **psychologists** who did not know anything yet about this project before the evaluation.

One **welfare manager** who knew about this project and participated in two creative sessions with residents, but did not know about the final design.

One **spiritual care giver** who was involved in an investigating interview at the start of this project, but was not involved in this project any further.

One **social worker** who did not know anything yet about this project before the evaluation.

12

TESTS WITH RESIDENTS

In total twelve residents participated in the photobooth during the first test. A few informal care givers and daily care givers joined them in the experience. The first reaction of the residents and care givers are documented and used during the evaluation.

4

FOLLOW-UP CONVERSATIONS

The photographs made in the photobooth are brought to the residents. A short evaluative follow-up conversation took place with four residents. The partner of one resident was present as well during the conversation.

7.2. RESULTS

The results from the evaluation of the final design are split up in five parts. First, the initial reaction to the final design is presented. Afterwards the final design is tested to the design goal, the requirements and the desired interaction. Lastly, the implementation plan is evaluated.

First reaction
The first reaction of both the residents and the care givers is evaluated. The reaction of the residents is based on their expression during the tests with the photobooth and the follow-up conversations. The first reaction of the care givers is recorded during the interviews.

Residents
The residents did not know what to expect when they were asked to participate in the photobooth. Nevertheless, they were all curious to find out and just needed a little nudge. A few residents did not want to participate in the photobooth. The partner of one resident stood out since she was very excited to take a photo with her husband. When asked if she wanted to take a photo in the bed photobooth, she replied;

"I HAVE NOT LAID IN BED WITH MY HUSBAND FOR OVER THREE YEARS, SO I WOULD LIKE THAT."
– Partner of a resident

All participants of the photobooth expressed a highly positive reaction to the photobooth once they saw the bed or "laid" in the bed. Everyone was smiling and got actively involved in taking a photo.

The participants also reacted positively to the physical photograph that was handed to them during the follow-up. Some psychogeriatric residents did not remember the photobooth, but the majority of residents did. They enjoyed receiving the photograph as a memory of the moment.

Care givers
The care givers that passed by during the test with the photobooth noticed residents taking photos in photobooth. These care givers reacted positively to the idea and some mentioned they would like their own residents to join the photobooth as well;

"CAN THE PHOTOBOOTH ALSO COME TO MY DEPARTMENT? THE RESIDENTS WOULD LIKE THIS!"
– Daily care giver of a psychogeriatric department

The final photo result of the photobooth was immediately clear to the care givers that evaluated the idea with the document, since photos were part of the explanation. They therefore did not experience so much curiosity. Their first reaction to the final idea was nevertheless enthusiastically.

"FIRST OF ALL: WHAT A NICE IDEA! IT IS SIMPLE, REALISTIC, LIGHT-HEARTED AND AROUSES CURIOSITY."
– Spiritual care giver

The care givers believe the final design can function as a reminder for intimacy, since they often experience a lack of attention for intimacy.

"IT JUST MOVED ME. I FEEL LIKE AFFECTION, THAT REAL CONTACT, IS SOMETIMES MISSING. WE CAN GIVE THAT MORE ATTENTION IN ELDERLY CARE."
– Welfare manager

"THERE ARE MANY THINGS THAT CARE GIVERS HAVE TO CONSIDER. IT WOULD BE NICE IF WE CONSIDER INTIMACY MORE OFTEN AND MORE EASILY."
– Psychologist

The interviewed care givers have not experienced the photobooth during the test and expressed that they were curious about the reaction of residents;

"I AM CURIOUS TO SEE THE EFFECT OF THE IDEA AND HOW RESIDENTS WILL RESPOND."
– Psychologist

Design goal
The design goal of this project is presented in Chapter 4 Define. The final design consists of three main elements, which all together aim to fulfill this design goal. All these three elements primarily focus on one part of the design goal, as specified in Chapter 6 Design. It is evaluated if the final design fulfills the three parts of the design goal, based on the reactions of residents and care givers.

Does the final design create awareness amongst care givers about positive intimacy for residents in elderly care?
All the care givers believe that A Bed of Roses contributes to the awareness about positive intimacy for residents in elderly care. They explain that the final photographs primarily create this awareness, meaning that the printed photographs and the photo exposition are important parts of the final design.

"ONCE THE PHOTOS ARE THERE, I AM SURE IT WILL CONTRIBUTE TO THE AWARENESS."
– Psychologist

It is most important to provide the elderly care context with a constant reminder about the existence of intimacy in older age, to create awareness. Moreover, it would be great to show that it does not necessarily has to be a big deal, but that care givers can easily contribute to a small moment of intimacy.

"YES, THIS CREATES MORE AWARENESS ABOUT THE DIFFERENT TYPES OF INTIMACY, AND SHOWS THAT YOU CAN EASILY FACILITATE CERTAIN TYPES AS A CARE GIVER."
– Social worker

Does the final design provide the care givers with a conversation starter?
All the care givers also see how the booklet can function as a conversation starter and support the care givers in a conversation about intimacy with residents. They are especially enthusiastic about the personal photograph and illustrations that are part of the booklet.

"I BELIEVE THE BOOKLET IS A GOOD TOOL TO USE DURING A CONVERSATION."
– Psychologist

"THE PERSONAL PHOTOGRAPH OF THE RESIDENT CREATES A NICE STARTING POINT FOR THE CONVERSATION."
– Spiritual care giver

The care givers add that they do not feel like they personally need the booklet for a conversation. All the interviewed care givers are experienced with difficult and sensitive topics. Nevertheless, they would still enjoy using the booklet.

"I DO NOT NEED THE BOOKLET PER SE, BUT I WOULD DEFINITELY USE IT. THE ILLUSTRATIONS ARE HELPFUL."
– Psychologist

When asked whether their colleagues in daily care would use the booklet, they express some doubt. They believe it is very dependent on the personality of the care giver if they would actually conduct a conversation about intimacy. The booklet can be a support for the conversation, but care givers should first have an intrinsic motivation as well. This intrinsic motivation is also important since the questions in the booklet are only a starting point, the care givers still have to guide the conversation.

"SOME CARE GIVERS WOULD, OTHERS WOULD NOT HAVE A CONVERSATION ABOUT INTIMACY. THE BOOKLET DOES MAKE IT EASIER."
– Welfare manager

"IT IS IMPORTANT THAT CARE GIVERS UNDERSTAND THAT THEY HAVE TO COME UP WITH FOLLOW-UP QUESTIONS THEMSELVES."
– Spiritual care giver

During the follow-up conversations of the test with residents it was clear that the conversation easier to introduce with the personal photograph compared to no inducement. The residents opened up more easily about the topic of intimacy when specific questions were asked related to the photograph.

Does the final design result in a small intimate moment for residents that is active and light-hearted?
The moment that takes place in the photobooth is absolutely small since it takes little time. The bar to participate is low and almost all residents wanted to take a photo. The care givers that see the photos afterwards confirm that intimacy also definitely arose in the photobooth.

"THAT LOOK IN THEIR EYES - THEY ARE RADIATING. IT IS SO SWEET."
– Daily care giver

A few residents simply stand next to each other in the photobooth, but the majority of residents poses actively for the photo.

"WE ARE LYING IN BED; WE SHOULD LOOK EACH OTHER IN THE EYE LOVINGLY."
– Resident

Additionally, all residents experience the humorous element of the photobooth when they "lie" in bed, which makes the whole experience light-hearted. The partner who had not lain next to her husband for three years, experienced some more emotional but still enjoyed the experience of the photobooth.

Requirements
The requirements define seven sub goals of the design goal. The final design is evaluated on these sub goals in the test with the photobooth and in the interviews with care givers.

Does the design reach as many people as possible?
As many people as possible discover the final design when the final photographs of the residents are displayed in a public place and when people start telling each other about those photographs. Almost everyone who passed by the photographs in the test noticed them and stopped to have a closer look. Therefore, if the photographs are displayed in a place where many people pass by, many people will also notice the photographs.

It was noticeable during the test that care givers started telling each other about the photographs. After a few days, care givers from other residencies were familiar with the photographs. The spiritual caregiver also believes that the final design will start a buzz about intimacy in the elderly care residencies;

"IT WILL - IN MY ESTIMATION - START A CONVERSATION ABOUT INTIMACY. THE EXPOSITION IS NICE AND INVITING."
– Spiritual care giver

Are the residents able to interact with the design?
The residents actively pose for the photographs in the photobooth during the test. They do not have to participate actively but they have the possibility to interact with the other person and the photobooth.

Is the design clearly visible in a public space?
Everyone who passes by the photobooth notices the activity, since the photobooth has an outstanding size. During the test, many people looked around the corner to see what was going on. The final photographs also attracted the attention of passers-by. Thus, when the photobooth and the photo exposition are placed in a public space, they are clearly visible and noticeable.

Does the design have an understandable link to the topic of intimacy?
It is a challenge to create a clear link to the topic of intimacy, because it should not represent a link to sexuality but simultaneously should not look like just a fun experience. The interviewed care givers all considered the link of the final design to the topic of intimacy clear and understandable. Some care givers found that the photographs by themselves communicated the theme of intimacy evidently.

"THE LINK WITH INTIMACY IS CLEAR; YOU SEE SOMETHING BEAUTIFUL BETWEEN TWO PEOPLE IN THE PHOTOS."
– Psychologist

One care givers mentions that the link with intimacy is primarily clear from the accompanying text and the booklet.

"THE PHOTOBOOTH NEEDS SOME EXPLANATION. THE LINK WITH INTIMACY IS CLEAR IN COMBINATION WITH THE BOOKLET."
– Welfare manager

Does the design represent the broadness of intimacy?
Most care givers believe that the final design represents the broadness of intimacy. The photobooth shows an enjoyable moment and does not arouse the feeling of sexuality for them. The social worker adds that especially the illustrations in the booklet represent the broadness of intimacy.

"THE BROADNESS OF INTIMACY IS VERY CLEAR. THE ILLUSTRATIONS OF THE DIFFERENT TYPES OF INTIMACY SUPPORT THIS."
– Social worker

The residents did not experience a link to sexuality either but did experience other types of intimacy.

"IT WAS A COZY MOMENT WITH MY SON."
– Resident

Some care givers do express doubt about the link with sexuality that the bed shows.

"I AM NOT SURE IF IT SHOWS THE BROADNESS OF INTIMACY, IT MIGHT LINK TO SEXUALITY FOR SOME PEOPLE."
– Welfare manager

Is the design accessible for residents with physical limitations?
All residents, also residents in wheelchairs, can participate in the photobooth since the pillows are adjusting in heights. The residents also do not have to actively pose per se, which allows residents with all physical limitations to participate as well.

Can the design be experienced with a romantic partner, friend, family member and a care giver?
During the test, residents took photos with each other, romantic partners, family members, friends and care givers. All these relationships experienced different types of intimacy in the photobooth. The link to intimacy is the clearest when two romantic partners take a photograph, but everyone can participate. One care giver mentioned in the interview that she is doubtful about two men taking a photo together.

"I CAN IMAGINE THAT TWO MEN WOULD NOT WANT TO TAKE A PHOTO TOGETHER."
– Spiritual care giver

Interaction
The desired interaction defines the way that residents and care givers are supposed to feel and act as a result of the final design. There has been no thorough evaluation with the residents, but a first evaluation is possible based on their reaction during the test and the follow-up with the photographs.

A thorough evaluation is done with the care givers through interviews. They have also expressed how they believe their colleagues would react to the final design.

Do the residents feel comfortable to express their needs and desires?
During the follow-up conversations in the test it was easy to introduce the topic of intimacy with the personal photographs. However, these follow-up conversations were short and did not explore the needs and desires of the residents deeply. The care givers think that resident will open up about intimacy more easily when the photograph and the illustrations of the booklet are used.

"IT IS HARD TO PREDICT HOW RESIDENTS WILL REACT, BUT I THINK THE BOOKLET WILL HELP RESIDENTS TO TALK."
– Welfare manager

Do the residents feel accepted by the people in their context?
It has to show in the future whether resident feel more accepted by their context thanks to the final design. This aspect has not been discussed with residents during the follow-up. All residents did mention that they appreciated the attention for the topic of intimacy, since they had never spoken about intimacy before with care givers. The partner of a resident was not aware of the possibility to spend the night with her husband since she has never spoken about intimacy with the care givers.

"NO ONE HAS EVER ASKED IF I WOULD WANT TO SPEND THE NIGHT, I DID NOT KNOW I COULD."
– Partner of resident

Bringing up the topic of intimacy during conversations can already give residents and partners the feeling of acceptance and understanding from the care givers.

Do the residents feel stimulated to explore and experience intimacy?
It also has to show whether residents feel stimulated to explore intimacy after the photobooth. Residents and partners can feel stimulated to participate in the photobooth beforehand, according to the care givers. They believe that receiving a physical photograph afterwards as a souvenir can be a reason for residents and partners to participate in the photobooth.

"RECEIVING A SOUVENIR CAN BE A MOTIVATION TO GO. I CAN SEE THE PARTNERS FRAMING THE PHOTOS AND PLACING IT ON THE FIREPLACE AT HOME."
– Psychologist

The care givers think that the moment in the photobooth is a suitable first step in intimacy that can potentially be extended. They notice that current solutions, such as a connecting bed, is often too big of step for residents which is discouraging.

"THESE PHOTOS PROVE THAT A TINY, POSITIVE MOMENT OF INTIMACY IS VERY PLEASANT."
– Psychologist

Do the care givers feel confident to start the conversation about intimacy?
The care givers all agree that the booklet gives confidence to care givers to start a conversation about intimacy with residents.

"I AM SURE THE BOOKLET GIVES THEM CONFIDENCE; IT IS NICE TO HAVE SOMETHING TO HOLD ON TO DURING A CONVERSATION."
– Spiritual care giver

They say that it is reassuring that the conversation does not have to be long and heavy, but can be a short talk with the introductory questions. Care givers can control the conversation to their own preference.

"THE QUESTIONS ARE INVITING, AND THE CONVERSATION DOES NOT HAVE TO BE BIG."
– Psychologist

The interviewed care givers would like to initiate conversations about intimacy and do not feel nervous about that. They believe that some daily care givers do feel nervous and that it will take time for them to feel comfortable about it. The booklet, and the complete final design, can contribute to this.

"THE FIRST STEP IS DISCUSSING INTIMACY WITH COLLEAGUES, THE SECOND STEP IS WITH RESIDENTS."
– Psychologist

Do the care givers become more aware about the intimate desires and feelings of residents?
As discussed in the part about the design goal in this section, the final design definitely results in more awareness according to the care givers. Care givers will become more aware of intimacy in older age by constantly being reminded of the topic, and they can eventually get it in their system to consider intimacy in their daily work.

"WHEN THE TOPIC KEEPS COMING BACK, IT WILL GET INTO THEIR SYSTEM."
– Welfare manager

Do the care givers act more supportive in letting residents experience intimacy?
It has to show on the long term if care givers feel supportive towards the intimate needs and desires of residents. The care givers explain that one should already feel intrinsic motivation to support residents. One psychologist says that the final design can definitely contribute once there is already intrinsic motivation;

"SEEING SUCH A NICE MOMENT CAN STIMULATE CARE GIVERS TO CREATE THESE MOMENTS MORE OFTEN."
– Psychologist

Implementation
The aim of this project will only be reached when the final design is actually implemented and organized. The care givers were therefore asked about their opinion on the implementation plan. One psychologist immediately points out the challenge in the implementation;

"AWARENESS WILL COME ONCE THE PHOTOS ARE DISPLAYED. THE CHALLENGE IS SETTING UP THE PHOTOBOOTH."
– Psychologist

Organizing an activity is a lot to ask from daily care givers, since they are usually very busy. If the final design is organized in combination with another activity if will feel more accessible for the daily care givers. It will also be less likely that the photobooth is overlooked or forgotten if it is part of something bigger.

"I THINK IT WOULD BE BEST TO CONNECT THE PHOTOBOOTH WITH A THEMED WEEK OR MONTH. THAN THE EFFECT WILL BE BIGGER."
– Social worker

All care givers suggest that the welfare employees should organize the photobooth since they have organizational experience and often affinity with the topic of intimacy. The welfare manager agrees and expresses personal motivation to realize the idea;

"I THINK IT IS BEAUTIFUL. I WOULD WANT TO ORGANIZE IT."
– Welfare manager

There are divided opinions about the external photographer. Some care givers believe it is best to deploy an external photographer since this will keep the pressure from care givers and creates a professional setting.

"THE IDEAL SITUATION WOULD BE AN EXTERNAL PHOTOGRAPHER WHO IS GREAT WITH THE RESIDENTS AND A TECHNICAL EXPERT."
– Psychologist

Other care givers believe it would be best if the welfare employees, who are also the organizers of the activity, take the photographs, since they know the residents and have intrinsic motivation to make successful photographs.

"I THINK IT IS BETTER IF SOMEONE FROM WELFARE WOULD TAKE PHOTOS. ME AND MY COLLEAGUES WOULD ALL LOVE TO DO SO!"
– Welfare manager

8. DISCUSS

This closing chapter presents the conclusions and the importance of the entire project. The limitations of the research are discussed and recommendations for further research and development are made. Lastly, the personal reflection on the project is presented.

Chapter overview

8

8.1. CONCLUSION

The goal of this project is to create awareness about positive intimacy for residents in elderly care, and to provide care givers with a conversation starter, by designing a small moment of intimacy in public that is active and light-hearted. The final result of the project is A Bed of Roses, which is a design that consists of three coherent parts; an intimate photobooth, a booklet as conversation starter and a photo exposition.

The final design has been evaluated with residents and care givers. This evaluation has shown that the final design accomplished the set design goal.

The photobooth
The bed photobooth stimluates a small intimate moment for the residents. The experience does not feel forced due to the light-hearted and humorous aspect. The moment is open for the interpretation of the residents and they have the opportunity to experience intimacy in the way they want, and to the extent that makes them feel comfortable. Multiple kinds of intimate behavior are possible in the photobooth and residents can join the photobooth with any type of relationship. This increases the amount of residents that can have an intimate experience. By creating the right context, residents can fill in the intimate behavior and experience themselves. Participating in the photobooth is easy and holds a low treshold. The photobooth is accessible for all residents, also with physical limitations.

The booklet
The booklet is a suitable conversation tool for care givers to start a conversation with residents about intimacy. The introductory questions, the personal photograph and the illustrations give the care givers guidance and confidence during a conversation. The care givers should already feel intrinsic motivation to conduct such a conversation, but the personal photo and the booklet definitely stimulate them to initiate the conversation.

The photo exposition
The photo exposition with personal photographs of the residents in the photobooth creates awareness about positive intimacy in the entire elderly care context. The photographs can start a ripple effect about the existence and importance of intimacy in elderly care. The photos show the positive side of intimacy in a subtle and beautiful way. For some people the bed might be a reference to sexuality, but the photos represent the broadness of the topic of intimacy for most people when different residents are displayed with different relationships.

Implementation
The photobooth should be initiated and organized by elderly care employees who understand the importance of intimacy for elderly and who feel motivated to spread awarenss about this topic. The welfare managers are most likely the ones to organize the photobooth. The photobooth should be easy to organize and set up for care givers.

Concluding, A Bed of Roses creates awareness about positive intimacy in elderly care, provides care givers with a conversation starter and enables residents to experience a small moment of intimacy that is active and light-hearted. Both residents and care givers need a little nudge to participate in the photobooth, but they all react positively to the final design once they see either the photobooth or the resulting photographs. This project is hopefully a first step in the process of creating a place for intimacy in eldelry care.

8.2. IMPORTANCE

It is discussed in the conclusion how the final design of A Bed of Roses contributes to the design goal of this project. In this section, the importance of the effect of the final design is discussed.

Improving the quality of life
The residents experience a small moment of intimacy in the photobooth which is important since intimacy contributes to quality of life. Possibilities such as a connecting bed are often too big a step in intimacy, and true intimacy can seem unattainble for residents. Showing them that intimacy is still within their reach by letting them experience a small moment, can motivate them to explore intimacy further. The small moment in the photobooth by itself also contributes to their quality of life, since even a small intimate moment can create a strong feeling of connection and happiness for the residents. It is therefore important to give intimacy attention and give residents a little nudge towards a small moment of intimacy.

Uncover intimate needs and desires
Residents mostly react unethusiastically and reluctant towards a conversation about intimacy, since it is unusual for them to discuss this private topic. This is discouraging for care givers when they aim to initiate a conversation about intimacy. During the interviews with residents in this project, it turned out that many residents are willing to open up about their needs and desires once they feel comfortable and listened to in a conversation. Conversation tools were very important to obtain this situation. It turned out to correct that intimacy plays an important role in the lives of elderly, as was discovered in the literature research, but residents just do not express this improtance. Care givers could support residents in fulfilling some of their needs and desires, which contributes to the quality of life of the residents. Thus, to improve the lives of residents, it is important to see these conversation about intimacy through and convince residents to express their needs and desires.

Change the attitude of residents
Residents tend to express themselves more easily when care givers have an open-minded and positive attitude towards intimacy. Due to frequent confrontation with problematic intimate behavior, some care givers have a negative reaction to the topic of intimacy. The photo exposition shows the small intimate moments of residents, which can be a frequent confrontation with positive intimacy. This confrontation is important to make sure that the negative experiences do not overshadow the positive side of intimacy, and that the care givers generate a positive attitude towards intimacy.

Satisfaction for care givers
The fact that care givers reacted so enthusiastically and moved to the final design, affirms how much they care about the residents and how much they appreciate seeing the residents happy. It is definitely untrue that care givers do not want to support the residents with their intimate needs and desires, they are often just unaware of the fact that they could. The final design enables them to create small moments of happiness for the residents in new ways, which can give the care givers more satisfaction in their work.

In the end, elderly care is all about maintaining and improving the quality of life of residents. Intimacy is an important aspect of the quality of life, which was discovered during the literature research and confirmed during the resident interviews. By bringing a small moment of intimacy into the lives of residents, their quality of life will improve and care givers can support their quality of life in an even broader way. Integrating intimacy in the elderly care system will make the care giving more complete and improve the quality. Discussing intimacy with residents also fits in perfectly with the person-oriented work approach of Pieter van Foreest. Eventually, residents have to experience true intimacy by themselves, but elderly care can support them by creating a suitable context and stimulating intimate behavior.

8.3. LIMITATIONS

Some limitations are encountered during this research that might have influenced the outcomes of the project. These limitations are explained in this section.

The participating residents
All the residents that have been interviewed were willing to participate in the research about intimacy and opened up about this personal topic. There were also many residents who were unwilling to participate, who have logically not been interviewed. It could be that the residents who participated are generally more open-minded, and have different needs and desires when it comes to the experience and discussion of intimacy. All the insights about intimacy for elderly care residents in this project are based on the stories of the residents that participated, which means that some needs and desires of residents could still be unknown. Also the final design might therefore not appeal to all residents. Instead of forcing these residents, it should be understood and accepted that they reject talking about the topic of intimacy.

The care givers for evaluation
The evaluation of the final design is done with care givers who are all focussed on the mental well-being of the residents in their daily work. Generally, these care givers are more aware about and experienced with sensitive topics such as intimacy, compared to other care givers. It could be that they therefore also react more understanding and enthusiastically to this project and the final design.

Moment of testing
The photobooth idea is tested in an elderly care residency during the 'Month of Love', which was a special month that was filled with many different activities concerning love, such as a romantic dinner and a movie night. Because of this month, most residents were in a positive and lovingly mood and the vibe of the residency was different as well. The photobooth fitted in perfectly with the theme of the month and the mood of the residents. This situation could have influenced the reaction of the residents to the photobooth and it would be advisable to investigate the reaction of the residents when the photobooth is introduced in a different situation. Since the reaction to the photobooth was highly positive, it is also advised to organize the photobooth in combination with another activity to create a similar vibe as in the 'Month of Love'.

The influence of the photographer
The photographer of the photobooth can have a big impact on the reaction and experience of the residents and care givers. Since the attitude of the photographer from the tests might not be the same as the attitude of the external photographer in the final design, the reaction of the residents and care givers could also be different. It is important that the external photographer feels personally motivation to make the photobooth successful.

The individual interpretation
The line between sexuality and intimacy is very fine. However, clearly representing the topic of intimacy is also difficult without referencing to sexuality, as many intimate moments can be interpreted as just nice or romantic. The final design should show that it is about more than just a fun moment, but should not show a strong connection to sexuality. Since intimacy is different for every individual, it could be that the final design is interpreted differently by those individuals as well.

8.4. RECOMMENDATIONS

A first evaluation has been done with the final design of A Bed of Roses. Further evaluation is recommended to develop the design into an implementable product and to research the long term effects on intimacy in elderly care. Based on the completed evaluation, recommendations are created for the continuation of the project. Besides this, recommendations are made to research intimacy related topics.

Evaluate with daily care givers
The first recommendation is to evaluate the final design with daily care givers, such as nurses, to seek their reaction and opinion. To implement the final design, the daily care givers should also feel motivated to participate in the different steps of A Bed of Roses. During this evaluation, it is important to evaluate if the final design raises awareness amongst the daily care givers and whether they feel stimulated to start a conversation about intimacy with residents.

Validate the booklet
The interviewed care givers all agreed that they would like to initiate conversations about intimacy with residents and that the booklet would be a great tool to use during those conversations. From further testing it has to prove whether care givers will truly initiate those conversations, since they are often busy and new tools can easily fall into oblivion. The use of the booklet should also be validated during real usage by care givers with residents, to discover improvements.

Test the complete final design
Additionaly, the complete final design should be tested in different locations of Pieter van Foreest. It is difficult to predict the reaction of people, which is why testing in the real situation is highly recommended. The implementation plan and the short term results can be evaluated and later on the long term results as well.

Explore variations of the photobooth
It would be great to explore the suggested variations of the photobooth, as presented in section 6.5., to show the broadness of intimacy even more. Some doubts arose during the evaluation regarding the link to sexuality that the bed might express. However, during the tests from Chapter 5 it also appeared that some non-sexual, romantic moments might not have a strong enough link to intimacy. The aim would be to find the right balance between these two findings by exploring different photobooths.

Educate care givers about intimacy
Looking at the bigger picture, it would be a recommendation to give more attention to the education of care givers concerning intimacy in elderly care. Care givers often expressed the need for more information and guidance for situations in which they are confronted with intimacy. When more attention is given to the topic amongst care givers, they can learn how to deal with these intimate situations.

Research problematic behavior
This project is focused on the positive side of intimacy, which is often overlooked due to the encounter of problematic intimate behavior of residents. When care givers are more supported in handling and discussing these negative experiences, it might be easier for them to also see the positive sides of intimacy. The recommendation would be to give the negative experiences of care givers attention as well, just like this project aims to give the positive side of intimacy a place in elderly care.

Dive into the topic of sexuality
Intimacy is much broader than just sexuality, which is emphasized throughout this project. An important aspect of this project was to show this broadness and not put a focus on sexuality. However, sexuality by itself is also a very important topic and turned out to be important for many residents as well. Simultaneously, the taboo about sexuality amongst elderly is larger than the taboo about intimacy. It would therefore be interesting to dive into the topic of sexuality as well.

In short, the main recommendation would be to further evaluate this project by testing in elderly care residencies and by gaining the reactions of more care givers. Besides, the recommendation would be to explore the closely connected topics, such as problematic intimate behavior and sexuality, with more projects and research.

8.5. PERSONAL REFLECTION

After six month of hard work on this graduation project, it is time to look back and reflect. This section of the report is written from the first perspective since it is my personal reflection as a graduate student. In this section I would like to reflect on the topic of my graduation project, the process, the collaboration with the different stakeholders and the final result.

The topic
When I first heard about the idea of graduating on the topic of intimacy in elderly care, I was immediately triggered. After these six months I still think it is such an interesting topic and I am glad to have seized this opportunity. At the start of this project I did not know a lot about intimacy in elderly care and realized I had prejudices myself. I dove in and throughout the project I have continued to learn about intimacy and my personal attitude and opinion towards the topic kept developing as well.

It was very motivating to notice that not only my own eyes were opened, but that my research was eye-opening for many care givers as well. Not just my final design, but all the different activities of my project contributed to making a change. Even changing the awareness about intimacy in elderly care for one person felt rewarding, how small of a step that might be. Because of this project, I now realize how important intimacy is for our well-being, and I hope that this project can have the same effect on the elderly care context.

The process
Since this is an individual project, I had the opportunity to define and plan the process myself to a great extent. In the end I succeeded to conduct the project according to plan and complete the set goals. This is the reason I feel satisfied with the process overal.

Finding participants
However, I have also run into multiple challenges during this project, that have effected my process. A recurring challenge was the confrontation with the fact that intimacy remains a personal and sensitive topic. Where I grew more and more comfortable with talking about intimacy, I often encountered others who did not feel equally comfortable. It was difficult and time consuming to find residents who were willing to participate in the interviews. The negative and rejective reactions of residents were discouraging and sometimes felt like a sign that this project was not desired.

Looking back, I realize that this challenge just proves how hard it can be to talk about such a personal topic, for both residents and care givers. I believe that especially the generation of residents in elderly care is not used to opening up about personal topics like intimacy. Sometimes I felt like the difference in age between the residents and me worked as a disadvantage, but I figured out ways to turn this around.

In the end I have done interviews with many residents who have spoken to me about intimacy in such a candid, honest and sensitive manner. Those interviews were often heart-warming, sometimes emotional, and above all stimulating.

Throughout the project I encountered challenges in finding participants and planning activities, but thanks to the support of my coaches and all the care givers, I always managed to find a way.

Testing
Testing in elderly care residencies was a challenging because I concerns real, and sometimes vulnerable, people. In consultation with teammanagers I carefully selected the ideas, which took more time than I had hoped. I would have liked to test my ideas more elaborately but I also feel like I gained so many valuable insights with the tests that I have completed, that it has not limited my project.

Feedback
Since I was personally very deep into my project, it was sometimes hard to see the bigger picture. During the creative sessions with other designers, Muzus and Pieter van Foreest employees I learned how valuable it was to discuss and validate my project with people that were not directly involved in the project. Looking back I would have liked to do so earlier on in the project to evaluate my research findings.

Overall, the process was filled with challenges but also with many creative solutions that eventually made the process as rich as it is.

The collaboration
The collaboration with Muzus and Pieter van Foreest was a great support during this project. It took some time to figure out how to effectively communicate with everyone, since there were many people involved from different backgrounds. I very much enjoyed the flexibility to work where ever I wanted and the support from all the different parties involved. I learned how to deal with all the different perspectives and opinions along the way, and I believe that both me and the project benefitted from it.

The final result

Lastly, I would like to reflect on the final design of the project. Starting this project, I wanted to deliver a tangible final design what could truly be implemented in elderly care. Even though the focus was on the research during this project, I am happy I have managed to develop the complete concept of an activity, consisting of multiple tangible parts. There are absolutely aspects that require further research and development, but I am happy with the final design. Additionally, the reactions of care givers during the evaluation were very rewarding.

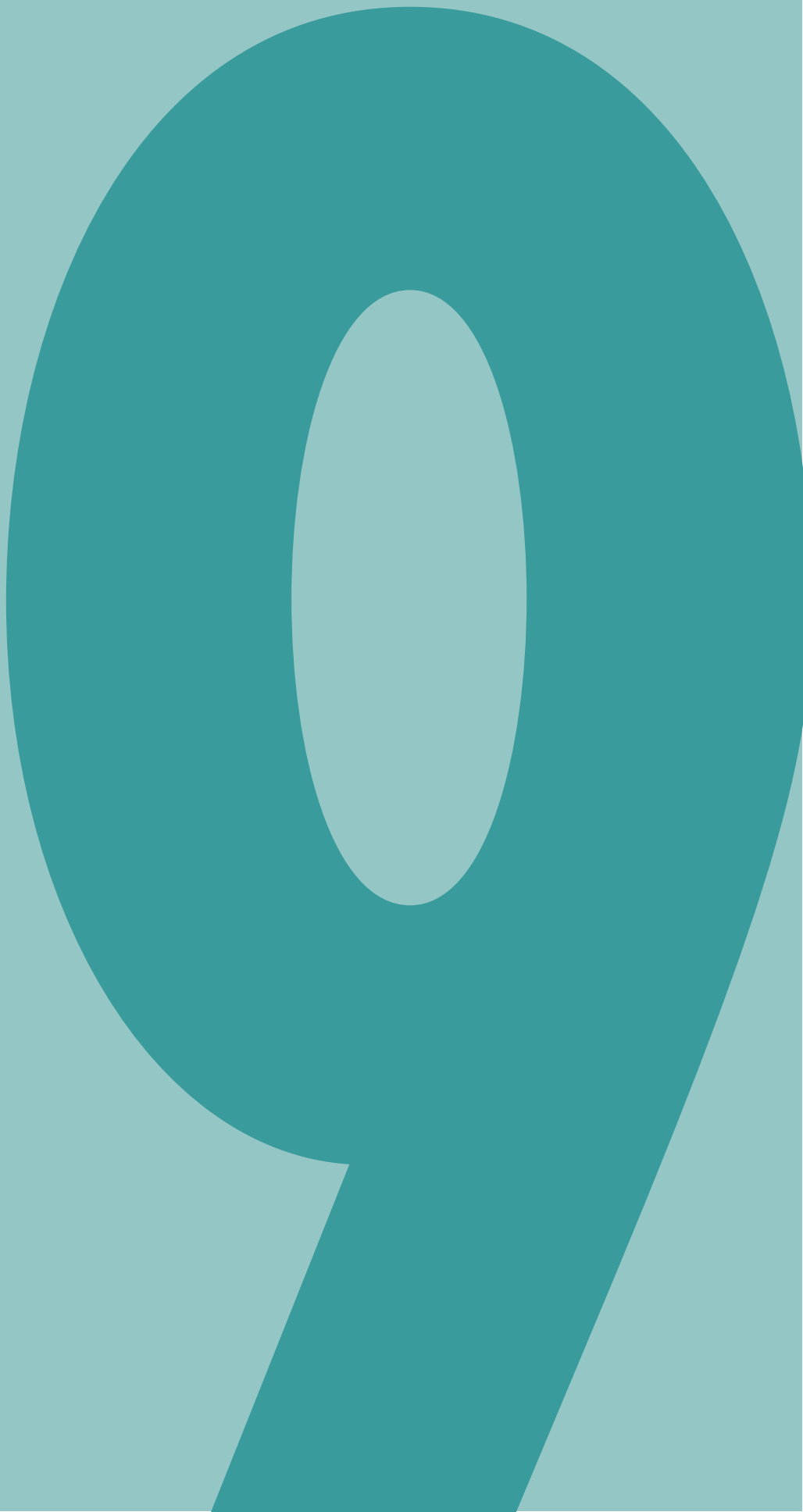
Concluding

It might sounds cliche, but I have learned a lot during this interesting and challenging graduation project as a person and as a designer. The topic, the context and the collaboration; I would not have wanted it any other way. I look back on a beautiful project and look forward to seeing what this project brings about in the future.

Figure 68. Personal experience of the photobooth.

9. BIBLIOGRAPHY

Chapter overview



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9.2. IMAGES

Figure 1. Fragment from the documentary 'O Amor Natural', about sexuality in older age. Retrieved from: https://www.npostart.nl/het-uur-van-de-wolf/26-09-2015/VPWON_1245203

Figure 5. Photograph of the project '100 years, age of beauty' by Arianne Clement. Retrieved from: https://www.lifegate.com/people/news/arianne-clement-photography-sexualty-old-age

Figure 10. Photograph of the series #heterdraad. Retrieved from: https://www.instagram.com/heterdraad/

Figure 12. Fragment from Hotel Sophie, episode 5 about elderly and sexuality. Retrieved from: https://www.bnnvara.nl/hotelsophie

Figure 23. A personal bedroom from a resident at 'De Hooge Tuinen' residency. Retrieved from: https://www.pietervanforeest.nl

Figure 24. The common living room at the somatic department on the ground floor of 'De Hooge Tuinen' residency. Retrieved from: https://www.pietervanforeest.com

Figure 26. Photo of the 'Garden room'; a recreational room at 'De Hooge Tuinen' residency. Photo made by Nathalie van Ruijven.

Figure 55. One of the pictures that is displayed behind the peak holes, from Arianne Clement. Retrieved from: https://www.lifegate.com/people/news/arianne-clement-photography-sexualty-old-age

Figure 62. Collage of the visual style of the final design A Bed of Roses, inspired by the collages made by residents. Photos all retrieved from: https://www.unsplash.com

Figure 65. A collage presenting the photo exposition as part of the final design A Bed of Roses. Photo used in collage retrieved from:https://www.unsplash.com

10. APPENDIX

Chapter overview

10

10.1. PROJECT BRIEF

DESIGN FOR our future

TU Delft

IDE Master Graduation

Project team, Procedural checks and personal Project brief

This document contains the agreements made between student and supervisory team about the student's IDE Master Graduation Project. This document can also include the involvement of an external organisation, however, it does not cover any legal employment relationship that the student and the client (might) agree upon. Next to that, this document facilitates the required procedural checks. In this document:

- The student defines the team, what he/she is going to do/deliver and how that will come about.
- SSC E&SA (Shared Service Center, Education & Student Affairs) reports on the student's registration and study progress.
- IDE's Board of Examiners confirms if the student is allowed to start the Graduation Project.

USE ADOBE ACROBAT READER TO OPEN, EDIT AND SAVE THIS DOCUMENT
Download again and reopen in case you tried other software, such as Preview (Mac) or a webbrowser.

STUDENT DATA & MASTER PROGRAMME
Save this form according the format "IDE Master Graduation Project Brief_familyname_firstname_studentnumber_dd-mm-yyyy".
Complete all blue parts of the form and include the approved Project Brief in your Graduation Report as Appendix 1 !

family name	Broere
initials	J
given name	Jiska
student number	4215354
street & no.	Choorstraat 40
zipcode & city	2611 JH
country	The Netherlands
phone	+31646696032
email	jiska.broere@hotmail.com

Your master programme (only select the options that apply to you):

IDE master(s): ( ) IPD ( ) DfI ( ) SPD

2nd non-IDE master:

individual programme: - - (give date of approval)

honours programme: ( ) Honours Programme Master

specialisation / annotation: ( ) Medisign ( ) Tech. in Sustainable Design ( ) Entrepeneurship

SUPERVISORY TEAM **
Fill in the required data for the supervisory team members. Please check the instructions on the right !

** chair	Marieke Sonneveld	dept. / section:	ID / AED
** mentor	Jeske Weerdesteijn	dept. / section:	ID / DCC
2nd mentor	Ad Blom		
organisation:	Pieter van Foreest		
city:	Delft	country:	The Netherlands

Chair should request the IDE Board of Examiners for approval of a non-IDE mentor, including a motivation letter and c.v..

Second mentor only applies in case the assignment is hosted by an external organisation.

comments (optional): The team members can give different views on the project. I selected them based on their experience with sensitive and social projects, and their familiarity in healthcare. This is valuable for the project.

Ensure a heterogeneous team. In case you wish to include two team members from the same section, please explain why.

TU Delft

Procedural Checks IDE Master Graduation

APPROVAL PROJECT BRIEF
To be filled in by the chair of the supervisory team.

chair Marieke Sonneveld date 18-12-19 signature

CHECK STUDY PROGRESS
To be filled in by the SSC E&SA (Shared Service Center, Education & Student Affairs), after approval of the project brief by the Ch
The study progress will be checked for a 2nd time just before the green light meeting.

Master electives no. of EC accumulated in total: 60 EC
Of which, taking the conditional requirements into account, can be part of the exam programme 30 EC
List of electives obtained before the third semester without approval of the BoE

(✓) YES all 1st year master courses passe
( ) NO missing 1st year master courses ar

name D. Schipper date 20-12-19 signature

FORMAL APPROVAL GRADUATION PROJECT
To be filled in by the Board of Examiners of IDE TU Delft. Please check the supervisory team and study the parts of the brief mark
Next, please assess, (dis)approve and sign this Project Brief, by using the criteria below.

- Does the project fit within the (MSc)-programme of the student (taking into account, if described, the activities done next to the obligatory MSc specific courses)?
- Is the level of the project challenging enough for a MSc IDE graduating student?
- Is the project expected to be doable within 100 working days/20 weeks ?
- Does the composition of the supervisory team comply with the regulations and fit the assignment ?

Content: (✓) APPROVED ( ) NOT APPROVED
Procedure: (✓) APPROVED ( ) NOT APPROVED

- project brief has been submitted late

comments

name Mv Magon date 21-1-2020 signature

Initials & Name J Broere Student number 4215354

Title of Project A place for intimacy in elderly care residencies

Personal Project Brief IDE Master Graduation

TU Delft

A place for intimacy in elderly care residencies project title

Please state the title of your graduation project (above) and the start date and end date (below). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

start date 14 - 10 - 2019 24 - 04 - 2020 end date

INTRODUCTION **

Please describe, the context of your project, and address the main stakeholders (interests) within this context in a concise yet complete manner. Who are involved, what do they value and how do they currently operate within the given context? What are the main opportunities and limitations you are currently aware of (cultural- and social norms, resources (time, money,...), technology, ...

This graduation project is about facilitating intimacy in healthcare facilities. The context is the Pieter van Foreest healthcare institution, based in and around Delft. Pieter van Foreest is a healthcare institution that offers care giving to elderly people, both at home and at the locations of the organization. They have both somatic and psycho geriatric departments - of which the latter one is the largest.

Intimacy is an important aspect of well-being during the entire human life (Robinson & Molzahn, 2007). It is important since the experience of intimacy has a serious influence on the social development and physical health of people (Moss, 1993). Intimacy is often mentioned in combination with sexuality - but these two shouldn't be confused. Sexuality can be one way to experience intimacy in a physical matter, but there is much more to intimacy then just sexuality (Delfos, 1994). Intimacy is rich and complex and can be experienced both physically and mentally in many different ways (Laurenceau, 1998).

Despite the prejudices about intimacy amongst elderly, intimacy is also important for elderly with poor health (Lindau et al., 2007). However, the environment of a health care residency has a big influence on the discussion and experience of intimacy (WHO, 2015). There are many factors that have an impact; the amound of time for the conversation, a lack of knowledge about the subject amongst employees, discomfort with the topic on all sides, a lack of privacy, the idea that intimacy is a taboo, or insecurities about how people respond to the topic (e.g., WHO, 2015; Rutgerslezing, 2014; Hajjar & Kamel, 2004; Roelofs, 2018).

Currently, there is not much awareness about the needs for intimacy amongst the clients of Pieter van Foreest. When talking about intimacy in health care, the focus is often on problematic and negative experiences concerning sexuality, and the need for positive and desired intimacy is underexposed. For the well being of the clients, it is interesting to look further than the encountered problems and explore how a desired experience of intimacy can be created for clients.

This creates the opportunity to dive into intimacy from the perspective of the clients and complement the ongoing research. Despite the known importance, intimacy is still a broad topic and poorly defined (Parks, 1996). Especially the client perspective in health care is greatly underexposed in research (Roelofs, 2018), even though it is such a personal subject. Through research with clients it can be defined what intimacy means for clients, how they experience intimacy in health care residencies and what they desire. This research can hereby contribute knowledge to the scientific field about intimacy amongst elderly.

space available for images / figures on next page

introduction (continued): space for images

image / figure 1: Impression of the Pieter van Foreest residencies.

image / figure 2:

PROBLEM DEFINITION **

Limit and define the scope and solution space of your project to one that is manageable within one Master Graduation Project of 3
EC (= 20 full time weeks or 100 working days) and clearly indicate what issue(s) should be addressed in this project.

In the current situation, it is unclear what the wants and needs of the somatic clients of Pieter van Foreest are when it comes to intimacy and how these wants and needs can be fulfilled within the given context. It is undefined what intimacy exactly is, what it means to all stakeholders involved and how intimacy cases should be dealt with.

The context of Pieter van Foreest consists of multiple residencies, each again with multiple areas and rooms; personal rooms, the hallways, living rooms and common rooms. It is not yet defined what the influence of different surroundings is on intimacy, and therefore all locations will be taken into account during this project.

Many stakeholders - clients, friends, family and care givers - can play an important role in the experience of intimacy. Since the topic of intimacy is not fully framed at this point, the roles of these stakeholders are also not yet defined. The focus during this project will be on the somatic clients in the healthcare residencies and the involvement of the other stakeholders will be determined in the course of the project.

During this project I will focus on clients from the somatic department at Pieter van Foreest. Involving clients with dementia adds another layer of complexity to the project and, due to the complexity of the topic of intimacy by itself, will make the whole project too complex within the given time. It will be more valuable to focus primarily on the intimacy and aim to fully grasp the essence of this topic for somatic clients. Researching and designing for the topic of intimacy amongst somatic clients lays a basis for further research and projects on the topic of intimacy for both somatic clients and clients with dementia.

ASSIGNMENT **

State in 2 or 3 sentences what you are going to research, design, create and / or generate, that will solve (part of) the issue(s) pointe
out in "problem definition". Then illustrate this assignment by indicating what kind of solution you expect and / or aim to deliver
instance: a product, a product-service combination, a strategy illustrated through product or product-service combination ideas, ...
case of a Specialisation and/or Annotation, make sure the assignment reflects this/these.

The goal is to explore solution directions that enable clients in elderly care to experience intimacy in a desirable way. Next I will develop a product and/or service in the most promising direction. The deliverable will be a concept that clients can use that stimulates intimacy. The concept is worked out detailed enough to test and validate with clients and elderly care staff.

Due to the broad and complex topic, the focus will be on the research part of the project. For this reason, the deliverable will not be a fully developed product but a concept that is worked out detailed enough to test and validate. With this deliverable I make the step between research and a design, and more understanding can be gained about possible solution directions for the topic of intimacy in health care.

To reach this goal I will firstly define what intimacy means and what types of intimacy there are. I will also define what the definition of intimacy is for the clients, and consequently research when, where and in what way they desire intimacy. To improve the experience of intimacy, I will design a solution and/or interventions that will fulfill the needs for intimacy for clients in a health care residency.

Initials & Name J Broere Student number 4215354

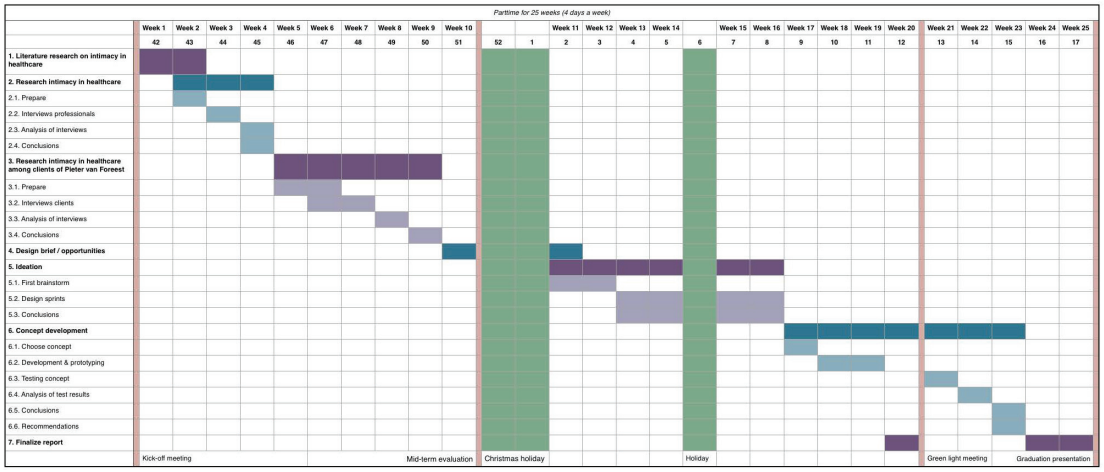
Title of Project A place for intimacy in elderly care residencies

PLANNING AND APPROACH **

Include a Gantt Chart (replace the example below - more examples can be found in Manual 2) that shows the different phases of yo project, deliverables you have in mind, meetings, and how you plan to spend your time. Please note that all activities should fit witl the given net time of 30 EC = 20 full time weeks or 100 working days, and your planning should include a kick-off meeting, mid-ter meeting, green light meeting and graduation ceremony. Illustrate your Gantt Chart by, for instance, explaining your approach, and please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any, for instance because of holidays or parallel activities.

start date 14 - 10 - 2019

24 - 04 - 2020 end date



Throughout the complete project I will be working for four days per week. I limited my work week to four days a week due to previous experiences where a high study load resulted in a lot of personal pressure. I want to make sure this doesn't reoccur by building in enough time for myself.

This leads to a project of 25 weeks, excluding 3 weeks of holidays in between, which are coherent with the holidays of the TU Delft.

I will use the Creative Problem Solving (CPS) approach for my project. CPS is a structured approach that aims to generate out-of-the-box ideas. Since intimacy in health care is quite a new topic and an open minded attitude is desirable, this approach fits well with the project. The first stage of this approach is to explore and clarify the challenge; I will do this by conducting interviews with professionals and using the context mapping approach with clients. The results can be gathered and presented in different ways, such as persona's, a customer journey or a storyboard. The most suiting method will be chosen during the project. In the second stage ideas will be generated; in my project I will use different brainstorming techniques in combination with co-creation sessions to get as many different ideas as possible. In the last stage these ideas will be translated into implementable solutions; I will use the Interaction Prototyping & Evaluation method to evaluate and develop ideas in the early stage of concept development. A final concept will be developed far enough to be tested and validated with all stakeholders.

MOTIVATION AND PERSONAL AMBITIONS

Explain why you set up this project, what competences you want to prove and learn. For example: acquired competences from you MSc programme, the elective semester, extra-curricular activities (etc.) and point out the competences you have yet developed. Optionally, describe which personal learning ambitions you explicitly want to address in this project, on top of the learning objecti of the Graduation Project, such as: in depth knowledge a on specific subject, broadening your competences or experimenting with specific tool and/or methodology, ... Stick to no more than five ambitions.

During previous projects I discovered my interest for health care projects due to their complex situations and the opportunity to improve the experience of the clients, visitors and employees. The topic of intimacy has my interest due to the fact that it is a topic that is not often and easily discussed, let alone designed for. I enjoy diving into topics that are unfamiliar to me, especially when those topics push the boundaries of my comfort zone.

My ambition is to gain in depth knowledge about intimacy and fully understand this topic within the health care context. I hope to prove my ability to research and design for health care and also hope to learn more about working in this context. I want to use and further develop my research skills, among which interviewing, context mapping, creative facilitation and research through design. I especially aim to learn how to use these skills for a project with such a topic as intimacy - sensitive to talk about and a new topic to me.

References:

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WHO. (2015). Brief Sexuality-Related Communication: recommendations for a public health approach. Retrieved from https://www.who.int/reproductivehealth/publications/sexual_health/en/

FINAL COMMENTS

In case your project brief needs final comments, please add any information you think is relevant.

10.2. THE BOOKLET

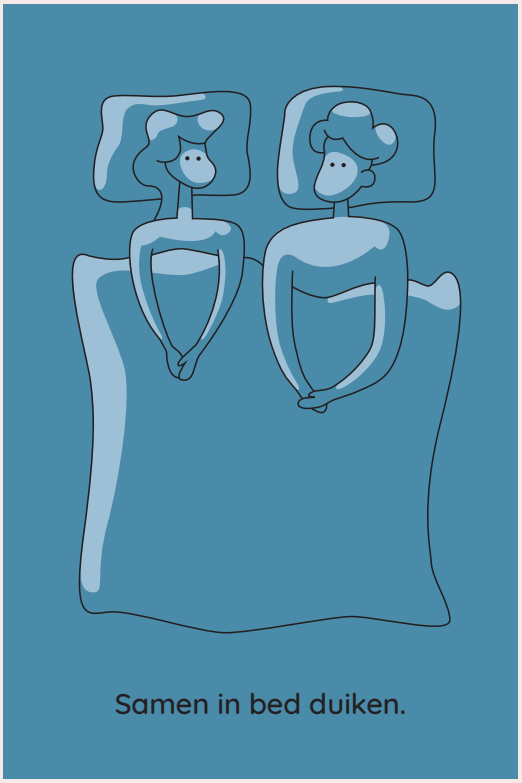
Uw fotomomentje

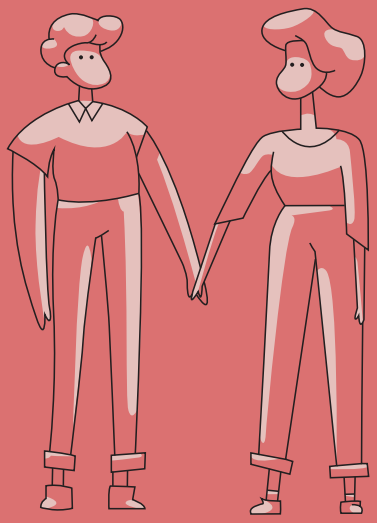
In dit boekje staat **uw foto**, samen met platen van kleine momentjes van **genegenheid** en **intimiteit.**

Hoe vond u het om **samen** op de foto te gaan?

Hoe vond u het **momentje** in bed?

Welke **plaat** in dit boekje spreekt u aan?





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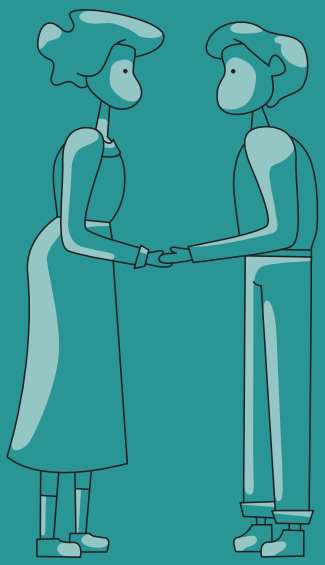
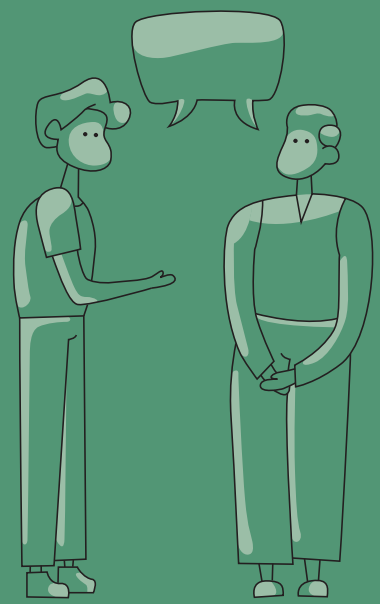
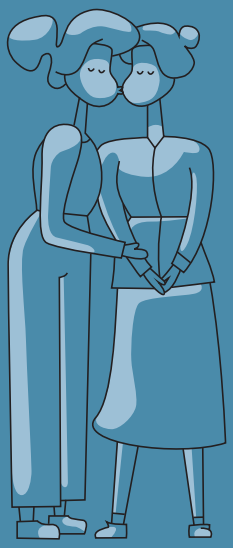


Elkaar diep in de ogen kijken.

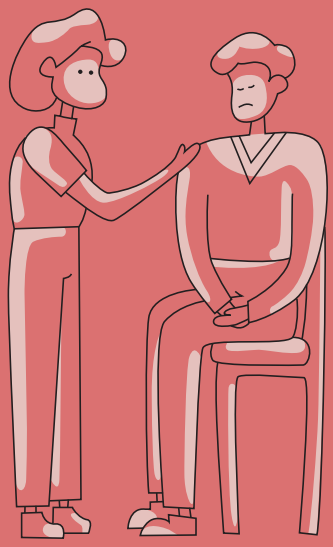


Een goed gesprek.

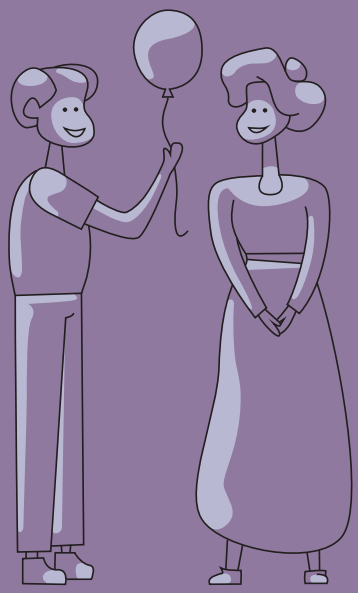
Een diner bij kaarslicht.



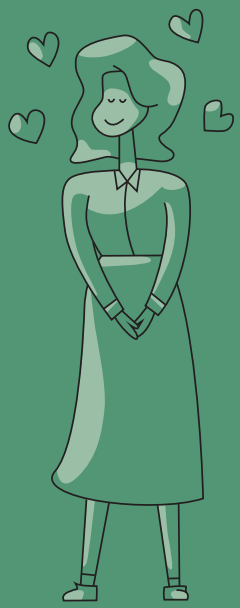
Een dikke zoen krijgen.



Bij iemand kunnen huilen.



Samen iets leuks doen.

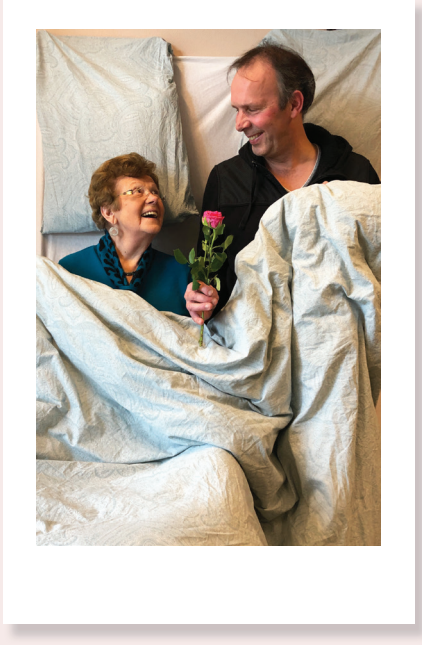


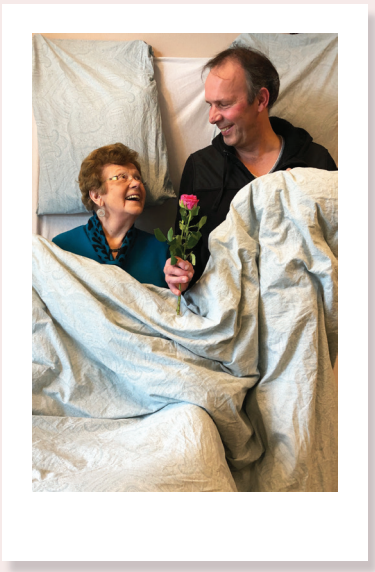
Je geliefd voelen.

10.3. PROMOTIONAL TEMPLATES

Komt u ook een foto laten maken?

Tijdens de markt op zaterdag 21 maart kunt u een foto laten maken in de fotohoek in de hal.
Kom langs en duik gezellig samen met uw partner, vriend, vriendin, buur, dochter of zoon in bed!

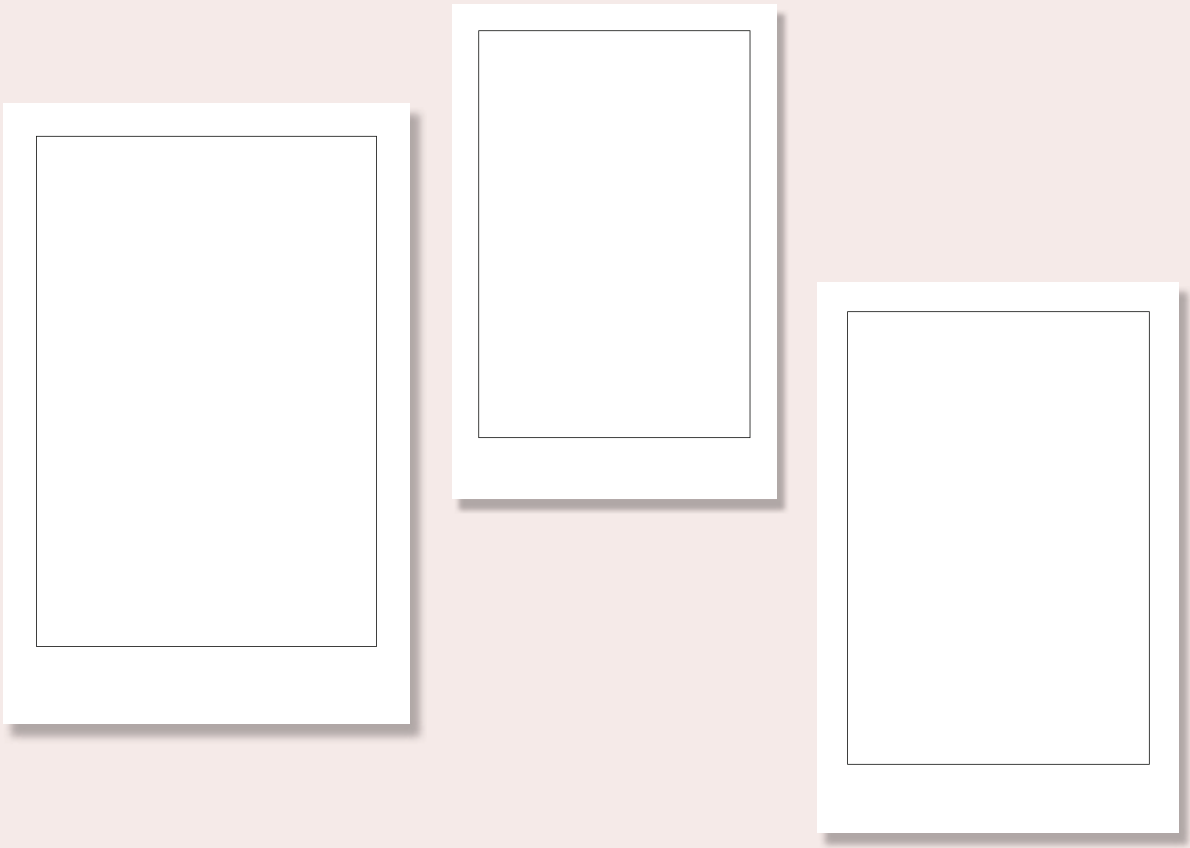




Wat? Een intieme fotohoek
Wanneer? Zaterdag 21 maart
Waar? In de hal van de Hooge Tuinen
Hoe laat? Tussen 11.00 en 16.00

Komt u ook een foto laten maken?

< schrijf hier een korte toelichting >

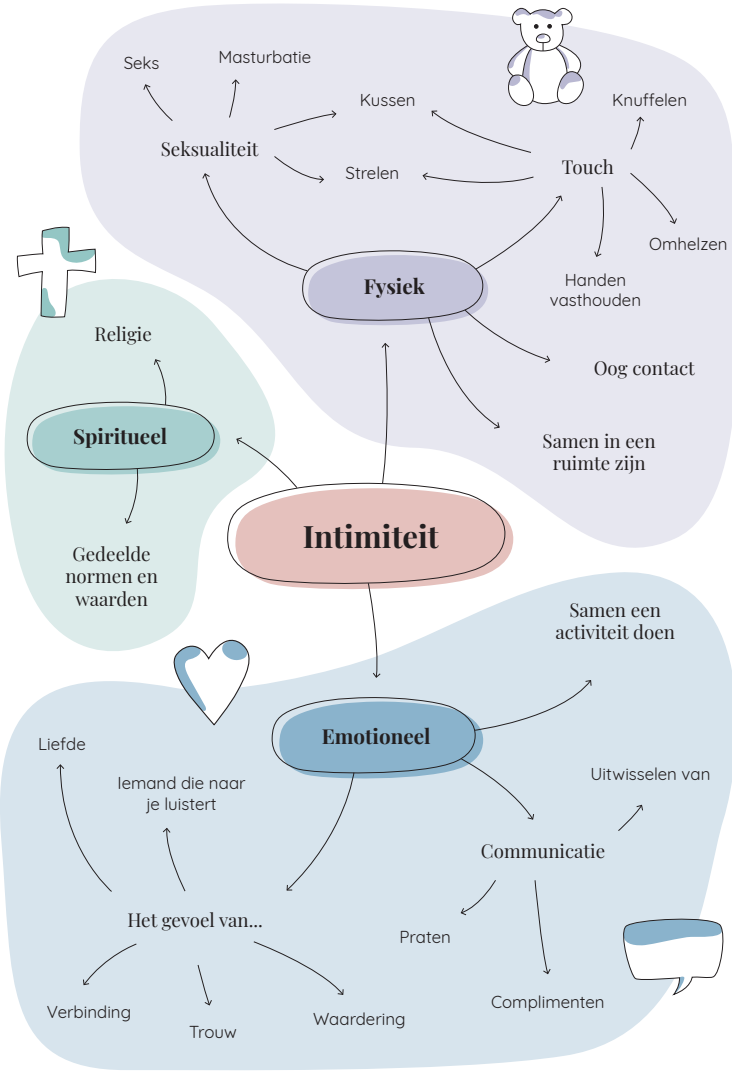


Wat? Een intieme fotohoek
Wanneer? < datum >
Waar? < locatie >
Hoe laat? < tijdstip >

10.4. EVALUATION DOCUMENT

Intimiteit in de ouderenzorg

Wat is intimiteit?
Intimiteit is een belangrijk onderdeel van ieder zijn leven, hoe oud je ook bent. Het draagt bij aan onze sociale contacten, fysieke gezondheid en kwaliteit van leven. Het is iets heel persoonlijks en iedereen ervaart het op zijn of haar eigen manier. Bij intimiteit wordt vaak gedacht aan seksualiteit, maar het is veel breder. Intimiteit kan op een fysieke, emotionele en spirituele manier ervaren worden (zie afbeelding rechts). Denk bijvoorbeeld aan elkaars hand vasthouden, een goed gesprek voeren of samen op de bank zitten. In de kern is intimiteit een moment tussen twee personen waarbij een wederzijds gevoel van verbondenheid ontstaat.



Hoe ontwikkelt intimiteit?
Intimiteit ontwikkelt zich gedurende het hele leven, en zo ook op oudere leeftijd. Persoonlijkheid, de lengte van een relatie, grote levensgebeurtenissen, fysieke beperkingen en medicatie gebruik zijn allemaal aspecten die invloed kunnen hebben op de interpretatie en ervaring van intimiteit. Intimiteit kan zeker veranderen in de loop van tijd, maar niet per definitie door de leeftijd zelf.

Wat voor plek heeft intimiteit in de zorg?
Het doel van zorgverleners in de ouderenzorg is de kwaliteit van leven van de bewoners behouden en verbeteren. Verschillende aspecten komen hierbij aan bod, maar intimiteit wordt vrijwel nooit besproken. Intimiteit is een persoonlijk, privaat en gevoelig onderwerp waardoor zorgverleners het vaak lastig vinden om erover te praten met bewoners. Ook zijn bewoners veelal van een generatie die niet gewend zijn om openlijk over privé onderwerpen te spreken. Daarnaast mist er bij veel zorgverleners ook bewustzijn en begrip over het bestaan en belang van intimiteit voor bewoners.

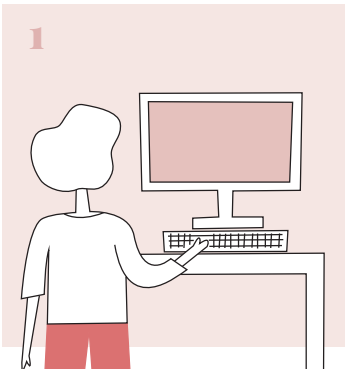
Wat is het doel van dit project?
Het doel van dit project is om een eerste stap te zetten in het creëren van bewustzijn over het bestaan en belang van positieve intimiteit van bewoners, en om zorgverleners een handvat te geven om een gesprek over intimiteit te beginnen met bewoners.

Het ontwerp doel is om **bewustzijn** te creëren over **positieve intimiteit** van **bewoners in de ouderenzorg,** en om **zorgverleners** een **aanleiding** te geven om een **gesprek te starten** over intimiteit, door **een klein moment** van intimiteit te ontwerpen in **het openbaar** dat **actief** en **luchtig** is.

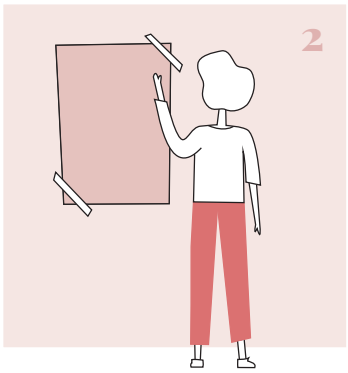
Het fotohoek idee

Het idee is opgebouwd rondom het idee van een fotohoek in het thema van intimiteit. Het idee bestaat uit drie hoofd stappen; de fotohoek van een bed, een nabespreek boekje en een fototentoonstelling. De fotohoek (zie foto hieronder) zorgt voor een toegankelijk, klein intiem momentje voor bewoners. Het nabespreek boekje geeft zorgverleners handvaten om een geprek over intimiteit te beginnen en de fototentoonstelling verspreid het bewustzijn zo ver mogelijk.

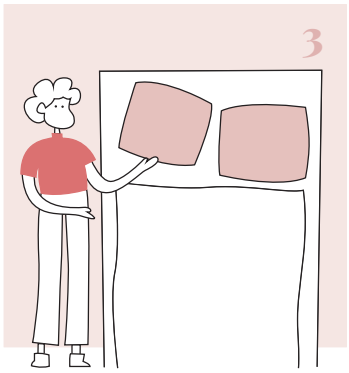
De verschillende stappen van het idee zijn uitgelegd in het scenario op de volgende twee pagina's. In dat verhaal zijn een bewoner, partner, zorgverlener en fotograaf te zien. Het mooie aan dit idee is echter dat de ervaring niet allen kan plaats kan vinden met een partner, maar ook met een familielid, vriend of zorgverlener. De fotograaf in het verhaal is een extern persoon, zodat diegene volledig kan focussen op de fotohoek. De zorgverlener kan elke zorgverlener zijn die gemotiveerd is om dit te organiseren.



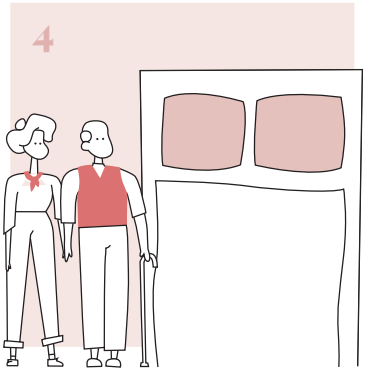
1. Een zorgverlener prikt een datum en organiseert een activiteit voor de fotohoek. De fotograaf wordt geboekt.



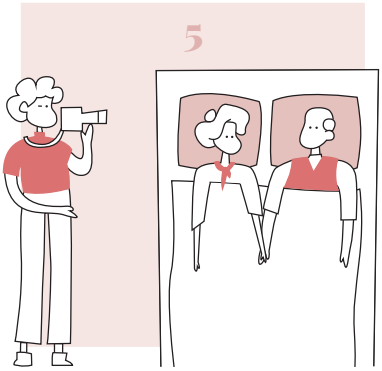
2. De zorgverlener hangt posters op en verspreidt flyers om de fotohoek aan te kondigen aan de bewoners en bezoekers.



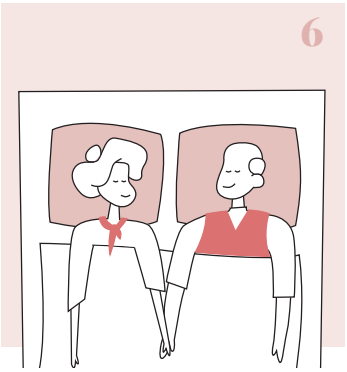
3. Op de dag van de fotohoek komt de fotograaf die de fotohoek opbouwt in de residentie van de ouderenzorg instelling.



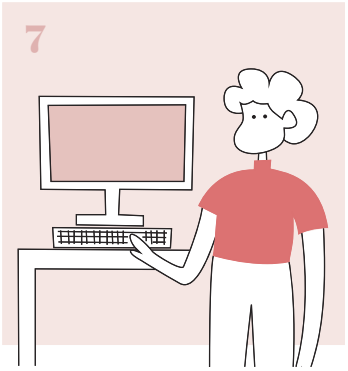
4. Bewoners en bezoekers zien de fotohoek als ze langs lopen, of hebben er over gehoord door de posters en flyers.



5. De fotograaf maakt een foto als mensen samen in de fotohoek komen. Zorgverleners kunnen bewoners ook stimuleren om op de foto te gaan.

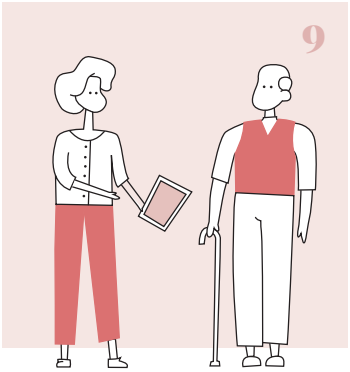


6. In de fotohoek beleven de bewoners een klein intiem momentje met de ander. Tegelijkertijd in de ervaring grappig en luchtig.

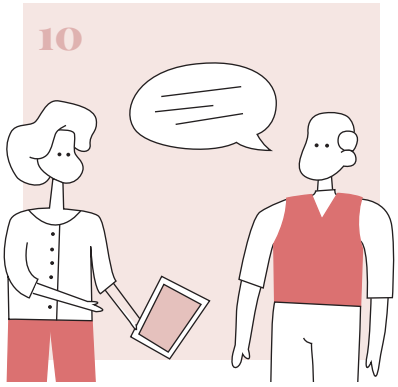


7. De fotograaf selecteert en bewerkt de foto's, en stuurt ze naar de zorginstelling.

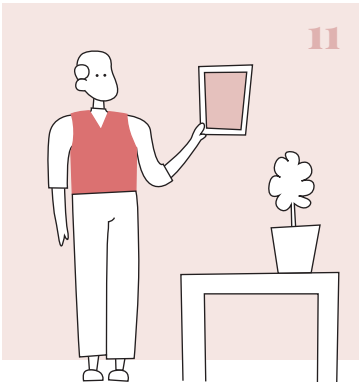
8. De zorgverlener ontvangt de foto's en print ze. Daarna kunnen de foto's worden geplaatst in het gesprekstarter boekje met illustraties.



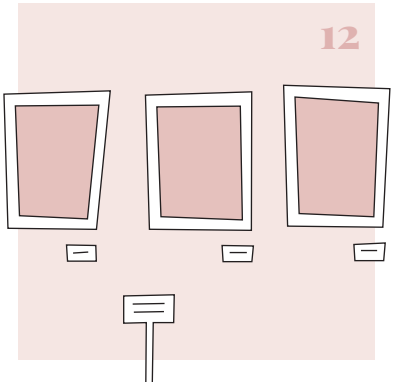
10. De zorgverlener brengt de foto naar de bewoner die op de foto staat.



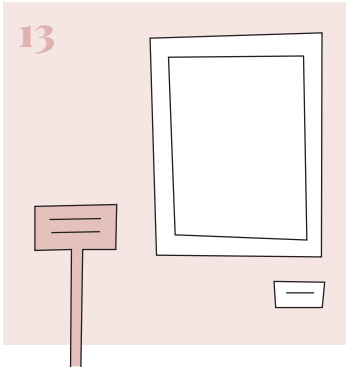
11. Met behulp van het boekje, de illustraties, en de foto, kan ze zorgverlener een gesprek starten over intimiteit.



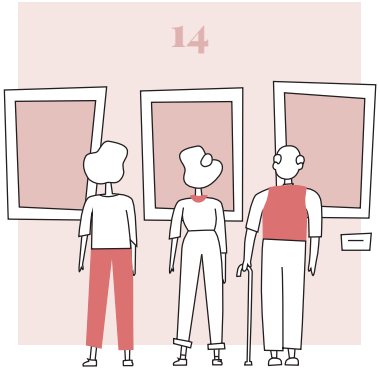
12. De bewoner kan de foto ophangen of bewaren als herinnering aan het moment.



13. Hiernaast wordt er ook een expositie gemaakt in de hal van de residentie, met alle gemaakte foto's.



14. Bij de expositie staat een bordje met een uitleg over het project en het belang van intimiteit om de boodschap te verspreiden.



15. De expositie geeft intimiteit een plek in de ouderenzorg. Bewoners, bezoekers en zorgverleners kunnen de foto's bewonderen en bewust worden van intimiteit.

Het nabespreek boekje
Het boekje heeft een eenvoudige vormgeving en bestaat uit een korte teskt op de voorzijde, ruimte voor de foto van de bewoner en meerdere illustraties met voorbeelden van genegenheid en intimiteit. De tekst op de voorzijde dient als voorbeeld voor zorgverleners om het gesprek over intimiteit te openen. Verder kan de zorgverlener gebruik maken van de foto en illustraties om verder een persoonlijke invulling te geven aan het gesprek. Op deze en de volgende pagina's zijn de bladzijdes van het boekje te zien.

Vragen
Voor de evaluatie van dit idee ben ik benieuwd naar uw mening over het onderwerp intimiteit, het gepresenteerde idee en de implementatie hiervan. Hieronder enkele vragen voor de evaluatie;

Intimiteit
- Is de uitleg over intimiteit duidelijk?
- Kunt u zich vinden in de tekst over intimiteit?
- Gaat uw in uw dagelijkse werkzaamheden bewust om met intimiteit?
- Merkt u wel eens een gebrek aan bewustzijn over positieve intimiteit van bewoners?

Het idee
- Is de uitleg over het idee duidelijk?
- Wat is uw eerste reactie op het idee?
- Hoe denkt u dat bewoners reageren op het idee?
- Hoe denkt u dat zorgverleners reageren op het idee?
- Zou u, of een collega, gemotiveerd zijn om dit idee uit te voeren?
- Denkt u dat het idee leidt tot meer bewustzijn over positieve intimiteit?
- Komt de positieve kant van intimiteit naar voren?
- Laat het idee zien dat intimiteit breed is, en niet enkel over seksualiteit gaat?
- Is de link met intimiteit duidelijk?

De fotohoek
- Denkt u dat het goed is als er een externe fotograaf bij de fotohoek staat? Of zouden de foto's beter door een zorgverlener gemaakt kunnen worden?
- Op welk moment zou de fotohoek plaats kunnen vinden?
- Wie zou de fotohoek het best kunnen organiseren?
- Zouden zorgverleners gemotiveerd zijn om bewoners te stimuleren om mee te doen met de fotohoek?

Het nabespreek boekje
- Zou u zelf het nabespreek boekje willen gebruiken in een gesprek met een bewoner?
- Wat vindt u van de tekst op het boekje?
- Wat vindt u van de illustraties in het boekje?
- Zou het boekje zorgverleners meer vertrouwen kunnen geven om over intimiteit te praten met bewoners?
- Zouden zorgverleners motivatie hebben om het na te bespreken naar aanleiding van het fotomoment?

Overig
- Heeft u zelf verder nog opmerkingen en/of vragen over het project en het idee?

Bedankt!