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AR3A160 Lecture Series Research Methods

DESIGNING WITH DEMENTIA

The social practice of self design in the design with and for dementia and care

I INTRODUCTION

The lecture series of research methods focuses on the architectural design process and design practice. The architectural design process is a process where designers strive for the best design that suits the needs of the user and owner of the building. We distinguish two methods in the design approach of architecture. As first the top down method in which the designer makes a design that in his eyes suits the needs of the user. But De Carlo mentioned in his paper that the architect was placed outside society due to his approach as a result of his power in the design process. The designer need to change in a new role as facilitator [2]. As second the bottom up approach, which we try to use in the current design studio, which reacts on statements like the one of De Carlo and tries to include the user in the design process to form a hybrid interaction between designer and user. Where we try to work with a bottom up approach we still use the analytical methods we used as a planner in the beginning of the architectural practice. In this process we saw the architect as the master builder.[1] In the new bottom up method the standard analytical practices are still used but architects try to translate them to a bottom up practice. The course confronted me with this outdated and flat research approach we used during the bachelor of architecture.

In the lectures of research methods [12] a bottom up approach is linked to new types of research. These new research methods are based on the human position, time and event. In this lecture series a critical but interesting view is laid on the different methodologies in the design process. We integrated a few of these methodologies in the design process of the master studio: "*Dutch dwelling Design for Care".* In this studio we are looking for a new approach on the housing of elderly and in specific elderly with dementia or with a need for intensive care. Not only the architectural practice but also the housing of elderly has not changed in the last decennia. The situation we are facing now is the increasing of the average age [6] due to the increasing well-being and an increasing economy. [10] The increase of the average age is asking for new architecture in which we find solutions to include elderly in the society and to counter the disadvantages of aging up. These disadvantages are for example the need for more care and the potential problem of isolation and depression.

In the current architectural practice we try to empathize with the target groups for which we design. But in case of elderly and in particular elderly with dementia it's complicated to empathize. Dementia causes besides the loss of memory a loss of speech, sight and hearing. For this reason new methods of research are needed to make a new design in which you can use the elderly as the designer.

In the lectures, new types of methodologies are given to reshape the design process. A method which took my interest is the social practice and the self design. For this reason the question in my design studio is: How to reshape the architectural practice to make it possible to integrate the elderly into the design process?

Footnotes:

1: Asselbergs, T. (2017). The New Architect: Integrating innovation into architectural assignments: in search of a new role. *Delft Lectures on Architectural design (p. 293-311)*. Delft: TuDelftpress.

2: Avermaete, T. (2010). The architect and the Public: Empowering the People in Postwar Architecture Culture. *Hunch(14),48-63.*

6: Garssen, J. (2011). Demografie van de vergrijzing. *Bevolkingstreds, 2^e kwartaal 2011* retrieved from: https://www.cbs.nl/nr/rdonlyres/d7d8f678... /2011demografievandevergrijzingart.pdf

10: Lim, W. S., Van der Eerden, M. M., Laing, R., Boersma, W. G., Karalus, N., Town, G. I., Lewis,S., Macfarlane, J. T. (2003). Defining community acquired pneumonia severity on presentation to hospital: an international derivation and validation study. *Thorax, 58*(5), 377-382.

12: Research Methods. (2018). AR3A160 Lectures Series Research methods. Retrieved from: https://brightspace.tudelft.nl/d2l/le/content/124943/Home

II RESEARCH

The research of the master studio "Design for care" is build around fieldwork in and around elderly homes. During a week of fieldwork in an elderly home, we tried to become part of this elderly community by joining the activities and observing the daily routines. One of the main reasons to choose for a bottom up and a social practice approach is our unawareness of this group in society. As architects we cannot or only partly can empathize with the target group of elderly. Besides that is designing for elderly with dementia a relative new field in architecture. Due to the new implementation of this field in architecture there are only a few experiments of designs for elderly with dementia. The disadvantage of these experiments is that they focus on old approaches of elderly housing. They are designed for healthy elderly or elderly with only physical care. Dementia is a topic which made his appearance in the last decennia. New developments in the care and cure of elderly increased the average age of elderly which indirectly increase the amount of dementia patients as a natural process. [4] To get grip on the design process as much knowledge, insights and awareness is needed which we already collected for other target groups.

As described before, the research method of social practice is a key element in the research during the master studio of design for care. Social practice can be divided in the terms practice and sociality. Practicality in a scientific way can be described as data collection and data analyses. [3] Sociality is related to anthropology which can be determined as: the science of man in society. Sociality does not rely on space itself but on the inhabitation of space represented by culture, economics, cognition, and perception. [8] The social/anthropological approach differs from that of architecture. In most architecture space stands on itself and is not in the core formed around the coöperation between space and culture. [8] The main reason for using the social practice is to find reality. Finding reality can, out of the view of ontology, be described in external and internal reality. External reality is formed out of people's believes and internal reality is formed by people's own awareness independent of the external reality. [13] When an external reality lacks, in this case the understanding of elderly, designers have to rely on their internal reality. Forming an internal reality about target groups is linked to the social aspect and anthropology and for that reason depends on fieldwork. [8]

When looking at social practices John Turner divides the social practice in three elements: the freedom of self-selection, the freedom to shaping your own environment and the freedom of using your own resources. [14] Having access over all three of these elements is the maximum form of the social practice. In this view the designer and the user are not two different coöperating parties but one and the same person, and for that reason the highest form of the bottom up approach in which the wishes and needs of the user are the central point of the design. Combining this statement with elderly, dementia and the unawareness of architecture within the target group is creating the paradox of the design studio. You need the elderly to design but at the same time they are incapable of designing.

Footnotes:

3: Babbie, E. R. (1998). *The practice of social research* (Vol. 112). Belmont, CA: Wadsworth publishing company.

4: Corrada, M. M., Brookmeyer, R., Paganini-Hill, A., Berlau, D., & Kawas, C. H. (2010). Dementia incidence continues to increase with age in the oldest old: the 90+ study. *Annals of neurology*, *67*(1), 114-121.

8: I Llopart, B. S. (2000). Antropology and architecture. Appropiation of living space. *Temes de disseny*, (16), 90-95.

13: Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2013). *Qualitative research practice: A guide for social science students and researchers*. California, Sage.

14: Turner, J. (1968). *The squatter settlement: an architecture that works. Architecture of Democracy, architectural Design, 357-360.*

III DICUSSION

The social practice is a developing design tool in housing development. Both the private housing sector and the Collective Private Commissioning (CPC) sector are examples of where this practice is used. In these forms of social practice the future users play an active role in the design process of the architect. The coöperation combined with the principal of fieldwork forms a connected interaction in which the designer strives for empathizing with the user and helps the user to organize the design.

Stocking describes fieldwork as the core of anthropology: "methodological value". [7] The value of a research depends on the knowledge of fieldwork. The problem we are facing is that ethnography and external realities are describing the world and the architectural environment instead of the internal reality and the fieldwork of anthropology. [7] Architecture is based on ethnography and tries to reflect on data out of locations, populations and groups. Looking with the ethnographic view on projects will give data in the form of numbers without social or personal values. For this reason lots of target groups are describes as age groups or by family sizes.

Where the ethnographic view handles out of a top-down approach, the anthology handles out of a bottom-up approach. The bottom up approach does not focus on numbers but mainly on the personal value and physical awareness.

One of the current situations in which fieldwork meets the social practice of self design is the reinvented practice of the design ateliers which are better known under the name charrette studios. [11] Charrette studios go back to the beginning of the 19th century, but found their reinterpretation in the design process during the last decennia. [11] These studios orient on a solution based research and collaboration which involves cross sections between designers and community stakeholders. Participation of stakeholders and residents can lead to an interest in their own living environment. Participation leads besides interests to opportunities to obtain information about the use of space by them who actually inhabit it. [11] On this level architecture and design meet anthropology again and divides itself from ethnography. The principal of a design charrette is a continuous reflection of stakeholders who build, use, sell or approve the design. The principal does not stop with reflections but goes much further by incorporating the ideas and concerns of the participants. [9] One of the core elements of the charrette is the presence of the studio on the actual design location. Being on the location provides the needed participation and gives insight in the daily life of the stakeholders. The key element is the communication between the stakeholders, but this communication needs to be assisted with drawings, models, photos or surveys. The charrette is open the entire day and for that reason a low step for stakeholders to participate. [9] Due to the interaction between professionals and outsiders new approaches come up which can break the traditional workflow of the architectural practice.

Reflecting the social practice on elderly with dementia raises questions towards the abilities of the elderly. Social practice in the sense of a CPC in which the elderly takes over the function of the designer is technical impossible. Implementing the charrette in that same process opens possibilities to use a form of social practice in the design process. The charrette has the possibility to combine the fieldwork with design and the direct feedback of the stakeholders. Elderly in a charrette, with or without dementia, can directly reflect on the researches and the concept ideas of the designer. The biggest difference between this approach and the traditional approach is that the stakeholder can influence the design and can give his opinions before the first design is made. Also when the stakeholders are not capable of reading floor plans or sections, they can still reflect on photos and models. One of the examples of this approach is the research of Henri Snel [5], founder of Alzheimer-architecture, who created five different colored rooms filled with matching colored items with GPS sensors. With this

Footnotes:

5: De Nieuwe Praktijk. (2018). *Alzheimer-architecture: individueel en interactief*. Retrieved from: https://www.denieuwepraktijk.nl/praktijk/alzheimer-architecture-individueel-en-interactief/

7: Gupta, A., & Ferguson, J. (Eds.). (1997). *Anthropological locations: Boundaries and grounds of a field science*. California, Univ of California Press Los Angeles. ISBN 0-520-20679-7

9: Lennertz, B. (2003). The charrette as an agent for change. *New Urbanism: Comprehensive Report & Best Practices Guide, 3rd edn.* Ithaca, New Urban Publications. Retrieved from http://www. charretteinstitute. org/resources/charrettes/article. Html

11: Qu, L., & Hasselaar, E. (2011). *Making Room for People: Choice, Voice and Liveability in Residential Areas* (p. 196). Amsterdam, Techne Press.

research he looked at which room and which items are used the most by elderly with dementia, to conclude which colors fits the most to those elderly. It is a design research in which the elderly is participating and providing feedback. Using this fieldwork research directly into the design creates a secondary form of social practice in which the user still designs his space. Implementing this same research method in other spatial and social questions can give possibilities to include elderly and dementia in the design process.

IV POSITIONING

The social practice as discussed in the paragraphs before comes to his rights when it is in relation with CPC's or private developers. Social practice in the design process for elderly and dementia patients is harder to implement. Making the elderly the architect is impossible due to the lack of knowledge, the decrease of awareness and the lack of understanding of architectural drawings. The charrette which is introduced in the combination between fieldwork and social practice can be a breakthrough in the implementation of elderly in the design process. Making the elderly part of the design process is inevitable in the search to a new type of architecture for the elderly themselves. The idea of the charrette needs to change to fit the most suitable situation of social practice for elderly. The study of H. Snel is a good example of the new approach. As seen in this research the researcher takes initiative and has to come up with ideas which can be tested without biasing the elderly. The research applications themselves have to transform due to the translation of initiative. Where the initiative of ideas in the charrette lies in the competitor hands, in the new approach it lays in the hands of the researcher. The competitor, in this case the elderly, has an opinion giving function.

The importance of anthropology over ethnography is in my opinion indisputable. To learn and find the human aspects and the living patterns, anthropology is needed to break the data based research of living conditions and life expectancy. Reflecting on the social practice and the empathising which is needed to design for new target groups raises new questions. The first question which comes up is if the architect is possible to empathise with unfamiliar target groups. The answer that can be given is that good fieldwork can give insight in a group but can never give a full understanding of people's mental awareness and physical state. As found out in the research empathising with a target group can be dangerous if you only look out of an external reality. An internal reality is needed to understand a group. Handling out of an internal reality can only when you become part of the target group itself.

Following this approach raised harder questions. How long do you need to be in a group to become part of that group and to understand the behaviour of it? And: Are we even possible to experience the life of elderly and dementia if we can't simulate the mental stage in which they find themselves? Reflecting this on the research question of the studio and the paper: "How to reshape the practice to make it possible to integrate the elderly into the design process?" shows again the weakness of only fieldwork. The initiative has to come from the competitor and not from the designer. Doing fieldwork can shine light on the problems of the target groups. But one-on-one testing is needed to find solutions to the problems around the wishes and needs of elderly. As describes in the colour research of H. Snel, this testing could only be successful with a non-prejudiced mindset and unawareness by the elderly that they are part of a research. If you compare this approach with the approach of the master studio there is one big difference. The studio mainly focuses on the anthropological research method of fieldwork, but forgets or doesn't have the time for the testing element. The studio is for this reason a first approach of a social practice but still follows the lines of the traditional design approach. It is not impossible to make the studio a social practice. Testing and reflection can still be integrated. Doing it with one-on-one models is impossible in the timeframe we have. But with the use of smaller models and impressions we can make a first step. The studio only has to watch out not to fall back in prejudices and hidden agendas which block the potentials of the social practice. In a potential larger research on elderly and dementia more designs and real time experiments have to be made. In this case it's not yet possible to design by research. New steps in the new development for elderly can only be done in a smaller form of social practice in which research is done by designing. Fieldwork is in that new practice only the first step to find potential problems and to raise questions which are needed for the next step of experimenting with designs.

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