

REPORT III

Feeling at home

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Introduction

REPORT III

Feeling at home

After REPORT I: *Suffering from dementia* and REPORT II: *Dementia & the Baan* the third and last report will follow. REPORT III: *Feeling at home* is an account of my own research. Previously I started with forming the base to legitimate my design proposal for a healthcare environment for my graduation at the faculty of Architecture of the Technical University of Delft.

The first report was the outcome of the literature search on the care facility in general that suits my user group. This user group, elderly with dementia, is personified. An personified patient profile is the base from-out where this literature research started. The second report used the findings from the first report in order to determine whether the potential location was appropriate for this user group. This last report is my chance to put useful information forward that was not already at hand.

Within this report one will find the research that I conducted using different research methods. In the next chapter I will exemplify and explain the chosen methods as a consequence of a well-considered choice.

After the interviews and case-studies the results will be presented. Afterwards the gathered findings will be summarised. Eventually the presented information will be connected to the design.

The first report gives a concise introduction to 'dementia'. It describes different aspects that demonstrate the necessity to find ways to cope with this condition. Besides the relevance of this research it also discusses aspects that can be used when designing for people suffering from dementia.

With the ageing of our society the number of elderly will increase. Currently elderly that cannot stay at home anymore are placed in a home for elderly. Up to the present day these homes are generally traditional nursing homes. These environments have an defined structure and this the reason of their institutionalised appearance. This structure is supposed to be efficient, by means of a centralised set-up and a straightforward organisation. Because of the high amount of patients, the use of double-loaded corridors is inevitable. The human action and the human conduct are provided by only the necessary requirements that result in a on-personal atmosphere. Also the sequence of spaces is not comparable with the sequence of experience of a home; Communal areas tend to fail their function as living rooms, hallways are long and monotonous and outdoor space along with the entry towards these spaces are rare. The traditional nursing homes are something that a lot of people try to avoid, simply because nobody wants to live their last days in an environment that is on-personal and has more to do with being lock-up instead of living.

From-out the first report can also be extracted that everything that what makes the average person comfortable, also makes a person suffering from dementia comfortable. But the need, or necessity, to experience comfort is a lot higher for people suffering from dementia. This group cannot simply take action in order to feel more comfortable. The insecurity that is caused by primary symptoms, such as memory loss and loss of orientation, can already make them feel uncomfortable at everyday situations. This increases with the inability to function in everyday life. This insecurity needs to be taken away and the elderly with dementia should feel at home.

Research

Focus

The focus of this report lies within the organisational aspects of an environment regarding elderly that suffer from dementia. The whole range of preferences concerning elderly that suffer from dementia is too wide to investigate. To find out what the preferences of these users are is also difficult. That is why the consideration has been made to focus this research not only on this target group. Elderly that suffer from dementia show similarities to those who do not suffer dementia, where isolation from society is the main theme. This study is set-out to contribute to the improvement of the lives of the dementia sufferers; that is the main goal. Preferences that find their origin in the set-up of a building will be researched. These preferences are affiliations of elderly suffering from dementia and elderly that are not suffering from dementia. However, the first group will experience more benefits when these preferences are established due to the effects of dementia.

Research Question

Elderly suffering from dementia go through a difficult and confusing time from the moment they start to show symptoms of dementia. During this time, the process of dementia can only be slowed down. It has the looks of it that there isn't anything more that can be done, but to make them feel as comfortable as possible for the time being. Although it looks like 'just' softening of circumstances, this could actually contribute to the well-being of elderly suffering from dementia. The theme of 'well-being' is inextricably connected to the feeling of 'comfort'. The task that lies before us can be promoted by this research question:

How do you create an environment that makes elderly suffering from dementia feel at as comfortable as they used to feel at home, despite the fact that they find themselves in a surrounding that is not their home?

For this research the following methods were used:

Interviews:

- Interviews with employees of elderly homes that deal with elderly suffering from dementia;
- Interviews with people who are at a daily-basis at a daycare-centre because of they cannot be constantly at home anymore.

Observation:

-(participant) Observation of collective/common living areas where the people from the user group meet. On which level do people look comfortable etc.? Are there characteristic elements that contribute to a homely environment? The experience of the atmosphere is hard to describe, but is crucial for part of the research. This observation will take place in four different elderly homes: A traditional retirement home, a 'new' living-care-complex, a care home (only) for dementia sufferers are compared and a dementia-village. There will be a quantitative and a comprehensive qualitative description by summarising its characteristics and explaining how they work. The focus will be on the living area and the approach of one.

Choice of methods

Interviews:

Employees

These staff members are not nurses that help elderly with their daily chores, but so called 'activity leaders' of 'activity managers'. These staff members are further away from risk of seeing the elderly as 'objects' because of their 'day-in-day-out'-routine. The decision to interview an activity leader is made because of their following characteristics:

- Somebody that is in the complex on varying times;
- Somebody has still a rather 'fresh' look on things;
- Somebody that know how residents react on different stimuli

Elderly from a day-care centre

Also a conscious move of choosing elderly that are aware that they have an early stage of dementia. The answers that they give therefor will be more reliable than answers a person with more advanced dementia would give. Although the elderly are still communicative, looks can be deceiving. Because there is a reason why they are at the day-care centre for a reason: They cannot stay at home by themselves anymore.

After deciding on the group of elderly to be interviewed, also the idea of capturing their responses came to mind. Reactions on simple questions could a value to the interview. That is the reason why I asked them for permission to film the interviewees in order to combine the interviews in one compact short movie ten minutes. The permission had to come from-out the healthcare-institution (Pieter van Foreest) as well as from the day-care visitors selves or somebody who is responsible for this person, such as their spouse.

Observation

The choice of making observations of four various elderly homes came from wanting to experience as much difference within elderly homes as possible. Therefor there are three Dutch elderly homes and one Belgian home to be found within this report.

When it comes to the housing of the elderly the Belgians are a step ahead of us. In the Netherlands we are constantly talking about budgets cuts, while in Belgium they are more inventive with the means that are at hand. A recent example of such an elderly housing for dementia sufferers is, for this reason, embedded in this research.

Results

Interviews

Interviews with staff members

Interview I:- Wilanda Geus, Vlietwijk, Voorschoten

The healthcare establishment is integrated in its surroundings. It responds to neighbourhood activity. It is a part of three building-blocks. They have room for get togethers of associations and various independent organisations. The restaurant is open for residents from the surrounding neighbourhood. The complex is inhabited only by elderly that are suffering from dementia. The residents' conditions vary from mild to severe dementia. Everybody can enter the building, but leaving is only possible if a staff member grant one permission.

-The sequence of spaces within a unit plays a large part in the experience of the resident of such an unit. The living room functions as the core of this unit.

-The staff members do not wear uniforms. Headnurses are more the head of a household. As much activities as possible happen within the unit itself, such as cooking, eating, knitting et cetera.

-Because of the Dometica-system, people are more freely to move through the building. This system works with bracelets and sensors.

-Outdoor space is important. Also the view towards this outdoor space. And also the direct accessibility.

-There is no reception. This derives from the fact a reception cannot be found in a home.

-The name of the home is focussed on the 'living' part; it is a living-care complex. It brings a lot volunteers.

-Small scale living seems to have it advantages, but it is very expensive. Where they started of with 6-7 persons, they are nowadays looking a larger units.

-There is a day-care group that is only for higher educated persons. If people from this group are not surrounded by people with the same background, then it can lead to trouble. In a way that higher educated elderly connect with each other on levels different from where formerly house-wives connect with each other.

-The shortage of space is applicable.

Interview II- Els Smit from St. Jeroen, Noordwijk

-Not only people suffering from dementia live here. On the nursing department people are separated. This unit is closed. For the rest of the users, almost the whole building is free to visit.

-People from the closed unit cannot go outside by themselves. Because this floor is not on the ground floor, they don't have direct accessibility. The administrative and staff-wing is located on the ground floor, next to the inner courtyard. It looks like it would be better for the resident from the closed department if these functions would be swapped.

- The closed unit has two living rooms. People are allowed to walk through the hallways of this unit that connects the two living rooms.
- Balconies are at hand of every floor, but mostly used for storage and therefore not usable as real outdoor space.
- When residents receive visitors, they often go to their own room, a more secluded area, or downstairs to the main atrium.
- There is a lot of motivation to go outside. If the weather is not so good, then the own personal room will be mostly used during visits. People here have a rather large apartment, provided with a separate bedroom and own bathroom; it has the looks of one's little home.
- When people are not downstairs in the atrium or activity hall, then they will be found in the living room of their own floor. They don't often receive visitors here.
- The elderly-housing has interactions with its suburban environment, but not as much their employees would like to see.
- There is a day-centre located next to the central atrium. In the near future this needs to be expanded.
- People should be more familiar with dementia. When they know what dementia does and means, people would understand the elderly that are suffering from dementia. More people are then likely to work as a volunteer.
- A children's daycare can contribute towards integration.

Interviews elderly suffering from dementia

The visitors of the day-care centre are treated good by the staff members. The overall environment is tolerable. The interviewees are conscious why they are at the day-care centre. The woman that is interviewed looks like she is holding back when giving answers. Her answers are short and overall positive. Lines like: "Everything is nice here. I take life as it is handed to me", have a different load than solely positive. There is a part of tolerance or acceptance in it. Due to the fact that they accepted their conditions, they tolerate the circumstances and environment.

The many participants find that the activities during the day are something to be less happy about. Better yet, they do not like them at all. Although they acknowledge the need for these brain games, they would rather like to have interesting conversations with deep questions. And also a chance to do something that is of a technical kind. They want to be triggered. The female interviewee is okay with chitchatting, games and having conversations over the newspaper.

For the day-care visitors it is possible to go outside. They also know that they have a garden at their disposal, but it is closed-off and they clearly see the fact that it is low-maintenance and it is not how a normal garden would look like. Sometimes they go walk around with the whole group. Limitations of everybody in the group then become a limitation for everybody in the group. Some of the group move more quickly than others, one is tired earlier on and so on. Their action radius is small due to these limitations.

One of the interviewees, Joop, informs us about the pile of medicines that he needs to take on a daily base. This makes him tired. Furthermore he shares his disaffection with the increasing difficulties of everyday activities. This is part of dementia, that is not realised in general, causes a lot incomprehension. It is hard to continue living life normally while you feel tired all the time and your surrounding expects more of you. Even simple thing like sitting outside. When it is warm, it is to hot and when it starts to be chilly, it will be easily to cold.

Observation

St. Jeroen, Noordwijk

Environment: Suburban

Size: 136 residents

Residents: Dementia sufferers & non-dementia sufferers

Possibility to leave: Not possible for dementia sufferers

Possibility for activity: Atrium, Activity-hall, courtyard

Outdoor space: Yes

Direct accessible outdoor space: Only on ground floor

Quality outdoor space: Medium

Organisation structure: Hall ways with a large living room and seats in between corridors.

Facilities: Barber, flower-shop, restaurant cq. activity room, day-care centre

Diner is served at: the restaurant cq. activity room

Size unit: 18 residents

Facilities room: Own living room, bedroom and bathroom

Personal furniture/ elements: Yes

Approaching of the living unit:

When entering the building one arrives at the central atrium (Ill. 1). This is a large space that has the looks of an indoor market square. Surrounding this square there are different types of functions. Small shops, barber and so on. In the corner is a smaller and darker space that houses two elevators and a staircase. The large elevator, provided with a mirror, brings you upwards to the destined floor. When leaving the elevator one finds himself in a common area equipped with seats (Ill. 2). From here you can enter a corridor (Ill. 3) or turn left towards a living area (Ill. 4 & 5). This living area has a view over the neighbourhood (Ill. 6). But there is not much happening here. The present residents do not pay attention to it. The focus point of the living is the television. There are two living rooms per floor. Each living area has its own kitchenette.

The living rooms don't look very domestic. It is too large and it has more the looks of an large waiting area. This also reinforced by the fact that this space can be closed of; it is basically a large room that in other (institutionalised) buildings would be a larger meeting area of some kind.



Ill. 1 . Central atrium. Own ill.



Ill. 2 . Seating in communal area. Own ill.



Ill. 3. Hallway to rooms. Own ill.



Ill. 4. Overview living area. Own ill.



Ill. 5. Living area with television. Own ill.



Ill. 6 . View from out living area. Own ill.

Vlietwijk, Voorschoten

Environment: Suburban

Size: 63 residents

Residents: Dementia sufferers

Possibility to leave: No

Possibility for activity: Activity central room, different flexible rooms, care-hotel, physiotherapy, mouth-hygienist

Outdoor space: Yes

Direct accessible outdoor space: Only on ground floor

Quality outdoor space: Medium

Organisation structure: U-shaped building. Entree living unit through living room of unit. relatively short and varying corridors.

Facilities: Barber, flower-shop, social restaurant, day-care centre. There is a community center, islamic meeting center and a service center next to the home.

Diner is served at: social restaurant and within living units.

Size unit: 6 - 7 residents

Facilities room: Bedroom and shared bathroom (one bathroom per two bedrooms)

Personal furniture/ elements: Yes

Approaching of the living unit:

Even before you enter the building one would have to look closely to see where the entry of the living-care-complex is. As a part of three blocks, the complex does not stand out (Ill. 6).

When entered the right building, one arrives at a larger open area. This area has different seating area's and allows a direct view towards the outdoor space. To continue into the building one has to look at a direction (street)sign (Ill. 7) to see which way to go. The whole set-up from the building is quite open. Once turned left, a elevator is found. This elevator has its entry at one side and exit on the other. While exiting the elevator one arrives at a small seating area with two closed doors. Next to the door there are vertical windows that allow you to peak into the living units.

If one opens the door, one arrives behind the kitchen sink, at the edge of the living room (Ill. 8). On the left hand one looks down a short corridor (Ill. 9) that is quite spacious and almost looks like a common living room. A lower seating area and a diner-area fill the living room that is provided with modern and more old domestic elements. But in general the space actually looks like a large living room.



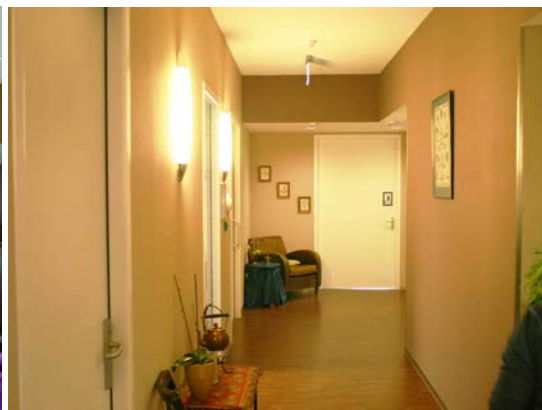
Ill. 6. Building is a part of three building-blocks.
Own ill.



Ill.7. Street-sign with directions. Own ill.



Ill.8. Living room & adjacent kitchen. Own ill.



Ill.9. Short corridor. Own ill.

Home Vijvens, Huise-Zingem (Belgium)

Environment: Suburban/distant location

Size: 81 residents

Residents: Dementia sufferers

Possibility to leave: No

Possibility for activity: central living area

Outdoor space: Yes

Direct accessible outdoor space: Only on ground floor

Quality outdoor space: High

Organisation structure: Two courtyards that are connected by one block in the middle. The elevators are located in this central block.

Facilities: Care-hotel, physiotherapy in living area.

Diner is served at: living units.

Size unit: 8-14 residents

Facilities room: Small bathroom (multiple large bathrooms per unit)

Personal furniture/ elements: No

Approaching of the living unit:

Stepping out of the car at the parking lot from the remote elderly home in Zingem, it is already interesting to see that a lot of elderly are sitting behind the windows (Ill. 10). The vibrant from the parking lot makes the people watch it like they are watching prime time on television. On the other sides, decorated with a broad-view over a stretched landscape, there are no observational elderly (Ill. 11).



Ill.10. Elderly looking at the window. Own ill.



Ill.11. View over landscape. Own ill.



Ill.12. Living area. Own ill.



Ill.13. Living area. Own ill.

The entry of the building finds place through the courtyard of the block next to the parking lot. Again it is noticeable that the elderly like to see who is going in and out of the building. On the first floor the elderly are at a stake out. Then one enters the central block to see a core with two elevators and a rich open area, looking out over a nice outdoor space. This open area appears to be the living room (Ill. 12 & ill. 13). There are some domestic elements that are not able to give this large room a real domestic feeling (Ill. 14). The other units are reached by code-locked elevators. Again a larger open area that functions as a living room. What comes to the attention is that as more as one moves upwards, the more light is provided through the courtyards (Ill 15).

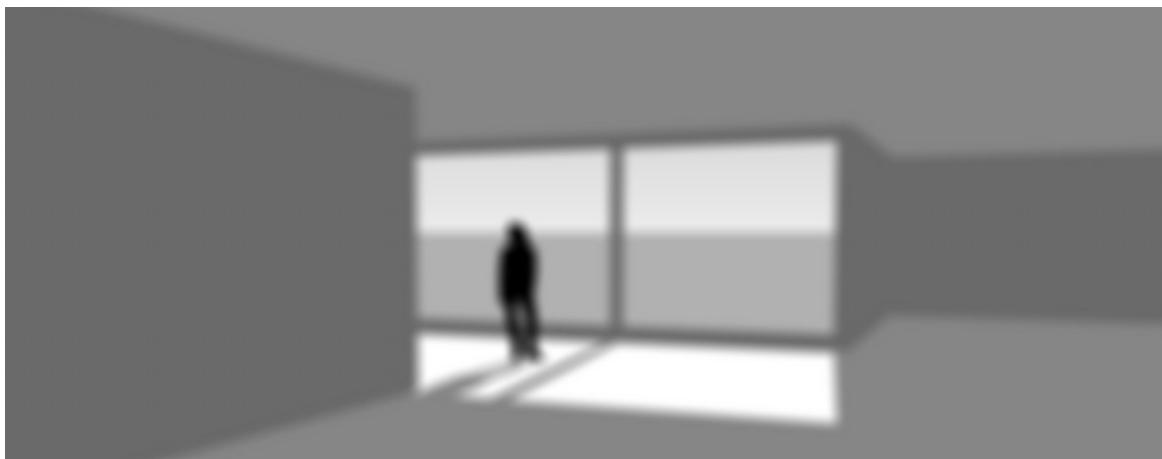
The rich entry of light is beneficial for the elderly who need more light for everyday actions than the average person. Combined with the closed elevator core it can lead to undesirable situations. When leaving an elevator, one immediately stands in-between the large windows next to one of the courtyards and the living room. The contrast of light entry can be rather large. The poor visibility of the residents will cause elderly seated in the living area to see dark silhouettes that enter their living area (Ill. 16). The entry of people on a floor will draw attention and this may lead to residents feeling uncomfortable.



Ill.14. Sheer presence of domestic elements. Own ill.



Ill.15. Entry of light. Own ill.



Ill.16. Impression of contrast by entry of light. Own ill.

De Hogeweyk, Weesp

Environment: Suburban/distant location

Size: 152 residents

Residents: Dementia sufferers

Possibility to leave: No

Possibility for activity: central living area

Outdoor space: Yes

Direct accessible outdoor space: Yes

Quality outdoor space: High

Organisation structure: A whole village, constructed out of multiple courtyards. A central entrance provides access to the village.

Facilities: Supermarket, restaurant, cafe, barber, theatre, physical therapist, doctors post.

Diner is served at: living units/households.

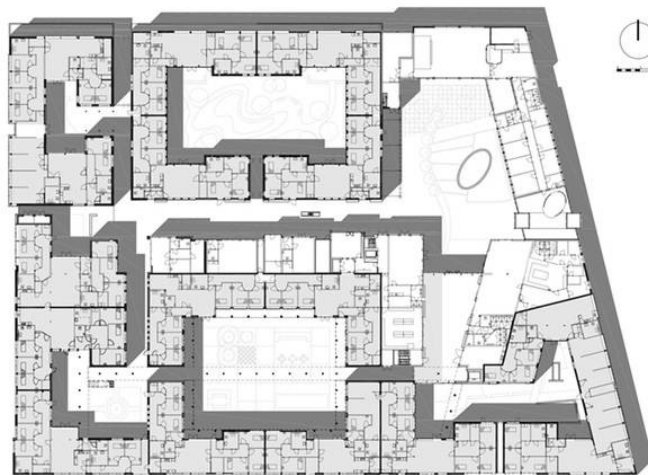
Size unit: 8-6 residents

Facilities room: Small bathroom (multiple large bathrooms per unit)

Personal furniture/ elements: Yes

Approaching of the living unit:

From the outside one enter a building block that does not look like an elderly home. A mixture of between the appearance of a dwelling block and, because of the one layer of build mass, the appearance of a school is the outside of the Hogeweyk. The entrance is the only element that shows that we are able to enter this building block. When admitted by the reception one passes through the entrance towards an open square. This theatre-square is the first 'public' area of in total five courtyards and one boulevard. There is also a first floor which is accessible through a elevator for all visitors and residents. These elevators are activated while standing in front of them. From-out these public spaces one can enter almost every single one of the households. Everyone is free to move through these different spaces with each their different lifestyle theme (Ill. 17).



Ill.17. Ground plan of the entire complex.

Molenaar&Bol&VanDillen architecten 2012, Retrieved 23

october 2014, from Detail-online:

<http://www.detail-online.com/architecture/topics/dementia-village-de-hogeweyk-in-weesp-019624.html>

One enters such an household by a small entrance hall which can be follow through to the living room or to the rooms of the residents. Elderly sitting in the living room can see everybody that approaches their home. This contributes to a calm environment for the residents; they know what they can expect when it comes to people who are paying them a visit. However, these visitors do not have to pass the living room if they want to go to the personal rooms of the residents.

The living rooms have a lot domestic elements (Ill. 18-21). The households have a rich variety of lifestyle themes, so that a resident can live in a environment that is in coherence with the residents' background.



Ill.18-21. Different themes of livingrooms.

From left to right: 'Indian' lifestyle, 'cultural' lifestyle, 'urban' lifestyle, 'wealthy' lifestyle
KopArt, Amsterlveen 2012, Retrieved 23 october 2014, from Detail-online:
<http://www.detail-online.com/architecture/topics/dementia-village-de-hogeweyk-in-weesp-019624.html>

Discussion

The previous results are placed within the perspective where this report started off. The alleged research question focuses on the well-being of elderly that suffer from dementia within an environment that is not their 'own' home.

How do you create an environment that makes elderly suffering from dementia feel at as comfortable as they used to feel at home, despite the fact that they find themselves in a surrounding that is not their home?

From out the conducted interviews and observations there are points that seem to have direct influence on whether a location has a homely-feel to it or not:

Size of the home must be in proportion with the size of the common areas. In small scale living this is more 'easy' to accomplish. In larger units there is a great threat that the living room is a impersonal walk-in area. This last example is the case at the elderly home Vijvens.

Furthermore, the living room must form the core of the living-units. And by this is not meant 'just' a space or room that is located in the middle of a care unit that allows to be used as a living room. It has to be interpreted on a wider level. The approach of the livingroom, where the room is located in relation to the rest of the building, the relation the living room has towards the individual homes, the character of such a room and the activities that take place; all these things contribute to possibility of somebody feeling at home. In *Architectonica: Een thuis voor mensen met dementie* is mentioned by Patrick Verhaest, psychologist and research assistant at the Centre of Excellence Dementia Flanders, that it is important that the living room is used as a room where living occurs: "As much in the living room as possible"¹. By having staff members that form a part of the 'household', this living-aspects increases. Preparing meals, cooking, doing the dishes and other 'simple' daily chores give the elderly more confident and responsibility. There is even small store in the living-care complex Vlietwijk that is not so much destined for its residents. It is used by the 'heads of the households' (nurses) to buy the needed olive oil, butter of simple cleaning products. That makes the complex work not just as a building where people 'stay' in, but where actual 'living' is made possible. It is this where the difference between dwelling and living takes it place. In her text *On the essence of living: safety - security - orientation* Architect Isna Lüdtke states that dwelling is something different as living: "The 'essence of living' is always characterised by a degree of ambivalence."² She describes that "to live" can be defined as having found one's place. The most important thing is to allow people to find their place. And this place can only be found if people can accept the fact that they cannot live their lives in a manner they are accustomed to. But most old people today are not capable to do so. And it is seems not likely to create an environment that makes this possible.

What is possible is to provide a range of alternatives where a resident has the freedom to choose from, as stated by architect Eckhard Feddersen in his *One's bed, room and house in old age*³. This 'range of alternatives' is hard to define, but it must be found within the living area of the residents. If the boundaries of this living area are more naturally, then the sense of control over one's own life becomes will increase. The living-care complex

¹ Verhaest 2012, pp. 268

² Lüdtke 2009, pp. 38

³ Feddersen 2009

Vlietwijk uses this aspect to create an home-like atmosphere. Sequence of entering and experiencing a living-unit is in this complex very clear. When one enters the door towards the living unit, it is clear that one is now in the home of somebody. The dementia-village the Hogeweyk uses different themes that relate to the residents background. Where the residents of Vlietwijk have their own household at their disposal, the residents of the Hogeweyk have a whole area of the village to relate to and the entire village available for them. The residents can find their place within a large part of the complex. It is this where the care home Vijvens leads to confusion. Its open floor plan makes it hard for a visitor and/or resident to orientate and this makes it harder to find 'one's place'.

In the evaluation research *Evaluatieonderzoek naar de kwaliteit van de huisvesting van kleinschalige woonvormen voor ouderen met dementie* from H.M.J.A van Liempd et al. it is stated that the front door plays a large role in defining the borders of a home; whenever a resident is able to open it they will feel that they are in control and go out, and if closed and they have to stay in, then this can lead to agitation⁴. From the four observed homes it is only the Hogeweyk that allows its residents to move freely throughout the whole complex.

But still, at some point elderly suffering from dementia are limited. By themselves, or by others within the same home. This can be confronting. Caution must be applied when creating environments for larger groups; a possibility to retreat or escape this environment or 'finding one's place' can ease these circumstances. As mentioned in the interview with the activity leader of Vlietwijk, there are already different ways to deal with different kinds of elderly: There is one special group for elderly that are higher educated. By looking at the background of a resident a institution can form groups with residents who have a similar past and therefor more similar mindset. The different themes from the Hogeweyk are basically a tool to cluster residents. One can ask himself the question if it is the different appearing lifestyles themes or the equivalent background that takes the lead here. The residents within a theme will understand each other more easily, thereby creating a comfortable atmosphere and preventing confusion and agitation.

Also, outdoor space is there to help. But as long as dementia sufferers need to be protected by themselves an outdoor space must comply with two aspects: it must be direct accessible and elderly suffering from dementia should feel comfortable within this outdoor space. Garden and landscape architect Harms Wulf states his text *Gardens for senior citizens - a framework for the design of outdoor spaces* that this can be done by following a few principles:

"Clear function, a human scale, a rich variety of actives and a stimulating selection of colours are guiding principles in the design of outdoor spaces, with the overall aim of crating an uplifting and enliven environment for the visitor.

Seating areas arranged within sight of each other offer people with restricted mobility a series of safe havens. Sitting and watching from a protected corner is for older people often an important manner of participating in public and offers opportunity to come in contact with others."⁵

Here it states that outdoor space can improve the contact with others, meaning other occupants and other residents from the neighbourhood. So the presence of a qualitative outdoor space stimulates the integration in its surrounding, excluding social isolation. Three of the four homes from the *Observation* try to enhance this integration by the inclusion of public functions. Home Vijvens does not include public functions. During the

⁴ Van Liempd et al. 2009

⁵ Wulf 2009, pp. 51

observation it was noticeable that a lot of elderly were concentrating at the most vibrant side of the building. This may be a result of a lack of liveliness in the building itself. In the case of the Hogeweyk there is made a lot of effort to integrate differently than it is done in other homes; instead of trying to place the residents into society, it tries to get society within the residence. It also creates a society of its own within the walls of the complex. Undeniable this is a possibility of how elderly with dementia can still live their lives as they were used to. Of course the location has to allow such a low density project. It is obvious that the Hogeweyk is situated in a suburban setting instead of in a urban environment.

Urbanist and architect Christopher Alexander describes in his book *A Pattern Language. Towns. Building. Construction.* archetypal spatial qualities and elements that apply across cultural boundaries⁶. An outdoor space is fit to be such an element. It is interesting to see that here the fading of boundaries stimulates integration and interaction, where the presence of boundaries on the scale of a home is necessary in order to make people feel at home.

Overall it can be said that elderly suffering from dementia will feel at home if they have a sense of responsibility and a clear set of boundaries. Within this set of boundaries residents should be able to have a freedom of choice. Also the elderly with dementia have a place in our society. As the activity-leader of the elderly home St. Jeroen mentioned in a interview, people should be more familiar with dementia. These people are still a part of society. With providing facilities (indoor and outdoor) that can be used by the whole neighbourhood, integration is more likely to happen.

⁶ Alexander 1977

Conclusion

The findings of this research focuses the organisational aspects of environments. Although there are a lot preferences that help to feel a elder suffering from dementia more comfortable on climate-level, this research puts emphasis on how the set-up of a building can make one experience more comfort.

When the sequences of spaces is similar to the sequences of a normal home, while approaching a living room, it contributes to well-being of the elderly suffering from dementia. In the old traditional elderly housing communal areas tended to fail their function as living rooms, hallways are long and monotonous and outdoor space along with the entry towards these spaces are rare. The different gradients in spaces will avoid confusion of dementia sufferers. It helps to find one's own place within a environment. Feeling at home does not end at the border of a room or building.

Also, creating resident-groups with a similar background makes it easier for residents to connect to their environment. Activities and functions can be aimed towards the mind of a smaller group instead of trying to entertain a large group all at once. Residents will understand the behaviour of their fellow-residents preventing confusion and agitation.

Furthermore, the environment that has a small scale and works like an household will also function as a one, creating possibilities for dementia sufferers to contribute to this and gain responsibility and develop more self confidents. This confidents helps elderly suffering from dementia to feel less confused when difficult moments occur.

In addition, as result of the inability to function properly at everyday situations the world of dementia sufferers is becoming smaller with time; it is important that they still experience a sense of control over their own lives. When they still have a world where they can move freely, it already contributes to the experience of freedom and not feeling locked up. Also, a sense of control can be provided by a wide range of alternatives concerning from as small as different seatings in common areas to various activities that can be held at the account of the dementia sufferers but also includes third parties.

Lastly, by including facilities serving the neighbourhood social integration is encouraged. Associations and communities originating for the nearby neighbourhood will bring different kinds of people into a building and gives the opportunity for the elderly suffering from dementia to stay in touch with the outside world. It works also the other way around that everyday people get more interaction with dementia and thereby creating more support for this fragile group. Safety, security and protection within a neighbourhood do not have to go hand in hand with exclusion of society.

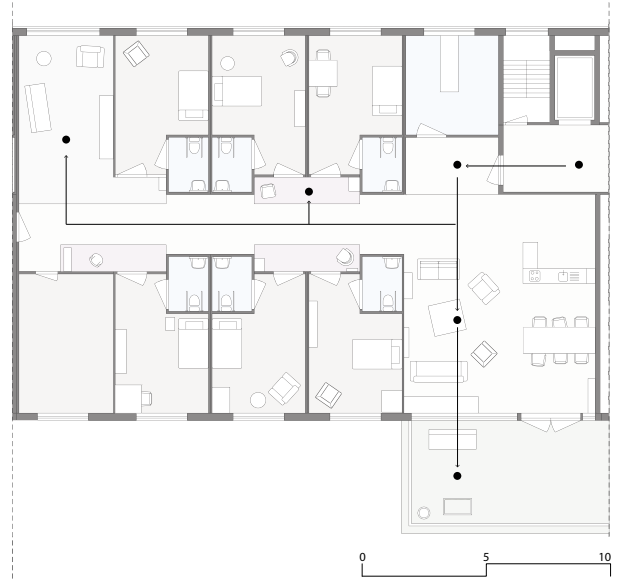
Influence on the graduation design

At the end of the day this research will be used to strengthen the design of an healthcare environment concerning elderly that suffer from dementia. This report is a handle that can be used during the design process. The direction that this research gives is still in the need for exploration and development.

Firstly, small scale living units where its living room will be the central core is one of these starting elements (Ill. 22, 23). It requires exploration till up to which number of residents this configuration remains effective. One enters a living-unit by a small entrance zone, followed by the living & dining room, which is the central space of the living-unit. From



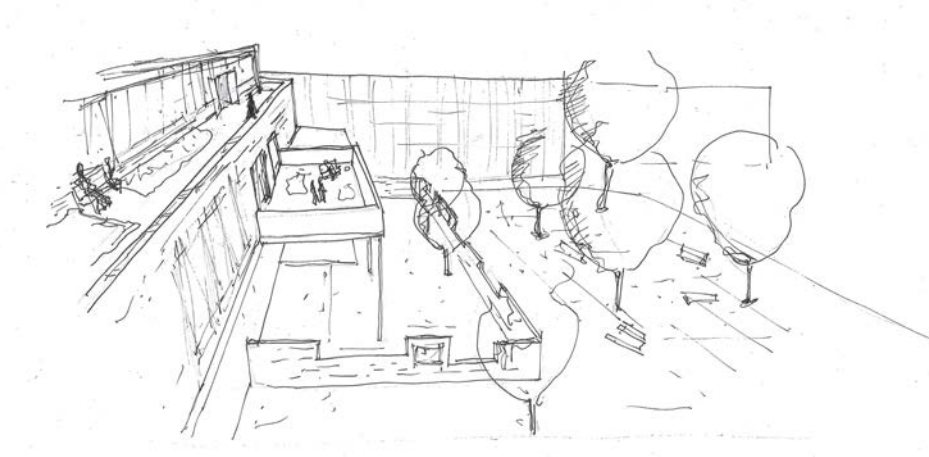
Ill. 22. Floorplan living-unit for six residents. Own ill.



Ill. 23. Sequence of spaces. Own ill.

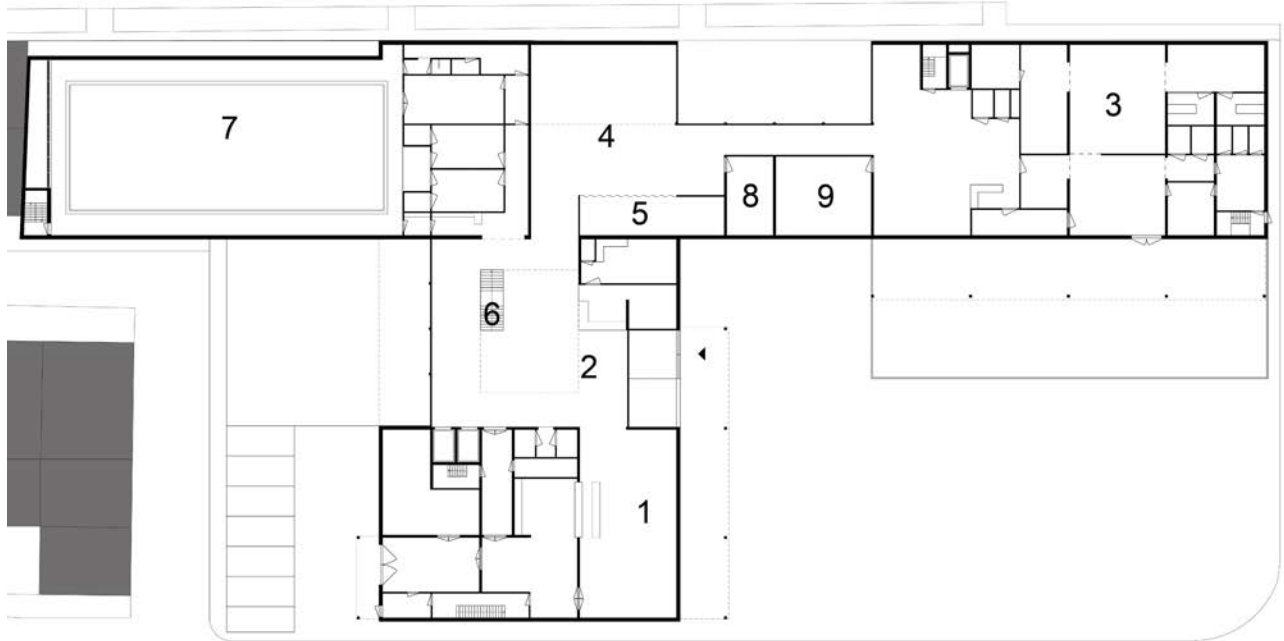
out this space one can move freely towards the personal sleeping rooms and smaller gather area.

Also, these units will be equipped with direct accessible outdoor spaces. This could be in the shape of balcony or roof gardens. The size and type will need to be investigated. But realising that they need to look out on interesting sides of the surrounding neighbourhood. So all these area's will be adjacent to the large open area square in front of the building. From these balconies the residents can watch what is happening around building (Ill. 24). By this the elderly can orientate and connect to their surrounding.



Ill. 24. Connecting to the outside. Own ill.

Lastly, public facilities are embedded within the design. The neighbourhood should be regarded as relevant user group. This can find its way in the form of room for get-togethers, a sporthall or a swimming pool. As long as it serves its neighbourhood and social integration is stimulated. That is why all the public functions of the building are located on the ground floor level. The more public the functions are, the more they are located next to the entrance (Ill. 25). The semi-public function of the elderly-day-care centre is situated further away from the large entrance hall, because the function is public, but requires more privacy.



Ill. 25. Groundlevel. 1. Restaurant, 2. Entrance, 3. Elderly day-care centre, 4. Activity hall, 5. Barber, 6. (stairs towards) sportshall (above swimming pool), 7. Swimming pool, 8-9. meeting rooms for neighbourhood functions. Own ill.

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| Ill. 17 | Molenaar&Bol&VanDillen architecten 2012, Retrieved 23 october 2014, from Detail-online:
http://www.detail-online.com/architecture/topics/dementia-village-de-hogeweyk-in-weesp-019624.html |
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| Ill. 22-25 | Own illustration. |

Appendix A: Interviews day-care centre Pieter van Foreest, Delft

- Interview I** Wilanda Geus, activity leader from living-care complex of Topaz Vlietwijk in Voorschoten.
- Interview II** Els Smit, activity leader from care complex of Marente St. Jeroen in Noordwijk

Interview I

Interview with activity leader from living-care complex of Topaz Vlietwijk in Voorschoten.

(Questions and answers in Dutch)

*Wilanda Gens,
Wat is precies uw functie?*

Waarnemend Hoofd Welzijn. Ik stuur het activiteitenteam aan. En begeleid vrijwillers. Ook ik organiseer alle activiteiten.

Hoe is de band met de vrijwilligers en het activiteitenteam?
Verenigingsvorm. Van de woningen moeten mensen gebracht worden. Dat gaat eigenlijk heel goed. Per gekoppelde woning. Er zijn ook overstijgende activiteiten, zoals een markt en optredens.

Zijn er verschillende vormen van dementie aanwezig?
De mensen die hier wonen kunnen niet meer zelfstandig wonen.

Kunt u iets uitleggen of het scheiden van ouderen en ouderen met dementie en hoe krijgt deze vorm binnen het gebouw?
Domatoca: Mensen afstellen in leefcirkels. Met een druppel kunnen ze komen waar ze mogen komen. Leefcirkel zelf binnen hun eigenwoning en per etage. Meeste kunnen vrij bewegen binnen het gebouw.

Kunnen alle bewoners op elk moment van de dag bezoek ontvangen? Ja. Elk moment van de dag?
Ja. Kan allemaal. woning grote zit slaap/kamer. Hun huiskamer. eigen meubelen. in dezelfde woning zitten allemaal slaap/zitkamer. Tussen twee woningen 1 douche/toilet. Wordt gereguleerd door domatoca. Ook met het licht aan en uit. Is afhankelijk van het stadium. Soms in de woonkamer. Niet veel activiteit in de woonkamer. Het is aan de verzorging.

Mantelzorger moeten graag willen mee-helpen. Meerdere mensen hebben dan een leuk gevoel. Je moet kijken naar de momenten wanneer ze genieten. Kijk naar de momenten.

Wat zou deze ruimte opmerkelijk verbeteren?
10 woningen eerst verantwoordelijk verzorgende. Deze spreekt familie aan qua alles. Zorgt voor alles. Hier door is het zo dat iedere woning verschilt. Het is zeer gevarieerd. nieuwbouw.

Er zijn drempeltjes- overall! Heel onhandig. Verzorging heeft daar moeite mee. Het is al snel veel te klein. Er is maar ruimte naar 63 bewoners. OCD.: Dat groeit heel snel. We zitten nu op 200-dagdelen per week. Er zijn 3 groepen van dementeren die dagelijks beziggehouden worden. Er is ook een hoogeropgeleiden groep. Die hebben mensen van gelijk niveau om heen nodig, anders kan het nog wel eens ongezellig worden.

In hoeverre wordt er vanuit de zorginstelling bepaald waar ontmoeting met bezoek plaats vindt?
Elke dementerende heeft zijn eigenaankpak nodig.
Mee gaan in de beleving. Zoveel mogelijk meelaten doen in het huishouden. Bezig zijn. Bezig blijven zijn. Verantwoordelijkheids creëren gevoel. Knoop-aanzetten, dat soort dingen.

Is er een buitenruimte aanwezig voor de bewoners?

Nee, niet op de direct afdeling. Er is wel een tuinkamer waar de ramen van geopend kunnen worden. Deze ruimte bevindt zich tussen de woonkamers van twee afdelingen. Wordt door verzorgers als overlegruimte. Maar verder wordt het niet gebruikt.

Wat zou hieraan gedaan kunnen worden?

Het mooiste zou zijn als alle dementerende op de begane grond konden zijn. Dat ze direct toegang hebben tot buitenruimte. En natuurlijk heb je bijvoorbeeld zorgboerderijen, dan zijn de dementerende buiten en ook nog eens in een andere omgeving. Uitstapjes hiernaar toe zijn mogelijk. Het is belangrijk dat er gekeken is wat er mogelijk is bij een ander. Veel kijken naar samenwerken. Ook komt er uitbreiding terras. Dit vraagt weer overleg met de gemeente.

Op de begane grond het zorghotel, dat is tijdelijk verblijf. Deze mensen zijn meer bezig met hun eigen genezing.

Wat vind u van de leefruimte?

Leefruimte is oké voor die mensen. Maar het is heel duur 6-7 personen per unit. Het gaat al naar meerdere bewoners. Het is eigenlijk veel te duur.

De units kom je altijd binnen door de 'voordeur'. Personeel wordt hier ook aangeraden om niet via een andere manier binnen te komen, want dat gebeurt thuis ook niet. Het personeel op de afdeling heeft ook geen uniform aan.

Je zou ze eerder kunnen zien als iemand uit dat huishouden. Deze mensen koken ook met de bewoners. En de bewoners helpen dan met bijvoorbeeld de boontjes doppen of de afwas. Kijk, als ze dat niet willen, dan hoeft het niet, maar vaak vinden mensen het fijn om ergens iets bij te dragen.

In hoeverre staan de afdelingen in contact met de buitenwereld? En hoeveel waarde zou u hieraan toekennen?

Opzich kunnen alle bewoners heel goed naar buitenkijken. En hier is ook wat te zien. Voorheen, in 't Hoftlandshuys was niet zoveel te beleven. Nu zitten we meer in het dorp. En ook voor de OCD, is het leuker. Allemaal mensen uit de buurt komen daar ook heen. Als je bijvoorbeeld kijkt naar Overduin in Katwijk. Dat is hartstikke mooi in de natuur gelegen. Maar het is grijs en doods in de winter. Saaier kun je niet hebben.

Komen er meer bezoekers sinds jullie in dit gebouw zitten?

Bewoners konden ons al eerder vinden. Er is veel contact met de wijk. En daarbij is er ook nog veel wijk-activiteit. Hierdoor ondervinden we veel meer aanloop door vrijwilligers.

Licht dat niet aan het beeld (van een woonzorgcomplex i.p.v. een bejaardentehuis)?

Veel aanloop. Nieuw is natuurlijk leuk. Maar we zijn nu onderhand 2,5 jaar verder. Toch komen er nog steeds mensen.

Hoe zit het met de receptie?

Thuis is er ook geen receptie. Er is wel een uitbureau, maar daar verblijft dan eerder een vrijwilliger die de taak van gastvrouw opzicht neemt. Dan is het gelijk bij binnenkomst al duidelijk dat het hier niet gaat om een bejaardentehuis; je komt dan eerder in entree van een de woning binnen en niet in een entreehal van een groot complex.

Wat zou u nog willen toevoegen?

Als ik iets aan zou mogen dragen is het wel het punt dat we meer ruimte en meer buitenruimte voor de bewoners zouden willen. Op het moment dat we dit gebouw in kwamen was het eigenlijk al te klein. Ook de verenigings- en activiteitenruimten barsten zouden wel in grotere getallen aanwezig kunnen zijn. Een ook de buitenruimte, therapietuinen, of gewoon meer tuin en gemakkelijke toegang. Dat zou wel erg fijn zijn.

Interview II

Interview with activity leader from care complex of Marente St. Jeroen in Noordwijk.

(Questions and answers in Dutch)

*Els Smit,
Wat is precies uw functie?*

Ik ben activiteitenbegeleidster. Het organiseren van verschillende activiteiten voor bewoners

Kunt u iets uitleggen over het scheiden van ouderen en ouderen met dementie en hoe krijgt deze vorm binnen het zorgcomplex?

Scheiden vind plaats. Vroeger kwamen mensen 'goed' binnen, of licht dementerend. Hadden ze meer zorg nodig, dan gingen ze naar de meer-zorg en vervolgens naar de gesloten afdeling. Mensen worden natuurlijk steeds meer hulp behoevend. Gesloten afdeling is misschien niet het juiste woord. Het wordt ook wel de verpleeghuisafdeling; het is de verpleegunit. Bewoners hebben dan meer personeel en meer middelen dat hun kan helpen. Deze afdeling kun je alleen binnen met een code. Mensen lopen hier vrij lopen op de gangen. Deze gangen hebben allemaal verschillende zitjes op de gangen, dat ze daar kunnen zitten en uitrusten. Dit zijn allemaal thema's zitjes. En twee verschillende woonkamers.

Zou u wijzigingen kunnen noemen die deze scheiding en de verdeling van verschillende soorten bewoners over het complex die u graag zou zien?

De verpleegunit op de begane grond, zodat er gebruik gemaakt kan worden van de binnentuin. Zodat mensen meer buiten kunnen komen. En zelf naar buiten kunnen komen. Momenteel wordt meer dan de helft van de binnen tuin niet gebruikt. Er zou prima een deel afgesloten kunnen worden en dan gereserveerd worden voor mensen die zwaar dementerend zijn. De tuin zou prima in tweeën gedeeld kunnen worden. Nu zijn de bewoners volledig afhankelijk van anderen. Een aparte ruimte zou prima kunnen werken. Nu is de administratie op de begane grond, aangrenzend aan de binnentuin, in plaats van deze gesloten verpleegunit. Heel erg jammer.

Kunnen alle bewoners op elk moment van de dag bezoek ontvangen?

Ja, in principe wel. Op de verpleegafdeling liever niet rond etenstijd en liever niet 's avonds laat. Vrij logisch.

In welke ruimte vindt de ontmoeting tussen bewoner en bezoeker voornamelijk plaats?

Eigenlijk is dat afhankelijk van de voorkeur van de bewoner. Op de VU liever niet in de woonkamer. Vaak gaan bezoekers met de bewoners naar zo'n zitje. Het overgrote deel vind toch wel plaats op de kamer óf op de zaal.

Wat zou u zelf doen?

Waarschijnlijk in eigen appartement of in de binnentuin beneden. Geen mooi weer? wel eigen appartement. Het is toch een soort thuis situatie.

En als u bezoeker zou zijn van een dement persoon?

Lopen, naar buiten. Mee-nemen, even het dorp in. Die mensen zitten daar altijd. Mocht je tijd hebben, doe dit dan. Ga lekker met mensen wandelen. Drink ergens een koffietje, eet een ijsje. Atrium of de zaal zou met slecht weer. De slaapkamers zijn ongezellige kamers. Een kleine ruimte een badkamer en een bed midden in de ruimte. Dit moet van de arbo. Zitjes worden wel gebruik. Visite neemt dan wat eigen hapjes mee of wat dan ook en zonder zicht dan met de bewoner eventjes af. Weliswaar op de gesloten afdeling, maar er zijn altijd wel zitjes vrij waar ze zich dan kunnen afzonderen.

Wat zou deze ruimte(n) opmerkelijk verbeteren?

Meer hoekjes creëren met ruimte scheidende elementen. Dit kunnen verrijdbare planten of andere objecten zijn.

In hoeverre wordt er vanuit de zorginstelling bepaald waar deze ontmoeting plaats vindt?

Gedeeltelijk gestuurd. Op de verpleegunit wordt gestuurd naar zo min mogelijk bezoek in de huiskamer. Het verplegend personeel wil dat voorkomen omdat de andere bewoners dan onrustige zouden worden. Dat is waar, maar dat is omdat iedereen altijd helemaal opleeft door mensen. Dat vinden ze allemaal fantastisch! Maar goed, dat wordt dus vermeden; hoe gehospitaliseerd kun je het maken?

Op welke manier zou de zorginstelling kunnen bij dragen aan het ontmoeten van bewoners en bezoeker? Zou u iets kunnen voorstellen dat deze ontmoeting prettiger maakt?

Dat is met een goed vrijwilligersbeleid mogelijk. Dan kun je vrijwilligers aan mensen koppelen. Een goede vrijwilligers-coördinator is nodig.

Als we praten over openheid, privacy? is het voor te stellen dat de bewoners in collective ruimten meer privacy krijgen of misschien dat persoonlijke ruimten meer openheid zouden kennen?

Uhm, ja. Zitjes zijn geschikt voor het het opzoeken van privacy. Als je op de afdeling wilt blijven.

Qua regulering kan het moeilijk zijn, maar zou interactie tussen bewoners in verschillende stadia van dementie een positief effect op de bewoners zelf hebben?

Het kan wel op de bewoners die wel dementerend zijn een positieve invloed hebben. Andere bewoners willen er het liefst ook niets meer mee te maken. Er zijn ook bewoners die erg sociaal zijn. De meeste willen toch wel afstand bewaren. Dat zie je in de zaal; soort zoekt soort. Mensen zoeken altijd gelijk gestemden.

De grootte van afdelingen, zijn deze van de juiste omvang, of zou u ze liever groter c.q. kleiner zien?
2x 18 personen. Dat is wel mooi. Het mooiste zou zijn dat er een rondloop zou zijn. Ze kunnen dan rondjes blijven lopen. Bewegen is erg belangrijk.

Maar dat is niet echt kleinschalig wonen?

Ja, dat klopt. Bij KS is het 6-8 personen. Wij hebben momenteel een andere opzet. Ik zou het liefst dan kiezen voor 1 grote afdeling met meerdere huiskamers.

In hoeverre staan de afdelingen in contact met de buitenwereld? En hoeveel waarde zou u hieraan toekennen?

Op de verpleegafdeling is binnen het opzicht zelf al een eiland. Voor de rest proberen we zoveel mogelijk dingen van buiten naar binnen te halen. Zo trad er een kinderkoor 1 keer week op. Toen hebben mensen geklaagd, nu hebben de bewoners helaas weer een activiteit minder per week. Er is ook een winkeltje en een kapper, er kan ook bloed geprikt worden. Dag-opvang is er ook. Dit word een 'opvang centrum voor dementie'.

Op de 4e verdieping (open afdeling) staat een keuken in een woonkamer. Dit stoort altijd. Gekletter en herrie. Vooral als mensen tv kijken. Ook ander meubilair zou de woonkamer huiselijker maken. De mensen hebben wel uitzicht op de vuurtoren, maar doordat ze zo hoog zitten is er weinig interactie met het straat niveau.

In hoeverre staan de collectieve ruimten in contact met de buitenwereld en in hoeverre staan deze in contact met buitenruimte?

Atrium grenst aan de binnentuin. Atrium is een soort dorpsplein. Brengt leven in de brouwerij.

De buitenruimte die aanwezig is, wat voor een waardering zou u die kunnen geven?

Als ruimte, het balkon aangrenzend aan de huiskamer van de verpleeg-unit, gebruik zou worden, dan zou ik dat een dikke negen geven. Op afdelingen is het verschrikkelijk waar dit niet kan. Ik vind dat buitenruimte echt een pre is.

Hoe vindt er interactie plaats met de ouderen die lijden aan ergere vormen van dementie? Wat zou hieraan graag anders zien?

Die krijgen activiteitenbegeleiding aangeboden. Zintuig activering via activiteiten begeleiding. Gym/ bewegingsactiviteiten. Sommige genieten al van het kijken naar andere mensen die activiteiten doen.

De vertrekken van de bewoners (de al in ver gevorderd stadium zijn), hoe erg verschillen deze met de vertrekken van andere bewoners?

Ja, ze zijn veel kleiner en ongezelliger. Eén slaapkamer met een badkamer en midden in de slaapkamer staat het bed.

Tijdens mijn mee-loopdag als vrijwillig merkte ik dat het halen van ouderen voor activiteiten bijna een logistieke operatie is, is dit altijd al zo geweest en zou hier niet iets aan veranderd kunnen worden?

Nou, wat ik dus wel merk, is dat mensen het ervaren als een uitje om van omgeving te wisselen. Ook al lijkt het bijna een logistieke operatie. Zo creëer je ook meer een thuis situatie, dan ga je namelijk ook wel eens ergens naar toe. Toevoeging van een stukje eigenwaarde. Het is meer dan de moeite waard.

Als ik het ergens niet mee-eens ben, is dat met mensen geïsoleerd omdat ze dementerend zijn. Onbekend maakt onbemind. Laat mensen er maar aan wennen, dat er ook mensen zijn die dementerend zijn.

Welke mensen?

'Iedereen'. Ik snap ook wel dat je niet direct tegen allemaal dementerende aan wilt lopen. Een creche erbij is een goed idee. Of maak afspraken met een kinderdagverblijf. Win-win-situatie.

Hoeveel vrijheid hebben de mensen van de dementerende afdeling? Hoe wordt omgegaan met mensen die geen bezoek ontvangen?

Niet veel. Je moet ze ook beschermen voor zichzelf. Onder toezicht is een bepaalde vrijheid. Ze moeten tegen zichzelf beschermd worden. Maar wij hebben ook weleens optredens in de zaal, dan genieten de mensen van de verpleegunit. Als de verplegers vinden dat het te laat wordt wordt, dan worden die mensen weggetrokken. Dan wordt wel heel duidelijk hoeveel vrijheid ze niet hebben. Er wordt natuurlijk gestreefd naar hoogpersoonlijke zorg en regie over eigenleven, maar bij sommige pakt dat iets anders uit.

Verenigingen zouden een boel kosten kunnen dekken. En eventueel isolement kunnen voorkomen. Zorg dat mensen eerder betrokken worden en langer betrokken blijven bij verschillende activiteiten. Dan is ook de overgang minder hard.

Appendix B: Interviews day-care centre Pieter van Foreest, Delft

Translated English Transcript for the Short Film 'Alles is Gezellig'

Translated English Transcript for the Short Film 'Alles is Gezellig'

Interviewees: DIT, JOOP, WIM, and SIMON

Interviewer: THOMAS (marked in *italic*)

00:33 TITLE: *Everything is Pleasant*

00:38 TITLE: *Community Center 'Vermeer Tower'*

00:42 TITLE: *Pieter van Foreest' in Delft*

01:23 JOOP Eighty.

01:24 DIT Oh, I am, euh... Seventy-nine.

01:29 SIMON Ninety.

01:30 WIM Eighty-one.

01:33 *Seventy-nine...*

01:34 DIT Seventy.

01:35 *Yeah, Seventy.*

01:36 DIT I thought you said Sixty. Haha...

01:38 *Well, I could have guessed that maybe, umm...*

01:42 JOOP An ordinary day is when I'm here, three of the... three days a week, and then I spend the rest of the days at home.

01:52 *...And could I ask you, how does your ordinary day look like?*

01:57 SIMON Here? Well, to be honest a bit annoying. Playing games is not my passion. I have been a draftsman my whole life, in steel manufacturing. Then you accrue quite a bit... Now I've already been retired for twenty-five years, so it's been quite some time... but, doing absolutely nothing...

02:24 JOOP ...So, Saturday, Sunday... and a Wednesday.. Yeah...

02:30 SIMON Four days; Monday, Tuesday, and Thursday, Friday...

02:33 *Yeah, ok and on Wednesday you are...*

02:35 SIMON Thursday. Tomorrow I will... take a rest. Haha....

02:39 *...so then you don't have to play any games.*

02:40 SIMON No, that's why.

02:42 WIM Two days. Tuesday and Thursday.

02:44 *So you wake up in the morning, you have breakfast, and then the bus comes and brings you here?*

02:50 JOOP Yeah. The journey, let's say, lately I've passed my time by sleeping.

02:58 WIM In the morning until eight-thirty and then...

03:00 JOOP Then I just look sort of look outside, and you can see all the birds and the flowers and whatever... but yeah, I need to take so much medicine...

03:14 WIM ...And in the evening after five o'clock, then I sleep another two hours... and then at ten-thirty I go to bed.

03:20 *Pleasant...*

03:21 DIT Yes. They entertain us well. Haha.

03:25 *But, do you have a fixed routine? Getting up, making coffee.. or those kind of things..*

03:34 DIT No, that's all done for us.

03:38 JOOP The first this that happens is coffee gets served. That happens the moment you come in, the coffee is already so to speak next to you. With a cookie and those sort for things...

03:49 *Do you find it nice that this is all done for you, that you get help with it?*

03:54 JOOP It makes it nice. That's just the way it is. If you had to come in and grab it from a machine... meh... even though today it probably tastes the same.

04:04 DIT Yes of course, otherwise I wouldn't be here.

- 04:07 *What do you thing is the nicest thing about a day like today? ...About being here? So if you could choose what you would like every day, what you prefer to see?*
- 04:20 JOOP Well... that's hard to say. That I wouldn't be so cranky. Its depression. And I walk around daily with a ringing in my ears...
- 04:43 WIM Let's see, what do I like the most...
- 04:44 DIT Everything is pleasant.
- 04:46 SIMON Well, some provocative questions are being asked... I like that.
- 04:50 *Yes? ...let's say that, for once, things get deep...*
- 04:54 SIMON Yes. Yea... I don't always know, but...
- 04:57 DIT Living there is pleasant.
- 05:00 WIM Let's see, well they begin the day with the newspaper...
- 05:04 DIT We go through two newspapers.
- 05:07 WIM Well... that gets a bit long-winded at times.
- 05:11 DIT We often also go for walks.
- 05:14 SIMON Yes, with the group we sometimes go... but yea, before everything is ready, before all the people get their walking sticks and walkers outside, that already takes like half an hour.
- 05:29 JOOP Yes we go, for walking, here in the area when it's nice weather. Well, I can't walk long enough, with a walker I can move around this building, but that's really it, because beyond that I really can't anymore.
- 05:52 WIM I do walk a lot. Well, in the weekend it was nice weather. I spent three quarters of an hour walking, with the walker. Sometimes I do that in the mornings, and in the afternoons after I wake up I go walking again. Most of the time I walk around in the area, I now also walk home.
- 06:23 DIT This afternoon were going to do some sports, and that's also nice.
- 06:26 WIM It takes me a quarter of an hour [to get home]. Car driving isn't possible anymore, so I can't use that. I also havn't biked in a long time.
- 06:38 DIT I am here by myself, and when it's time to go home my husband comes and picks me up.
- 06:43 *...Family or friends...?*
- 06:45 DIT No, seldom. Their busy.
- 06:47 Ah, that's annoying, no? Then again, you are also quite busy here.
- 06:52 DIT Yes, I'm here too... and well, otherwise they'd come by occasionally, but they can't now, I'm not there [home]... no, its fine like this.
- 07:01 JOOP Well, I don't like to sit in the sun much. Its gets hot real quick and then I'm really like uff... [exhausted]. No but its fine then I just sit outside in the shade. Sometimes we drink a cup of coffee, because as you know the Dutch nation runs on the drinking of coffee. ...The other thing is that, there is a lot of misunderstanding [regarding my condition], as in, when you speak with me, then it's loose from this and that, but to really get at what's behind it... because you can't... there's only a couple of fellow patients here, that have something similar, that can understand it... and others, such as my wife sometimes, they say don't whine... but yea, that really hits you hard when someone says that to you. Maybe it is whining, when every few hours you say 'I have this, I have that...' so I don't deny it, but...
- 08:03 DIT I take everything as it comes.
- 08:05 *The communal area you have, is that your favorite place, or...*
- 08:08 DIT That's the best place. Yea, it's nice.
- 08:14 *...And the lady that has been assisting you and spends the day with you...*
- 08:18 DIT There's different ones yes...
- 08:21 *...And for today...?*
- 08:23 DIT Yea that's a really good one. Haha... yes, the nicest one.

08:27 SIMON I find it here... well, it's not ideal anywhere, but there has been effort and I think [the place] has come out, as a whole, pretty well.

08:38 *It's been well organized...*

08:39 SIMON Yes. [for example] the room, with the kitchen wall, that's very nice... I think.\

08:51 So we should look well at how they put the place together here...

08:55 SIMON Yes. ...and the garden. With the large plant pots, that's... well, I understand it has to be like that due to maintenance and costs and so on, but yea...

09:11 WIM Outside in the garden... I usually walk ten rounds or so, because it's of course quite limited [there]... and well, there's nothing special there. There's those large pots with plants, that's all one kind...

09:34 SIMON Well to say that that it's nice [the garden]...

09:37 WIM It's not very pleasant there, but ok, your outside, that's what counts. Especially with this weather... when it rains then it automatically doesn't work.

09:49 SIMON ...but those games do serve a purpose. They put your brain to work. Yea... I have to admit it's good that they get us to do those things. Otherwise we'd be a bit lazier.

10:10 *Yes? Are you well looked after here?*

10:11 Yes. It's going fine.

10:15 *[Assistant walks in] Joop needs to take his medicine. Here you go.*

10:17 JOOP Ah yes, look at that... That's also a ritual... I need to pay attention to that. Let's see... [Searches pockets] no, that's the wrong pocket... Here? ...I'm going to try and open it without my glasses. [Opens medicine and drinks it]. This is a... a procedure that is relatively difficult, but It's still do-able. But... that's not the case with other things.

11:04 So, I think we are more or less done. Thanks. Shall I halo you walk back?

11:17 SIMON Will I get to listen to what I recorded?

11:20 Yes, you will get to hear it.

11:23 CREDITS: *With thanks to: Dit, Joop, Wim, and Simon.*

11:29 CREDITS: *With thanks to: Employees at 'Pieter van Foreest'*

11:35 CREDITS: *Made by: Martin Fiala & Thomas Smit*

11:42 CREDITS: *Music: Olafur Arnalds – Pu Ert Jordin*