Compensate the impaired life of dementia patients by environmental interventions
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1. Introduction

It is a very optimistic opinion that dementia patients are no different to the rest of us, it is just that they have to deal with the challenges of a particular illness. And of most of care facilities for elderly people with dementia, to provide a normal life for their residents is the key idea which is also generally accepted by the public. In fact that people with dementia are gradually losing almost all parts of their normal life, including social life and individual life. Thus, providing a “normal life” or “normal environment” doesn’t make sense for them, especially for severe dementia patients. “Normal environment” doesn’t guarantee them can live normally. Dementia limits the degree of independence, self-control and ability to cope with one’s surroundings. They are not aware of what happening around them.

On the other hand, elderly people with dementia react more sensitively to their environment as their ability to adapt and compensate deteriorates. So providing appropriate living environment is difficult when perception, cognition and orientation are so impaired that the entire person-environment congruence has shifted out of balance.

Dementia patients are no longer able to react flexibly and appropriately to situations around them. Without any form of self-control it would seem that the patients is entirely helpless. The Built environment therefore presents a constant challenge for dementia patients, its level of intensity affecting their well-being and perception of stress. Their sense of well-being is best when the stimulus provided by the active and compensatory aspects of the surroundings is perceived by the patients as consistent and they are subject to neither an excess nor a lack of stimulation. So the research question of this report is as following:

*How can the environment compensate for the impairment of the life of dementia patients?*

Three research methods have been used: interview, case studies and experiments. The manager of De Hogeweyk, *Yvonne van Amerongen*, was interviewed, she has worked in a nursing home for a very long time, and also has managed to do a lot research on the relationship between dementia patients and environment. Three case studies are included in this research, two of which is very successful nursing home, *De Hogeweyk* (Netherlands)[fig.1] and *Gojikara Village* (Japan)[fig.2], they all have very unique ideas of the environment design for the dementia patients but with very different culture background. The third one is a healthcare program called *Farming for Health* (Netherlands), which also has very inspiring idea about the social environment for the dementia patients. For the experiments, it is impractical for me to conduct long term experiments in the nursing, so I’ll just quote two experiments from professional researches to illustrate my point of view.

This research will mainly articulated in two aspects, the social environment for dementia patients, and the building environment for dementia patients.
The life of dementia patients will be evaluated in each of these aspects. In the conclusion a brief reflection will be given on how the results of the research will guide the design of the nursing home.

Fig.1 De Hogeweyk (Netherlands)

Fig.2 Gojikara Village (Japan)
2. The Impaired life of dementia patients and their living environment

There are several stages for the illness of dementia, people with dementia first begin to suffer memory loss, then become disorientated and unable to recognize things; in later stages the illness can lead to a loss of identity and social isolation. These elderly people gradually lost most part of their normal life, they became vulnerable, sensitive to the environment, which also makes them irritability and aggressive for not be able to adapt and compensate in the same way as they used to.

2.1 The interaction with environment

Dementia patient is aware of the developing onset of the illness from an early stage, particularly as their interactions with their surroundings change. Everyone has a specific relationship to their immediate environment which is influenced by the congruence or fit between one’s personal wishes and needs and the conditions and demands of the environment. A key criteria for this fit is one’s ability to feel competent and therefore independent and safe. Even persons with mild cognitive impairments exhibit changes in their interactions with their environment. These cognitive impairments lead to errors in one’s memory of places and a reduced ability to spontaneously adapt to new spaces and unknown situations. As dementia patients begin to realize these changes, they may feel a sense of shame and inadequacy caused by emotional borderline situations resulting from difficulties in knowing where they are, finding their way or performing normal daily routines.

The home and immediate surroundings of a dementia sufferer may on the one hand become a corset, and on the other provide compensatory elements as, according to ecological psychology, people are influenced in their experiences, thoughts and actions by their environment and where they live. This means that people and their actions are inseparably and mutually linked with their immediate surroundings, a fact that applies to people who are healthy or impaired alike. In order to adapt their living environment better to their needs with a view to enabling them to live independently, the effect of spaces and environments on their complex experiences and actions are needed.

2.2 A threat to everyday life: Memory loss

In the first years of dementia, memory loss and a loss of orientation are the
primary symptoms. More complex challenges in everyday life such as making financial arrangements, staying organized and keeping appointments, finding new places and coping with road traffic are the first things to become a problem. Dementia patients are generally quite aware of their situation and attempt by avoiding such situations to disguise their first cognitive impairments behind an intact façade so as not to make a bad impression. Over time, situation start to arise where patients experience difficulties in dealing with everyday actions, creating uncertainty and worry. Uncertainty leads in to a loss of confidence and vitality and can eventually cause the person to withdraw into himself and from interactions with others.

In many cases people cognitive impairments lose interest in activities and hobbies that previously important to them and gradually withdraw from actively and emotionally shaping their direct surroundings. The everyday world of people in the early stages of dementia is characterized by a loss of confidence in their own self-efficacy. They lose confidence in their own competence and ability to deal with things as a result of the difficulties they experience, which to them seem uncontrollable. The doubts in their own self-efficacy allow stress and worry to become overpowering. Their own environment is experienced less and less subjectively as being meaningful. This loss of self-confidence and the increasing inability to deal with everyday activities is usually closely linked to the person’s progressive withdrawal. In such situations changes to the person’s everyday life and environment feel most threatening. The feeling of helplessness is exacerbated and with it the problem of self-identity: am I still person I once was, what can I still do, what comes next?

2.3 A tolerable environment

The once active and self-driven relationship with personal contexts, spaces or relationships and the continuation of hobbies such as working in the garden become increasingly impossible as the illness progresses. Paradoxically, the more a person begins to lose their sense of identity and will to actively control and shape their environment, the more important their environment becomes for them as a stable and comprehensible background. The constancy of their physical surroundings gives dementia patients a feeling of stability and security. In this stage, the long-term memory begins to take over comprehension of surroundings while the “consciously and actively planned present” recedes. The focus shifts from actively adapting to surroundings to tolerating and accepting them.

What a tolerable environment for the dementia patients should have? Institutions appropriate for dementia patients should take into account and offer three components: the optimal built elements of the facility and ward, the psychosocial milieu and the organization of nursing and of how people live together.

Sub-Research questions

In order to get more specific points on the research questions, three sub-research questions are extracted from the discussion of the life and living condi-
tion of dementia patients.

What is the interaction between the environment and the patients?
What can the patients do in specially designed environment?
What is a tolerable environment?

3. Social environment for dementia patients
The two basic elements of social environment are people and activities, which for normal people these two are the most important things in their life, for dementia patients, it is even more important for their well-being to be connected to the social environment.

3.1 Interview
Traditional nursing homes for dementia patients is more like an institutionalized facility, even for general elderly people it is not a pleasant place to live in, because they are not aware of what happening in and around their “home” they are not participant in this society anymore which would be the saddest story for their life. What should we provide for the dementia patients? The manager of De Hogeweyk, Yvonne van Amerongen answered that:

For our residents, we want a normal life, normal surrounding that they would recognize where are, because people with severe dementia need that. If they are in a traditional nursing home surrounding, they don’t understanding where they are and what’s happening, and that confuses them whole day around. So what we want here is a normal society for people to live in. It is not possible for them to stay at home, they need our professionals to help to be there, but the environment they live should be normal, normal Dutch culture. So what we have is normal houses, where people have a normal household, where the things are done that are done in every house, like in your house. What we have is a theatre, because theatre is part of life, we have café, restaurant, hair dresser, supermarket, club room, things you can find in any small town.

A normal social environment for dementia patients seems very important, but nursing home for dementia patients is always a gated community for safety reasons. A normal life in a gated community, is that a “Trueman Show”?

We are not playing a role game, because when you go to the theatre in AMS, those people are playing role game, no, they are acting like they should in that situation. It's not a role game, this is normal society, the only thing we brought in was the professional to help people to live in that, because that’s what they can’t do any more, that’s why they couldn’t cope at home, if they could, they could stay in society that was less safe. So we brought in safety and we brought in professionality, but it’s a normal society.

There could be a normal society in the nursing home, the employee and people from outside could act normally in this community, but for the residents in this nursing home, they are in different health conditions, capabilities and
culture background, they are abnormal, it is very important to think about this from the patients' perspective. She explained:

Each person is very individual person, and we have to find out what is important for their personal life, and we often need the family members to tell us, because they can’t tell us themselves anymore. So we have to observe people, you can easily see something is good or not. So you have to observe and speak to the family and other relatives, friends, what is important for this person. Then we can find out how we can organize that. And actually that is done in what we called life care plan. We have to give a lot of care, but also have organize their life. That very important for the individual to feel at home and be able to do his/her own thing and in his/her own life.

In this case, there seems to be two society for the dementia patients, an inside one and am outside one. How to consider the relation between these two societies?

We think that is very important that the society comes in, we have a relationship with the society around us. The most wonderful thing would be that the society is dementia friendly. We did need a safe surrounding for our residents. What we need is the society comes in and we invite them to come in, if we have a concert here every two weeks, it’s in the paper of Weesp, people come to join the concert. But we know that people from Weesp come to our restaurant just because it’s a restaurant. On the other side, some of the companies from the industry area come to our restaurant with their business partner to have lunch. In the theatre we have all kinds of groups, we earn money from that for the maintenance, but it also bring in these groups. And it is also important for the volunteers come in, because that the society come in.

3.2 Case studies
Gojikara Village is located in Nagakute City, Japan. One of this community’s goals was to re-create a multigenerational community where elderly residents are able to experience the lifestyle they enjoyed prior to residency. To achieve these objectives, Gojikara Mura offers a variety of services, not only for elderly residents, but also their family members and visitors, allowing them to be a part of an authentic community that values their elders. [fig. 4,5]
It is the Gojikara Village philosophy that elderly residents need opportunities to establish meaningful relationships with people inside and outside the Gojiakara Village, no matter what physical and cognitive conditions they are experiencing.

The Japanese long-term care system strives to provide elderly residents individualized care in a “normal” living environment. For this reason, small household living environments in the form of group homes and households have been adapted nationally in Japan over the last few years. However, this environmental approach has a tendency to socially isolate residents from the surrounding community, providing little or no social interaction with anyone other than staff members. With this situation in mind, Gojikara Village gradually added multigenerational functions, such as the nursing school and the children's preschool, and located them in close proximity to elderly residences to emulate the larger community. Students, children, and visitors are not obligated to interact with elderly residents, but simply coexist and share spaces in the same village. Embracing diversity in this manner, this community has naturally grown as a multigenerational campus where elderly residents are not isolated but are an integral part of the community.

At the nursing home, meals are prepared by the mothers of the children who attend the preschool. This arrangement allows mothers to reduce the trips between their home and the preschool and enables them to work part time. This, of course, has a mutual benefit for both the organization and the preschool mothers and is also an effective way to increase multigenerational interactions between mothers and children and elderly residents.

The other case is Farming for Health, the Green Care Farm in Netherlands. One of the scenarios is like this:

Mr. B has been diagnosed with vascular dementia. He feels very uncomfortable about his memory problems and therefore tries to hide these problems. At home he is apathetic; he sits in his chair almost all day. He expresses his incapability with unpleasant behavior towards his family members. For a few months he has been attending day care at a green care farm three days weekly. At the farm he is very friendly and helpful and whistles as he carries out his duties. At the green care farm there is no continuous need to prove himself and he feels useful. The struc-
ture, and the support of the farmer and farmer’s wife, help him to perform a large variety of activities, Mr. B prefers to help the farmer, by doing tasks like repairing the tools. He mostly goes home in a pleasant mood and his behavior towards his family members has improved.

Green care farming is initiated by farmers and not by the health care sector. The green care farm environment was seen as rich and challenging and was therefore considered to be a suitable environment for the well-being of people with dementia. There are several advantages in this Green care farming. First, the homely and non-institutional environment at green care farms may evoke memories and stimulate the senses so that people with dementia easily feel at home. Second, the variety of environments at green care farms makes it possible to choose and to participate in activities that fit the patients’ preferences and abilities best. Third, having a choice may cause a strong sense of autonomy and identity while the availability of useful and meaningful activities may enable people with dementia to feel useful. It really helps to reduce the aggressive behaviors of the patients. Further, the activities offer the opportunity to be together with other people and may offer distraction and relaxation. Fourth, the opportunities at green care farms to be active may enhance the mobility of people with dementia.

3.3 Experiment
An experimental group of SNF (a long term care facility in US for dementia patients) residents was told that they should be responsible for themselves; they were given the freedom to make choices and the responsibility of caring for a plant. The other group of residents was told that the staff would make decisions for them as well as take care of their plant. [fig.9]The results were remarkable: 71 percent of the second group became more debilitated over a three-week period, while 93 percent of the responsibility-induced group showed overall improvement, demonstrating that the condition is potentially reversible.  

Fig. 8 Farming for health
Fig. 9 Elderly with flower pot

Malkin, 1992
Even though the dementia patients gradually lost their independence, and even lost self-esteem and confidence, this doesn't mean that they don't need it any more. They need confidence and self-esteem for their well-being, a dementia friendly environment should give the opportunity to rebuild the confidence and self-esteem for the dementia patients. Like in the experiment, tell them they can something in a proper way. In fact, this group reported greater feelings of happiness, showed significantly more activity, were rated to be more alert, and spent far more time visiting with other patients and engaging in social activity rather than passively watching the staff.

3.4 Reflection
It is very important for the well-being of the dementia patients that they are living in a “normal society” but with specially designed social environment. The professionals should be brought in, dementia patients need the help of the professionals. It is impossible to create a real society in a nursing home for its complexity, but it is possible to create a multigenerational community inside the nursing home and it is possible to bring in people from the outside too, which really promote the communication and interaction between the patients and people inside and outside. Very positive interactions could be initiated in this environment.

A normal social environment is very important but what kind of social activities the dementia patients can do is more crucial for their health condition. The capability of doing something could really help the patients to rebuild their self-esteem and confidence.

4. Building environment for dementia patients
Dementia patients are very sensitive to the physical environment around them, the effect can be either in a positive way or in a negative. The smelling flowers in the garden, bird singing in the woods, familiar street views, the old furniture in the bedroom could all evoke the happiness memory of the patient, which also makes their life easier. Slippy pavement, endless corridors, unfamiliar interior could make the life of dementia patients upset, sometimes in danger. So as part of the physical environment, building environment is very crucial for the well-being of the dementia patients. So how the building environment can be designed in a compensate way for the life of dementia patients will be discussed as following.

4.1 Interview
Before the Hogeweyk was built, Yvonne van Amerongen the manager of Hogewey and her team has conducted the research of building environment for dementia patients for years. They were also on top of the design process, they had thought about very detailed part of the design. They had their own design philosophy, not from the architect. Yvonne van Amerongen explains:

_The main thing is that we do normal, normal means that you can recognize it as_
normal, for instance, if you go to a restaurant, it should be recognized as a restaurant not as a canteen or living room or whatever.

The arrangement of the daily life for dementia patients along with the alternation of day and night is the main task for a nursing home. The key point of the building environment is to make the patients be aware of what they can do in certain spaces. Yvonne van Amerongen explains:

The light in house are switched off in the night, but in the traditional nursing homes you see lights all over the place, that’s not normal. So the light are switched off, they will only be switched on when you need, like go to the bath room at night. How can we make an environment in a way that people understand that this is a bedroom, this is a living room. It’s like in your home, in a bedroom there is a bed, it’s just normal. Understanding the way of doing normal, so you have to get rid of the burden on your shoulder and think normal.

It is important for dementia patients that they can focus on one specific use of space that they don’t get confused when there are different kinds of things going on in the space. So it is easy if they going to sit somewhere to eat, it’s only eating room. Do you think the same? Yvonne van Amerongen explains:

If you have, for instance, a dining room with only a table with chairs and nothing related to dining, they won’t understand it’s a dining room. They understand that they have a dining table in their living room, in Dutch culture, you have to do it recognizable for people in a Dutch culture and in Dutch culture most of time you have a living room and also a dining corner, and that’s normal, that’s what people recognize. And when you set a table to there, you set a table normally with plates and everything and you have in normal house, then they will recognize that as dining table. If you bring in a large cart, you see in traditional nursing home where food comes out, they don’t understand what happening. People with dementia don’t understand that, so they won’t eat it.

Color is almost relate to all parts of the building environment, for dementia patients, they may not recognize the meaning of a sign but they could recognize the color of the sign. For a demented life, color can be very crucial in designing a nursing home. Yvonne van Amerongen explains:

We work with life styles here, we did research of life styles in Netherlands, we have seven life styles and for the interior design we made formats of every life style, the style of the interior design and colors. So there are 23 houses, 7 life styles, of most life styles we have more houses. They are not always the same of the same life style, but they are the same style. That’s why color is very important. I know there are all kinds of theories on what colors to use for people with dementia, but we think color is more important as part of the interior design to feel that is your home. It feels familiar. That’s how we use colors.

A comfortable territory for individual means a lot for ordinary people, for dementia patients, it is also very important to keep their personal life available.
Providing flexible spaces for individuals is a way to compensate the loss of personality of dementia patients. Yvonne van Amerongen explains:

_We try to do the interior design that fit the lifestyle of normal Dutch culture. In every living room we have a place that everybody can sit around the TV set, but we also have a corner where you can sit alone. We always have the possibility that people sit around one dining table but we also can make two out of them, if that’s is important. That’s what we do. In the bedroom, the person has the possibility to have their own chair or whatever._

### 4.2 Case studies

In the 1990s, De Hogeweyk was a four-story concrete building, but they made each floor of the nursing home replicated a street with three living rooms, each with its own defined lifestyle. The gardens surrounding the nursing home provided a pleasant view for the residents. There were many restrictions, for example, it was not safe for residents to go into the gardens without supervision.

The changes was made to the new Hogeweyk, the gardens now are surrounded by the households which are mainly one story high, only part of the households have two floors. By doing this, the entire nursing home can form a closed environment as big as possible, so the residents inside can move freely without any supervision, especially in the gardens and the street. It just as a small village inside.

Furthermore, in the new Hogeweyk households are divided into seven lifestyles, which are all relate to the Dutch culture background. The seven lifestyles is as following:

- **Traditional**: for residents whose pride and identity came from carrying out a traditional profession or managing a small business
- **City**: for “urbanized” residents whose life had been spent in the center of the city
- **“Het Gooi”**: for residents who attach importance to correct manners, etiquette, and proper external appearance
- **Cultural**: for residents who appreciate art and fine culture
- **Christian**: for residents for whom practicing their Christian religion is an important part of daily life
- **Indonesian**: with Indonesia being a former colony of the Netherlands, De Hogeweyk has a lifestyle for residents with an Indonesian background, which determines their daily routines to a large extent
- **Homey**: for residents who believe that caring for the family and household is important, and for whom domestic rhythms are

The households are very domestic and residential in scale. The exteriors and interiors are all design accordingly to the seven lifestyles, including the furniture. [fig.10,11,12,13] The design is familiar to the residents and the passion of the residents for particular lifestyle means that the familiarity will be enhanced. The collaboration of the design and care program promotes self-esteem, autonomy, and independence.
De Hogeweyk has several gardens and public squares [fig.14,15,16] within the premises. Each garden is unique and correlates to the custom interior designs representing the lifestyles supported in the households, being mindful of their individualized care and their location within the neighborhood.
For the Gojikara Village, it has the same idea with De Hogeweyk which is to provide a familiar and domestic living environment for the residents. The difference is that, Hogeweyk is like a collage of “memories”, totally newly built up and they tried to make everything convenient and safe for the residents; Gojikara Village is like a real village which is not all new, some of the buildings are preserved old traditional Japanese houses, living in a typical Japanese house does not offer complete accessibility: residents are used to negotiating and adapting their built environment to be as accessible as possible based on their needs.

There is no hard pavement in the Gojikara Village, by doing so they want to slow down the pace of life in the village which also provides opportunities for everyone to communicate with dementia patients. Elderly residents and staff members are given opportunities to initiate discussions, which result in the modification of their living environments into their homes. Approach enhances a sense of human interdependency and promotes a non-unified “homelike” environment as opposed to a more unified and institutional environment.

4.3 Experiment of ‘macro’-range environment enhancement

The concept of ‘larger scale interactive memorabilia’ is being used to create the feeling of ‘familiar places’ when residents move beyond the homelike living areas. In a newly constructed nursing home for dementia patients, a bright red Austin Mini car (made safe) was located in a link corridor-lounge area between two outdoor quadrangle spaces. The bright couches nearby the Mini are for those who enjoy looking at it and observing those in it, but don’t wish to sit in it. The boot of the Mini contains a large picnic hamper, which is sometimes filled for ‘picnic lunches’ for residents, to provide the feeling of an outing even when a literal one is not possible.⁷

In some nursing homes, they paint fake windows or fake bus station on the wall that the dementia patients can sit aside for a whole day, because they thought that was real. That is really a sad story. But for this Mini car experiment, it is not the same case, because by putting a real car into the living environment of dementia patients, it can create a kind of micro-atmosphere around the Mini car. There is could be very positive interactions between people sitting in the car and people sitting at the couches. This could be the same
scenario of their premorbid life. This “Mini car” is trying to solve problem instead of escaping from facing the problem like the fake one.

4.4 Reflection
Dementia patients are very sensitive to the building environment which has advantages and also disadvantages. The advantages is that a proper design could promote the living condition of dementia sufferer, the disadvantages is in the reverse way. The cases show that cognition impairment and memory loss are the two primary aspects that could be compensated at certain level by proper design. To create a living environment with a familiar lifestyle is accepted by different culture background. Building environment could not be perfect but should stimulating to the patients and normal people. Changes of the building environment of very small scale could also have a large influence like the “Mini car”.

5. Conclusion
The colors of the life of elderly dementia patients are fading, they gradually lost most part of their normal life in comparing with ordinary elderly people. Due to the cognitive impairment, memory loss, they have lost the ability to be independent. They can't even know who are they, where are they, what they can do. These are all cause of the disordered behaviors and aggressive behaviors of dementia patients. On the other hand, we have noticed that dementia patients are very sensitive to the environment, we see the chances to compensate the impaired life of the patients by the environment intervention.

The environment intervention including two parts, social environment and building environment. This research focused on finding the specific points of what and how the environment intervention can compensate the impaired life of the dementia patients. The research questions is as following:

*How can the environment compensate for the impairment of the life of dementia patients?*

And three sub-research questions:

*What is the interaction between the environment and the patients?*
*What can the patients do in specially designed environment?*
*What is a tolerable environment?*

Three research methods have been employed to retrieve information: interviews, case studies, and experiment. The answers of the research questions have been explored through these three methods.

From the social environment aspect, to make the nursing home a normal society which possibly contains all kinds of social life is very important. Also to encourage the communication between the patients in nursing home and the people from the outside world could really promote the well-being of the
patients, and also makes the society dementia friendly. A multigenerational community with kids and elderly could be an ideal model of this kind of community for dementia elderly. Moreover, finding the capabilities of the each patient and providing proper activities for them can improve the well-being of the patients, and also can rebuild their self-esteem and confidence.

From the building environment aspect, a familiar outlook of both the interiors exteriors could create a very domestic atmosphere for the dementia patients, which will evoke and compensate part of their lost memories. A familiar environment always related to the culture background, so a clear definition of each spaces in a nursing home could make the life of the residents easier. Furthermore, building environment could not be perfect but should stimulating to the patients and normal people, for instance the pavement in the Gojikara Village. Last, small scale stimulation could also has a large influence.

There are several aspects learned from the research, and will probably apply to the design of the nursing home. There is a primary school on the chosen site which provides a chance to combine the elderly and kids together, a Multigenerational community. The garden will be surrounded by the living units, and a cultivated garden will be created to provide activities for the residents. Old the buildings on the site will be preserved to keep the familiarity look as much as possible. The church on the site will also open to the public, in this case, people from outside will join the community with the dementia patients. Several “Mini car” ideas will be designed and put in proper location in the nursing home to create the sense of belonging.
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7. Appendix

Interview with the manager of De Hogeweyk, Yvonne van Amerongen.
(30minutes long)

Q1: what do you want to supply for the clients? How did you manage it?
A1: For our residents, we want a normal life, normal surrounding that they would recognize where are, because people with severe dementia need that. If they are in a traditional nursing home surrounding, they don’t understanding where they are and what’s happening, and that confuses them whole day around. So what we want here is a normal society for people to live in. It is not possible for them to stay at home, they need our professionals to help to be there, but the environment they live should be normal, normal Dutch culture. So what we have is normal houses, where people have a normal household, where the things are done that are done in every house, like in your house. What we have is a theatre, because theatre is part of life, we have café, restaurant, hair dresser, supermarket, club room, things you can find in any small town. That’s want we offer people who living here.

Q2: For every specific patient, how to meet the needs of activities?
A2: Well, each person is very individual person, and we have to find out what is important for their personal life, and we often need the family members to tell us, because they can’t tell us themselves anymore. So we have to observe people, you can easily see something is good or not. So you have to observe and speak to the family and other relatives, friends, what is important for this person. Then we can find out how we can organize that. And actually that is done in what we called life care plan. We have to give a lot of care, but also have organize their life. That very important for the individual to feel at home and be able to do his/her own thing and in his/her own life.

Q3: What that means to architect?
A3: By working like that we need to tell the architect what our vision was, and what these people need. Actually, what these people need is normality, but for professionals normality is the most difficult thing to do. So what we had to do is to discuss with the architect about what is normal house, what do we need in a normal house, what is normal social environment, what is a theatre, what is a restaurant. All that has to do with interior design and exterior design. That was the discussion we had with the architect, finding out how to building something where we could work as professionals, and that would have the feel and look of normality.

Q4: Did you use recognizable shape that people can recognize easily?
A4: The main thing is that you do normal, normal means that you can recognize it as normal, for instance, if you go to a restaurant, it should be recognized as a restaurant not as a canteen or living room or whatever. Restaurant is a restaurant because you have a lot of table with chairs, you have waiters, they acting like waiters. Environment is not only breaks the interior, the environment is how people act, the building environment is just one of the aspect of doing this
the way we want to do it. It’s one of the aspect that is important, just one. The architect has to understand too, it is part of it. It is very important that the people work there act like we want them act in that environment. If you go to the theatre like this, you need the environment of the theatre, but you also need the people work there be dressed as if they are in a theatre. They should not just wearing nurse’s uniform. Whatever, no! When you go to a theatre, also the people work there have specific clothing and people act in specific way. That’s what we need to do, so what we have to discuss with the architect was that what we are going to do here, what does people expect here, what they recognize as normal theatre and normal house.

Q5: So you are playing a role game here?
A5: we are not playing a role, because when you go to the theatre in AMS, those people are playing role, no, they are acting like they should in that situation. It’s not a role, this is normal society, the only thing we brought in was the professional to help people to live in that, because that’s what they can’t do any more, that’s why they couldn’t cope at home, if they could, they could stay in society that was less safe. So we brought in safety and we brought in professionality, but it’s a normal society.

Q6: What do you take into account of making different between sleeping spaces and living spaces, how to deal with day and night, to stimulate that?
A6: By offering people good active life in the day time that they are sleep in the night time, the light in house are switched off in the night, but in the traditional nursing homes you see lights all over the place, that’s not normal. So the light are switched off, they will only be switched on when you need, like go to the bathroom at night. How can we make an environment in a way that people understand that this is a bedroom, this is a living room. It’s like in your home, in a bedroom there is a bed, it’s just normal. Understanding the way of doing normal, so you have to get rid of the burden on your shoulder and think normal.

Q7: I read that it is important for dementia patients that they can focus on one specific use of space that they don’t get confused when there are different kind of things going on in the space. So it is easy if they going to sit somewhere to eat, it’s only eating room. Do you think the same?
A7: If you have, for instance, a dining room with only a table with chairs and nothing related to dining, they won’t understand it’s a dining room. They understand that they have a dining table in their living room, in Dutch culture, you have to do it recognizable for people in a Dutch culture and in Dutch culture most of time you have a living room and also a dining corner, and that’s normal, that’s what people recognize. And when you set a table to there, you set a table normally with plates and everything and you have in normal house, then they will recognize that as dining table. If you bring in a large cart, you see in traditional nursing home where food comes out, they don’t understand what happening. People with dementia don’t understand that, so they won’t eat it. They haven’t seen or smelled or whatever the process of cooking, so all of a sudden something comes in with food, they don’t recognize that as food, so they won’t
eat. And people say that she doesn’t eat well, so let’s cure it. It doesn’t smell like food, so they even eat worse, then they say there is big problem. The problem is that we don’t help those people recognize it time to eat that food.

Q8: Is senses important for the people with dementia in their daily life?
A8: Senses is very important for the people with dementia. We see that we can still make contact with people that are in the last stage of dementia when can’t do anything anymore, they can’t talk. And so senses is very important for them to feel they belong to what’s going on that they are part of the environment. All senses are very important, touching things, feeling things, hearing, seeing smelling things, because that’s the way people with severe dementia can still be part of the world. We can really reach them and contact with them. They realized something is out there that they can part of it.

Q9: How do you use color in the building?
A9: We work with life styles here, we did research of life styles in Netherlands, we have seven life styles and for the interior design we made formats of every life style, the style of the interior design and colors. So there are 23 houses, 7 life styles, of most life styles we have more houses. They are not always the same of the same life style, but they are the same style. That’s why color is very important. I know there are all kinds of theories on what colors to use for people with dementia, but we think color is more important as part of the interior design to feel that is your home. It feels familiar. That’s how we use colors.

Q10: How do you see that patients getting lost inside the neighborhood?
A10: Our residents can walk freely, most of the time they don’t get lost because they are not on their way to something. You get lost in the city because you want to find something. They are not looking to find something, they are just walking. Some people will think that they want go home and they don’t know where it is. Some of them just walk around and all of a sudden they think that looks familiar, that’s my home. Most of the time it is. They can really recognize it. Some people just ask I’m look for my house, and if they meet with the volunteer or staff, they will help them find their home. Most of the time they are not looking for something, so they are not lost.

Q11: How to make a comfortable territory for individual?
A11: We try to do the interior design that fit the lifestyle of normal Dutch culture. In every living room we have a place that everybody can sit around the TV set, but we also have a corner where you can sit alone. We always have the possibility that people sit around one dining table but we also can make two out of them, if that’s is important. That’s what we do. In the bedroom, the person has the possibility to have their own chair or whatever.

Q12: How do you consider the relation between the Hogeweyk and the people from Weesp?
A12: We think that is very important that the society comes in, we have a relationship with the society around us. The most wonderful thing would be that the society is dementia friendly. We did need a safe surrounding for our residents.
What we need is the society comes in and we invite them to come in, if we have a concert here every two weeks, it’s in the paper of Weesp, people come to join the concert. But we know that people from Weesp come to our restaurant just because it’s a restaurant. On the other side, some of the companies from the industry area come to our restaurant with their business partner to have lunch. In the theatre we have all kinds of groups, we earn money from that for the maintenance, but it also bring in these groups. And it is also important for the volunteers come in, because that the society come in.

It’s very important. We really invite people to come in, and that’s one of the mistakes of the architecture. From the beginning, we said we want the restaurant open to the outside, so that people coming around could see there is a restaurant. We were on top of the design process from the beginning, we saw everything, but we just all missed it. We came into the restaurant for the first time, we found there is no windows on the outside. It’s the first time we realized that didn’t happen, we were on top of the design all the time. That’s why we have to do a lot of effort to get people inside the restaurant. If there was an open on the outside, it would be easier to get people come in.