

Insight Series #5

The transformation of the 'Snoezel Corridor'

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The future prospects for Alzheimer's disease looks bleak. In Western European countries, there is much research into the origin to the disease, but there is very little progress. At the same time the number of cases dramatically increase. The cause of aging is therewith. There is proportionally much less research on the present and future living conditions than the onset of Alzheimer's disease. In addition, the current health and socio-economically are under strong pressure.

What does the life of an Alzheimer's patient admitted to a nursing home in the near future? With this research I would like to contribute together with the third year students of the ArchitecturalDesign department of the Gerrit Rietveld Academie

to the discussion of the disease in general and generate a possible solution for improving the living situation and residence of Alzheimer patients in the future. With an investigation into 'haptic architecture and tactile senses' from an architectural perspective we search for new directions within the existing discourse on healing environment.

To develop a narrative on the future living conditions for a phenomenon, which is - at the moment - still regarded as an incurable, terminal disease is to speculate on the future of medical progress and care itself.

What is clear though, is that throughout the developed world, elderly form a growing part of the demographic structure, caused by extended aging and declining birth rates. All indicators point to a progressive increase in the prevalence of dementia and, considering the extensive care that is required during the last phases, the projections for the total 'cost to society' will be impossible to sustain by future generations (World Alzheimer's Report 2010).

At the beginning at the 21st century, we still measure phenomena in terms of economic consequence, as a testimony to our obsession with capital. It is illustrative for the era of production delirium. We seem to have been unable to view our elderly as a valuable, integral part of society. Since they no longer contribute to productivity, we tend Embrace with Alzheimer's to overlook the human capital. By doing so, we do little right to both their dignity and the lessons we could learn from them. The mere vulnerability could humble us. In 2030, hopefully we have freed ourselves from this traditional model. We can progress towards a social structure that values human capital over economic capital. Decentralized organization that is self-sustainable and reconnects us to the experience of consequence. This is applied to embrace our elderly in the heart of community, re-establishing this sense of belonging.

Hopefully we will no longer build enclosed institutions, fragmented and

detached from city life. Instead we create environments that stimulate human interaction, a place where generations meet. Formal medical care will be given by professionals, while citizens will volunteer 1 day a week, helping with practical tasks and giving personal attention. Through civic duty we can activate human capital.

Residents will not be labelled with the stigma of patient. The focus will lie on what they can still do, more than on their limitations. The process of physical deterioration is natural and requires an environment that is not primarily aimed at extending life itself, but in improving the quality of it. Spaces that sooth and relieve suffering, beyond the poignant sense of alienation. Let us refrain from creating artificial substitutes, no copy of reality without gradient. But to create space where we can have authentic experiences that speak to all our senses.

To be 'out of mind', is not solely the loss of mental structures and physical abili-

ties. I believe there is bliss in a blank sheet of paper, an opportunity to view the world in a crisp light. We are surrounded by beauty, let us engage with it completely, be it the last thing we do.

Henri Snel, Head of ArchitecturalDesign
and tutor, April 2013

General facts of Alzheimer's disease

Alzheimer's disease (AD), also called Alzheimer disease, senile dementia of the Alzheimer type, primary degenerative dementia of the Alzheimer's type, or simply Alzheimer's, is the most common form of dementia. This incurable, degenerative, and terminal disease was first described by German psychiatrist and neuropathologist Alois Alzheimer in 1906 and was named after him. Most often, it is diagnosed in people over 65 years of age, although the less-prevalent early-onset Alzheimer's can occur much earlier. In 2006, there were 26.6 million sufferers worldwide. Alzheimer's is predicted to affect 1 in 85 people globally by 2050.

Although the course of Alzheimer's disease is unique for every individual, there are many common symptoms. The earliest observable symptoms are often mistakenly thought to be 'age-related' concerns, or

manifestations of stress. In the early stages, the most commonly recognised symptom is inability to acquire new memories, such as difficulty in recalling recently observed facts. When AD is suspected, the diagnosis is usually confirmed with behavioural assessments and cognitive tests, often followed by a brain scan if available.

As the disease advances, symptoms include confusion, irritability and aggression, mood swings, language breakdown, long-term memory loss, and the general withdrawal of the sufferer as their senses decline. Gradually, bodily functions are lost, ultimately leading to death. Individual prognosis is difficult to assess, as the duration of the disease varies. AD develops for an indeterminate period of time before becoming fully apparent, and it can progress undiagnosed for years. The mean life expectancy following diagnosis is approximately seven years. Fewer than three per cent of individuals live more than fourteen years after diagnosis.

The cause and progression of Alzheimer's disease are not well understood. Research indicates that the disease is associated with plaques and tangles in the brain. Currently used treatments offer a small symptomatic benefit; no treatments to delay or halt the progression of the disease are, as of yet, available. As of 2008, more than 500 clinical trials have been conducted for identification of a possible treatment for AD, but it is unknown if any of the tested intervention strategies will show promising results. A number of non-invasive, life-style habits have been suggested for the prevention of Alzheimer's disease, but there is a lack of adequate evidence for a link between these recommendations and reduced degeneration. Mental stimulation, exercise, and a balanced diet are suggested, as both a possible prevention and a sensible way of managing the disease.

Because AD cannot be cured and is degenerative, management of patients is essential. The role of the main caregiver is

often taken by the spouse or a close relative. Alzheimer's disease is known for placing a great burden on caregivers; the pressures can be wide-ranging, involving social, psychological, physical, and economic elements of the caregiver's life. In developed countries, AD is one of the most costly diseases to society.

Haptic architecture



"Tactus,
le Touche",
Abraham Bosse

In his book *The Poetics of Space*, the French philosopher Gaston Bachelard quotes a passage from the novel *L'amoureuse initiation* by Oscar Milosz that clearly shows that spatial sensation also depends on one's cognition and is independent of the scale. Without tactility and considerations for the human body and its senses, spaces become unreal.

According to professor of neuropsychology Edward de Haan, "the senses are peripherals". Often a single sense is predominant: the tongue of the chef, the skin of one who touches something, and the nose of the perfumer.

But which is the most strongly developed sense of the spatial designer? The prevailing wisdom holds that it is the sense of sight, in order to create "a feast for the eyes", that one moment that evokes an experience of transience, while haptic perception is more about the experience of a temporary succession of senses. And that is precisely the focus of this research: How can we help people to experience 'space' differently to our present fleeting perception?

The spatial designer translates his ideas into shape, space, materials, light, etc. All these aspects have a direct link to the

senses: sight, hearing, smell, taste, touch, balance. Some material can light or shine, but how does it feel, what sound does it make, what are the properties of that material and what effects has it on people?

Materials and surfaces have a rich and complex language that evolves and changes over time. Stone speaks of her distant geological origins, its durability and inherent symbolism of durability, brick is reminiscent of earth and fire, gravity, and the timeless traditions of the building, bronze calls the extreme heat of manufacturing, the old processes of casting and passage of time as measured in the patina. Wood speaks of her two existences and time scales, his first life as a growing tree and the second as a human artefact by the caring hand of a carpenter or cabinetmaker.

Assignment

The narrative on this assignment is to bring back the 'natural' surrounding as an experience for Alzheimer's patients in order to stimulate physical interaction with the build environment.

We will focus on the tactile experience of space, during end-of-life treatment. I believe it to be the most intimate perception of our physical surrounding. It offers a sense of security that is primal and intuitive.

Through materiality and sculptural space we can experience nearness and intimacy. With this knowledge as departure point, we would like to create an environment that has spatial quality and engages with its inhabitants and approaches them on the most personal level.

Theatrical representation is a common treatment of Alzheimer's patients today. Caretakers engage in the delusion

of residents, to the extent that it contributes to their sense of wellbeing. We play along with the delirium, and are aware that we do. Modern Alzheimer's institutions, like Hogeweyk in Weesp, thrive on this same thought. Through classification of relative position on the grid, residents are placed together in one of seven simulacra cocoons. The architectural structure is turned inwards, mimicking an autonomous community with a shopping mall, restaurant, cinema, located around an inner square, that contains a small garden. This environment leaves possibility for different scenarios.

Perceiving the world as we move within it, through the hierarchy of senses. Montagu writes: '[The skin] is the oldest and the most sensitive of our organs, our first medium of communication, and our most efficient protector [...]. Touch is the parent of our eyes, ears, nose, and mouth. It is the sense, which became differentiated into the others, a fact that seems to be recognized in the age-old evaluation of touch as 'the mother of the senses'.

To interpret the Return to the Immediate on Alzheimer's treatment, would point into direction of a therapy currently known as 'snoezelen'. Currently this stimulus is still often mediated by technology, serving as response trigger. But technology is not an intrinsic part of the concept, it only operates as interface. Whereas 'snoezelen' is a temporary activity, haptic architecture addresses the same intimate experience through enhanced materiality. It uses the tactile realm as narrative on space. It is here, in this immediacy, where we find our friend: '... he establishes a temporary, yet deeply empathetic and intimate relationship with all that he feels.' It consists of a timeframe where there is 1-on-1 personal attention, comfortable posture and sensory stimulation, often experienced in a special 'tactile room'. An activity that often takes place only once a week as therapy. I do believe that if you integrate this stimulus in a more generic space, in what I call 'semi-public' space, patients can experience this tactile stimulus anytime they want.

Haptic architecture is sense triggering. Architecture articulates the experiences of being in the world and strengthens our sense of reality and self. Alzheimer patients especially, need bodily experiences so as not to feel alienated and confused but to create a safe environment that can still enrich every day life.

The research is also conducted, in a group context, into functional and spatial aspects relating to Alzheimer and the corresponding building typologies. The group is responsible for the final research regarding the Alzheimer subject. The focus during this design assignment is of a personal interest within the Alzheimer context and to execute the final results in an existing geriatric institution.

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The Alzheimer Snoezelchair



During the Alzheimer research I did with my grandmother and in a residential care home, I noticed that some Alzheimer clients are being hampered in their freedom. Due to their high age, less energy and possible bone fracture cause of falling, they are forced to sit in a (wheel)chair. The clients lost their mobility, which can be one of the worst things that might happen to an Alzheimer client.

Alzheimer clients are really focused on their senses. Some senses get better by time, others get worse. To receive the stimulations, clients will look and search for them. The one is satisfied by only watching a tree moving while the other has to walk around, touch the walls with their hands and being in the surrounding of other people. Problem with the last group is that they don't notice when they are getting tired. Sometimes they will fall and break a leg, arm or hip. Helping the clients to keep their senses stimulated, caretakers are bringing them to a snoezelroom trying to keep their senses stimulated. These snoezelrooms are a successful idea if they work and if caretakers got time to bring their clients there.

So it's a pity if clients can't have their stimulations. This dependency is also an example of losing freedom. Stuck in the wheelchair actually means that you can't do what you want. With the snoezelchair I try to give clients, whom are forced to sit in a wheelchair, their freedom and mobility back.

For a period of two months I observed my grandmother and made a diary about her. I noticed that she is all the time searching for something to touch with her hands. So I decided to make some stimulations on her chair, which she can use when sitting on the chair and have no energy to stand up and look for stimulations herself. These adjustments on the chair helps stimulating the senses of my grandmother. Besides the stimulations I also applied small wheels underneath the chair, so she could easily transfer herself by making footsteps.

The chair transformed now in an Alzheimer chair which give my grandmother her freedom back in the sense of stimulations but also in the sense of mobility. The wheels also made it possible that she can use the chair as an extra support during walking.

The investigation continued doing research to a bigger group of clients. How can this one example become an item for a bigger group? It is not rational to analyze

every client for two months to figure out what his/ her most wanted stimulations are. To reduce the period of analyzing, I investigated if there are some specific senses and stimulations which are asked for by a big group of clients. Outcome is an arm-rest with on every of the four sides different stimulations based on the analysis. This will mean that every client can get stimulations and have the freedom to choose which stimulation he or she wants. Final goal is a combination of the two chairs which support the smallest wishes of the clients.



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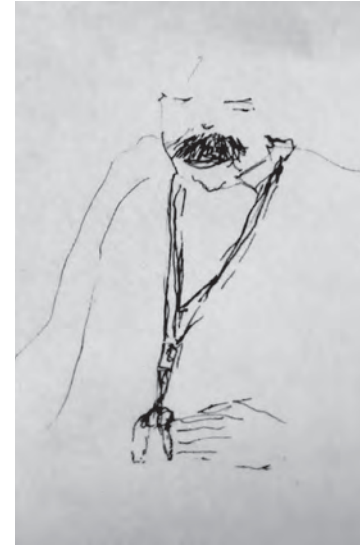
1./2./3./4.
Current
chairs used
by elderly
people.

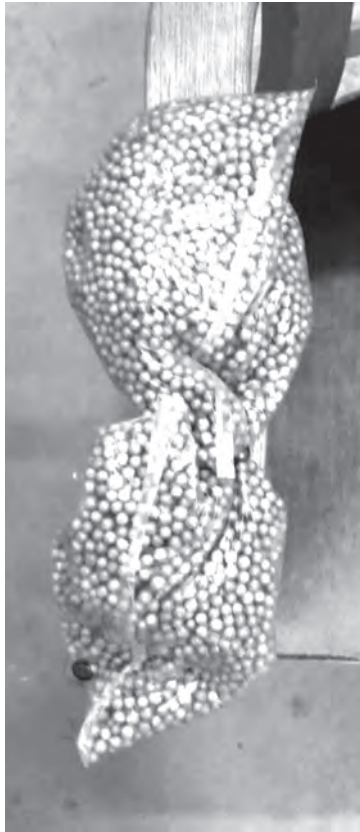


3



4





I think it is important that the client won't be limited in his/her wishes and activities. Hereby I concentrate on the clients with limited movement possibilities caused by old age and/or bone fracture.

My aim is to give them their freedom back to make life in a (wheel)chair more comfortable and at the same time give them the needed stimulations. Hereby I will take away the annoyance of sitting still all the time.

I want to reach this aim by analyzing Alzheimer clients and make them a suitable snoezelchair.

Don't forget the laundry!



Alzheimers research and Haptic Installation

Her face looked familiar. Is she following us? It is like she's wearing different garments every time I see her. At the end of the tour of the institution – a long walk through all the corridors on every floor - she was there again. This time she was wearing her coat, a burgundy red 20's cloche hat covering her grey hair and she was carrying her purse. It's just like the granny purses we sell in the vintage shop where I work.

She had waited until we finished our conversation with the director. We were putting our coats on. Then she came up as if she had waited for just the right moment.

“Can you please help me find my keys so I can leave?” Her voice was trembling. She signed with her arms around her neck as if she had lost a necklace. “I need it to go home” she whispered. I looked straight into her undetermined eyes. “Where do you live”, I asked. “Olympiaplein 31”, she



answered. “Are you sure you do not live here?” I asked her. She looked around, with wandering eyes. “No, I don’t live here. Please help me find my keys”.

Not knowing what to do, I decided to help her find her keys. ‘Maybe the nurse knows’, I suggested. ‘Mrs. Van Nieuwenhuizen, are you on the go again?’ The nurse

General concept

took her hand and they disappeared in the corridor. I felt guilty that I handed her in to the nurse. I wish I could take her to the place she wanted to go.”

The mind is a thing we do not understand. I cannot framework what happens in the head of an Alzheimers’ patient. We can only spend time with them to observe to try to understand it, but I never will get to the core of it. My goal was to provide the residents a space that is made with love, a place where they can go to, to get out of their mind. Just a place to be in the present.

Laundry installation

The improvement of the smell and adding human scale to and social activity in the corridor were my focus points. Smell influences everybody's mood, including visitors and caretakers. Their mood has an immediate effect on the residents as they still understand body language.

It was inspired by to ladies who used the railing in the corridor to dry their stockings and underwear. There is something intimate about hanging your laundry in public space.

Would it not be wonderful to introduce a weekly ritual and residents, family members and caretakers could use their 'public space' – the corridor in an interactive way.

Hanging the laundry is a tactile and timeless activity: the soft materials run through your hands and the use of the wooden clasps as a contrast. It is a func-

tional installation that changes the color and smell of the space every week.

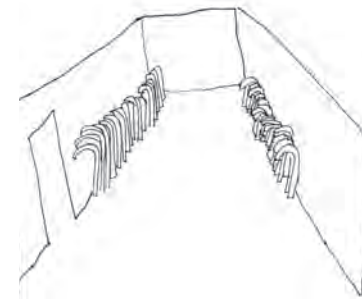
I cannot influence the colour of the laundry, but I can influence the colour of the clasps. Also, I designed a clasp basket with integrated xylophone keys. When the laundry is taken down, and the clasps are thrown into its basket, you hear the soft tones of the wood. It is an extra affordance to stimulate the activity of taking down the laundry. And to increase the hapticity of the experience. I have chosen orange, reds and yellows for the clasps as these colours are best perceived at old age.

Effects

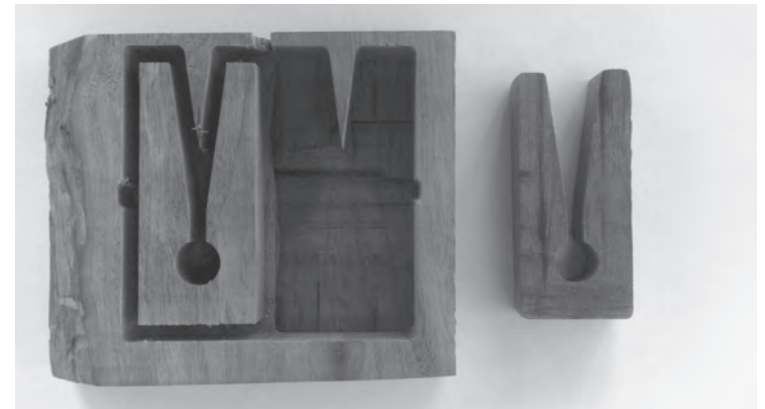
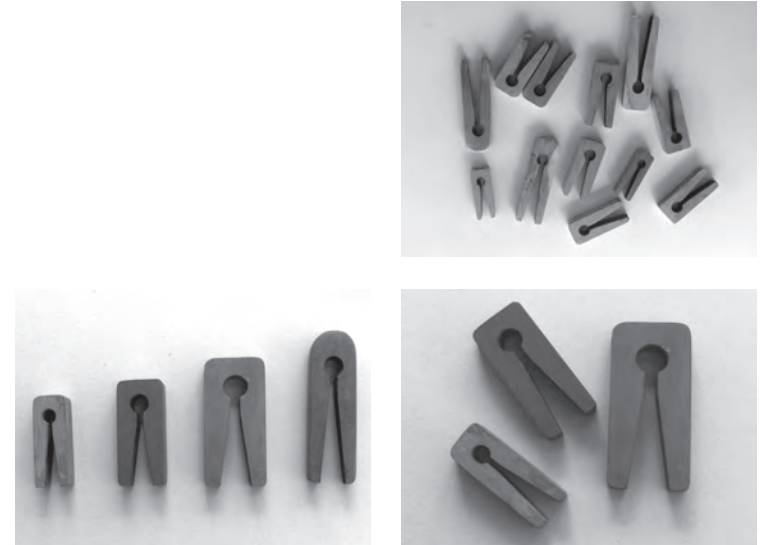
The social act of hanging the laundry and being in the corridor together will become important. The act of hanging laundry is a familiar one. It could become a weekly familiar ritual. The sound and colour of the wooden clips become an essential detail of the project. The colors of the clothes will add visual quality, the difference in fabric and wetness will provide a haptic experience. The bright TL lightning will be interrupted by the laundry, which could have a positive atmosphere on the lightning.

Reflection

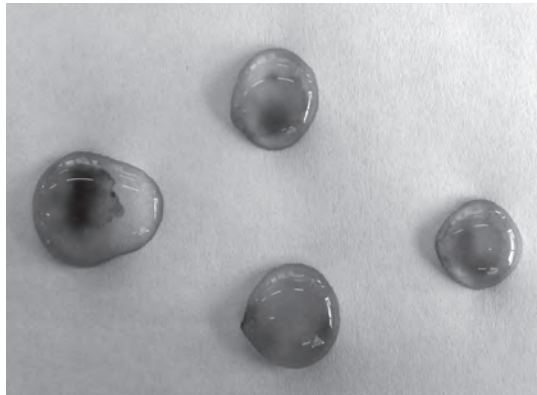
As pioneers on this field, it has been hard to convince the institutions about this project and to be able to experiment. Persistence is a keyword here. I deliberately thought of a very simple and transparent solution. Maybe a familiar and simple activity such as hanging the laundry together as a haptic experience, can convince institutions that a small intervention in the corridor space can lead to positive results.







Oasis Feeling



Alzheimer is the most common form of dementia. It is not a disease of old age, but a brain disease in which the cells in certain parts of the brains cease to function and die. The symptoms are; forgetfulness, change in personality, disorientation and loss of speech.

As part time job i work in home-care. Sometimes by elderly at home, but usually in care centers. And some of this care centers are specially for alzheimer

clients. What I found odd being there was the fact that a lot of the clients were young looking and i didn't saw on their appearance that they had this disease. It has happened ones that a client walked out of the building and nobody noticed it. The communication is different with them, you can't take the things they say to seriously. You just go with the flow in their story.

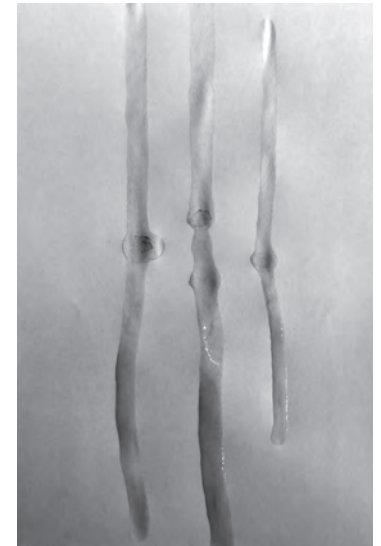
One of the Alzheimer care centers i work in called "De hoge hop" in Hoorn. I approach them for the Alzheimer research assignment . they had a 'snoezelroom' but they didn't used it often and it looks out of date. During the day the clients are usually in the foyer. They can sit there and they have access to the front garden end also to the big back garden but the door is not so good visible. So instead of the snoezelroom I'm going to design for the foyer.

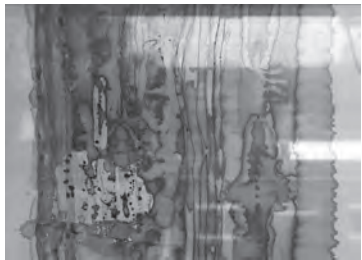
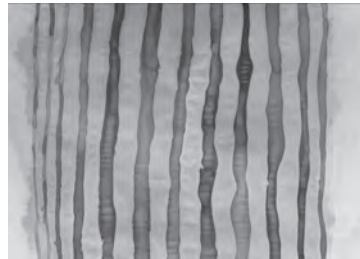
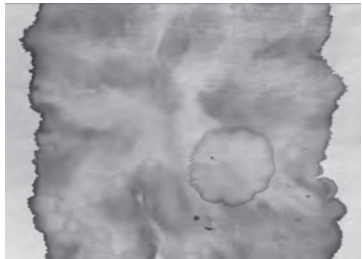
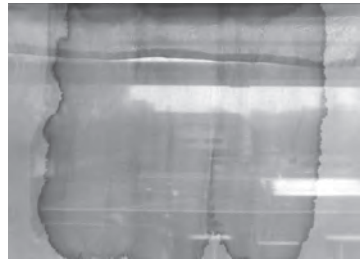
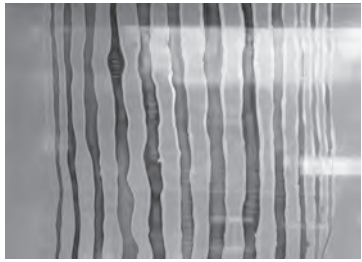
You forget a lot and recognise less with Alzheimer's disease, but there are things which are pleasant and enjoyable for everybody regardless the stage of mind.

Nature is one of these things. It gives you peace and it's very haptic in all your senses. I want to bring the outside inside and strengthen this feeling.

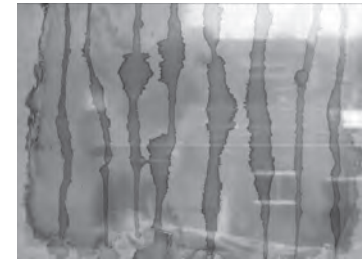
My proposal is to create an oasis/botanical garden inside. First I wanted to bring real plants and greenery inside and make the hole foyer a botanical garden. This is possible and would be great, but I had to find another way to achieve my concept that wouldn't cost so much and be less demanding in care. So I'm going to translate the greenery in textile, the ground floor and first floor are connected by open space in the middle. By hanging textile it works acoustics and I connect the floors with each other. I'm using an ink technique on silk. The ink will float and create partly its own pattern.

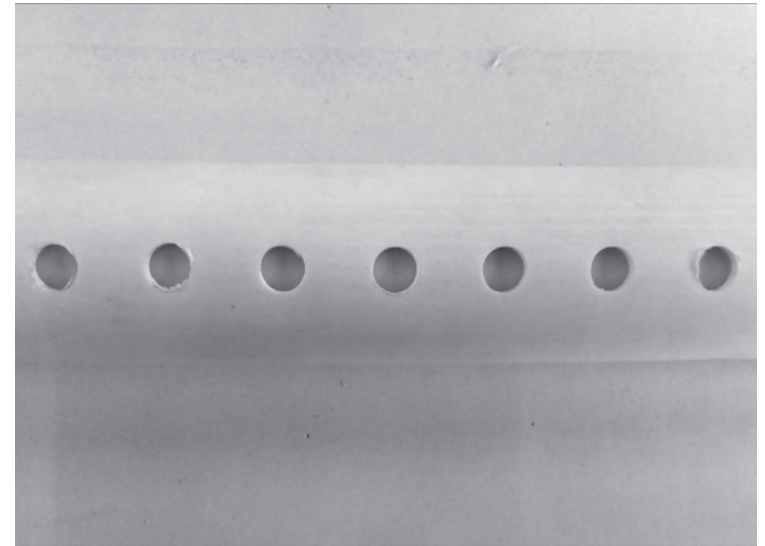
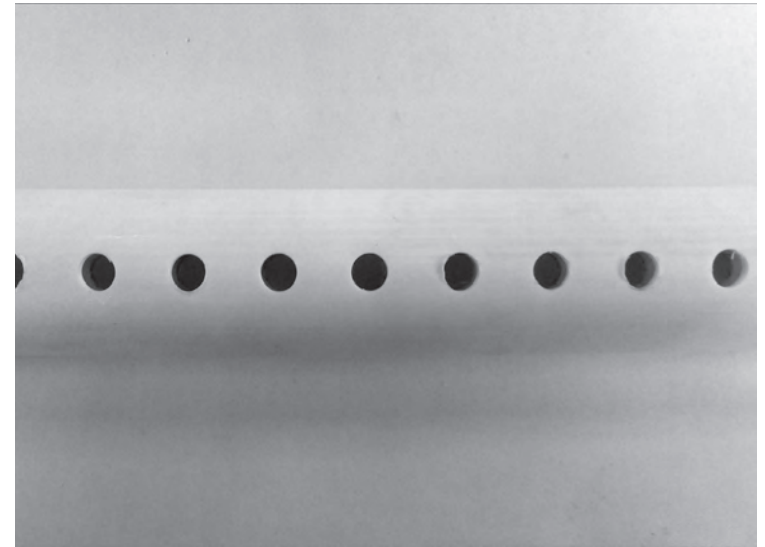
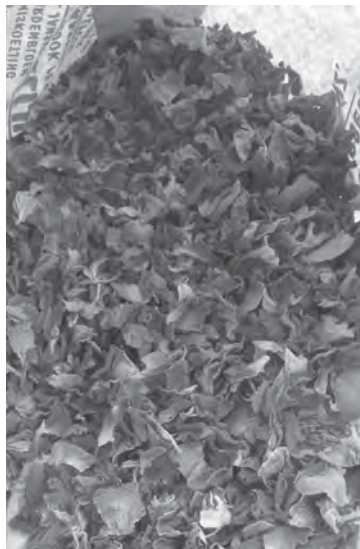
The idea is to create a harmonious clear & clean look for the foyer, because now there is no unity. In the middle of the foyer there is a big steel elevator and stairs. I want to hang long silk curtains that





keep the view clean, is tangible and gives a green mood in the space. It's going to be a subtle change. Besides this I would like to make the route to the gardens more visible for the clients, so that they can freely go outside.





Maiahoeve



In the beginning of September we got an assignment: Design a snoezelspace for patients with Alzheimer's Disease. I personally don't know anyone with the disease, but I know some friends of mine had hard times dealing with their sick grandfather or grandmother. When I looked deeper into this subject, I was surprised by the number of victims, the ages and how helpless you are as family. Nothing can be done, the contact gets harder and harder and most of the time

Inspirational
flower field

it feels like waiting till the end, until everything is over.

I have a goal for this project: Try to make the patients a bit more happy. Therefore happiness is the keyword in my design and will be the foundation of my research. In this way I hope to relieve some stress and frustration by the residents but also by the caretakers.

I had a look in elderly home Maiahoeve in The Hague to see how they deal with the disease. They gave me a warm welcome and after looking around a bit, I felt the need to do something for this elderly home.

Nature makes people happy. Especially older people attach a great value to nature. It isn't possible for the residents to go outside everyday. That is why I want to make an inside space, where it reminds you of the outside. At the end of a long hallway is an open room. I will turn that room to an place where you can dream away with the idea of being outside. Where you can

enjoy a wall full of flowers and the organic forms that create a spatial overall while you are sitting under a big tree. Corners will be avoid by making the corners round. To fill up the corners I will use cob (clay-sand-straw), and I will use the same material to give depth to the wall-painting. It will be a place where you can go for a walk, with enough places to sit down. It is inside, so the temperature will always be nice. There are two big windows located which will bring the sunlight in.

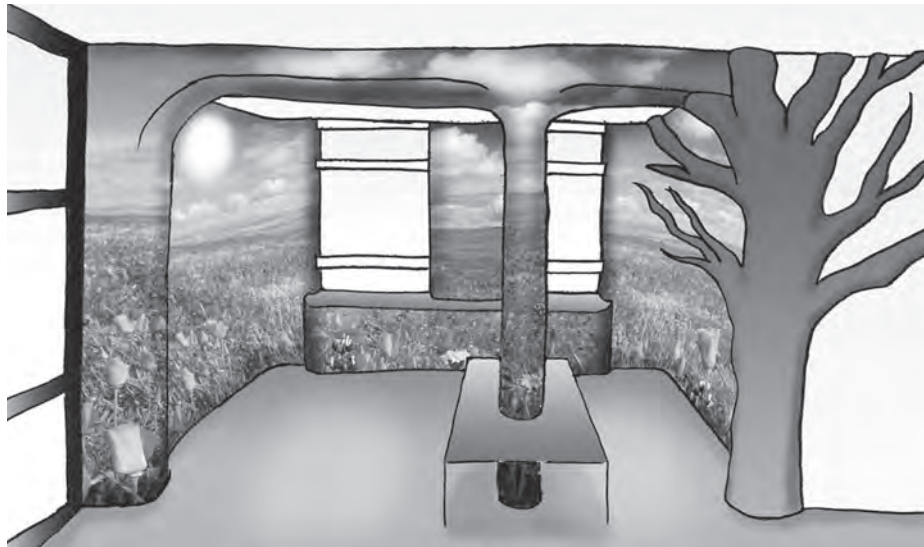
Smell gives a different dimension. If you walk through the hallway, the nice smell of cinnamon will appear to you. Cinnamon is known as a nice smell by most of us. It makes you happy. I want to leave the cinnamon in its original tactile form, so nature will appear again and you can feel and see the nice structures cinnamon has. It will be assimilated as the leaves of the big tree. The closer you come to the nature spot, the stronger the smell. The smell will lead you to the place.

In this way I hope to activate the residents. Every aspect of my design is 'accessible. This is a snoezelplace where the residents could go to individually, or with family. There is no nurse needing.

My design is about the experience. The walk through the long hallway, where you can see the sunshine rising through the windows. Observing the pleasant odor of cinnamon, the touching of the structures. Discovering a attractive, accessible nature world. A calm world where you can breathe, and where you can be happy.

The smell
cinnamon
provides
happiness





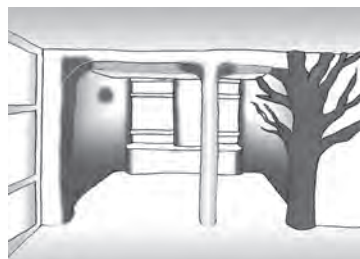
1



2



3



4

- 1. Impression of the wall with the tree
- 2. The current situation
- 3. The new shapes of the room



5

- 4. In red are the spots where cob will be added
- 5. Impression of the painted room

Working with this disease isn't easy. Everyone is different and you miss out a lot of things when you are working for the average. It is hard to design this way, you need to try to find common things, or make it adjustable to each person. And also, we don't know what is going on in their mind. It is just a guess. People who spent a lot of time with them could guess better than I do... but still. We just don't know.

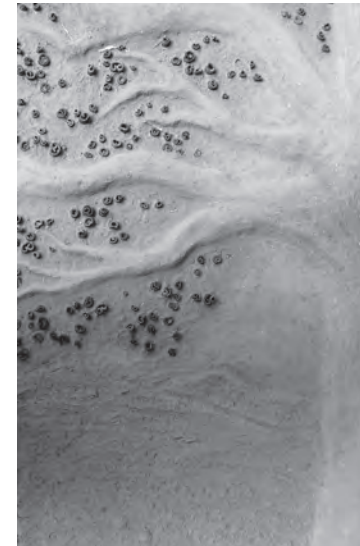
My design is based on a specific space, with specific users. But I think the

principles can be used in many places. And I also think the principles are so general, that the place also will provide calm and happiness to all sorts of people. Especially if you cannot go outside for a long time.

The cob I used will give the space a nice climate. I think it would be nice if this material is applied more in elderly institutions for a couple of reasons; Organic shapes are easily made and corners avoided, which makes spaces soft and less confusing for them. The material also helps to acclimate the environment. It feels warm, and the nature really is present.

I really hope my classmates, teacher and me will make a change in the field of designing snoezelplaces for Alzheimer patients. Because it really needs a change, and I think we helped to find some answers. But still there is a lot to improve and convince...

1.
Testing model
cob



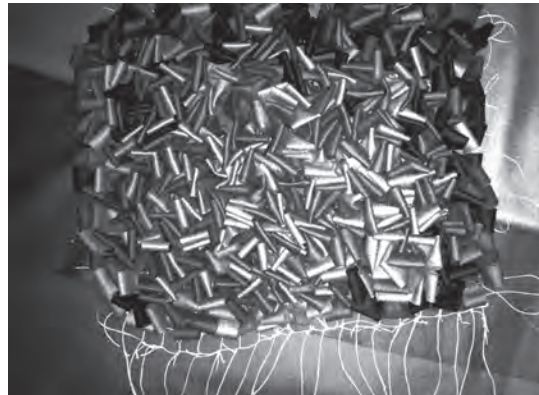
1

2.
Testing model
cob painted



2

Feeling Nature



“We owe the invention of the arts to deranged imaginations; the Caprice of Painters, Poets, and Musicians is only a name moderated in civility to express their Madness”-Thomas Sydenham ‘Dissertation sur Faffection hysterique’

Alzheimer’s- topic, not so long ago, I knew very little about. Besides that my great grandmother had it and all family still refers to that situation ‘very horrible’, it was unfamiliar territory for me.

Like always, I’ve started my project by researching ‘dry’ facts and dove into theory of clinical researches, design requirements for housing people with dementia, numerous blogs, articles and documentaries. But by gathering this package of knowledge, I’ve realized that most information that is given as ‘facts’ what person with dementia feels, understands or remembers is mostly perception. An interpretation based on science. Fact is that there is no way to truly understand what’s happening in the mind of the other.

Then I’ve decided that I want to create a ‘new world’- experimental installation which is not related to any time period, place or culture. Only focus on haptic experience. I saw a snoozelroom as a public space where clients can go freely and independently by themselves or accompanied by their loved ones, a space where we go to our primal senses without using ‘tricks’ to fool the person. I didn’t want an illusion or perception of what used to be their real-

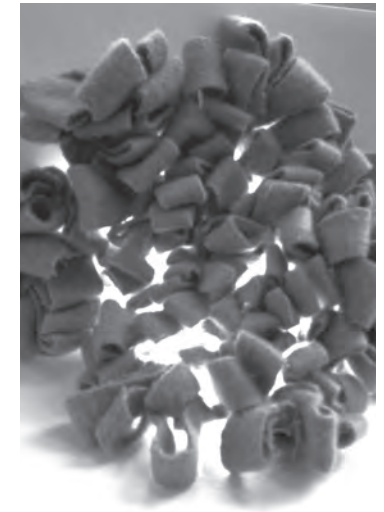
ity. I've focused on independence, timeless, universal design that doesn't refer to specific place, area or time.

Seasons of a year were my inspiration. Something that each of us can relate to despite what our background is or what memories we have. The way spring smells, summer feels or autumn looks is 'burned' into our conscious. I wanted to bring this feeling of a season without imitating nature.

Sint Jacobs care center was a perfect place for me. Building itself dictated a spot. It was unused public area in a middle of a long sad corridor on a second floor. After visiting a place with my colleague Aisha, we've realized that we could join forces based on similar view on the subject. We've decided to transform the yellow floor (as it is referred at the moment) to autumn floor.

What autumn looks like? What does it smell like? How does it feel? Piles of falling leaves covering everything, warm yellowish orange sunlight coming thru

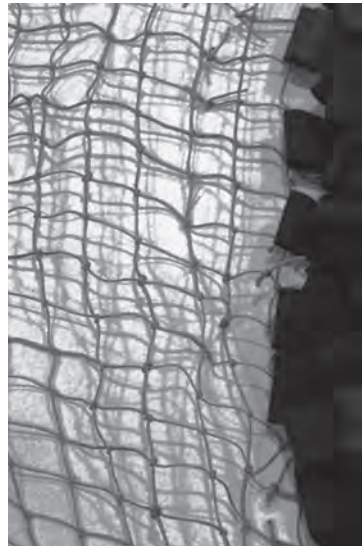
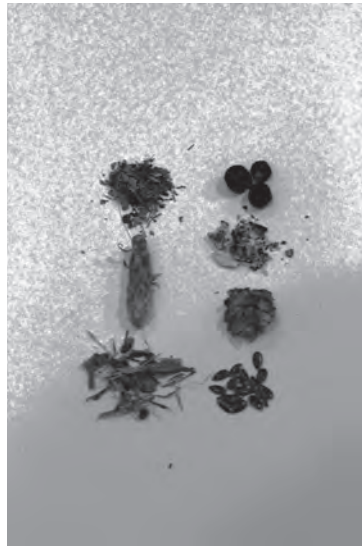
'painted' trees, smell of moss, wet wood and rain-this is my autumn. My goal was to translate it to space.



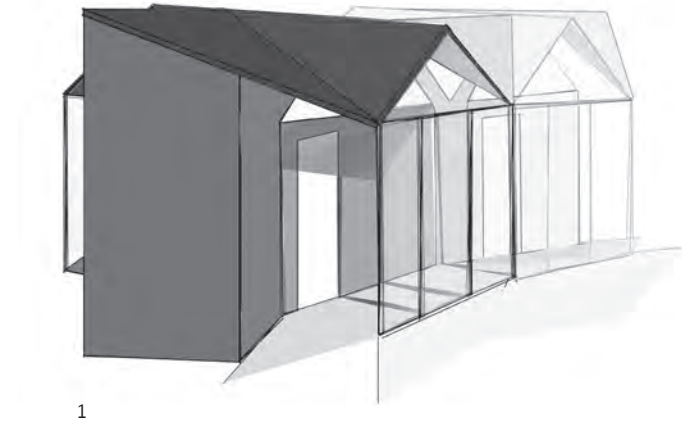
The biggest challenge for me was to find a right texture for installation. I knew that I have to use felt because of its natural origin and the history behind it, but I needed a way to make it haptic to 'translate' a feeling of autumn. After long searching I made a grid out of bind wire that I could easily extend to any direction and let it 'grow' as much as I want to. I've started with a piece of 45x45 centimeters and sew hand-cut stripes of felt. It was a labour work that got me hooked. Like painting or knitting it became a form of meditation for me. Installation was shaped while material grew. I've started with sitting part and I've used green tones for colour contrast that it would be recognised as a seat and extended from that. Wooden frame had two purposes. One-to support the fabric, two-to hide the lighting and aromatherapy lamp, that's meant to introduce the smell of autumn. To create a smell I discussed with professional and used natural herbs that are

collected in autumn. I've made several smells that can be changed for diversity.

In the process from designing to producing I've been focused on senses and how our environment can interfere with them while connecting to indoor surroundings.



AlzPost

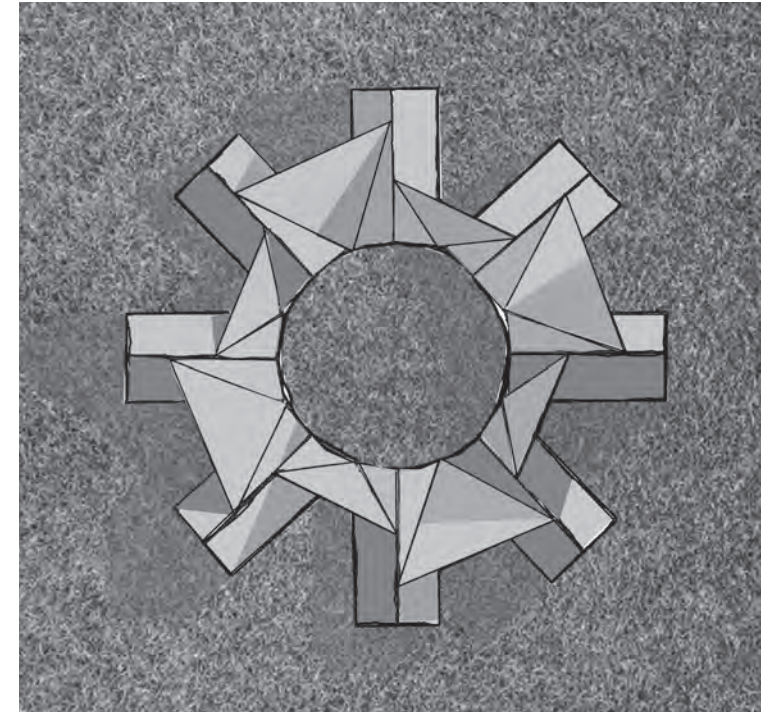


1

AlzPost is a public space designed for elderly people who suffer Alzheimer's disease, their relatives but also other passengers. It relates to an Alzheimer cafe. The project exists out of two fases, which will be highlighted below.

Fase 1

Researching about the Alzheimer's disease has made me aware of the way how 'the patients' are treated currently in retire-



2

1.
Sketch of
AlzPost fase
1, pavilion
complex view
from the
courtyard and
a cut threw

2.
Plan from
above of
AlzPost fase
1, pavilion
complex

ment homes. I noticed in general that elderly people don't visit the nature very often. This is interesting because researches tell that the nature is one of the last aspects in life which we will always recognize and cherish. It has a positive influence on our well-being. So to say, we have a never ending affinity with our roots; the nature.

Doesn't this sound as the cheapest, simplest and most elementary way of therapy? With this point of view I started

designing a dwelling, a Pavilion Complex, for any individual elderly person.

Location (2):

The dwelling is situated in the nature as it's focused on experiencing and being part of the natural surrounding.

Function (1):

The dwellings consist out of a closed front side and a glass façade on the back. When multiplying the dwellings in to a Pavilion Complex, you create a courtyard where the inhabitants can enjoy the outside and the communal yard. On the backside the inhabitants have a clear view on the nature outside, by the spread position of the dwellings you have minimum disturbance of your neighbour. So the front side is the social experience where you meet your fellow neighbours and the back side is the individual experience where you enjoy your panoramic view.

With the Pavilion Complex system - connecting several dwellings in a specific position towards each other - makes a small

number of inhabitants which live together possible, guided by one supervisor/caregiver. This makes personal and intensive guiding possible.

After I got this far with inventing this system, I was still missing a lot of aspects which I find also very important. For example it's very expensive to have these sort of special dwellings in the nature. Secondly, what about demented people (spend most of their lifes in urban setting), why would they be this far from home (would it be a good idea to place them in an environment so different from what they are used to)? I realised that my plan was not 'waterproof', I went back to my drawing table and analysed a new plan which has more sense for the nearby future and will in that way be more efficient.

Fase 2

Back in the facts: (due to the rise of average life expectancy in the Western world the group of Alzheimer patients will gradually grow). It is estimated that currently



Sketch Pavilion Complex, view from the backside/outside: glass façades

6% of all people above the age of 60 is suffering from dementia. of the 65-69 year olds, dementia occurs about 1,5%. In the group of 80 years old the proportion rises above 20%. In addition to the aging population with dementia, there's also the financial aspect that plays a major role.

Due to the significant cuts in the health care, the families will further burden under responsibility for their grandparents and will be even more designated to take

care of them. Because of the increasing number of elderly people and the decreasing number of active caregivers, we can conclude that the elderly people will keep on living at home or with their children instead of being moved under supervision in a retirement home. These living circumstances will have big effect on our urban surrounding.

Imagine countless dazed elderly people who roam the streets and can't return to their homes because they just forgot where they live. By that time this phenomenon will be a part of an ordinary day and we will have to find a way to anticipate on this.

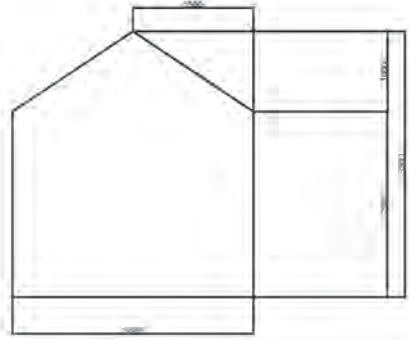
AlzPost 'fase 2' is a response to this prediction. A conceptual public space which is open and recipient at all times and for all people. Spaces situated in places like parks (related to nature) that are mapped and located by analysing the density of elderly people in areas all over a city.



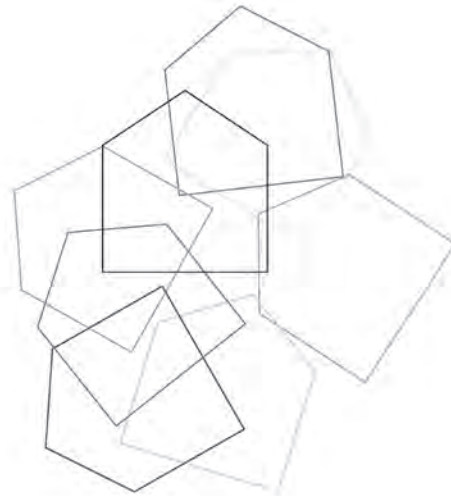
On the streets there will be a natural element which attracts elderly people, by following these city marks they will end up at a nearby park where the present caregivers will take over and invite them to come in. The public space will function as a café and a place where the elderly people can relax in a familiar environment. When sun sets their children can pick them up again and take them back home.

Mapping
Amsterdam:
spreading of
the elderly
people in
Amsterdam,
forming
zones and
parks



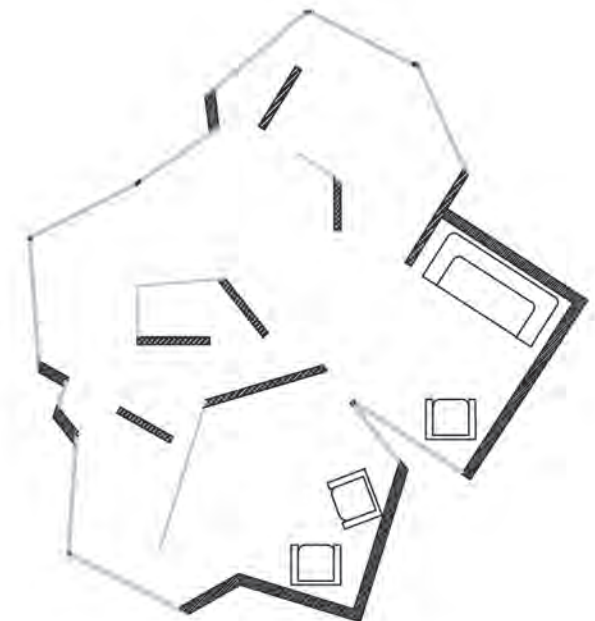
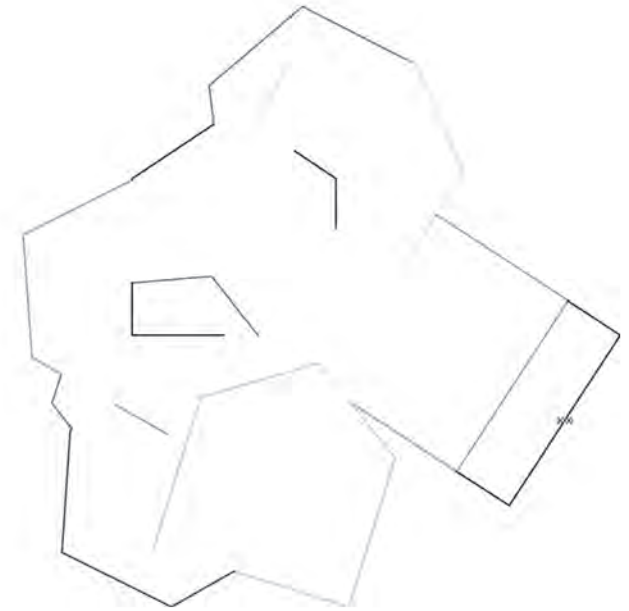


2



2

1.
How fase 1 defines the design for AlzPost 2, the public space
2.
Taken the façade form of the dwelling in fase 1 and duplicated untill the desirable space has formed. By doing this it's easy to define the size of the public space (related to the need) and to determine the interior by keeping some of the created internal walls.





Sketch of
AlzPost the
Public space
in a park





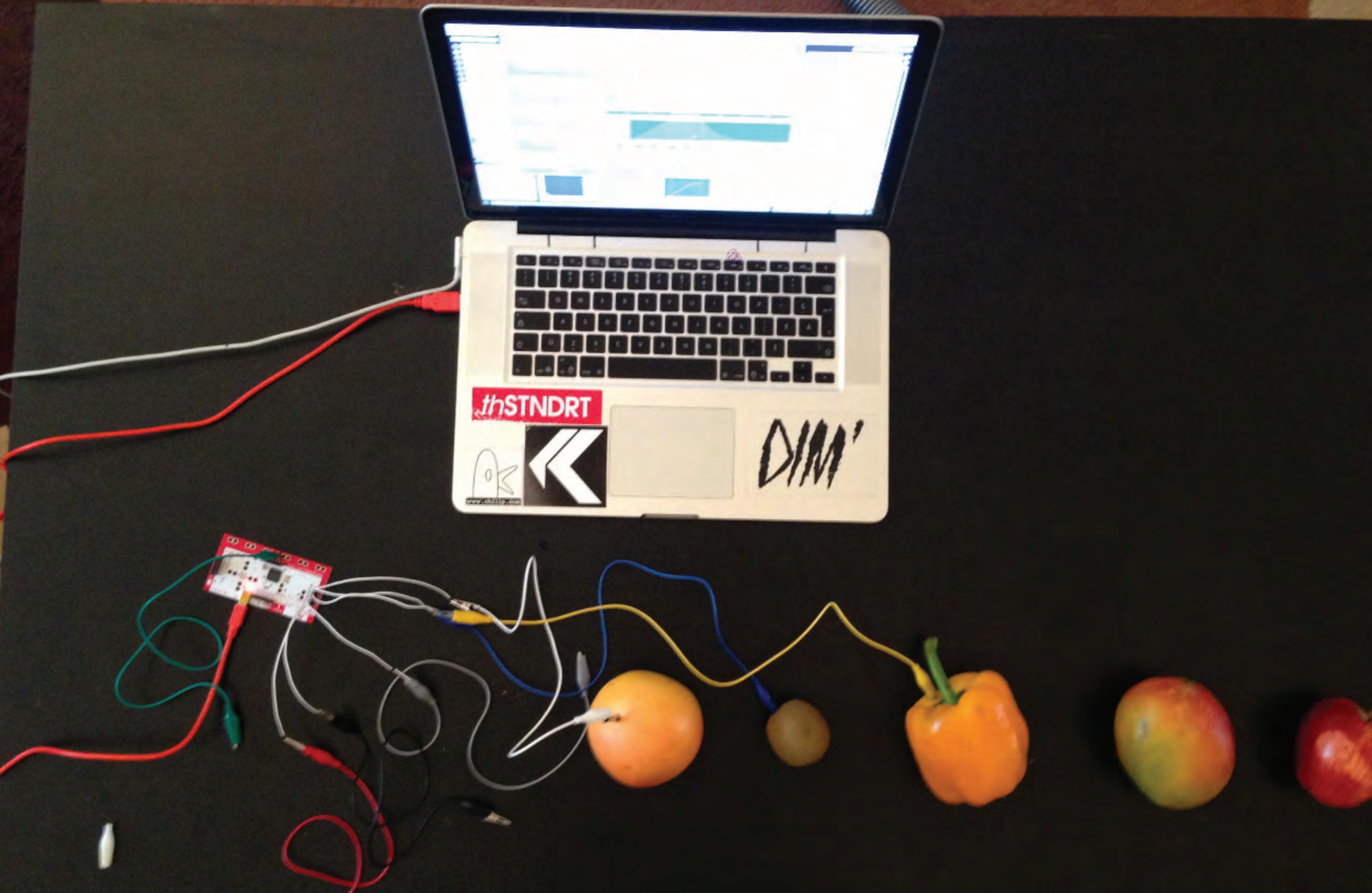




















Cherry Pit Haptic Stimulation



1

Alzheimer's is a familiar term for me, because Chinese people often use it jokingly if they forget things. After I started this design for people suffering from Alzheimer's, when we visited two nursing homes for such patients and read some articles about the illness, I quickly felt how little there was to joke about.

The seriousness of the term comes, on the one hand, from the burden that the illness places on society and the

1.
The lobby

families of patients, and on the other hand, from the ethical dilemmas and fears associated with loss of control over the brain. Unless a cure for the illness emerges, the cost of care for dementia patients is bound to increase, which in a time of shrinking budgets casts doubts on the sustainability of current standards of care. As for the uneasiness with which society faces dementia, it is caused in part by insufficient attention and understanding, which I believe can be changed. For example, all students in this class have had some interaction with dementia patients, which has inevitably led to reflection and discussions of how to deal with this group of people.

The goal of our class was to design a 'Snoezel Corridor' that would stimulate multiple senses of patients and increase their interactions with the surrounding world. Currently, Alzheimer's is not curable, but even as certain senses of the patients degenerate, other functions can remain intact. Therefore this design departs not from

what the patients are no longer capable of sensing, but from what they are still capable of.

I would like my design to comfort Alzheimer's patients while being part of their normal, everyday environment, just as, if I were a patient, I would like to have a life as close to normal as possible.

My focus is on the sense of touch, and it borrows some materials and techniques from traditional Chinese health care. Cherry pits are an ideal material; it is natural and safe; bags filled with it can be heated and produce a comforting sound; holding them in one's hands is a pleasant haptic experience. Warmth is another basic element in my design. Since Alzheimer patients move less, they easily feel cold. Warmth is a source of comfort for everybody. With these ideas in mind, I visited the Overspaarne care facility in Haarlem and decided to intervene in the lobby of this nursing home, which is spacious but lacks warmth; its elements seem afloat in space. I would like to

turn it into a warm and haptically comforting space.

I had two proposals with the same concept. One is a tablecloth with attached bags filled with cherry pits that can be heated in the microwave. This plan makes use of the lobby's existing furniture. Later, lavender bags were also combined in the table cloth to give off relaxing smell. The other plan would entail a more fundamental redesign of the lobby and provide it with a central element that serves as an anchor. This is a large heat-emitting platform, inspired by the traditional heatable brick beds used in northern China, on which cherry-pit bags are placed. I have been trying to find a way to realize it.



1. with table cloth
2. the lobby with the Kang
3. table cloth with cherry pitts bags
4. table cloth with water-proof cover



5. there are 8 bages with cherry pitts hidden along the edge of the table cloth



3



4



5

1

2

Sound and Alzheimer



1

My project for this course mainly deals with the analysis and effects sound can have on our minds, bodies and therefore souls especially connected to the Alzheimer's disease and indirectly other human ailing conditions.

It is through my research that I discovered what sound could do to relieve our senses, to improve our moods and to generally relax us for a certain period of time. Sound is frequency, like light for instance.

1. Arduino interface (Blue device), with breadboard (white), piezo element (round golden), connection wire cables (orange, yellow), LED (mounted to arduino), transistor for

electrical channeling (bent element), Laptop for connection. These elements are theoretically needed to create the musical wall instrument. The coding is the most difficult part as it tells the devices how to interact with the environment it scans and analyses.

Frequencies travel through or bodies and are said to affect us at very small and seemingly insignificant levels, which is of course untrue. The sound that travels through our cells and body tissue has a strong effect on the water that we carry within us. We consist of about 70% water and the brain around 60%.

Japanese researcher Masaru Emoto carried out some experiments, playing various musical styles and different sound frequencies to multiple water samples. He then froze the water samples and analysed through a microscope the crystal structure of the different frozen water samples. Proceeding in comparing them to each other on a basis of the different sounds that were played to them, he found out that music heavily affects the structure of the crystals.

Therefore I concluded that even when we don't feel it or directly realize it,

music and positive or harmonic tones / frequencies affect our well being constantly or do the opposite. Continuing my research, I discovered that there were specific tones and frequencies called “Solfeggio notes” which apparently have a mystical power and influence on us. The most famous one is the “Mi” (Miracle) frequency, which lies around 528 Hertz. It is believed that the Solfeggio Notes create harmony within us, eliminating illness, stress and improving your life significantly in many ways.

From this point I turned my focus towards the goal of the assignment, which was to implement the result of our research into a final 1:1 scaled design.

I sought to avoid patronizing the people in a centre like that because they already live a pretty unhappy life from what we observed, heard, and sometimes even experienced. My thinking process brought me to the conclusion that my “installation” or design should be almost entirely playful for those using it, and giving people in their

position the opportunity to forget the most important thing: that they carry a serious disease with them. By further analysing the spatial ramifications of AH centres, I realized that corridors were a problematic space. My thoughts were that I wanted to work with that. The design resulting from this analysis was a sort of a curved wall, with “musical-panels” inviting clients to “play”.

The panels are connected to tactile sensors, analysing both pressure and intensity, giving away a sound that corresponds roughly to the movement of the initiator. I then realized that my idea and ambitions were slightly too big, so I had to rethink my initial plan to build at least a section out of that wall.

By giving this assignment even more thought, I found a new sort of tactile sensor, reacting extremely sensitively to scratch or knocking motions. This device could be placed virtually anywhere, triggering high frequency vibrations.

These vibrations could end up triggering musical tones, by connecting the device physically to a Digital Audio Workstation such as Ableton Live.

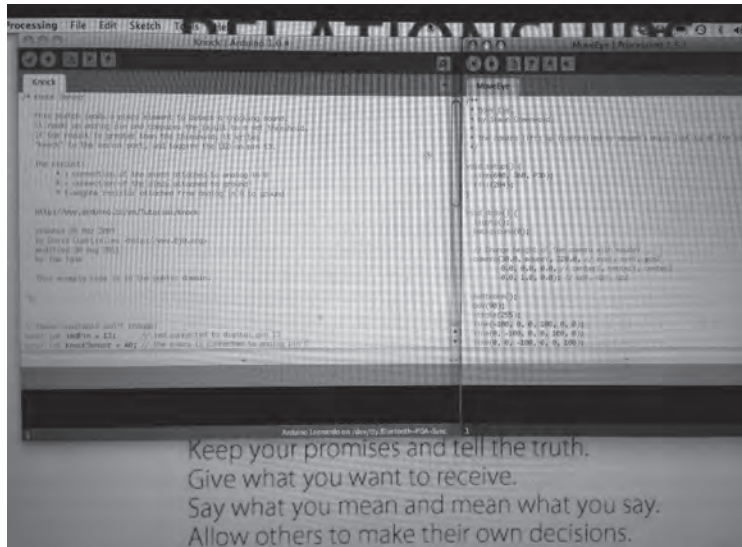
The execution becomes at this point much simpler and the installation virtually invisible. A Piezo element, which acts like a sort of microphone is placed on a wall. It captures vibrations that are then further sent to a device called arduino. This device translates the signal it gets into basically anything I tell it to, in our case a musical note.

I then proceed to map my keyboard from the computer to be triggered as soon as someone touches, scratches or bumps to wall so that musical notes are played whenever someone “hits” my keyboard.

By avoiding a big installation that might not work I am turning the assignment around an creating an almost invisible instrument that could relieve the gloomy atmosphere in places like Alzheimer Cent-

ers and even significantly improve the state of the clients by giving them something to “discover”. I realize at this stage that it must not necessarily work as the Alzheimer condition is as specific as the clients themselves and that it could even become an annoying factor for the people that work there. Nonetheless I am convinced that through proper testing and analysis the centres workers themselves would be able to adjust the musical notes and varieties according to the likes of their clients.

This makes the installation easy to maintain, change and turn off. It is as if it has never been there but can suddenly appear from one moment to another. And also anywhere where there is a flat surface. The project will thus be called the “invisible instrument”.



These are the two programs needed to map the interfaces in order to control them. One is called processing which is programming language, that can be connected to a variety of different devices and the other one is the Arduino programming interface used to control and regulate how environment and different electrical connections are perceived and processes by the computer.

Processing is used for the Makey-Makey so that the Keyboard can receive orders to be triggered as soon as the fruit is being touched. It is significantly more simple to find a programming for this then it was for the musical wall, but courses will enable to do so as well and then even enable me the possibility to connect both together.



1



2

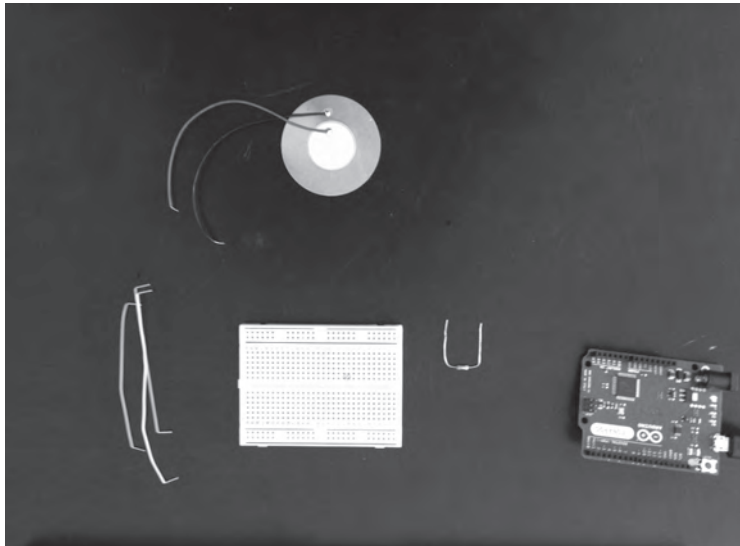
1./2.

Here the makey-makey device with the necessary cables and fruits and veggies, which act as the piano or musical trigger keys.

First image shows them non-connected and second shows them connected.

It is important to note that this only works out fine when one specific cable connected to "earth" is also touched at the same time as the fruit or musical element.

6 connections are possible and therefore 6 musical notes or beats can be played.



Arduino interface (Blue device), breadboard (white), piezo element (round golden), connection wire cables (orange, yellow), LED (mounted to arduino), transistor for electrical channeling (bent element), Laptop for connection.

These elements are theoretically needed to create the musical wall instrument. The coding is the most difficult part as it tells the devices how to interact with the environment it scans and analyses.

For the first final presentation I will show the work in progress, which has had a slight change in technique for this stage:

As tampering with “Arduino” was not easy, I needed a sort of in between alternative that showed the general idea in a friendly and inviting way. After doing some research about unconventional musical instruments connected to computers, I stumbled upon the “makey-makey” interface, which works similar to my idea just that instead of using the piezo element (microphone) I use water conductible elements such as fruits or vegetables.

Six water-conducting objects are connected to the device, which also acts like a sort of keyboard emulation: Every time a fruit is touched, it triggers a key on my keyboard.

Example:

The banana is connected to the key “W” The key “W” triggers the note D# on the music program and plays a note each time this banana is touched.

Multiplying this by 6 we get a small piano or beat machine entirely made by fruits and veggies.

This intermediate state is quite interesting since it shows the possibilities of human interaction with their environment, offering infinite possibilities of sound and also physical objects to interact with. The effect becomes multi layered since the fruits also become a very important part, as they also produce smell, have distinct surfaces, textures and shapes.

The project does not become only a new sort of instrument that can be very fun but also a tactile experience helping AH clients to reactivate an array of senses at the same time, but still not being overwhelmed by the amount of things to do at the same time.

The most interesting part is the future connection between the Arduino interface and the makey makey device.

For the 3rd year and thesis, I am planning to take courses in Arduino and

become specialized in this sector to combine both devices and make an installation that can offer many different playful ways of playing music, beats and so forth.

Of course all of this related to the Alzheimer research. From September on I will be testing both devices with on-going documentation in an AH centre and then conclude what can be done further and what not to limit the final ambition of the project itself.

The thesis will be also related to music, space and most probably AH disease as I consider them to be very close to each other and a serious possible relief opportunity for people in this state.

The Stimulate Chair



In institutes for dementia and Alzheimer's their main goal is to stimulate the senses.

My goal is to focus on the patients and not the institutes and how they can find a balance for both.

In my first research I have learned that touch is one of the last sense Alzheimer patients still have. And so I have chosen to work with the sense of touch in Alzheimer's.

In my research I found a holistic treatment that is called the healing touch

where a person uses the heat of his hands to moves over your body, so the heat of the hand affects the body. Inspired by this I added heat to my design and placed it for the upper back so that the body will relax and the hands will naturally "fall" to the fabric that the person is sitting on, it is also critical to know how far the heat lamp should be so it won't be too hot for the patients, as it is recommended medically with heat lamps to put them in a 30 cm distance between the body and the lamp, and that is why it is placed on the wall.

In Manitoba Canada they have create a project of quilt making for Alzheimer's patients where the patients families create a quilt with the patients favorite materials, painting... est. so the patients will have something they can feel more comfortable with and keep them warm, from that project came the idea to create a sensory fabric

and mix and match materials that will have an effect on the patients.

I have also found a connection between touch and brain activity, my goal is to build a chair that is interactive for the sense of touch, to stimulate the brain activity, where by touching a haptic surface it will stimulate the curiosity of the person sitting on the chair.

I have learned that Alzheimer's patients does not have the sense of time and if I would like them to sit in my chair for a long period of time, I decide to add a massage balls on the lower back where it will stimulate the muscles so the body won't get stiff from sitting.

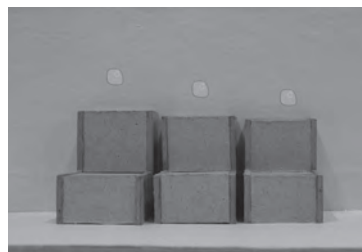
After an investigation on how does chairs looks and build today, it has come to mind that a lot of chairs are been made in mass production, according to a general idea of what a person needs and wants in a basic way of sitting. You do not control the way each person sits in this chair and how it is harm or benefit to the specific person.

In this world where we spend a certain amount of time sitting, in front of a computer, on a train/bus/car, in lectures... The importance of making a seat that won't harm you is critical. And yet people keep using the chairs that are cheap and consistent.

With this in mind I have chosen to create a chair that will fit the person own criteria, height, weight, size, likes don't likes, physical problems, and to cooperate this to the chair, so that person will have the chair that will only benefit him/her and won't harm them. Just like a car seat when you sit, you fix it for your own liking. This chair will be already adjusted to your own needs.



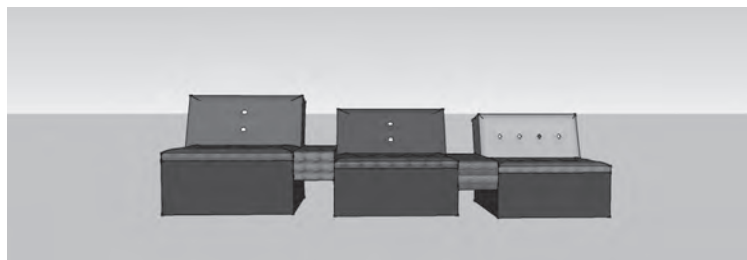
1



2

1./2.
A sketch model of the chair with the heating lamps.

3.
Sketch model in google sketch up inspired by Hive with thier "polder sofa"



3

1./2./3.
First chair made for my personal size, made from recycle wood



1



2



3



1./2.
First try of
a cardboard
chair

3.
The chair
back rest

4.
How the
Massage chair
will fit in
the cardboard



3



4



2



For my first experiment I have build my fist chair to fit to my own size. I have learned how to build a chair and what would I need to fit each chair for each person. That chair I have build from wood for comport and to see how the material feel like.

My next step was thinking on dif-ferent materials this chair can be made from for more comport for people since the wood was too hard. I have tried to make a stole from cardboard and that material fit with my goals, it was not too hard and not too soft. I have stacked the cardboard one on top of the other and added some support from wood pallet and foam for volume.

My next step was to build the chair in a sort of combination between the first chair and the second stole, and to include the massage chair in it. I have bought and stacked cardboard while considering how it will be able to change?

At the end I have decided to keep the cardboard free and let the haptic fabric

around it to hold it. By doing that I leave the option to change the same chair by taking pieces of cardboard out.

The option of changing the chair to fit each person is a very important factor in my chair.

In the seat there are the cardboard sheets that are able to take in and out, in the back sear there are foam plate that are also capable of changing the height of the back seat to fit the person.

Daily Experience



Visiting the different elderly homes and reading the book 'Hersenschimmen' by Bernlef, gave rise to an initial idea.

While visiting the elderly homes it occurred to me that the patients are living a very monotonous life and that they experience almost no stimulation. Walking through the hallways i also noticed how little the rooms attached to the hallways differ from one another. Hallways that provide access to the entrances of a space only seem to

generate confusion and a doubt. The spaces that people are looking for or which they would like to enter therefore seem to be hidden away.

That's how i came to the idea of increasing the freedom of residents of elderly homes - by helping them to navigate the home more easily.

This i would like to do by creating something recognizable with a surface that is stimulating to the touch. By adding this to existing spaces i hope to create an accessible whole.

The balustrade that one often finds on the wall while walking up or down the stairs ends at a point where an elderly home resident could still use it as device to find his or her way. Therefore i would like to extend this balustrade from the hallway to a space, and even further, into the space.

People with Alzheimer's disease who are living in an elderly home don't only walk to get from one point to another; they also wander aimlessly. 'Just walking around

because otherwise you no longer feel as if you belong somewhere, that time is passing.' 'I touch the wood with my left hand, because otherwise i can't see that hand anymore.'

I went to the elderly home a couple of times to stay there for a day. These days were quite similar. The only moments that would divide the day into parts were those where residents would eat in the common room. In the particular elderly home where I'm doing my project, the residents all have their assigned seat at a table. To stay a bit aware of what is happening in the world around them, they listen to the newspaper being read aloud to them during breakfast.

Once two women were asking themselves why they were inside looking at the nice weather outside the window? But they thought it would probably be cold even though it looked sunny.

Looking at the weather is a factor that stimulates their memory, their ability to empathize and their curiosity. 'Locked

inside.. my liberators have occupied me.. more and more is being censored.. almost nothing gets through.'

The space where i'm doing my project has a window with a view of a building and a street below where cars, bicycles and trams pass by.

Because daylight is so important to having an idea of what part of the day it is i find it important to keep the window, and have it as the focal point in the space. But at certain time during the day i will put a screen in front of it and show moving images of daily life to let people in the elderly home still experience a bit of life outside the home. For people with late stage Alzheimer's I will show calm images, but with stimulating 'sparks' of movement. For others I will show more lively moving images.

I have made the balustrade, that starts in the hallway and continues into the space, out of wood. To stimulate the senses I made a relief on the balustrade. This is also to make clear that this particular balus-

trade leads to a 'special' space inside the elderly home. The balustrade is rectangular, this way i could make the relief on four corners, and it seemed to me that this shape would also offer more stability.

After trying out different sorts of relief with a chisel i decided to try it with a hand-held milling machine. This way it feels more smooth.

The pattern that I then made consists of different sizes of hollows, deep enough to let your thumb slide over. I first rounded all the sides a bit so that they don't feel sharp to the hand. After that i started to make the pattern.

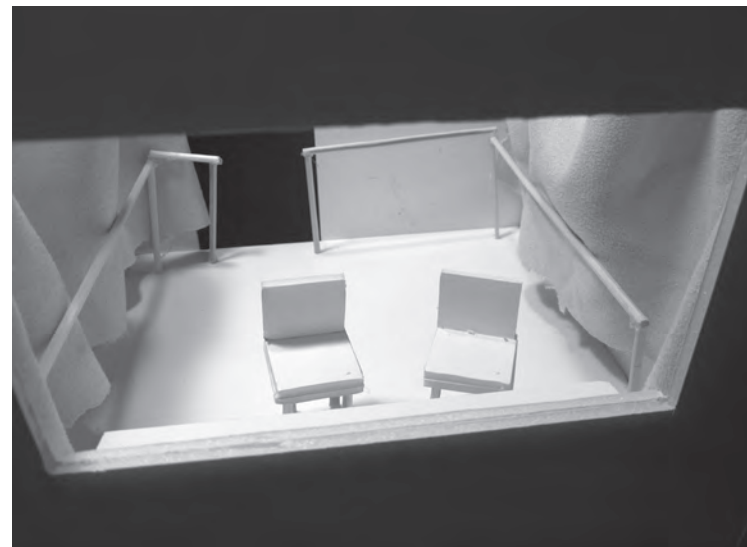
The pattern starts gradually in the hallway with small spots on only two corners of the wood and long hollow parts that guide your thumb and fingers so that you are led toward the space. Then starting on the corner there will be a bit of the pattern that is featured on the final part (in front of the window). After the corner the relief pattern will increase in intensity as you enter

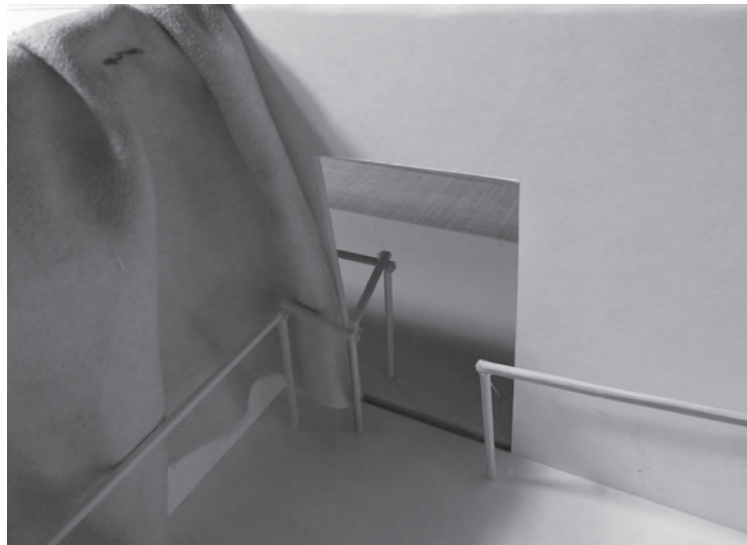


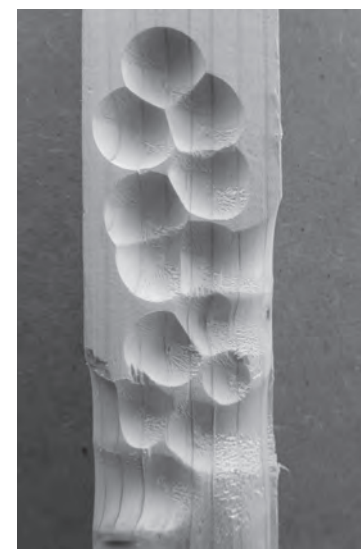
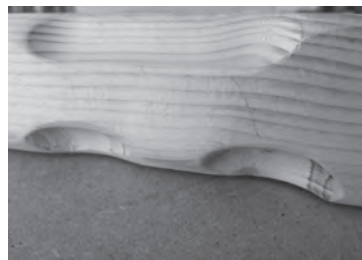
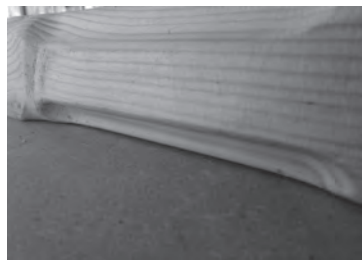
the space, not only to leading you but also creating a interesting feeling for your hand.

Finally, the part of the balustrade at the window is the only part with relief on the top part of the wooden beam.

The idea behind this is that people might linger at that spot to enjoy the feeling of the balustrade as they look out of the window (during the times when there is no screening of daily life images).







Lifetime Memories



As I have had the unfortunate experience of seeing what Alzheimer's can do to a loved one, I know that it is a disease that can vary greatly from person to person. There is no generalizing when it comes to Alzheimer's. Bearing this in mind, I focused my attention on coming up with a design based on creating an environment tailored to each individual. I wanted to create an environment which engages with its inhabitant's individuality. I maintain that people

with dementia cannot leave the reality they inhabit — care partners must meet them in that world. We have to acknowledge the patients as they are now. Each person and their environment are unique, and as such, always require a custom approach. I therefore, am using the tactile realm as a narrative space, and by doing so, I hope to create an empathetic and intimate space for the patient(s). I propose that we can make better use of the patients' bedrooms by projecting preselected images (chosen by the patients) onto their bedroom walls. Hopefully this way, it can become possible to trigger memories and make the patients feel more genuinely at home in an environment that would otherwise feel foreign to them. I would like to bring back the natural surroundings of each patient in order to stimulate physical/verbal communication within this built environment. The room will thus become an environment that will facilitate human interaction, and, a place where, not only the patient, but generations can gather

to reminisce the lifetime memories of their loved one.

As space is becoming a premium, we need to utilize the space available to create a comfortable personalized patient environment. As nice as it would be, to be able to take along part of our home to the Alzheimer center, the space is simply not available. I therefore believe, that with the use of technology, more specifically with the use of projectors, I can create a more comfortable environment. Technology is only an interface in my project, serving as a response trigger. Through the use of a projector I am trying to prompt a response from the patients by bringing back their unique lifetime memories. My goal is to facilitate the creativity of people living with Alzheimer's disease and related dementia. We strive to advocate for cultural change in the healthcare industry and for the daily inclusion of arts in assisted living and adult day care. Further, we do not set boundaries in our beliefs in what is possible for people with memory impairment to create.

A multi sensory approach that evokes the stimulation and use of various senses, in essence combining physical and cognitive stimuli, can assist in the management of persons with Alzheimer's disease.

Visual stimulation has proven to reduce stress and anxiety. It has been proven to lead in a decrease in the number of incidences of disruptive/problematic behavior. Because of the loss of cognitive control, I hope that, via storytelling and image strategies, I can give them the sensation of reconnecting to their natural environment.

A collision of conscious and unconscious intentions is necessary to trigger the emotional participation of the observer. Without tactility and considerations for the human body and its senses, the space becomes unreal.

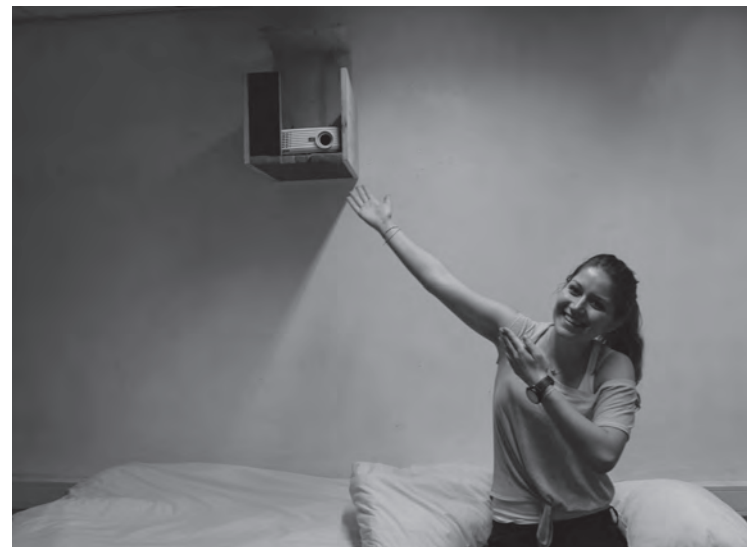
Any space containing moldings, colors, and textures, will provide provide stimuli for peripheral vision, and consequently, we face an immersive, interactive space. In general, "less is more" in the

space occupied by an Alzheimer patient, allowing them to function more effectively with less confusion and distraction.



Haptic interaction could rely on a real or virtual environment.

Looking back on my progress throughout this project, I have come to accept that although I would like to very much find a solution right now to help Alzheimer patients, it is simply not feasible, but what I can do is start small and hope to create some sort of ripple effect that will eventually grow into a more lasting or substantial solution.



The Binomial Chair



A concept guide us along a Design project. A concept gives meaning to every choice we make along the Design process. But prior to formulate the design concept are two basic questions that we should always ask ourselves before to start drawing: Why? and What's the purpose? The search for the answer leads to a research process that by analyzing the context both, locally and globally, is what trully brings sense to what we make.

When it comes to relate Design and Alzheimer disease, there are still a lot of questions to be answered, for me, for all of us and even for science, Alzheimer is a world to be still fully discovered. But what can the discipline of design do to improve their lives? How as a spatial designers we translate knowledge into solutions and “quality of life”?

Since the concept of Snoezelen was created in the 70's by Dutch therapist Jan Hulsegge and Ad Verheul, there have been many advances in regards the creation of this multi-sensory stimulation spaces: new elements in lighting and material have been added to this therapeutical rooms in paralel to new scientific discoveries and technological advances. Not only that, also it has been extended to many fields and adapted to different needs: from kids with mental disabilities to kids with other illness-es like Cancer or people, mostly elderly, suffering from Alzheimer.

The contemporary reality is that the design approach to these spaces is still nowadays stalled to the concept created in the 70's, but the language of design today is too rich as to don't use in order to innovate in the conception of multi-sensory environments, maybe not even environments, like happiness, sometimes solution is closer than what we think. Perhaps the solution is not in between four walls, the solution may be closer, the solution may be in the elements that configure the daily routine, the solution may be in our hands, the solution may be in the touch and the touch is the mother of our senses and senses allow us to experience and learn. "There's nothing in my intellect that has not gone first through my senses", said Aristotle.

Brain doesn't work when there is sensory vacuum, and the higher it is or it was our sensory activity, the more vast it is our mental reserve. Taking into account that Alzheimer disease is generally characterized by the loss of memory consequently the

self, it's important to expose patients to experiences where there exists a rich sensory stimulation. Albert Einstein already said "knowledge is experience and the rest is just information".

Being briefly this the context frame, the idea of developing a chair where the sense of touch has the protagonism, arised in my mind. Consequently I looked for a client who would give direction and meaning to the new chair creation:

His name is Chris and when he was 53 he was diagnosed with Alzheimer. Now, after ten years he is in the last stage of the disease and his narrow circumstances doesn't allow him to move beyond the bed at night and a chair during the day. He's really moody, spending some weeks in very calmed down levels and some other with a very impulsive and stressed out behavior.

As Chris's mood, I decided that the chair would have two faces: The playful side and the relaxing side. The playful side allows him to interact with textile elements

of different physical characteristics, like texture, elasticity or even sound, and which intends to increase the level of self-physical awareness by creating tactile stimulation and also muscle in order to enhance body activity.

The relaxing side is based on the most relevant natural qualities of the desert like texture and temperature. The sit is made out of memory foam which allows absolute adaptation to the body shape, also some of the textiles are characterized by its softness which reminds to the sand of the desert. For the cover I've designed two types: one for summer, made out of silk and one for winter, made out of felt which increase the temperature comfort. A heating blanket is located under the sit and temperature can be regulated depending on the need of the client. A playful blanket with 3D textile characteristics and that produces a very low sound when touching it is located in the side. Also a cover with small balls inside is located in the other side so the

client can consciously or unconsciously massage himself by interacting with it.

Two other characteristics of the chair that I found important are: 1-that the chair slides back so it can be adapted for the comfort of the client, specially when it comes to sleep and 2-that the chair has wheels, as the client can not stand and walk by itself anymore, he can be transported anywhere, specially outdoor when the sun is shining.





Appendix

Literature, health care

- Bernlef - out of mind, reading together
- Alain de Botton - 'The Architecture of Happiness'
- Merleau Ponty - fenomenologie van de waarneming / phenomenology of perception
- Juhani Pallasma - the eyes of the skin
- Gaston Bachelard - the poetic of space
- Rasmussen - experiencing architecture
- Edward T. Hall - the hidden dimension
- Richard Sensett - flesh and stone
- AU - bouwen aan de architectuur van de zorg
- Hedy d'Ancona prijs - voor excellente zorgarchitectuur
- Beatriz Colomina, Privacy and Publicity: Modern Architecture as Mass Media, 1994
- A.E. van den Berg, Health Impacts of Healing Environment. A view of evidence for benefits of nature, daylight, fresh air, and quiet in health care settings, 2005
- Lieven De Cauter, The Capsular Civilization. The City in the Age of Fear, 2004
- Stephen Verderber, Cor Wagenaar, The architecture of hospitals, 2006
- Abram de Swaan, The architecture of hospitals, Nai Uitgevers/Publishers, 2006
- Mens, N., Wagenaar C., De architectuur van de ouderenhuisvesting. Bouwen voor wonen en zorg, NAI uitgevers, Rotterdam 2009

Activities

- Internship 48 hours at the minimum
- Working in a group and individual context
- Group and individual supervision
- Intervention meetings
- Interim and final presentations

Excursions

- Excursion VU + tour
- Excursion dementia center, Huizen
- Excursion Materia
- Excursion Vreugdehof, dementia center, Amsterdam

Film

- Film 'Iris', about the life of the famous novelist Iris Murdoch who also had Alzheimer's.
- One flow over the cuckoo's nest
- Documentaire 'vergeten' van Irene van Ditschuyzen
- First cousin once removed a movie about Edwin Honig a distinguished poet, translator, critic and university professor, winner IDFA movie award

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Odensehuis, dementia day-care center, Amsterdam
Ilse Achterberg, Operations supervisor, initiator
of WorldWideSnoezelen.com and Board Member of the ISNA
Ronel van der Gun, coordinator WorldWideSnoezelen
Els Zijlstra, director at Materia
Hogeweyk, Alzheimer center, Weesp

Colophon

Insight Series #5

The transformation of the
'Snoezel Corridor'

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