

'GRAVE MEN, NEAR DEATH, WHO SEE WITH BLINDING SIGHT  
BLIND EYES COULD BLAZE LIKE METEORS AND BE GAY'

DYLAN THOMAS | DO NOT GO GENTLE INTO THAT GOOD NIGHT

**CONFINING FRAILTY** investigates rituals in rest and nursing homes, with a broad and relational understanding of ritual, as a symbolical action that breaches a functional routine. Employing environmental anthropology, it develops the concept of *ritual zoning*: a way of performing that transcends material surroundings. The author provides detailed ethnographic accounts of two facilities of elderly care in the city of Tilburg, and explains how and why their ritual repertoires differ from other ritual repertoires within present-day society. Being forced compositions of residence and workplace, with colliding ideologies of leisure and functionality, many of their rituals have become 'unbalanced'. *Ritual zoning* is reiterated as a possible means to re-attune these rituals to their material environment and their immaterial ideologies. Moreover, the concept helps to ascertain a new attitude toward old age, the elderly, and the institutions that 'take care' of them when they are no longer capable of doing so themselves.

CONFINING FRAILTY | MARTIJN DE RUIJTER

NSRL 18

# CONFINING FRAILTY

MAKING PLACE  
FOR RITUAL  
IN REST AND  
NURSING HOMES

MARTIJN DE RUIJTER

NETHERLANDS STUDIES  
IN RITUAL AND LITURGY 18

# CONFINING FRAILITY

MAKING PLACE FOR RITUAL IN REST AND NURSING HOMES

## Netherlands Studies in Ritual and Liturgy 18

### Published by

Institute for Ritual and Liturgical Studies, Protestant Theological University  
Institute for Christian Cultural Heritage, University of Groningen

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ISBN: 978-90-367-9256-1

ISSN: 1571-8808

Printed by Ridderprint BV, the Netherlands

Cover design by Joris Verhoeven

Layout by Karin Berkhout

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MAKING PLACE FOR RITUAL IN REST AND NURSING HOMES

## PROEFSCHRIFT

ter verkrijging van de graad van doctor  
aan Tilburg University  
op gezag van de rector magnificus,  
prof. dr. E.H.L. Aarts,  
in het openbaar te verdedigen ten overstaan van een  
door het college voor promoties aangewezen commissie  
in de aula van de Universiteit

op woensdag 16 november 2016 om 16.00 uur

door

Martijn Anthonius Geert de Ruijter,  
geboren op 9 december 1977 te Bergen op Zoom

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# PROLOGUE

## THE OLD LADY AND THE PAINTING

The first few times I entered a nursing home, I was overcome with impressions. I felt like a newly born. Everywhere around me were sounds, smells and sights that I had never encountered before. It was quite overwhelming. On one of these occasions, a spiritual counsellor of the institution, Jane, gave me a tour around the building.<sup>1</sup>

She showed me the many different wards, and I made my acquaintance with some of the inhabitants. One of them, Mary, was a wheel-chaired woman in her early sixties. We caught a glimpse of her as we passed a small meeting room. Jane asked me if I wanted to meet someone in person, and I quickly said yes. We turned around, walked inside and started a conversation.

It turned out Mary was making a painting. After I introduced myself, we talked about what she was doing. "I'm not much of a painter, I'm afraid," she said, "but it keeps me occupied." I asked Mary why she was painting there, in that small meeting room. This kick-started an autobiographical account of sorts:

*When I was much younger, I used to paint a lot. It was my number one pastime so to say. I even had my husband create a special painting room in the attic. It always gave me so much pleasure to go there and just let the inspiration flow into my brush. And then, I don't remember why exactly, I just didn't seem to have the time anymore. It just stopped. And after a while, the attic became just the attic again ...*

*Now, about three weeks ago, I had a CVA<sup>2</sup> and had to be admitted to the hospital. Afterwards, I came here to recover. I got bored quite quickly. Every day is the same as the next one in here. In the morning you get washed, clothed and fed ... then you sleep some more ... then you eat some more ... then you dine and then you are assisted into bed again.*

*After some time, I remembered my number one pastime of the old days. I started to ask around if I could paint here. At first, it seemed impossible: there were no materials and there was no room. But I kept asking, and after a while, some of the volunteers brought some*

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<sup>1</sup> All names of residents and their family or friends, nurses, caretakers and managerial or cleaning personnel are pseudonyms.

<sup>2</sup> Cerebro-Vascular Accident.

*equipment and an easel. Then one of the floor managers arranged for me to use this small meeting room, whenever unused, because I told her I didn't want to paint in my own living room...and the light here is much better too ... and so here I am ...*

*Of course, I'm not half as good as I used to be. I only copy other images now ... you see ... this one is from that postcard over there ... and even as a copy it is not very good ... but it keeps me off the streets ... and at least I'm doing something I love again.<sup>3</sup>*

We talked some more about the people that helped her out and my plans for research and then said our goodbyes. The counsellor and I finished the tour as planned. I saw more rooms and corridors, shook more hands and, after twenty minutes or so, I left the premises to go and write down my experiences.

As I rode home on my bicycle, I experienced an uncanny fatigue. It was as if all energy had been drained from my body. While I enjoyed all the meetings and conversations, I did not like that place. I did not like it at all and I suspected that, to have any chance at conducting my research there, I needed to find out why.

I quickly discovered that my discomforting experiences were in no way unique. Many other people that I spoke with voiced similar emotions after having visited a facility of care. But whenever I inquired as to what may have caused such emotions, shoulders were raised and words fell short. The simple, but mostly unvoiced, consensus is that rest and nursing homes are like prisons. The people inside are locked away, or rather 'put in confinement'. Not because they are dangerous or infectious, like in a real prison or quarantine, but solely because they have become too weak; because outside, in the real world, they can no longer care for themselves; out there, they are bound to get hurt.

This crude realisation put me on another track than the one I set out on. Initially, I meant to investigate rituals in rest and nursing homes. I wanted to know what rituals were performed there, how they were performed exactly and why so. I didn't want to concern myself with much else, least of all, the always re-igniting debate about the horrors and fallacies of elderly care and how to avoid them. But then I met with Mary. Beforehand the mere act of painting could not possibly apply as ritual to me. But here, in this particular case, it had somehow become some kind of 'normal-yet-highly-symbolical' activity. And that had everything to do with the place she resided in.

Because of the recent changes in her life and environment, she decided to take up an old activity that had always had a special meaning to her. Like in that past, special meaning demanded special space and so she set out to activate

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<sup>3</sup> Log, 8-7-2009.

people into re-arranging her new surroundings. They temporarily turned an unused meeting room into a decent painting studio. The act of painting itself brought together fond memories, light physical activity and a much-desired break from her newly imposed daily routine of the nursing home. And that, all together, granted her a certain retrieval of autonomy. So now my concern was no longer just with ritual, but with ritual and space. The outcome of those concerns is this dissertation.

In it, I aim to make evident that, alongside the generally accepted forms of ritual, such 'ritualisations' of ordinary behaviour, as exemplified by the painting of Mary, are to be taken seriously. I will reveal how it may amount to significant change, and not only in our dealings with old age and the elderly but also in our understanding of ritual, when we do.

I also wish to bring across the importance of material context, or rather, of place. I will argue that for any living organism, there is a crucial equilibrium between life environment and activity. For dependent elderly in contemporary rest and nursing homes, this relation is a troubled one. They live out the final stage of their lives passively, in a place that is actively shaped and governed by others. I assert that the impact of that imbalance is best felt in the various rituals that take place here. Rituals more than anything, safeguard the relation between the here and the hereafter, between the secular and the sacred, or to put it less religiously, between the worldliness of our day-to-day lives and the unworldliness of our ideals and ideologies. At the hand of these same rituals, I will demonstrate how the balance between the life environment and the activities of its residents can (and should) be restored with only minor adaptations.

The final point I wish to make, is that of the importance of *inefficiency*. That rituals defy any straightforward functionality will not come as a great surprise. Nor will it that an increase of such forms of action will inevitably hamper overall efficiency. That is a simple matter of calculus. As a caretaker or nurse, but even as a cleaner, there is always only a limited amount of time to do one's job. And in an institution of care there are a lot of jobs to be done. To carry out, or facilitate, undisclosed symbolical performances logically means cutting chunks and bits of that, already sparse time. And yet, at the end of this dissertation, I will claim that exactly such a decrease of overall efficiency, through the development and implementation of un-functional, or rather impractical, symbolical acts, is favourable to both the work and life satisfaction of residents and employees alike.

And last, but most certainly not least, I fervently hope that this dissertation will be beneficial to such an extent that the experience of visiting a rest or

nursing homes in the not too distant future will alter significantly. That it will no longer be a place of custody for those who are frail. It is not, and should never be, anything like a prison for the bad or quarantine for the ill. Rather, that it becomes a confinement of frailty itself, a place where those who are more delicate than the rest of us, find their safe haven. A haven that, through a properly located appreciation, breathes acceptance of years gone by and lives lived. An appreciation that is shared by all those who are not yet there, but know all too well one day they will be.

# CHAPTER 1

## THEORY AND METHOD

### 1.1 Structure

In the first chapter of this five-part dissertation, I will delineate the boundaries within which I position my research. This serves three purposes. Firstly, it explicates what I speak of exactly when I write down words like ritual, old age and elderly or rest or nursing homes. Secondly, it aids the reader in understanding where I come from; what theories I adopted, what concepts and perspectives I extracted and which methods I utilised, adapted or discarded altogether. Thirdly, it will make clear from the very start which questions I desire to answer and what goal I aim to achieve by doing so.

In the second chapter, I turn to related theory and imagery. I do so in three phases. First, I investigate what has been written by others on similar topics. Attempting to avoid the omnipresent debates on better care, I have picked out those works that contain noteworthy combinations between the topics of life in institutions and old age and the elderly. Secondly, I determine how old age and elderly are portrayed today. To establish that image I look closer at examples from modern media, in detail of two magazines for the elderly, *Plus* and *Nestor*. Thirdly, I present a typology of rest and nursing homes that is based on the presented literature and images in the media as well as the way in which they commonly present themselves to the outside world.

The third chapter of this dissertation is meant to convey the overall feel, setting and development of the locations where I performed my fieldwork. I start off with two so-called *strolls*. They are rather personal reports of the atmosphere and experience of both facilities. This is followed by a more formal description of the historical development and present condition of their architecture and interior design. I conclude with an analysis of differences and similarities.

That analysis organically leads to the concept of *ritual zoning*. In the following intermezzo, I work my way to that concept through examining the relations between ritual and location and, more generally, those between environment and behaviour. After that, I explain what *ritual zoning* entails, how

it differs from 'regular' zoning and why it may play a crucial role within facilities of elderly care.

I then proceed, in the fourth chapter, by delivering an in depth account of my fieldwork. This account is an amalgamation of interviews, narratives and experiences. With this amalgamation, I aim to provide a thorough description of the locations, their various spaces and the rituals performed there.

The fifth and concluding chapter contains my final analysis and the answers to my initial questions. I disclose where the encountered rituals diverge from or align with dominant ritual repertoires of society as a whole. Where they diverge, I show why that is and if, and how, the environment of the institution itself is of any influence here. From there on, I use concrete examples to tentatively formulate a theory on good practices; I evaluate which rituals or what elements of ritual work in what context and provide suggestions how to improve that by applying the concept of *ritual zoning*.

In the epilogue, I then look to the future. I conceptualise the boundaries of the presented typology as *Island* and *Chorus*, and shortly analyse some of their main benefits and drawbacks for future development. All in order to dream a utopian dream of Mary, the painting lady with whom it all began.

## 1.2 Object and motivation

What do I want to research? The answer is deceptively simple: rituals. Of course there is more to it, but I advise any reader to keep in mind that the lead role of this story belongs to rituals. That in itself presents some difficulty, for rituals never stand alone.<sup>4</sup> Context, or more precisely, location, proves to be vital. The context of this particular research is formed by the locations of two care facilities for the elderly.

As a logical consequence, much of what I write will consider the principles, ethics and practice of such care. This will divert attention from the main 'protagonist'. Writings, on deterioration or ill treatment of frail or demented elderly in old people's homes, are copious. The same holds for advice and methods on how to improve their situation. As any scientist will know, it can be

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<sup>4</sup> Fairly recent, some scholars have (again) taken it upon themselves to conceptualise rituals as if cut loose from any context. But without reference to actual located practices, such experiments remain abstract and illusive. See D. HANDELMAN & G. LINDQUIST: *Ritual in its own right* (London 2004). Cf. F. STAAL: 'The meaninglessness of ritual', in *Numen* 26 (1979) 2-22, and J. PODEMANN SØRENSEN: 'Efficacy', in J. KREINATH, J. SNOEK & M. STAUSBERG (eds.): *Theorizing rituals I. Issues, topics, approaches, concepts* (Leiden 2007) 523-532.

hard not to get 'sucked in' with such profound issues. But let it be clear from the start: I do not simply wish to add another note to that genre of care. I wish to examine rituals. Some attending questions, to perform that examination, are:

- Which rituals are 'taken along' to the care facility?
- Which rituals remain the same, which ones are altered, which ones are lost and why so?
- Which rituals are encountered in the care facility? To what responses do they lead and what are the consequences on an individual and institutional level?
- Are new rituals being developed and if so by whom and with what reason or goal?
- Who are the actors and who are the participants in the rituals of the care facilities?
- Do individual rituals 'fit', collide with or complement the institutional ones and if so what then?
- What are the characteristics and qualities of the found repertoire(s)?

## Motivation

Why do I want to research rituals in rest and nursing homes? For two reasons. First of all, to satisfy curiosity. I want to know what kinds of ritual are being performed in present-day institutions of elderly care. To date, there is not much material on the topic. The best way to then find out the how's and why's of certain behaviour of a specific group of people is, of course, to become a part of their ranks; to immerse yourself, to whatever degree possible, in their life environment. Chapters 3 and 4 are the outcome of this immersion.

Secondly, I wish to find out how such 'strange' behaviour might actually open up the possibility of creating a more affirmative experience among this group of people as well as a more positive image among the 'outsiders'. Answering this question demands another approach than answering the first one. I have chosen to try and look at it from a theological/philosophical vantage point; by investigating the ontological relation between ritual and location more closely. It is here that Timothy Ingold enters the scene. Because of his lifelong quest, to properly convey the relations between human behaviour and habitat, Ingold functions as a source of inspiration throughout this entire dissertation.

### 1.3 Concepts

There are three concepts that, in intimate entanglement, form the centre around which all else revolves. They are:

- Ritual
- Old age and the elderly
- Rest and nursing homes

Each of these concepts has been studied thoroughly in the past but, in the main, as isolated issues. At times scholars have combined ‘two out of three’, usually as a small part of a larger investigation. Examples here are the attention for the role of rituals within institutions or how rituals may be of importance in the lives of the elderly.<sup>5</sup> A combination of all three concepts, however, is extremely rare. One such research was performed in the eighties by Renee Shield. Its results are written down in the ominously titled manuscript *Uneasy Endings*.<sup>6</sup> For obvious reasons, I will return to this work extensively, in several of the following chapters.

#### Definition of the central concepts

Any (potential) reader of this book should first ask three simple questions:

- What is a ritual?
- Who are the elderly?
- What are ‘rest and nursing homes’?

I will answer these questions by providing three definitions. Unlike the word implies they are far from definite. They are only meant to make clear what I myself have in mind when I write of such things. I crafted these definitions within a very specific context of a relatively small group of people. For that reason they are not necessarily meant to be generalised to the whole of the

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<sup>5</sup> For the first two see J. HENRY: *Culture against man* (London 1966) and E. GOFFMAN: *Interaction ritual: Essays in face-to-face behaviour* (Chicago 1967). For the second two see S. KAUFMAN: *The ageless self. Sources of meaning in late life* (Wisconsin 1986), B. MYERHOFF: *Number our days. A triumph of continuity and culture among Jewish old people in an urban ghetto* (New York 1978) and more recently P. COLEMAN, D. KOLEVA & J. BORNAT: *Ageing, ritual and social change* (London 2011).

<sup>6</sup> R. SHIELD: *Uneasy endings: Daily life in an American nursing home* (Ithaca/ London 1988).

human experience. But, as we shall see in the end, they may very well alter our present understanding of that experience.

### Ritual: ritualising, ritualisation, repertoire and reservoir

Defining ritual is not easy. Many have tried.<sup>7</sup> Some have succeeded better than others. The core of the problem, as I see it, lies in the variation of manifestations. To some, the lighting of a candle by a grandmother, for a successful school-exam of her grandchild, is ritual *pur sang*.<sup>8</sup> To others it needs to have a more religious, or at least spiritual, context. They would rather draw the line with lighting a candle for a deceased loved one in a church or a chapel. And then of course there are those that use the word in its most secular sense. For them even brushing ones teeth or the shaking of hands are activities that deserve the relegation.<sup>9</sup> The sheer amount of definitions that has accumulated with this variation is dazzling and has led more than a few experts to abandon the search for an all-compassing one altogether. Instead, they refer to a 'heuristic formula' to try and list characteristics, qualities, functions and dimensions. I follow in their footsteps.

My own 'heuristic formula' needs to direct attention to three dialectical facets of symbolical activities. They may be quotidian as well as 'once-in-a-lifetime' events, individual as well as collective and last but surely not least, highly religious as well as completely secular. I've assembled this formula with the 'aid' of three predecessors that have all struggled with the same dualisms in one way or the other. They are Paul Post, Matthew Evans and Ronald Grimes.

### Post

During his career Paul Post has refined a 'working definition' of ritual that enables him to look over the boundaries of his original field of expertise while

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<sup>7</sup> An impressive overview of these attempts can be found in the first appendix of R. GRIMES: *The craft of ritual studies* (Oxford 2014). These appendices can be found online at <http://oxrit.twohornedbull.ca/volumes/craft-of-ritual-studies/>.

<sup>8</sup> A very informative elaboration on lighting candles can be found in G. JUCHTMANS: *Rituelen thuis: Van christelijk tot basaal sacraal* (Tilburg 2008) 278-294.

<sup>9</sup> Consider for instance the famous article on American culture by H. MINER: 'Body ritual among the Nacirema', in *American Anthropologist* New Series 58/3 (1956) 503-507, and the focus on everyday symbolic behaviour by E. GOFFMAN: *Interaction ritual* (Chicago 1967) but also Ronald Grimes where he states: "... ritual is not 'digital,' that is, either on or off. Rather, all behaviour is ritualized – some of it more, some of it less." In R. GRIMES: 'Shooting rites', in R. GRIMES: *Rite out of place. Ritual, media and the arts* (Oxford/New York 2006) 27-38, note 32.

at the same time generating creative new impulses for that field. To him rituals are “more or less repeatable sequences of action units which take on a symbolic dimension through formalization, stylization and their situation in place and time.”<sup>10</sup> Unlike many others, Post doesn’t limit himself to a mere descriptive formula. He includes a more functional point of view when he states that “they serve as a way to express, shape, foster and transform ideas, ideals, mentalities and identities of both individuals and communities.”<sup>11</sup> In its entirety, this is a definition to which I can ascribe quite easily and, truth be told, I have done so for many years.

As my research in rest and nursing homes progressed however, I found that some of its components did not fit very well. The persistent inclusion of repeatability for instance, started to bother me.<sup>12</sup> First of all, it is in no way a clarification of what discriminates ritual from other behaviour. Any type of human behaviour, from completely scripted to directly improvised, can and will be repeated to a certain degree. In addition, I found it to be a highly theoretical demarcation that was time and again put into perspective by everyday practice. On more than one occasion, did I witness very old people engaging into certain symbolic behaviour only once and then forget about it completely or wilfully ignore its next performance (or pass away only hours later). And not only do I contest that (the possibility of) repetition is a necessary trait for any action to be deemed ritual but, in analogy to the famous statement attributed to Heraclitus, I insist that it is in fact impossible to ever really engage in the same ritual twice.

The next problem is akin to the paradox of the chicken and the egg. Post’s definition seems to suggest that a normal act (or sequence of action units) becomes symbolical through formalizing, styling and/or situating in place and time. My observations in the rest and nursing homes have led me to strongly doubt such a one-way development. Especially in the process of new inventions, the desire for symbolism, and any consequential behaviour, often precedes its rationalization and with that any stylization, formalization and

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<sup>10</sup> P. POST, A. MOLENDIJK & J. KROESEN (eds.): *Sacred places in modern western culture* (Leuven 2011) 18.

<sup>11</sup> IBIDEM.

<sup>12</sup> The same persistence, spanning a period of twenty years, can be found with an author like Gerard Lukken. Cf. G. LUKKEN: *Geen leven zonder rituelen. Antropologische beschouwingen met het oog op christelijke liturgie* (Baarn 1984) and G. LUKKEN: *Rituelen in overvloed. Een kritische bezinning op de plaats en de gestalte van het christelijk ritueel in onze cultuur* (Baarn 2003).

situation.<sup>13</sup> I suspect that this part of Post's definition has something to do with the actual ability, and scientific aspiration to discern ritual from other forms of behaviour. Exactly that ability and aspiration bring me to my next source of inspiration, the concepts of ritualization and ritualising as proposed by Ronald Grimes.

## Grimes

Ritualisations, in the eyes of Grimes are the kind of acts and performances that may not (yet) be recognized as ritual but, due to a strongly diminished functionality and greatly enhanced symbolism, deserve a similar treatment.<sup>14</sup> It may be a slippery category, because of its inherent 'elusiveness', but it would be an erratic simplification to leave it out just because of that. It would also be a way to deny that rituals are 'hand-crafted' by fellow human beings. Exactly this idea prompted several academics in 1974 to pay explicit attention to formerly 'uncharted' forms of rituality. It culminated in an international conference at Burg Wartenstein where the likes of Victor Turner, Jack Goody and the Gluckman couple, made their appearances. The paradigm to overcome at that point was that ritual had to be religious.<sup>15</sup> But in its wake, several contributors touched upon the possibility of the process of ordinary acts *becoming* sacral ones. This, I would add, is a logical consequence. For when one accepts that something is man-made, one automatically implies continuing development, or evolution, over time. Co-editor to the congress' final publication, Barbara Myerhoff, clearly hinted at this when she spoke of 'degrees of being set-apart' and 'a continuum, from secular to sacred', on which particular acts can be placed.<sup>16</sup>

In my experience however, it is fundamental to acknowledge two things. First, that the extremes of this continuum can never exist. In real life, there are no such things as completely sacred or entirely secular activities. Human behaviour will always be attributed with some 'more-than-worldly' meaning

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<sup>13</sup> See also R. GRIMES: *Deeply into the bone. Re-inventing rites of passage* (Berkeley/Los Angeles/London 2000) 319.

<sup>14</sup> R. GRIMES: *Beginnings in ritual studies* (Washington 1982) 36-39; R. GRIMES: *Ritual criticism: Case studies in its practice, essays on its theory* (Columbia 1990) 9-15; and GRIMES: 'Shooting rites' note 32. Cf. C. BELL: *Ritual theory, ritual practice* (Oxford 1992) 74; and M. GLUCKMAN: *Order and rebellion in tribal Africa: Collected essays with an autobiographical introduction* (London 1963).

<sup>15</sup> S. MOORE & B. MYERHOFF: *Secular ritual* (Assen 1977).

<sup>16</sup> B. MYERHOFF: 'We don't wrap herring in a printed page', in MOORE & MYERHOFF: *Secular ritual* 200.

and by its very nature no attribution will ever be the final one.<sup>17</sup> The secular will thus always contain something sacred and vice versa.<sup>18</sup> Second, that, in present understandings, that continuum, from secular to sacred, is easily interchangeable with a similar continuum from pragmatic to symbolic. Whenever the experience or attributed meaning of an event, act, object or person shifts from a functional to a symbolical one, that event, act, object or person will automatically be considered less worldly, or secular, and more eternal, or sacred. These two words, secular and sacred, in turn point me toward my third and final source for crafting a definition: Matthew Evans.

### Evans

In 2003, Evans wrote an article with the specific goal of purging the vast baggage of un-clarity attached to the word *sacred*.<sup>19</sup> It is not the concept of *ritual* that Evans tries to clarify but nevertheless I find relevance in his nuances. They offer a broader scope that, if properly transposed, may be crucial to a rightful understanding of the changes that occur within ritual performances when one moves to a facility of care.

Evans claims that *sacred* is a key concept in not only the sociology of religion but social theory in general. This being so, he recognises that the sheer variances in interpretation have fraught it with misapprehensions. He follows the Durkheimian stance to sacred, as that which is ‘set-apart’, but takes it one step further and presents four dimensions in which such ‘set-apart sacrality’ can take actual shape. These ‘non-exclusive’ dimensions are: the personal sacred, the civil sacred, the spiritual sacred and the religious sacred. The first two are related to the natural world, the second two to the supernatural. With this fourfold scheme, Evans presents a comprehensible tool to trace down sacredness in all parts of life without the risk of throwing every action or event on one big heap.

	Individual	Collective
Natural	Personal sacred	Civil sacred
Super-natural	Spiritual sacred	Religious sacred

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<sup>17</sup> See also W. VAN BEEK: *De rite is rond, betekenis en boodschap van het ongewone* (inaugural address, Tilburg University 2007).

<sup>18</sup> M. DE RUIJTER: *Een voortdurend voorbijgaan* (master thesis, Tilburg University 2008).

<sup>19</sup> M. EVANS: ‘The sacred: Differentiating, clarifying and extending concepts’, in *Review of Religious Research* 45/1 (2003) 32-47.

To me, this concept of sacredness holds particular relevance for rituals in a context of idleness, like a facility of care. I will elaborate on this further on but for now it is useful to note that the absence of contrast between social spheres, such as work, social life and family, more easily moves people to render special what used to be normal. The idea that sacredness extends to the religious and non-religious as well as the personal and the communal, opens up the possibility to acknowledge the special value that dependent elderly grant to otherwise ordinary items or activities.

### My definition

After taking these scuffles with defining ritual to heart and considering the specific context of my own research, I've come up with my own 'heuristic formula' or working definition. Ritual, to me, is *a symbolical act that breaches the routine of functional behaviour in which it is embedded*. I will break this formula down into four pieces to clarify more precisely what I mean and how that is manifested in everyday life.

First and foremost, a ritual, and I dare say, *any* ritual, is an act of symbolism. Though strongly linked, ritual and symbol are not interchangeable concepts. Placing the ring on one's finger to express wedlock is a ritual, the ring itself a symbol. That symbol 'throws together' two (or more) previously unrelated things to generate new significance.<sup>20</sup> The act will produce symbols, make use of existing ones or do both at the same time. The relation between form and content of a symbolical act often seems completely arbitrary: When carefully placed on a specific finger, that little metal hoop suddenly marks the eternal bond of love and companionship; when attached to a wooden stick and ostensibly waved around, an even white cloth becomes the promise of non-violent negotiations.

Examples abound, of course, but what I aim to make clear here is that rituals, as the acts that accompany, utilise or generate symbols, are ubiquitously recognisable and highly ambiguous.<sup>21</sup> In case of these two examples, those acts are the waving of the white flag and the sliding on of the ring. They are often primarily recognisable as symbolical acts because of their 'minimal contra-

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<sup>20</sup> From the Greek: *sym-ballein*.

<sup>21</sup> For an interesting take on the how and why of the equivocal character of ritual see J. SNOEK: 'Defining rituals', in J. KREINATH, J. SNOEK & M. STAUSBERG (eds.): *Theorizing rituals* 3-14. Cf. the amusing opening anecdote by Van Beek to make clear how everybody, everywhere is capable of recognizing ritual, VAN BEEK: *De rite is rond* 5.

intuitive categories'.<sup>22</sup> Given that waving a white flag in a highly volatile environment or exchanging identical rings, make little sense in 'normal' interaction, anyone will be able to infer that something meaningful is happening here.

Secondly, a ritual is an act that breaches routine. This may seem a vast leap away from 'traditional' definitions that include repetitiveness or repeatability as a primary characteristic, but it isn't. The weekly Eucharist itself, for instance, is undeniably a fixed routine. The smallest of changes in its performance may well lead to the largest of upheavals.<sup>23</sup> But even as such, I would argue, it breaches another routine, more specifically, that of the 'normal' or mundane week-to-week functional behaviour. Not at all unlike the way in which the painting activities of Mary, the lady from my introduction, provided her with a much desired break from the day-to-day routines at her nursing home. This brings us close to what Bruce Kapferer calls the 'virtuality of ritual'. Kapferer stresses that in the case of rituals, virtuality should in no way be considered less real than the 'ordinary' reality. It is merely a "... slowing down of the tempo of everyday life and a holding in abeyance or suspension some of the vital qualities of lived reality."<sup>24</sup> It is a space of potential in which individuals create or experience the opportunity to freely assimilate, react to or even prepare for the much more chaotic flow of everyday life.<sup>25</sup>

In his inaugural address at Tilburg University Walter van Beek describes virtuality as temporal, contra-intuitive and time-altering. Virtuality differs only slightly from actual reality due to the lack of an inherent message. This lack generates a ceaseless need for interpretation, which in turn causes ritual to function as a lens through which meaning can be generated and the uncertainties of life counteracted.<sup>26</sup>

What I find most attractive in these theories is the idea that the 'ritual domain' is just one of the many domains in which everyday life 'takes place', yet at the same time forms a space within that everyday life that enables individuals to adjust to its chaotic and uncontrollable nature. This to me seems

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<sup>22</sup> P. BOYER: *Religion explained: The human instincts that fashion gods, spirits and ancestors* (London 2002) 74.

<sup>23</sup> The best example here of course being the changes set in motion by the second Vatican Council, which remain criticized to this very day and in some cases have even been counteracted.

<sup>24</sup> B. KAPFERER: 'Ritual dynamics', in D. HANDELMAN & G. LINDQUIST (eds.): *Ritual in its own right* (New York/Oxford 2004) 48.

<sup>25</sup> IDEM: 'Ritual dynamics' 47.

<sup>26</sup> VAN BEEK: *De rite is rond* (2007).

a hugely important quality for inhabitants of rest and nursing homes as their, oft involuntary, confrontation with dependency, new environments and 'strange' people will put continuous strain on their dispositions.

Thirdly, in breaching that routine, a ritual defies (the logic of) functionality. Much has been written about the efficacy of rituals and whether or not they should even be considered in such a sense.<sup>27</sup> I think it would be utterly strange to maintain that rituals sort no effect of any kind. That would render them obsolete.<sup>28</sup> As mentioned earlier, with Boyer and Van Beek, ritual entails a minimal amount of contra-intuitiveness. Much of that contra-intuitiveness coincides with non-functionality; with a tendency to not sort a directly noticeable effect. Sharing a meal with invisible dinner guests, for instance, is not usually aimed at achieving any tangible results, nor is conversing with a statue or, maybe, even painting to 'stay of the streets' for someone who isn't the least bit mobile.

And lastly, the routine that is breached is always the same routine in which the ritual itself is embedded. It is the inescapable consequence of the fact that no human act takes place in a vacuum. For each example of ritual that I have mentioned here it is easy to see how it is rooted in and 'emerges' out of a very specific context. The waving of a white flag needs war, or at the very least a war-like atmosphere, the sliding on of rings becomes useful only in an environment in which relationships are fleeting, the weekly Eucharist requires a mundane flow of life and the painting of Mary would not have taken on symbolical meaning so easily outside of the everyday turmoil of the rest and nursing home.

In this definition, ritual is largely determined by five factors: form, content, participants, audience and context. Furthermore, ritual and non-ritual behaviour are clearly not considered to be different *kinds* of behaviour but rather different *degrees*.<sup>29</sup> Literally any event, act, person, place or object can, at one time or another, attain (or lose) symbolical and even sacred value. With Grimes, I label that process, in which such an evolution toward sacrality takes place, a process of *ritualising* and any act that is caught within such a process, a *ritualisation*.<sup>30</sup> With Post, I call the rituals and ritualisations that belong to a

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<sup>27</sup> See for example and further literature PODEMANN SØRENSEN: 'Efficacy' 523-532.

<sup>28</sup> A helpful definition here was construed by Robert Cortesi. To him ritual is an action that is performed "at least as much for its symbolic and emotional value as for its practical value." See R. CORTESI: *Secular wholeness: A skeptic's paths to a richer life* (Victoria 2001) 61.

<sup>29</sup> MYERHOFF: 'We don't wrap herring in a printed page' 200.

<sup>30</sup> See note 14.

certain category, for instance, birth rituals, water rituals or ceremonies of installation, a *ritual repertoire*. All the ritual repertoires of one individual, collective or institute together I call the *ritual reservoir* or *range* of that particular individual, collective or institute.

That my definition is tied to this specific research cannot be stressed enough. Many other scientists, from as many other disciplines, may outright scoff when they read it. Obviously, watching television is not comparable to the performance of a rain-dance, just like painting a picture is a vastly different activity than initiating adolescents into manhood. They belong to different genres of ritual, they are 'played out' with different intensities and they take place within utterly different contexts, but those differences convey little or nothing about the symbolical strength or worth of each one separately. To those that doubt my definition, I can only plea to keep an open mind and remember that notorious schism between emic and etic perspectives.<sup>31</sup> Our zenith of reason and rationality, in the eyes of others, can easily become the nadir of magic and inconsistency, and vice versa.

### Old age and the elderly

Terms like 'old age' and 'elderly' are explicitly relative. What old age is exactly, and who the people that are to be labelled old, has always been determined against the cultural background of a certain era. To be old somewhere on the edge of the Roman Empire was something completely different from being old in the Prussian *Freistaat* or, closer by, how it is to be old in the city of Tilburg in the Netherlands can hardly be compared with how it is in the town of Kwahu Tafo in Southern Ghana.<sup>32</sup> To strictly define these concepts is not only difficult but also ill-advised.

Robert Atchley acknowledges this difficulty and introduces three lines along which old age may be established without the use of definitions.<sup>33</sup> The lines are chronological, functional and social-physical. The first one of these is related to the amount of years that have passed, the second to the amount of activities that can be undertaken and the last to the extent of the material and social networks. None of these lines can be truly decisive, however. Out of practicality it is therefore usually the first one, the chronological one, which

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<sup>31</sup> As coined by Kenneth Pike in K. PIKE: *Language in relation to a unified theory of the structure of human behaviour* (Glendale 1954) 12.

<sup>32</sup> Some excellent material for comparison can be found in S. VAN DER GEEST: 'Grandparents and grandchildren in Kwahu, Ghana: The performance of respect', in *Africa* 74 (2004).

<sup>33</sup> R. ATCHLEY: *Aging: continuity and change* (Belmont 1983) 10-13.

governs. In the larger part of the Western World, this has led to a rather rigid number. For many centuries now, the pinnacle lies at the age of 50. Before that one is deemed capable of growth and development; after that, decline has set in. Only in the last three decades, a tiny change has occurred within the 'ranks' of the aged. Where it first was a monolithical group it has now become a mass of smaller segments, of which the extremes are the 'younger old' (50–65) and the 'truly old' or 'oldest old' (90 and up).

Whenever I write about old people or the elderly in a general sense, I follow that centuries-old division and refer to people of at least fifty years or older. This, as we shall see, is a widely accepted criterion within present day Dutch society. In the case of old people living in rest and nursing homes, the different segments of old age come into play. At this point, the other two lines of age determination, the functional and social-physical one, will usually join in for a clearer picture.

### Rest and nursing homes

The phrase *rest and nursing homes* is, in many cases, quite outdated. It stems from a time when old people became differentiated from other non-economically valuable groups of people and were, consequently, provided with different care and treatment.<sup>34</sup> Even though this is the case, I choose to maintain its usage. My main reason for this is that it still rings with the proper associations, namely retirement or rest and care for health or nursing.

At the time of writing this dissertation, the national policy on care and financial support are changing rapidly and intensely.<sup>35</sup> With those changes, the types of care and possibilities for innovations are constantly under threat. When we look at the last two decades or so, we can see that many new forms of elderly care, such as large care complexes and centres, mobile care-units and small-scale care communities, have been introduced. Some have remained but most haven't. But even for those that have remained, the type of care that is offered, usually still boils down to the basic two forms of domestic assistance and nursing. And as, most people preserve the clearest memory of what it

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<sup>34</sup> G. LAWS: 'The land of old age: Society's changing attitudes toward urban built environments for elderly people', in *Annals of the Association of American Geographers* 83/4 (1993) 672-693.

<sup>35</sup> On January 2015, the health-care dispensation for elderly once again changed radically. The information on care provisions I disclose within this dissertation thus describes the situation until 31 December 2014.

always boils down to, it seems logical to just use the term that describes it best, in this case a home to rest or a home to be nursed in.

Alas, the word home in itself begs some more attention. Like with the word ritual, *home* is a concept that everyone intuitively understands. But, whenever one is asked to explicit that understanding it turns out to be rather difficult. In most cases, *home* seems to be a category of emotion rather than of ratio.<sup>36</sup> Especially within the environment of rest and nursing homes, this turns out to be a sensitive topic. Many care facilities today no longer call themselves home but still want to tap into that emotive response. In brochures and folders, they emphasise the importance of a ‘homey atmosphere’. This, as we shall see, not only causes a troubled imagery but also takes away the possibility of truly creating a place where dependent elderly can hold on to, and perhaps even fortify, their human integrity.

**Additional concepts**

Throughout my investigation, six other concepts emerged as relevant categories. The first three of these are inextricably bound to the context of care. It is simply impossible to visit any care institution without bumping in to them sooner or later. They are thus primarily of a descriptive nature. The latter three are more analytical in character. They are ‘representatives’ of my specific research, and best describe how I came to understand the institutes of my research after having spent considerable time there. Together they are:

<u>Descriptive</u>	<u>Analytical</u>
Efficiency	Dwelling
Client	Meshwork
Frailty	Zone

**Efficiency**

I do not wish to pay much attention to the copious amount of research on measurements of efficiency or its value for elderly care. That, once again would fit better in a research that adds to the previously mentioned literature on how to provide better care. On a level of experience however, the mere word itself turns out to be of high importance in two ways. Firstly, it is a word of

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<sup>36</sup> Cf. S. MALLETT: ‘Understanding home: A critical review of the literature’, in *The Sociological Review* (2004) 62-89. See also A. DE BOTTON: *The architecture of happiness* (London/New York 2006) 2.

everlasting presence and prominence by means of quota and criteria for all personnel. Every nurse, for example, will have to wash a set amount of people within a set amount of time each day, and write down a determined amount of information after every shift, and attend a set amount of courses quarterly, to meet a previously set standard of 'efficient' care. If ever he or she fails to meet these requirements, sanctions will ensue. The same holds for all employees, from policy makers to toilet cleaners.

Secondly, because of this presence and prominence, the concept itself lies at the heart of many cases of contestation, much more so than in any other, more autonomous and less 'artificial', structure of life. The standards for self-reliant individuals are completely different ones. As long as my body odour doesn't become too poignant, or my appearance too shabby, nobody cares whether I shower once every week, once every month or even at all. That is an absolutely unthinkable scenario for any resident of a contemporary nursing home. Even more so for the nursing home that tries to meet the standard criteria for good care. This research focuses on rituals that, as I have shown in my search for a proper definition, by their very nature defy any straightforward functionality. It is for that reason that my focus will likely show even more clearly what I would like to call the 'pressure of efficiency'.

## Client

Residents of rest and nursing homes are nowadays called clients. From an anthropological point of view that is confusing. In anthropology, there is a bulk of literature on the so-called client-patron relationship.<sup>37</sup> It is a mutual beneficial but asymmetrical relationship in which the client receives access to resources in return for gift giving or political support. There may be some striking commonalities, but the client in the nursing home is not the client of the ancient Roman society or that of an East African cattle-raising tribe. Both types of clients are dependent on resources that they do not have themselves. Both are obliged to dote gifts in order to access those resources. There is little doubt about the hierarchical divide between the givers and receivers of care.

But the residents of care institutions do not pledge their allegiance or political support. They pledge their lives. They do not dote upon their patrons out of choice but out of necessity. Their patrons are mostly unseen. They are not the people that care for them but the institutes that provide and pay those

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<sup>37</sup> See for instance S. N. EISENSTADT & L. RONIGER: 'Patron-client relations as a model of structuring social exchange', in *Comparative Studies in Society and History* 22/1 (1980) 42-77.

people. These people, nurses, volunteers and other caregivers, are more like the resources in the patron-client system. And yet these are the people that decide on a daily basis what the clients are allowed, or not allowed to do. The asymmetries thus exist between client and patron as well as between client and 'resources'. This may explain why it is so hard for either side to remain personally involved. For that reason, these clients are perhaps better understood as the ones in modern-day business transactions. If so, the implications may be dire, as I will explain later on.

## Frailty

In any modern day discourse on elderly care, one cannot avoid the term frailty. This in itself is not a bad thing. Advancing in age, all people eventually become frail, or at least, more frail than they used to be. It makes sense to take this as a starting point for care, but it also contains high risks. Not only older people become frail. There is, in fact, not one stage in the human life that does not contain phases or elements of frailty. New-borns are generally considered the pinnacle of frailty, but even theirs is not a total one. They can withstand certain physical stress in ways that are unthinkable in later life. Adolescents are often frail due to hormonal imbalance, adults in their confrontations with societal demands or social discomforts.

Frailty is not a disease either.<sup>38</sup> It can't be treated or cured. Labelling someone as frail may seem a step up from the older, more pathological views, but the moniker itself quickly establishes a new form of outcast. By moving them away from the ill without pulling them closer to the sound, dependent elderly can only become more isolated. Frailty must be acknowledged of course, but as a natural occurrence in all phases of life rather than afflictions

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<sup>38</sup> Arguments are being voiced to replace the concept of frailty with that of (variable) vulnerability. It stands to reason that these terms are not equivalent. I choose to keep with the former because of two reasons. Firstly, I feel that for this case an elaborate semantic debate will only distract from the main subjects. Secondly, I am quite convinced that the situation of dependent elderly is better served by perceiving it as a natural state rather than an interference or combination of interferences with that state. See C. M. PAIXAO & A. PRUFER DE QUEIROZ CAMPOZ ARAÚJO: 'Frailty and vulnerability: Are the two terms equivalent in paediatrics and geriatrics', in *European Geriatric Medicine* 1/3 (2010) 166-169. Also cf. the issue of aging as an existential process in J. BAARS & F. BRINKMAN: *Het nieuwe ouder worden: Paradoxen en perspectieven van leven in de tijd* (Amsterdam 2006) and E. SCHRÖDER-BUTTERFILL: 'The concept of vulnerability and its relation to frailty' (2013), found at <http://www.academia.edu/12329314/>.

gained or qualities lost in the final one.<sup>39</sup> In any other case, as an indicator for predicting the (loss of) quality of life for example, it can too easily become an instrument of discrimination rather than of humanisation.<sup>40</sup>

## Dwelling

To better understand the intricate entanglement of a human being and his surroundings, Tim Ingold proposes to reintroduce the Heideggerian perspective of *dwelling* in contrast with the presently still dominant one of *building*.<sup>41</sup> It is a perspective that regards the human species as one that first inhabits and only then, and because of that, builds. No environment is ever objective or neutral but always already lived and experienced. When introducing this perspective to the world of rest and nursing homes a radical circumvolution might ensue. To date, rest and nursing homes, or similar institutions are often deemed little more than architectonic structures with a specific function of care. As such, they are withdrawn from the inhabitable world and more easily associated with spaces of transition such as hospitals but also airports or motorways.<sup>42</sup> Further on I will dilate on this subject and explicitly connect it to the perspective of *building*. This will shed some new light onto the continual reconfigurations and never-ending innovations of interior design and architecture to create a more liveable atmosphere within rest and nursing homes.

## Meshwork

In *Voorbij het Kerkgebouw*, Paul Post mentions five domains of ritual in modern day society.<sup>43</sup> I choose to partly integrate Post's heuristic tool for my own

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<sup>39</sup> As seems to be the case in many contemporary approaches. Cf. R. M. COLLARD & R. C. OUDE VOSHAAR 'Frailty; een kwetsbaar begrip', in *Tijdschrift voor Psychiatrie* 54/1 (2012) 59-69.

<sup>40</sup> This is the main reason I bypass some exemplary research that has also been conducted at Tilburg University. See for instance R. GOBBENS, K. LUIJKX & M. VAN ASSEN: 'Explaining quality of life of older people in the Netherlands using a multidimensional assessment of frailty', in *Quality of Life Research* 22/8 (2013) 2051-2061.

<sup>41</sup> T. INGOLD: *The perception of the environment: Essays in livelihood dwelling and skill* (London/New York 2000) 172-188; M. HEIDEGGER: 'Building, dwelling, thinking', in M. HEIDEGGER: *Poetry, language, thought* (Trans: New York 1971) 141-160.

<sup>42</sup> Cf. the notion of non-place in M. AUGÉ: *Non-places. Introduction to an anthropology of supermodernity* (London/New York 1995).

<sup>43</sup> P. POST: *Voorbij het kerkgebouw. De speelruimte van een ander sacraal domein* (Heeswijk 2010) 115.

purposes. The reason for only a partial adaptation lies in the usage of words like domain and cluster. In my opinion these words weaken Post's main hypothesis. Etymologically, the word domain relates to the rather restrictive concepts of boundaries and possession. Such associations undermine the relative position, inter-relatedness and exchangeability, of both domains and rituals, that Post expresses elsewhere.<sup>44</sup> He himself seems to understand this as he often resorts to the word 'cluster' as a synonym.<sup>45</sup> But this too seems an unfortunate choice as, I would say, it evokes the idea of a more or less random clotting together of topics.

In some later articles, Post has shifted from the use of *domain* or *cluster* to that of *field*.<sup>46</sup> This has more potential and less negative associations than the former two. It does however ring with the particular theory that Pierre Bourdieu developed. As he was bent on uprooting the mechanisms of social conduct, his terminology is rigidly joined with hierarchical and economic principles. Bourdieu primarily uses the word in relation to *agents* and their *capital*.<sup>47</sup> In the field of law, for instance, one can accumulate a certain capital (the amount of cases won) to achieve a higher position in the hierarchy from barrister to high judge. As used by Bourdieu this concept of field may be useful in an implicit sense. It does so when it ties together ritual and religion to demonstrate contestation over symbolic capital. But, as its main concern lies with the 'struggle' over capital in only one field, it is bound to fail in analysing the correlations between the capital(s) of different fields. As such, it tends to promulgate an outsider perspective on interior turmoil where I would strongly prefer the opposite: an insider's stance to exterior connections.

A possible solution to the 'undermining language' of Post, can be found, once again, in the works of Tim Ingold. In many of his articles and all of his books, but especially the more recent ones, Ingold shows to abhor statics. The world he consequently tries to conjure up in the minds of his audience, is one of

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<sup>44</sup> A similar objection is voiced in GRIMES: *The craft of ritual studies* 229.

<sup>45</sup> POST: *Voorbij het kerkgebouw* 114-209.

<sup>46</sup> See for example P. POST: 'Complexity and conflict. The contemporary European church buildings as ambiguous sacred space', in P. POST, P. NEL & W. VAN BEEK (eds.): *Sacred sites and contested identities. Space and ritual dynamics in Europe and Africa* (Trenton 2014) 241-265; P. POST: 'Heilige velden. Panorama van ritueel-liturgisch presenties in het publieke domein', in *Tijdschrift voor Religie, Recht en Beleid* 1/3 (2010) 70-91; en P. POST: 'Profiles of pilgrimage: On identities of religion and ritual in the European public domain', in *Studia Liturgica* 41/2 (2011) 129-155; P. POST: 'Fields of the sacred: Reframing identities of sacred places', in POST, MOLENDIJK & KROESEN (eds.): *Sacred places in modern western culture* 13-60.

<sup>47</sup> P. BOURDIEU: *Outline of a theory of practice* (Cambridge 1977).

perpetual flow. All the objects, places and organisms in it, are not simply nodes or even hubs in a large network, like it would be the case with Van Dijk, Castells or Wellman, but themselves ever changing and migrating.<sup>48</sup> Life itself, and everything that partakes in it, is therefore always at the same time result and cause of change. With reference to Lefebvre, Ingold suggests replacing the notion of a network with that of a meshwork, to better invoke the reciprocal influence of movements.<sup>49</sup> Where a network emphasises the direct connections between solid points, objects or subjects, a meshwork stresses the permeability and flow that occurs in between evolving bodies. The differentiable times and places within this meshwork of life he then refers to as 'zones'.<sup>50</sup> Further on I will show how this understanding of *zone* is a useful reconnection to its more dynamic and relational Greco-Roman origins.

In my opinion, *meshwork* and *zone*, in coherence, are a more appropriate way to visualise the ever-shifting inter-relatedness of the Postian fields and their inherent (ritual) activities. In the particular context of my research, such a vision serves well to recognise rest and nursing homes as particular spaces that, in their evolution, are continuously and reciprocally influenced by, the other developing spaces in the meshwork that is society. It enables me to more accurately direct my visor on the transient similarities and differences between them.

What Post describes as domains, clusters or fields (*religion, commemoration, culture and leisure*) I would therefore much rather interpret as meshes. Just like the meshes of a fishnet, they are intrinsically empty.<sup>51</sup> It is only when people act out that these meshes are filled up with what I would like to call 'zones'. Further on, I will explicate how these zones are always tied to, but never fully coincide with concrete locations. They either expand or condensate them, depending on whether they serve a more functional or a more symbolical purpose.

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<sup>48</sup> Cf. P. CRAVEN & B. WELLMAN: 'The network city', in *Sociological Inquiry* (1973); J. VAN DIJK: *De netwerkmaatschappij: Sociale aspecten van nieuwe media* (Alphen aan de Rijn 2001); M. CASTELLS: *The rise of the network society* (Oxford 2000).

<sup>49</sup> T. INGOLD: *Lines a brief history* (London/New York 2007) 80.

<sup>50</sup> INGOLD: *Lines a brief history* 103.

<sup>51</sup> This, I think, is nothing short of a resonance of what Jonathan Smith claimed, rather infamously, when he stated that religion does not exist as an entity of itself but only in the perception of those who declare to study it. See J. Z. SMITH: *Imagining religion. From Babylon to Jonestown* (Chicago 1982).

### Zone

That concept of zone itself needs some elaboration as well. Its most common usage today is a spatial or temporal one. It delineates a particular area or time, ranging from such banal everyday usage as ‘parking zone’ to the description of such ephemeral experiences as ‘twilight zone’. But over the whole range the principle of demarcation remains rigid. What matters most in this usage is the cutting off, the discrimination between ‘this and that’.

But the meaning of *zone* is not always so static. In its very origin *a zone* was much more about bridging gaps, or even about connecting smaller parts to larger complexes. In this sense, *zone* and, as a derivative thereof, the verb *zoning* can be applied as a concept of relation. In that sense, it can elucidate the connection between the different spaces of the interior of a building and that building as a whole, as well as to the place of that building within a city or other surroundings. When connected to the specific activity of ritual, this relational quality of *zoning* may even function as a *cynosure* for an experience of meaning and unity that could prove of invaluable significance within a context of idleness, as is so often the case in facilities of elderly care.

### 1.4 Perspectives

To investigate the three main concepts, *ritual*, *rest and nursing homes* and *old age and the elderly* in their relation, I use four analytical perspectives that play throughout each of them. These perspectives are: locus, dynamics, contestation and agency. In the following paragraph, I will shortly elucidate the entanglement of perspectives and concepts as illustrated with this matrix:

	<i>Ritual</i>	<i>Rest and nursing homes</i>	<i>Old age and the elderly</i>
Locus			
Dynamics			
Contestation			
Agency			

### Locus

When it comes to describing what locus, or space and place are exactly, I take a view of production or cultivation, as was brought to the fore by the likes of

Henri Lefebvre and Doreen Massey.<sup>52</sup> In his seminal work *The Production of Space*, Lefebvre states that space is a category of human production rather than of human encounter. He discerns three, dialectically related, 'levels' at which this production occurs. The first level is that of spatial practices, the second that of representations of space, the third spaces of representation. Lefebvre also presents these levels as the triad perceived-conceived-lived space.<sup>53</sup>

Like Lefebvre, Doreen Massey also takes a relational stance in her work on space and place. But rather than focusing on power structures Massey provides a more contemporary 'network-type' view. In her opinion, all the nodes from large to small (local to global) within a network 'create' spatiality due to their simultaneity. Space is created as the people who use it are aware of the fact that other spaces are used by other people at the very same time.

With these relational views of Lefebvre and Massey, the concept of place, for me, obtains its main analytical function within the locus of rest and nursing homes. Understood as a 'relative clause', as something that gains its existence through its relation with other 'clauses', a particular space, or place, is always 'under construction'. Because of this continuous (re-)production, any place inevitably interacts with the organisms that are or have been, at one time, part of its cultivation. By thoroughly examining a place, or rather, as Foucault would have it, 'an emplacement', one can thus better understand all life and life activities that are interwoven with it.<sup>54</sup>

And finally with De Certeau, I underline that the relation between space and place, at least for us human beings, is one of activity. "Space is practised place."<sup>55</sup> A kitchen without anyone in it is a pure material place. It is only then turned into a meaningful space when, for example, someone starts doing the dishes there.

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<sup>52</sup> The works I here refer to are H. LEFEBVRE: *The production of space* (Oxford/Malden 1991) and D. MASSEY: *For space* (London 2005).

<sup>53</sup> Cf. J. LENGKEEK: *De wereld in lagen. Sociaal-ruimtelijke analyse nader verklaard* (Wageningen 2002).

<sup>54</sup> See M. BISCHOF & D. DEFERT: *Michel Foucault: Die Heterotopien. Der utopische Körper* (Frankfurt am Main 2005).

<sup>55</sup> M. DE CERTEAU: *The practice of everyday life* (Berkeley/London 1984) 117.

### *Locus & ritual*

Within the research group of Religion and Ritual at the Tilburg School of Humanities (TSH), 'place' has become a dominant factor in several projects.<sup>56</sup> These projects concentrate on a specific type of place, or location, to discover what rituals are being performed there and how they are being performed exactly.<sup>57</sup> To do so, many of the researchers employ a heuristic tool developed by Paul Post. From a strong discontent with traditional dichotomies (sacred-profane, anthropological-theological, inductive-deductive) Post has attempted to forge a heuristic instrument that focuses on everyday situated forms of ritual and sacrality. In his search for similar tools, he consulted specialists in the fields of space and place, social structures and religion and ritual.<sup>58</sup> After a close reading of the different theories, Post opts to envisage the world we live in as a number of domains or clusters in which rituality and sacrality is given place and finds resonance. Even though the exact number and categories of domains tend to shift back and forth in different publications, Post often names the same four: *religion, commemoration, culture* and *leisure*.<sup>59</sup> At one point Post also included a domain of *healing*, but later decided this to be a universal quality of ritual. As such, it appears in every domain. Furthermore, one should note that these clusters are not rigidly confined. Most of them overlap in concrete cases. And where they overlap, one often sees contestation, for example in the, famously photographed, clashing of tourism and commemoration at a site like Auschwitz.<sup>60</sup>

A fifth, but more opaque domain, although Post quickly attests that it is not really a domain at all, is the one where the rules and conventions of the previous ones, do not apply.<sup>61</sup> This domain is factually the space, but always

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<sup>56</sup> See also the literature survey by M. HOONDEERT at <http://www.handelingen.com/detailed-news/article/literatuuroverzicht-liturgische-en-rituele-studies-2007-2012.html> (last consulted on 20-9-2013).

<sup>57</sup> Some examples of the types of places that lay under scrutiny are: public commemorative monuments, cancer forests, prisons, care facilities, 'multi-faith' pilgrim sites and so-called VINEX locations (newly built urban areas).

<sup>58</sup> Important names here are Henri Lefebvre, Michel Foucault, Jonathan Smith, David Brown and Kim Knott. See POST: *Voorbij het kerkgebouw* 82-99.

<sup>59</sup> Cf. POST: *Voorbij het kerkgebouw* 115; and POST, MOLENDIJK & KROESEN (eds.): *Sacred places in modern western culture* 41. I feel that at least one domain, that of work/labour, with ex-officio ritual as a specific type of symbolic activity, may still be lacking here.

<sup>60</sup> I allude of course to Roger Cremer's award winning photograph of two elderly citizens that visit Auschwitz while clad in red tracksuits, but one should also think of the mandatory visits of football teams to Auschwitz during the European Championship of 2012.

<sup>61</sup> POST: *Voorbij het kerkgebouw* 200.

concretely located space, where all the previous ones overlap. It is often ground for contestation but it also provides what Post calls 'humus' for ritual-symbolical competence. Following Foucault, he names this the domain of the *heterotopia*.

For my research, the heuristic tool of Post contains one very strong quality. That is the quality of comparison. Rituals are here 'placed' within specific domains of society. That enables me to also trace those domains, and the rituals that belong to them, in a designated place such as the care facilities of my research. I have thus come to use Post's heuristic tool, albeit somewhat altered to my own preferences, as a tool of comparison and analysis. I will first employ it to discover the similarities and differences of the domains 'inside' the institution and of the society 'outside' and then, progressively, to analyse the consequences thereof for the rituals that I have encountered.

#### *Locus & rest and nursing homes*

Institutions of care need structures or rather buildings to be housed in. Those buildings in turn need space. The first relation between such institutions and *locus* is therefore simply that of occupation, of taking up space. And, a little less simple, of taking up certain designated space, for, as we shall see, it is very common to place institutions of care at strategic points within a city.

The second relation is that of interior design. Rest and nursing homes have a very specific functionality that sets them apart from most other categories of architecture. Throughout the last three decades or so, architects have steadily improved their methods to make such functionalities more visible and practically applicable. The interior architecture and design of such institutions have become a 'genus' of their own. So much even, that entering a nursing home or service flat or any similar building immediately calls forth recognition and accompanying emotions.

#### *Locus & old age*

Are place and age related topics? The answer of course is yes. But this relation is such an obvious one that most of us hardly recognise it in our daily affairs. It is perhaps easiest to point out with toddlers and infants. Whenever there is a newborn on the way, room must be made, and special room at that. With children, new space or the re-arrangement of old space is often a pre-requisite for entrance into a new life-phase. But this spatial development does not cease with adulthood. It only shifts from the inside of the same house to the outside.

Adolescence is often marked by a transitional state. The ties to the parental home are slowly exchanged for that of one's own place. It often starts with a

single room outside of the old home, in a dorm or shared house, and then shifts toward a shared apartment and finally one's own house. Obtaining one's own house is often correlated to the founding of one's own family. It forms a powerful symbol of adulthood, signifying independency and stability. The loss of one's house logically corresponds with the opposite. People that are forced to leave their house, for whatever reason, often experience this as personal failure. When combined with old age that feeling easily transcends into one of deterioration and worthlessness.

It is impossible to determine whether that feeling is the cause or the effect of the ruling societal viewpoint. That most people would state it to be the cause only gives rise to suspicion. It may very well be the other way around. As obtaining independency is the greatest good, loss thereof will logically be considered negatively. There is no reason to believe that the person who does the losing, even when it's due to old age, will miraculously think any different.

But whatever the relation may be, from an ethical standpoint it is definitely a dubious one. Elderly are no children, nor adolescents, nor the adults they once were. To treat them as any one of those groups, and subsequently demand a similar connection to their place of residence is a plain and simple disregard of their inimitability.

## Dynamics

This perspective may be a bit confusing. In academic circles, the word dynamic is often used for lack of a better one. It may describe the force or power of a process or system, as well as the changes within the life of an individual, or even the working chemistry within one organism. I use it here to explicitly denote the interaction between the forces of continuity and that of change over a pre-determined time span.

### *Dynamics & ritual*

The early definitions of the words *rite* and *ritual* commonly refer to an unchangeable God-given order of worship.<sup>62</sup> With the rise of scientific disciplines such as anthropology, ethnography and sociology, *religion*, and with it *ritual*, more and more became words of scholars rather than of the clergy. Apart from

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<sup>62</sup> In 1771, the first edition of the *Encyclopedia Britannica* defined ritual as: "a book directing the order and manner to be observed in celebrating religious ceremonies, and performing divine service in a particular church, diocese, order, or the like..." As quoted by T. ASAD: *Genealogies of religion: Discipline and reasons of power in Christianity and Islam* (Baltimore 1993) 94.

its 'divine' content both religion and ritual were now also studied for their psychological origins and social effects. Several currents of thought emerged. In the main, these currents are presented in two opposite directions: the so-called linguistic and cultural approaches on the one side and the social, structural and functionalistic ones on the other.<sup>63</sup> Whether rituals were related to and had certain effects on society wasn't questioned by either of them. But when it came to explaining how they created that effect and what that relation was precisely, they could hardly differ more.<sup>64</sup>

A main threshold in the evolution of the concept of ritual was crossed when in 1909 Arnold van Gennep coined the phrase 'rite of passage'.<sup>65</sup> With that phrase he sought to capture the different phases of ritual initiation but, unintentionally, also created leeway to grasp ritual as an instrument of change instead of conservation. It is therefore not surprising that, in the wake of this seminal work, the associated terminology definitively shifted from the original static and divine to a more altering and worldly or, quite literally, 'secular' one.<sup>66</sup>

The aftermath of this paradigm shift is still visible in most scientific theories on ritual. It remains quite common to choose sides either for the archaic static definition or for the progressive dynamic view. Curiously enough, the choice that is made nowadays often informs about whether the academic in question focuses more on the psychological or the physical aspects of rituality. Those who highlight the bodily aspects of ritual often do so to acknowledge their transformational power, while those who emphasise psychological traits usually aim to accentuate their capacity of preservation.

### *Dynamics & rest and nursing homes*

Within the topic of rest and nursing homes, dynamics of continuity and change are constantly at work, albeit on far more practical, level. Like with ritual, the

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<sup>63</sup> For a keen oversight of these currents and directions see C. BELL: *Ritual: Perspectives and dimensions* (Oxford/New York 1997) 23-72.

<sup>64</sup> See also JUCHTMANS: *Rituelen thuis* 35-36.

<sup>65</sup> A. VAN GENNEP: *The rites of passage* (Chicago 1960).

<sup>66</sup> The next edition of the *Encyclopedia Britannica* appeared in 1910. It clearly showed how comprehension of the concept was affected by the theory of Van Gennep. This seventeenth edition re-instated the article on ritual, after a hiatus of almost six decades, and provided it with no less than five subcategories, all of which referred to either issues of cultural variance and interpretation or new insights in its nature and purpose. These five subcategories were: the magical element of ritual, the interpretation of ritual, changes in ritual, classification of rites and negative rites. See ASAD: *Genealogies of religion* 56.

evolution of the name for this form of elderly care gives away a few things. In the pre-industrialisation phase of the modern era, old and dependent elderly people were cared for by their family or hospitalised.<sup>67</sup> Only after discrimination between old age and illness, did new forms of care develop. The first phase of that development is sadly marked by another, then prevalent, socio-economic truism: the inextricability of old age and poverty. The outcome of this was an overflow of older people in so-called alms-houses or poor houses. As industrialisation grew, wars raged and the view on poverty was stalwartly related to labour instead of divine tribulation, the number of able-bodied poor males in these houses quickly declined. The poor houses thus became the first 'retirement homes'.

As these developments have slowly come to a halt, other ones, mostly ethically charged, have taken off. The ethics of how to deal with old people within society are now by far the most important factors of change. As we shall see further on, contemporary institutions of care for the elderly constantly reorganise themselves and modify, redecorate or even rebuilt their edifices to best serve the 'demands of the day'.

### *Dynamics & old age*

In the domain of old age and the elderly one can easily discern how emphasis on only one facet, be it continuity or change, has led to flawed theories. The macropsycho-social theories of 'disengagement', 'activity' and 'continuity' are exemplary of this development. These theories, and the 'derivatives' thereof, will come to pass at a later stage. Here it will do to state that none of them is believed to truly paint 'the full picture'. They do serve a purpose however. By scrutinising them carefully one can become better equipped to avoid similar pitfalls. Thus, I will attempt to 'cross-reference' works on old age and the elderly that have highlighted the physicality of their (symbolic) actions, and those that emphasise their cognitive prowess, or lack thereof.<sup>68</sup>

### **Contestation**

It is only in recent times that the concept of contestation has gained the interest of academics. Before that, it was believed that uncontrollable, chaotic and, not to forget, indecent behaviour could only distort our understanding of and

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<sup>67</sup> LAWS: 'The land of old age' 672-693.

<sup>68</sup> Like the works of De Beauvoir, Shield, Vesperi, Kaufman, Myerhoff, etc. See also Chapter 2.

relation to reality. The change came with politically infused theories of academics like Lefebvre, De Certeau, Foucault and Bourdieu.

These scholars developed their theories in tumultuous times that demanded a questioning and re-thinking of age old dogmas. In their very own manner, they not only opposed those dogmas of traditional science, but also tried to enhance the resilience of the 'common people' against the oppressive knowledge of the elites.

### *Contestation & ritual*

It is no coincidence that the celebration of a large feast, such as Carnival, provides a good example of the grounds for conflict in rest and nursing homes. Within the field of rituality, a number of scholars have already investigated hypotheses of contestation.<sup>69</sup> They aim to demonstrate that a single ritual activity can just as easily generate a clash of different interest groups as it can give rise to the formation of community. We shall see later that neigh on every ritual activity in rest or nursing homes will cause similar small-scale contestations between residents, organisers, nurses, family, volunteer aids and so forth. We will also see that this is not the end of the story, but only the middle part. For, after any such conflict, all people involved will have to maintain cooperation at some level.

And here Turner sort of 're-enters through the back door', and he brings along his mentor Max Gluckman. Apart from introducing the *communitas*-model, Turner also advocated his mentor's original theory of the 'processual' character of rituality. As static as they may seem in their scripts, all rituals are also part of a larger process. According to Gluckman, that process often begins with discord and ends with consent. The ritual, taking place in the middle of all of this turmoil, provides a channelling of emotions, cleansing of taboos or structuring of chaos.<sup>70</sup>

### *Contestation & rest and nursing homes*

Rest and nursing homes are often portrayed as places of quiet and tranquillity. Their populations however, usually exists of a number of unrelated people, of

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<sup>69</sup> One of the more famous of these is proposed by Eade and Sallnow, as they challenge the previously widely accepted *communitas* model of Victor Turner. J. EADE & M. SALLNOW (eds.): *Contesting the sacred: The anthropology of Christian pilgrimage* (London/New York 1991). See also POST, MOLENDIJK & KROESSEN (eds.): *Sacred places in modern western culture* 9.

<sup>70</sup> M. GLUCKMAN: *Rituals of rebellion in South-East Africa* (Manchester 1954); and M. GLUCKMAN: *Custom and conflict in Africa* (Oxford 1955).

different' backgrounds, who are involuntarily brought together in, to them, unknown surroundings, where they are taken care of by complete strangers and have to abide rules, regulations and timetables they never chose for or consented with. Those are not the best building blocks for peace and serenity, but rather for tension and conflicts.

This discrepancy between the image and the reality of the rest and nursing home, as between the general image and the actual experience of old age, I will touch upon on a number of occasions. But, without even a hint of evidence, it is already fairly safe to assume that such discrepancies lie at the heart of concrete contestations. Just imagine the organisation of a large festivity like Carnival. The mere idea already opposes silence and tranquillity. It is not hard to envisage how an activity committee that launches the idea of celebrating carnival in a nursing home, immediately finds itself confronted with heaps of arguments *contra*, from all possible interest groups involved; policy makers, nurses, caretakers, residents and volunteers. And without a doubt, many of these arguments, be it of principle or financial, sanitary or infrastructural nature, are, in one way or another, based upon the idea that peace and quiet best serve the interests of the residents. However, arguments *contra* or no, such festivities do get celebrated, and naturally, when they do, more skirmishes occur.

### *Contestation & old age*

Within the disciplines that concern themselves with old age and the elderly similar mechanisms of contestation can be found. As with rest and nursing homes both old age itself as the people that are in it, have always had to deal with simplistic imagery and prejudice. Whenever an older individual chooses not to act according to the existing image, conflict is only the most natural of consequences. Striking examples of this can be found in contemporary movies, commercials and television shows that exploit the gap between image and reality as a form of comedy, like the *Cocoon* movies, or more recently, *Benidorm Bastards* or *St. Hubertusberg*.<sup>71</sup>

### **Agency**

The concept of agency has developed independently within several theoretical frameworks, with slightly different readings as a result. Within philosophy, for

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<sup>71</sup> See <http://www.imdb.com/title/tt0088933/>, <http://vtm.be/benidorm-bastards> and [https://nl.wikipedia.org/wiki/Sint\\_Hubertusberg](https://nl.wikipedia.org/wiki/Sint_Hubertusberg) (last visited on 29-7-2014).

example, it served to by-pass the age-old dilemma of free will and divine providence. Here it was used to describe a subject's capability to act upon contextually informed judgements. As emphasis lay on the acting part, it hardly mattered whether such judgements were the result of godly pre-determination or purely autonomous.

Unfortunately, one dilemma's bypass turned out to be another dilemma's doorstep. In sociology, where providence is often regarded as no more than a religious institution, the debate revolved around the extent to which human action is the result of individual choice or of social pressure. One of the prominent scholars to deal with that dilemma is Anthony Giddens. The solution that Giddens comes up with is both inventive and eloquent. In his structuration theory he does not seek to play one out over the other or invent a whole new paradigm but simply conjoins the two former opposites (structure and agent) as the driving forces of one and the same process, namely the continuing formation of social systems.<sup>72</sup>

### *Agency & ritual*

Apart from a correct understanding of human agency as "the capacity to effect change in the external world," William Sax makes a case for a specific ritual take on the subject. To him there is also a form of agency that is complex, composed or divided, non-human and supernatural. As this form of agency is usually articulated and affirmed through public rituality, Sax fittingly calls it *ritual agency*.<sup>73</sup>

Sax' concept might be too abstract for many, but it opens up an important dimension of ritual. That is the dimension of co-creation. Whether or not the ritual has a measurable effect afterward becomes less relevant if one considers that the performance itself already immediately affects both the participants as the surroundings.

### *Agency & rest and nursing homes*

With the transition to a care institution the context of one's life changes entirely, not only in relevance to one's surroundings but also to one's capability to act within and upon those surroundings. In rest and nursing homes an extra difficulty arises with the introduction of the term *wilsbekwaamheid* [decisional capacity] to denote whether or not a resident is able to give informed consent in

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<sup>72</sup> A. GIDDENS: *The constitution of society: Outline of the theory of structuration* (Cambridge 1984).

<sup>73</sup> W. SAX: 'Agency', in J. KREINATH, J. SNOEK & M. STAUSBERG (eds.): *Theorizing rituals* 473-482.

his or her treatment.<sup>74</sup> Even though this term originates in the legal system and says little or nothing about someone's capacity to act, it does have, in this particular case, great influence. Dementia is an affliction, or rather syndrome, with multiple causes.<sup>75</sup> Dependent of these causes, it may manifest itself in a 'sliding scale'. A person with this syndrome might suddenly become less able to either comprehend or communicate his own situation. To be able to bypass such a situation, which would unnecessarily lengthen or obstruct proper treatment, most care facilities desire a set criterion. The concept of *wilsbekwaamheid* functions as that criterion.

Unfortunately, as a by-product of that ability to pass-by, this criterion also functions as an empowering discourse á la Bourdieu.<sup>76</sup> By emphasising cognitive ability over physical ability the institution hands itself final judgement over individual agency. By declaring that it might not be safe for someone to partake in certain activities an institution can, and often will, factually restrict someone's range of action unnecessarily.

### *Agency & old age*

The capability of an adult human being to effect change in the external world normally decreases with the passing of years. It is therefore only logical that the agency concept is firmly tied to that of old age and, vis-à-vis, forms a specific lens through which the process of aging can be observed.<sup>77</sup> It is in many ways the same lens that was mentioned earlier as the 'functional approach' in the age determination methods of Robert Atchley. However, with the addition of the structuration theory of Giddens, this lens shows some more nuances. With that theory it underlines how elderly residents of care facilities are themselves partly responsible for the social system in which they live and function. They are thus not only passive receivers of care but indeed its co-creators.

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<sup>74</sup> Special thanks go out to A. Niemeijer for providing essential information on this topic.

<sup>75</sup> B. DEELMAN, P. ELING, E. DE HAAN & E. VAN ZOMEREN: *Klinische neuropsychologie* (Amsterdam 2007).

<sup>76</sup> As can be found in P. BOURDIEU: *Outline of a theory of practice* (Cambridge 1977).

<sup>77</sup> One example of what that might lead to is found in the dissertation of R. GOOSSENS: *Frail elderly. Towards an integral approach* (Etten-Leur 2010).

## 1.5 Method

*Do not reduce reality to a static thing and then invent methods to reach it.*

Bruce Lee

As I want to gain inside knowledge of a certain group of people within a specific context, the logical methodology to turn to is that of ethnography. Handbooks or guidebooks on ethnographic fieldwork are already plentiful and every year or so new ones pop up.<sup>78</sup> The information in these books is rich and the multitude of examples, of good and bad research, extremely useful for anyone who takes his first steps in the field. It was no different for me. Before I even set one foot in an institution of care, I already knew that I needed to perform case studies, with a continuous circular movement between theorising my experiences and contextualising the theory. I quickly understood what options I had to collect my data: by means of observation, participation, interviews and collecting local material objects like leaflets, newspapers etc. I learnt what could go wrong and how I had to prevent myself from 'getting too close to the subject', forming normative judgements or inserting 'my own version' of other people's experiences or bygone events.

And then, as I could not be better prepared, or so I thought, I went in. I made appointments with executives of several institutions, mostly those of personnel management or care management. They made it clear to me that I had to write at least two documents per institution: one for the committee of ethics and one for the board of science and research and then await their judgement. This was a small setback but not insuperable. I wrote what was requested and at the same time applied as a volunteer. It took some effort and promises to convince everyone that, as a volunteer, I would not perform any research but stick to my given tasks. Time passed and then I was invited to discuss the outcome of my research proposal. There were questions and critical remarks. I re-wrote the documents and waited some more. In the meantime, I did my work as a volunteer as best as I could. I did make field notes though, lots and lots of field notes. I wasn't planning on using them as data but more as

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<sup>78</sup> Two recent ones for instance are M. STRINGER: *Contemporary western ethnography and the definition of religion* (London/New York 2008); and J. BLOMMAERT & J. DONG: *Ethnographic fieldwork. A beginner's guide* (Bristol 2010). Older ones that I have still found useful are M. HAMMERSLEY & P. ATKINSON: *Ethnography. Principles in practice* (London/New York 1983); and D. BAARDA, M. DE GOEDE & J. TEUNISSEN: *Basisboek kwalitatief onderzoek* (Groningen/Houten 2005).

guidelines. As material that could point me in the right direction or help me in distinguishing that what matters from all that doesn't.

And then I got the green light. I was now allowed to interview people. That's to say, I was allowed to officially approach residents and employees to ask them if they wanted to be interviewed by me. And so I had to make leaflets to explain in laymen's terms what my research was about and what I expected from participants. These leaflets had to be accompanied by disclaimers of consent that they could sign to verify that they understood what their participation would be used for and in what way. I dutifully made all the papers and within a matter of two weeks had several participants. I made the appointments for the interviews and, finally, got to work.

But unfortunately, it didn't work, or at least not half as well as I had hoped. The information I got out of the interviews was scarce. It seemed that the cheerfulness and openness which I was greeted with as a volunteer had suddenly been replaced with nervousness and suspicion. The same residents that I had previously spoken with for an hour or even longer, now only lasted fifteen to twenty minutes before stating to be too weary to continue. It was a troublesome, if not to say testing, experience. The very moment I had gotten the green light, people no longer wished to confide in me.

Luckily for me, the tide was quickly turned by one of the residents himself. I had already spoken to Mr. Andros a few times. He was a relative newcomer and quite eager to speak out. But like so many others he hushed up immediately when things got 'serious'. The very moment I labelled our next talk an interview, his divulgence halted.

And then, on just a regular Thursday, I saw him sitting in the large meeting hall. He looked alone and sad. Out of an impulse I walked up to him and asked if I could join him for some coffee. He only nodded. I bought two coffees and sat down. We didn't speak for maybe two or three minutes. I didn't want to give rise to suspicion by asking typical interview questions and didn't really know much else to say. But then, all of a sudden he started to talk. He told me all about how he got there; about how his money was now 'governed' by an ascribed monetary authority; about how he wanted an automatic wheelchair so that he could go and visit his old pals in the billiards club; about his fears never to get out of this place again. I just listened and nodded. I didn't take notes, I didn't record anything. I looked at him and sympathised. It was a moment of epiphany. I now knew what to do, and far more important, what not to do. It was knowledge that no general handbook could have prepared me for. And since the specialists handbooks on elderly ethnography still have to be written, I realised I had to come up with my own set of research 'instruments'.

## The raft of methodology

From a more methodological point of view this whole occurrence made me think about a story that was supposedly told by Buddha to his followers. At some point, one of his students asked Buddha about the true nature of his teachings (*the Dhamma*). The Buddha answered with an analogy:

*Suppose that a man, in the course of travelling along a path, were to come to a great expanse of water, but with neither a ferryboat nor a bridge going from this shore to the other. The thought would occur to him, 'Here is this great expanse of water, with neither a ferryboat nor a bridge going from this shore to the other. What if I were to gather grass, twigs, branches, and leaves and, having bound them together to make a raft, were to cross over to safety on the other shore in dependence on the raft made by my own effort with my hands and feet?' Then the man, having gathered grass, twigs, branches, and leaves, having bound them together to make a raft, would cross over to safety on the other shore in dependence on the raft. Having crossed over to the further shore, he might think, 'How useful this raft has been to me! Why don't I carry it on my back and go wherever I like?'*

*The Buddha asked the monks, 'What do you think, monks? Would the man, in doing that, be doing what should be done with the raft?' They answered, 'No, Lord.' The Buddha said, 'That is correct! He should neither drag the raft on dry land nor sink it in the water. He should leave it there for the use of the next person. In doing this, he would be doing what should be done with the raft. Even so monks, I have taught you the Dhamma is like a raft, for the purpose of crossing over the water, not for the purpose of holding onto. Knowing the Dhamma to be like a raft, you should make use of it and not attach to it.'*<sup>79</sup>

Methodology, to me, seemed eerily similar to *the Dhamma* of the Buddha. It helped me getting into the field, in crossing the water of ignorance that initially scared me off. But then, when I had come to the 'other side', when I had entered the field of my investigation, it no longer served its purpose. In fact, in more than one occasion, it even became a hindrance.

My experiences taught me fairly quickly that the general methods were not in the least written with dependent elderly in mind. In following what the handbooks taught me, I found that most elderly would either fall silent or

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<sup>79</sup> Taken from <http://www.buddhapadipa.org/dhamma-corner/the-dhamma-is-a-raft/> (last checked in April 2013) the original simile can be found in the Alagaddūpama Sutta (MN 22) of the Pali Tipitaka.

provide me with the answers they thought most suitable. When trying to break through their silence I often felt compelled to perpetrate the vilest of ethnocentric sins by 'putting words in their mouths'. Far worse than that ethnographic fault even, were the reactions I invoked by doing so. It made people angry and stubbornly quiet, or sob and cry, out of frustration. It confronted them with their own dismal fate. I needed to let go of these methods. Holding on to that 'raft of methodology' would have kept me from experiencing all there was to experience. So instead, I decided to keep a more open visor. I principally discarded my 'trusted' pen and pad, recorder and questionnaire. I entered the field 'anew' and curiously looked around to see what novel methods should be crafted, and what old ones redesigned, to better parry the dynamic state(s) of reality as it presented itself to me.

There is still more to be said on this particular topic. I am certainly not the first to write an ethnographic account with strong auto-reflexive elements in it.<sup>80</sup> The questions that logically arise with such an undertaking are questions I too must answer. How reliable can science be, when it has become impossible to falsify? Is that even science at all, or rather fiction? My answers to these questions will disappoint some but hopefully encourage others. First of all, even if I had not discarded my pen and pad at some point, the possibilities of checking my sources would still be very minimal. I have logs of course, and interviews and field notes and literature and magazines and whatnot. But the people that I write about, whose narratives form the core of my study, are all gone. Their words have become forever unverifiable. So in the end it is all about trust and common sense. The reader has to believe that I am being earnest and honest, when I write about my experiences or paraphrase the stories I was told. The most important instrument to base that trust upon is one's own common sense: if something sounds too good to be true, it probably is. Because of this latent 'un-verifiability' I have deliberately chosen to not 'write myself out' of this account. It would be unfair to pretend that any of the data presented here, from architectural blueprints to personal narratives, has not been filtered by my own experience, prejudice or choice.

Secondly, and I realise all too well how dangerous this claim is, the value of fiction has been underestimated for far too long. In the epilogue of this

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<sup>80</sup> Cf. S. HANNABUSS: 'Being there: ethnographic research and autobiography', in *Library Management* 21/2 (2000) 99-107; or D. REED-DANAHAY: 'Autobiography, intimacy and ethnography', in P. ATKINSON ET AL.: *Handbook of ethnography* (London 2001) 407-425; but perhaps most noteworthy J. GUBRIUM: *Living and dying at Murray Manor* (Charlottesville/ London 1975) and J. GUBRIUM: *Speaking of life: Horizons of meaning for nursing home residents* (New York 1993).

dissertation, I work toward a utopian view on rest and nursing homes. That view is based on my research, obviously, but it cannot be directly substantiated by the results of that research. It is an intuition, motivated by my own involvement. That does not make it fiction per se, but even it were, the message would be no less grave. No less than the warnings of Aldous Huxley or George Orwell were.<sup>81</sup> And the potential result of listening to that message or heeding those warnings would be of no less influence than the results of taking seriously the musings of Jules Verne or Philip K. Dick.<sup>82</sup> Human kind is a kind that thrives as least as much by observing the image of reveries as it does by listening to the voice of reason.

Following the advice of Ingold, I have performed my research as a wayfarer of sorts and it seemed only fitting to write it down similarly.<sup>83</sup> It is not a matter of facts and numbers, nor of charts and statistics.<sup>84</sup> It is my journey into the places we have crafted for our dependent elderly. Sometimes I highlight certain events, sometimes I omit others. Some things I only briefly touch upon while others are being investigated to minute detail. It is like it would be, if someone was guided through a forest by a woodsman, on a midsummer's walkabout. The goal is to take my audience on this journey with me, like that woodsman; to try and make them see what I saw, feel what I have felt and understand the route that I propose to take from here on.

### Explication of methods used

I didn't start this research as an anthropologist, nor as an ethnographer. If anything, I am a theologian who became a scholar of the so-called *ritual studies*. The methods I use for this research are thus borrowed methods. Surely, within theology there are similar forms of research. There too, one collects data in diverse ways, ranging from the explorations of earlier theories to participant

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<sup>81</sup> I refer to their hugely acclaimed dystopian novels A. HUXLEY: *Brave new world* (London 1932) and G. ORWELL: *1984* (London 1949) or G. ORWELL: *Animal farm: A fairy story* (London 1945).

<sup>82</sup> These two writers are mere examples of a whole tradition of writers that, with their (science) fiction have inspired many 'real life' scientists to achieve previously unimaginable goals. See, for example J. VERNE: *20.000 leagues under the sea* (Wordsworth Classics) (Dover 2006) and P. K. DICK: *Do androids dream of electric sheep?* (New York 1968).

<sup>83</sup> T. INGOLD: *Being alive: Essays on movement, knowledge and description* (London/New York 2011) 14.

<sup>84</sup> Much like J. Gubrium states in the preface of GUBRIUM: *Living and dying at Murray Manor*.

observation, and from distributing questionnaires to conducting any type of interview.

In this research, I tried many of those, with various degrees of success. I read as much as I could read on directly relevant and indirectly connected theories. I took field notes and kept a diary, first in plain sight, later only afterwards, where no one could see. I conducted interviews, first completely open and unrecorded, later semi-structured and on tape. I collected as much contextual material as possible on the locations of my research: booklets, leaflets, bulletins, blueprints, photographs, newspaper articles and information from websites all came into play. Every bit of data, used and unused, I categorised and archived according to a data protocol that I created myself, in agreement with and accordance to the demands made by the committees of research and ethics and the boards of residents of both *De Hazelaar* and *Het Laar*.<sup>85</sup> As time progressed, I became more experienced and versatile in applying what seemed to work and discarding what didn't.

Nonetheless, I am the first to admit that I miss both the historical knowledge and the fine distinction that comes with familiarity, to truly perform detailed ethnographic research or write a more than noteworthy work of anthropology. In my defence, I never set out to do either of those. As announced in the introduction, this work should first and foremost be classified as a study of ritual. That being said, there simply aren't many other methods to turn to.

In applying these 'borrowed' methods I thus constantly waver somewhere between the above-mentioned three disciplines. I start out with an anthropological curiosity; what types of ritual do dependent elderly (still) perform? I combine this curiosity with a theological interest; can such rituals actually maintain, or even regain, some human dignity in demeaning surroundings. And finally, I complete curiosity and interest with an ethnographer's point of view, by embedding myself in the habitat of those I wish to study. It is a combination of disciplines that might easily do injustice to each of them separately. To prevent that from happening I have searched diligently for something akin to it and I believe to have found that in the so-called environmental anthropology.

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<sup>85</sup> At this period in time (October 2008 – December 2009) no such protocols yet existed within the Humanities at Tilburg University. All data here used will be archived and protected according to the regulations of the Research Ethics Protocol and Data Management Protocol of the Tilburg School of Humanities, insofar as these regulations don't clash with the ones that were previously set up with the above-mentioned boards and committees.

## The perks of environmental anthropology

During the last half century or so, man-made, and inhabited space has won great interest from a wide range of disciplines.<sup>86</sup> But even with all that interest, habitat and inhabitants largely remain strictly separated topics. Most authors either try to explain the form and evolution of and differences between present and historical dwellings or the how and why of the ways in which people, or other inhabitants, adapt to and reshape their (built) environments. That gap of attention, for the 'mutual' relation between dwelling and dweller, is filled, at least in part, by the environmental anthropology of Tim Ingold.

In his early years, Ingold came into contact with northern circumpolar people. Estranged by their exotic manners, he became fascinated with the external factors that propagated such a lifestyle, so different from what he knew to be his own. From this case study of Scandinavian herdsmen he gradually broadened his view to all men and women around the globe. In the development of that view, Ingold has made it a somewhat personal vendetta to do away with traditional or, in his opinion, outdated beliefs on what the human being is and how he relates to all that surrounds him. Many of those beliefs, like the separation of body and mind, prove to be quite obdurate and can easily be retraced in contemporary contexts.

For me, the rest and nursing homes where I conducted my research, time and again gave testimony to such beliefs. It made me realise that, to form a new perspective on such a context, let alone create the possibility of change, firstly some fundamental anthropological convictions needed serious revising. And Tim Ingold, with his continuing attempts to raze antique structures of thought, such as the mind-body dualism, the nature-nurture debate, and even the Darwinian evolution theory, provided just such revisions. Central in all of these 'battles' lies Ingold's belief that the human species is in no way different from any other. And just like any other, the human species can impossibly develop within a vacuum. To truly grasp what life means for a species, and even more so, for an individual living organism, one must therefore look at the whole environment in which that species or organism develops, and all the species and organisms alongside which it does so.

Tim Ingold is however no scholar of ritual, nor of old age or dependent elderly in rest and nursing homes. The value of his works to my method will not be explicitly clear. As it was with me, this value, which I consider quite

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<sup>86</sup> An excellent overview can be found in D. LAWRENCE & S. LOW: 'The built environment and spatial form', in *Annual Review of Anthropology* 19 (1990) 453-505.

large, must be ‘picked up’ between the lines. As the plethora of topics, in which Ingold expresses his interest, pass by, one slowly comes to understand how much of a different organism he eventually speaks of when he speaks of the human being. Between those lines I have ‘picked up’ and utilised four closely connected ‘handles’ for my own research. They are:

1. **The relation of anthropology to ethnography**<sup>87</sup>

In present day research, ethnography and anthropology are terms that often seem interchangeable. It is very functional to be well aware of the difference between the two. Not just for the sake of clear communication but because knowing one’s own discipline, greatly enhances both the efficiency of work and the transparency of output. My research account is ethnographical. I study the life and activities of a specific group of human beings in a particular context. That is my task and with a detailed description of my observations that task is finished. However, to be able to perform that task, it serves me well to first become aware of my own anthropological (and theological) dispositions; what do I consider to be “the conditions and possibilities of human life in the world” and more specifically, in a context of old age and dependency.<sup>88</sup> With that disposition in the one hand, and the results of my observations in the other I, but more importantly, other scholars, can then either affirm or reject the different aspects of my, or their own, disposition, and thus, hopefully, achieve a better understanding of the human species altogether.

2. **The re-uniting of the person-organism**

One of the more tenacious principles in a multitude of sciences is that of the division between nature and nurture, or biology and culture. At the fundament of this principle lies the platonic notion that the human being exists in two mutually exclusive worlds: one that holds everything that is good and true (mind/soul) and one that is deemed bad and illusory (body). The notion was later fortified by René Descartes in his treatises *The Passions of the Soul* and *The Description of the Human Body*.<sup>89</sup> Ever since it has become

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<sup>87</sup> A very insightful lecture on this subject was read by Ingold in 2007 and later revised and published. See INGOLD: *Being alive* 229-243.

<sup>88</sup> IDEM 242.

<sup>89</sup> See [http://net.cgu.edu/philosophy/descartes/Passions\\_Letters.html](http://net.cgu.edu/philosophy/descartes/Passions_Letters.html) and <http://www.philosophy.leeds.ac.uk/GMR/hmp/texts/modern/descartes/body/body.html> (last viewed 21-8-2012).

neigh impossible to imagine the human being in any other than a schismatic fashion. Ingold fights that age-old schism from many angles. Whether or not he wins that fight cannot really be determined but what makes his effort so valuable is that he convincingly shows how the consequences, of understanding the human being as a unity, make it a more preferable starting point for anthropology and ethnography than the classical dual one. In the case of rest and nursing home residents, this concept constructively allows to better respect the integrity of an individual person, even when their cognitive skills and/or physical capabilities are waning.

### 3. The integration of the person-organism in a developmental system

A second, but far more covert, stubborn principle is the one that places the human being outside or even in opposition to the rest of the world. This principle shares the same background as the previous one but started a life on its own in the Industrial Revolution of the eighteenth and nineteenth century. As the development of technology took off, the notion that placed man against nature as two different entities gradually became a commonplace. The more people seemed able to control nature, the less they thought themselves a part of it. On par with famous writings in sociobiology and evolutionary psychology, Ingold continuously strives to convey the human being as just a small cog in a very large wheel, and his technological achievements nothing more than natural advancements of skills.<sup>90</sup> With such an understanding, growing old can no longer be thought of as 'waging a war against nature', with all sorts of medical and cosmetic weaponry, but rather as advancing along within nature, as it takes its course.<sup>91</sup>

### 4. The practical application of agency

Following the previous paragraph, one could easily presuppose that Ingold is something of a determinist. If the human person-organism is so interwoven with its environment, it would only make sense to ascribe its every action as the only possible outcome of all the contextual events that led to that action. But to Ingold that too would be a foolish over-

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<sup>90</sup> Cf. E. O. WILSON: *Sociobiology: The new synthesis* (Harvard 1975); R. DAWKINS: *The selfish gene* (Oxford/ New York 1976); S. PINKER: *The blank slate: The modern denial of human nature* (New York 2002).

<sup>91</sup> Cf. BAARS & BRINKMAN: *Het nieuwe ouder worden*.

simplification. In classic philosophy and sociology, the concept of agency denotes a subtle divergence from both free will and determinism. Agency here is the capability of an agent to make a choice and act out that choice upon the world. This is exactly what Ingold aims for when, for example, he tries to overcome the difference between the animal act of building a nest and the human act of building a house. To Ingold, both creatures are agents in the same sense of the word, as they make their decisions and act them out onto the world. The processes that led to such decisions may differ in degree of immediacy and imagination. Nonetheless, they, as well as their short and long-term outcome, are equally part of much larger processes that arise from dwelling in the world. When it comes to the elderly, and especially, dependent elderly, this concept of agency is of crucial importance as it puts them on par with all other beings. This holds even for elderly with dementia, as even they keep making decisions and then act them out.

## CHAPTER 2

# CRAFTING IMAGES

*Par la manière dont une société se comporte avec ses vieillards, elle dévoile sans équivoque la vérité – souvent soigneusement masquée – de ses principes et de ses fins.*

Simone de Beauvoir

This chapter is all about imagery. I myself am not old, nor afflicted with any form of physical or cognitive deterioration. To understand anything of the ‘habitat’, lives and (ritual) behaviour of dependent elderly before ‘embedding’ myself among them, I could only turn to the images crafted by others. I sought these images within science, the media and the self-presentation of care facilities to the outside world. The ones that influenced me the most are presented hereafter.

### 2.1 In science<sup>92</sup>

Literature on the specific subject of rituality in rest and nursing homes is extremely scarce. It is therefore only logical that one turns to indirectly relevant literature. With that type however, the task of exclusion is of equal importance, if not greater, than that of inclusion.<sup>93</sup> This type of literature, on the deteriorations of old age and institutional care for the elderly, is a thriving genre, but the bulk of it repeats the same issues over and over again. Those issues, generally of how to deal with frail or demented elderly in the most humane way possible, are of little importance to my research. Yet, because there is no distinct genre of ‘elderly ritual’, I felt obliged to browse through these works for

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<sup>92</sup> This part has been compressed and published as a single article. M. DE RUIJTER: ‘Ritual on location. An exploration of literature with relevance to the study of rituality in rest and nursing homes’, in *Yearbook for Liturgical and Ritual Studies* 26 (2010) 181-199.

<sup>93</sup> It should be noted here that not all inhabitants of rest and nursing homes are elderly people. For the sake of clarity and the possibility of generalization these ‘exceptions’ are left out of the picture.

even the smallest amount of relevant information. While doing so, and every researcher knows this, it is all too easy to get 'sucked in'. It has been a continuously arduous task to keep that from happening but one I fervently committed myself to. For that reason the eventual outcome may reveal that, in separating the significant from the insignificant, I have intermittently excluded certain works of this genre rather boldly.

I commence this overview with a number of scientific studies about life in function-specific institutions like rest and nursing homes that also integrate a certain ritual perspective. I then proceed with a minute selection of books and articles from the vast body of literature on old age and the elderly that I consider to hold particular relevance. From thereon I will 'zoom in' on some noteworthy observations in the relations between human beings, their ritual behaviour and space, place or location. With these observations, I eventually comment on a single title which seemingly ties all previously entangled threads together.

### Life in institutions

One of the very first 'reality-based' descriptions of the life in rest and nursing homes can be found in an ominously titled work by anthropologist Jules Henry.<sup>94</sup> His *Culture against Man* is an attempt to show the underlying principles of cultural institutions. Most attention goes out to educational institutions but the final chapter is an important exception. It carries the equally gloomy heading *Human Obsolescence* and presents a moving narrative of Henry's experiences as a researcher in three 'hospitals for the aged'. The outcome is rather awful. Henry clearly aims at making a political statement against the way the elderly are treated. To do so he focuses solely on the negative, but apart from that, Henry's account offers some critical examples of 'ritual-like' activities and 'sacred-like' spaces within these hospitals.<sup>95</sup>

It even paves the way for re-assessing the quotidian act of watching television in a communal space as precisely such a 'ritual-like' activity.<sup>96</sup>

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<sup>94</sup> HENRY: *Culture against man*.

<sup>95</sup> IDEM 408-409, 412-413.

<sup>96</sup> IDEM: 458-459. In the last fifteen years or so, watching television has become a subject in its own right. With regard to rest and nursing homes, I would definitely recommend W. HAJJAR: *Television in the nursing home. A case study of the media consumption routines and strategies of nursing home residents* (London/New York 1998) and M. VAN DER GOOT: *Television viewing in the lives of older adults* (Nijmegen 2009).

In his highly influential collection of four essays entitled *Asylums* Erving Goffman uncovers the inner workings of places he coined 'total institutions'.<sup>97</sup> Some examples of these institutions are prisons, mental hospitals, boarding schools, boot camps and monasteries.<sup>98</sup> Rest or nursing homes are mentioned as belonging to one of five types of these institutions (i.e. the type that cares for persons who "are felt to be both incapable and harmless").<sup>99</sup> Although Goffman does not dilate on this type of institution, one might infer from his introduction that the contents of his essays, particularly the first and third one, are fairly interchangeable.<sup>100</sup>

In that first essay, Goffman lays out the general schemes of 'total institutions' and their place in the whole. One of Goffman's most important insights is the almost absolute split between so-called inmates and staff members.<sup>101</sup> Near the end, he describes the inner ceremonial (and, I would say, ritual) practices of these institutions as "well suited to a Durkheimian analysis" because they seem to function as the glue that holds such ("dangerously") split societies together.<sup>102</sup> Yet, such a functionalist approach is not wholly convincing to him, as the institute itself not only emphasises a strict division between what is generally accepted as the norm and that which is deviant, but also formulates patterns of behaviour and organisational structures for both to remain exactly so.<sup>103</sup> To put it more bluntly, the institute does not function as a remedy against an 'ailment' of society but as a cooperative organ in its creation.

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<sup>97</sup> E. GOFFMAN: *Asylums. Essays on the social situation of mental patients and other inmates* (New York 1961).

<sup>98</sup> In addition to the concept of total institutions, Lewis Coser developed that of 'greedy institutions'. While the former rely mostly on physical ways of seclusion, the latter employ symbolical chains to bind their subjects. Rest and nursing homes share qualities with both types of institutions. Whether or not they are regarded as belonging to one or the other therefore largely depends on the perspective of the beholder. See L. COSER: *Greedy institutions: Patterns of undivided commitment* (New York 1974).

<sup>99</sup> GOFFMAN: *Asylums* 16.

<sup>100</sup> IDEM 11-12.

<sup>101</sup> While reading his work on 'total institutions' it would be beneficial to also take a look at his collected essays in *Interaction ritual*. In this work, Goffman develops the thesis that even the simplest of everyday interactions are bound by ritual constraints. These constraints are there to enable the participants to present and acknowledge their own and each other's 'face', or worthiness. In the case of rest and nursing homes this type of 'ritual' becomes quintessential because of the aforementioned strict division between the staff and the so-called 'inmates'. GOFFMAN: *Interaction ritual*.

<sup>102</sup> GOFFMAN: *Asylums* 102.

<sup>103</sup> IDEM 102-105.

At this point, a leap from Goffman to Michel Foucault proves not to be a very big one. Although they are usually perceived as representatives of different disciplines, respectively social sciences and history or philosophy, they arrive at comparable positions with regard to hierarchically structured institutions. Both have had their sway with communist idealisms and therefore show special interest in the division of power and the structures and mechanics that lie underneath. Goffman, however, is mainly concerned with the social reality of such structures and mechanics while Foucault directs his attention to their historical creation and evolution.

Three of Foucault's works seem critically important here. These are *Madness and Civilization* (1965), *The Birth of the Clinic* (1973) and *Discipline and Punish* (1977).<sup>104</sup> In all three works, Foucault discusses particular function-specific institutions of present day society, namely the insane asylum, the hospital and prison. His approach in all cases is historical and of broad range. Close reading of these works clarifies that, rather than in the institutes themselves, Foucault is interested in how they either reflect the ways in which society perceives issues as insanity, illness and criminality or impose a 'framework of perception' upon it. For the purpose of comparison with contemporary care facilities for the elderly, these works thus contain little or no material. Their value, at least for my research, lies in what they add to Goffman's perspective on total institutions. As Goffman is mostly concerned with their inner workings and Foucault with their contextual 'power-knowledge' discourses, together they paint a complete picture: of the institution itself, of the cultural environment of its inception and of its context-related, and therefore ever shifting, *raison d'être*.

In 1966, Foucault added the, somewhat impalpable, perspective of the so-called 'heterotopia' to his theories on social institutions. He did so in a radio broadcast on the themes of utopia and literature.<sup>105</sup> Chronologically it came into existence between his major works *The Order of Things* (1970) and *The Archaeology of Knowledge* (1972), yet, many interpreters connect it to his earlier works, the aforementioned *Madness and Civilization* and *The Birth of the Clinic*.<sup>106</sup>

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<sup>104</sup> Originally published as M. FOUCAULT: *Folie et déraison: Histoire de la folie à l'âge classique* (Paris 1961), M. FOUCAULT: *Naissance de la clinique: Une archéologie du regard médical* (Paris 1963) and M. FOUCAULT: *Surveiller et punir: Naissance de la prison* (Paris 1975).

<sup>105</sup> BISCHOF & DEFERT: *Michel Foucault: Die Heterotopien*. Also M. FOUCAULT: *Dits et écrits 1954-1988 IV 1980-1988* (Paris 1994) no. 360.

<sup>106</sup> The former two were originally published as M. FOUCAULT: *Les mots et les choses. Une archéologie des sciences humaines* (Paris 1966) and M. FOUCAULT: *L'archéologie du savoir* (Paris 1969).

This leads them to view the treatise on heterotopias as a text about a concrete function-specific place (i.e. one that exists alongside but differs in almost every aspect from all others). I prefer to place it in its chronological context and connect it to his later, more overtly epistemological and methodological works.<sup>107</sup> As such, I choose not to read it as a laudation of the kind of places that put others in perspective but as a critique on the modern-day obsession with their integral value. What Foucault shows us, is that almost any place, or, more correctly translated, any ‘emplacement’,<sup>108</sup> is potentially a ‘space of difference’ and that its (relative) value is always only the sum of discourses that are formed in the places that it is being related to at a specific moment.<sup>109</sup> The notorious last sentence of this broadcast then does not mean that existing heterotopias should be embraced and kept ‘alive’ at any cost, but rather that it is that which ties one emplacement to another (in coherence as well as in difference) that enables us to assess our existence within it (negatively as well as positively).<sup>110</sup> As a consequence, this radio-speech was not so much about losing the ability to dream but all the more about losing the ability to discern dream from nightmare, adventure from espionage and the sun-drenched beauty of freebooters from the disfigurement of policemen.<sup>111</sup>

To me, the implication of this ‘heterotopic perspective’ for rest and nursing homes, although not further developed by Foucault himself, is evident and logically follows from what I already decided to be the main value of his earlier works. Because of their secluding nature, these ‘homes’ are likely to depend heavily on relations with other locations of societal life (and their ‘framework of perception’) to function properly as facilities of care.

As one of the more critical readers of Foucault, it is Michel de Certeau who further develops another important factor in research on the value and

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<sup>107</sup> Cf. H. URBACH: ‘Writing architectural heterotopia’, in *The Journal of Architecture* 3 (1998). As a possible corroborating fact, one may also note that Foucault introduces the concept of heterotopia for the very first time in the preface to *The order of things*.

<sup>108</sup> P. JOHNSON: ‘Unravelling Foucault’s “different spaces”’, in *History of the Human Sciences* 19/4 (2006) 75-90.

<sup>109</sup> Cf. JOHNSON: ‘Unravelling Foucault’s “different spaces”’ 77-78 and 84.

<sup>110</sup> The original French text reads as follows: “Le navire est l’hétérotopie par excellence. Les civilisations sans bateaux sont comme les enfants dont les parent n’auraient pas un grand lit sur lequel on puisse jouer; leurs rêves alors se tarissent, l’espionnage y remplace l’aventure, et la hideur des polices la beauté ensoleillée des corsaires.” BISCHOF & DEFERT: *Michel Foucault: Die Heterotopien* 51.

<sup>111</sup> In a later version of this text, one that Foucault agreed to publish only shortly before his death, the image of the parental bed and the colourful descriptions of policemen and freebooters were left out. See FOUCAULT: *Dits et écrits* 752-762.

influence of (ritual) place in modern-day society.<sup>112</sup> This is the factor of 'everyday life'. Although previously introduced as one side of an existential rift by Mircea Eliade in *Das Heilige und das Profane* (the other side being the sacred/eternal) and by Lefebvre as an equally dialectic, illusory but empowering concept of stability in *Critique de la Vie Quotidienne*, De Certeau manages to shape it into a more applicable feature of human existence.<sup>113</sup> He does so by outlining the contrast between so-called 'strategies' and 'tactics'. 'Strategies' are the formal objectives of time and space. They represent the rules for usage that are laid down by the governing powers. 'Tactics' are the actions of everyday 'users' of that time and space that diverge from the set 'strategies'. They represent the creativity or subversiveness of the subjugated.

The importance of this take on everyday life is best derived from the influential seventh chapter *Walking in the City*. In this chapter, De Certeau demonstrates how the infrastructure of the modern city functions both as the expression of strategies and as the potential for 'negotiating' tactics. In my opinion, this image may prove a fruitful way of looking at daily life in rest and nursing homes. What De Certeau presents on an urban scale, I deem applicable to an institutional one, especially when such an institution predominantly functions as a 'micro-universe' in which the inhabitants spend almost the entirety of their day-to-day lives. Regarding rituality, it would then become interesting to examine what kinds of rituals fall in the order of 'strategies' and what kinds in that of 'tactics'.

## Old age and the elderly

For a general overview of old age, the elderly and the process of aging, one of the most valuable books, at least to me, has been *Aging: Continuity and Change* by Robert Atchley.<sup>114</sup> Written with a strictly educational purpose it aims to create empathy and simultaneously provides conceptual frameworks and information for practical applications. Ritual performances are not treated as topic but, because of the focus on inner experiences of and external influences on the aging process, it does offer many examples of situations, developments and activities that carry ritual elements within them or that seem quite suitable to be distinguished as such.

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<sup>112</sup> M. DE CERTEAU: *The practice of everyday life* (Berkeley/London 1984).

<sup>113</sup> M. ELIADE: *Das Heilige und das Profane: vom Wesen des Religiösen* (Hamburg 1957); H. LEFEBVRE: *Critique de la vie quotidienne* (2ième éd. Paris 1958).

<sup>114</sup> ATCHLEY: *Aging*.

In 1945, Leo Simmons published *The Role of the Aged in Primitive Society*.<sup>115</sup> Although it may seem somewhat outdated, it contains a treasure of information. In quite a vigorous manner, Simmons has collected data on an extensive selection of so-called primitive societies. This results in an uncanny amount of facts, stories and myths through which one can hardly discern a general thesis. Nevertheless, for research on ritual behaviour of elderly there is an abundance of information. Especially chapters five and six, on political and civil activities and the use of knowledge, magic and religion, contain great comparative material. While most of the activities and roles of the elderly stated here are 'of yore' and represent very different cultures, they serve well to understand how our own concept of old age and the elderly as well as their roles and activities are merely few of many different possibilities. In general this book not only clarifies that the elderly, even in poor physical condition, are quite capable of performing ritual activities but also suggests that granting them a certain authority and responsibility in this field serves the stability of a society.

A very typical work on old age is *La Vieillesse* by Simone de Beauvoir.<sup>116</sup> This work perfectly represents a long-held standard of dealing with old age and its philosophical, historical and socio-psychological receptions in a purely theoretical manner. Although fuelled by indignation, to this very day it remains a brilliant study with an almost inhumanly broad scope. Unfortunately, little is to be found on either ritual or specific homes for the elderly. Still, both as a 'witness' of a certain *zeitgeist* and as a source of background information, I would recommend this work to anyone with an interest in the process of aging or the aged in a societal context.

Within the discipline of anthropology of elderly (gero-anthropology) much has been influenced by the works of Barbara Myerhoff. Especially *Number our Days*, her 'narrative' of life in a centre for Jewish elderly in Venice Beach, Los Angeles, has led down a new path for anthropologists to follow ever since.<sup>117</sup> It might well be the first, and to date one of the very few, scientific works in which rituality among the elderly receives explicit attention. It differs from previous works on old age and the elderly in both content and form. Myerhoff has been one of the firsts to break with the traditional, distanced and

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<sup>115</sup> L. SIMMONS: *The role of the aged in primitive society* (Yale 1945).

<sup>116</sup> S. DE BEAUVOIR: *La Vieillesse* (Paris 1970).

<sup>117</sup> MYERHOFF: *Number our days* (New York 1978). During her fieldwork, Myerhoff was filmed by Lynne Littman. The material was then cut to an Academy Award winning documentary with the same title. See <http://vimeo.com/10082563> (consulted on 28-5-2010).

philosophical, ways of writing on this topic, even going so far as to 'practise' walking with impediments.<sup>118</sup> In her account, she time and again discovers how rituals (secular as well as religious) at the elderly centre enabled people to cope with their daily adversities by (re)creating personal and communal continuity.<sup>119</sup>

Not long after the appearance of *Number our Days*, a comparable study was published by Maria Vesperi. In *City of Green Benches*, Vesperi presents her findings on cultural constructions of old age and its impact on the self-perception of elderly in St. Petersburg, Florida.<sup>120</sup> She does not focus on one location like Myerhoff did, nor does she pay close attention to rituality among these elderly. She does, however, provide a meticulous report of the lives and living conditions of elderly of different race, gender and status, and the differences between them, in one town. As with Myerhoff, continuity plays an important role but Vesperi shows that threats of change, be it economic, social-political or even geographical, are often counteracted intuitively and pragmatically rather than with elaborate (symbolical) performances.

Analogous methods of research, as applied by Myerhoff and Vesperi, underlie *The Ageless Self* by Sharon Kaufman.<sup>121</sup> The question Kaufman set out to answer was how the aged themselves perceive the process of aging. In the many interviews she held, she discovered that elderly people 'structure' their life stories with the aid of so-called 'themes'. According to Kaufman, these themes carry "explanatory power and symbolic force" as they represent what an individual perceives to be the most valuable or important ideas, concepts, morals or standards of human life.<sup>122</sup> Examples are self-determination, acquiescence, work, marriage, religion and so forth. In follow-up interviews that focused on the discovered themes, Kaufman exposed that these elderly "do not perceive meaning in aging itself; rather, they perceive meaning in being themselves in old age."<sup>123</sup> It is not age that defines who they are but their own integration of "...a wide range of experience – unique situations, structural forces, cultural pathways, [and] knowledge of an entire lifespan..."<sup>124</sup>

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<sup>118</sup> MYERHOFF: *Number our days* 18.

<sup>119</sup> IDEM 108.

<sup>120</sup> M. VESPERI: *City of green benches. Growing old in new downtown* (Ithaca/London 1985). Originally Vesperi published her results in eleven parts in *Times*, from April 26 to May 6, 1981.

<sup>121</sup> KAUFMAN: *The ageless self*.

<sup>122</sup> IDEM 30.

<sup>123</sup> IDEM 6.

<sup>124</sup> IDEM 187-188.

Together, these three works form a formidable background for ethnographic research on the elderly. They demonstrate perfectly what different kinds of approaches or points of departure are possible and what those may result into. Furthermore, they elucidate that no one approach can ever convey the 'full reality', and thus form a strong plea for complementarity.

In a gravely critical article, entitled *Old Age: Cultural and Critical Perspectives*, Lawrence Cohen reviews these last three and many other authors who have written about old age and the elderly.<sup>125</sup> Cohen intends to demonstrate some very persistent and, in his opinion, flawed viewpoints within gero-anthropology. According to Cohen, these viewpoints came into existence and remain vital only because no-one has ever devised a well thought-through epistemology of the science of old age. He summarizes them in three categories, or 'tropes'. They are the tropes of 'anger', 'exploration' and 'ambiguity'. The trope of anger entails all reactions of indignation about the present-day conditions of elderly life. The trope of exploration revolves around the notion that the elderly form a category of people that has hitherto been 'undisclosed'. Lastly, the trope of ambiguity points towards the given that virtually every piece of data on old age carries within it the adversatives of senility and wisdom, of resignation and re-activation, and of withdrawal from and interference in society. According to Cohen, these tropes, time and again, instigate a sudden and ill-founded 'jump' from critical thought to positivistic rhetoric. Alteration of this process, he argues, can occur in three ways: phenomenologically, rationalistically and hermeneutically. The phenomenological way stresses concrete experiences, physicality and identity without automatically considering these age-dependent. The rationalistic way exposes mechanisms of perceptions of and associations with the elderly in present-day society, through communication of ideologies, nationalisms, modernities, and gender constructions. The hermeneutic way aims to integrate the person of the researcher in the research itself to nullify the idealised but illusory separation of an 'ageless' and distanced researcher and his or her subject of study. Apart from its, in my opinion justified, critique and useful suggestions for future research, this article, through its bibliography, has great value for anyone with an interest in old age or the elderly. It consists of one hundred and thirteen titles of which only a very few prove less than mandatory reading material.

Within the context of Dutch society, at least two authors deserve consideration. They are Sjaak van der Geest and Jan Baars. In the late nineties,

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<sup>125</sup> L. COHEN: 'Old Age: Cultural and critical perspectives', in *Annual Review of Anthropology* 23 (1994) 137-158.

Van der Geest called for a specific anthropological approach within research on old age and the elderly.<sup>126</sup> In later works, he extended that call into practical suggestions for anthropological fieldwork in the function-specific places of our society, such as hospitals and medical centres.<sup>127</sup> An interesting article from his hand is *Sacraments in the Hospital*.<sup>128</sup> Here Van der Geest draws comparisons between 'primitive' or 'magical' rituals and the actions and performances of the medical staff. He reveals that what specialists see as purely scientific and logical interventions, patients, for the purpose of their recovery, often grant a symbolical or even 'ritualistic' meaning. The message is clear: research in this kind of environment is best served with broad and 'flexible' definitions that enable the researcher to integrate the perspectives of his subjects at any possible moment.

For more than two decades now, Jan Baars has been writing and publishing on old age very successfully.<sup>129</sup> His book *Het Nieuwe Ouder Worden* [The new ageing] went to press in 2006 and already demanded a second edition within the year. In this book, Baars reveals how the present attitudes towards old age and the elderly have developed mainly under the influence of economic principles. The aged are commonly looked upon as a great financial burden on society. Yet, at the same time, a large commercial apparatus tries to convince them into 'buying' their youth (back) or prolonging their life with all kinds of medicines, therapies or 'health activities'. With many historical and contemporary illustrations, Baars shows that growing older has thus become a much more complex and diverse process than numbers or demographics can

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<sup>126</sup> S. VAN DER GEEST: 'Ouderen en welzijn: antropologische vragen en opmerkingen', in *Tijdschrift voor Medische Antropologie* 8/2 (1996). Also S. VAN DER GEEST: 'Gracefully old', in F. LINDO & M. VAN NIEKERK (eds.): *Dedication & detachment. Essays in honour of Hans Vermeulen* (Amsterdam 2001) 1-14 and VAN DER GEEST: 'Grandparents and grandchildren in Kwahu, Ghana' 47-61.

<sup>127</sup> For an example of such an approach see J. RANKIN & M. CAMPBELL: 'Institutional Ethnography (IE), nursing work and hospital reform: IE's cautionary analysis', in *Forum: Qualitative Social Research* 10/2 (2009) art. 8.

<sup>128</sup> S. VAN DER GEEST: 'Sacraments', in the hospital', in *Anthropology & Medicine* 12/2 (2005) 135-150.

<sup>129</sup> Of the many publications, I here mention J. BAARS: 'De sociale constitutie van de ouderdom', in C. KNIPSCHER & J. BAARS: *Uitzicht op ouder worden* (Assen 1988) 21-36; J. BAARS: 'Ageing in the Netherlands: Structural and cultural characteristics', in *Journal of Cross-Cultural Gerontology* (1989) 129-142; J. BAARS & H. VISSER (eds.): *Ageing and time: Multidisciplinary perspectives* (Amityville 2006); J. BAARS, J. DANNEFER, C. PHILLIPSON & A. WALKER (eds.): *Ageing, globalization and inequality: The new critical gerontology* (Amityville 2005); BAARS & BRINKMAN: *Het nieuwe ouder worden*.

convey. To escape such demographics, Baars strongly recommends replacing the ruling pathological approach with an existential one. Although clear and convincing, this theory turns out to fall subject to Cohen's critique, since it is fuelled by indignation and carries a strong political message but never manages to bridge the gap between this message and the actual subject.

### Uneasy endings

As mentioned earlier, this manuscript seems to aptly integrate many of the previously discussed subjects.<sup>130</sup> For this, her dissertation thesis, Shield set out to investigate the day-to-day activities and experiences of the inhabitants of one specific nursing home (pseudonymously called the Franklin Nursing Home) in the North-Eastern United States. As a theoretical foundation, she combines Goffman's work on total institutions with reciprocity theory and the theory of rites of passage, as put forth by Van Gennep and adapted by Turner. One of the true strengths of this study is the fact that Shield has largely managed to keep herself from dramatising, oversimplifying or exaggerating the life in the hospital. This enabled her to 'dig deep' into its complicated reality of "good intentions, budgetary constraints, federal and state regulations, bureaucratic officiousness, professional dictates, union loyalties, family divisiveness, religious prescriptions, human frailty, humane desires, and idiosyncratic individuality of a particular American type".<sup>131</sup> All these realities are voiced through empathic narratives, detailed field notes, and critical analyses of academic theories. Shield finally concludes that the entrance to a nursing home is a rite of passage with few if any rituals. The inhabitants are considered naturally non-reciprocal, which leads to a devaluation of their status as human beings.<sup>132</sup> Their stay in the nursing home is a liminal phase without any clarity on expectations or rules of how to pass through and come out of it. Positive qualities of rites of passage, like the forming of 'communitas', preparation for the next phase or obtaining 'worthiness', as described by Van Gennep and Turner, do not take place.<sup>133</sup> This condemns inhabitants to remain confused, uncertain and separated until the very end.

For my own research, this work by Shield has proven indispensable. As it accurately displays what dangers of prejudice and bias lurk, and what results

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<sup>130</sup> SHIELD: *Uneasy endings*.

<sup>131</sup> IDEM 11.

<sup>132</sup> IDEM 214-15.

<sup>133</sup> IDEM 124-126, 183-184, 192-194.

may be achieved when one remains aware of that, it offers an example of ethnographic fieldwork on location that is certainly worth following. Even though I have trouble accepting her statement that life in a nursing home is one great liminal phase and that there are hardly any rituals, I do believe she makes a valid point when she declares that rituals may play a crucial role in coping with the transition to and residence in such a place.

## 2.2 In the media

Throughout history, and even more remarkable, cross culturally, two images of the aged seem rather persistent.<sup>134</sup> Although they appear in many ways, they are best understood in their most reduced forms: value or burden.<sup>135</sup> It isn't very hard to point out these images in any type of story from the very beginning of storytelling to contemporary blockbuster movies or even video-games. The old men and women portrayed are, almost without exception, decrepit fools or wise advisers. Of course, these images lay at opposites ends of the spectrum. They are extremes. They function well in stories and metaphors but hardly apply to people in real life. Why then the persistency? Even academics, who have, in the last fifty years or so, struggled greatly to bring some nuance to the table, seem to fall short. The scientific interest in accurately depicting the elderly and their old age, originated in the fields of psychology and sociology. It took off in the early sixties, an era in which many stereotype and ideologies were, often unsystematically, broken down. But, in the case of the elderly, the old labels were re-established rather than deconstructed.

In 1961, Elaine Cumming and William Earl Henry introduced the 'disengagement theory'.<sup>136</sup> In this theory, they formulated nine postulates about the process of disengagement. In their eyes this process was a completely natural development in which both former 'partners', the elderly individual

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<sup>134</sup> For examples see: J. DOHMEN & J. BAARS: *De kunst van het ouder worden* (Amsterdam 2010) 14-21, 39-107 and A. BODUROGLU, C. YOON, T. LUO & D. C. PARK: 'Age-related stereotypes: A comparison of American and Chinese Cultures', in *Gerontology* 52/5 (2006) 324-333.

<sup>135</sup> Some of the mechanisms behind these images can already be found in the writings of Plato, that, as such, foreshadow much of the later academic writings on the process(es) of growing old. See P. MCKEE & C. BARBER: 'Plato's theory of aging', in *Journal of Aging and Identity* 6/2 (2001) 93-104.

<sup>136</sup> E. CUMMING & W. HENRY: *Growing old: The process of disengagement* (New York 1961).

and the society as a whole, benefitted from a gradual divorce.<sup>137</sup> One answer to this rather bleak outlook on old age came in the form of the 'activity theory'. This theory, first promoted by Robert J. Havighurst,<sup>138</sup> claimed that both the elderly and society were best served if the former stayed active and engaged for as long as possible. A third psychosocial meta-theory on aging is the so-called 'continuity theory'. Proposed by Robert Atchley in 1971, it builds further on the fundamentals of the activity theory.<sup>139</sup> Like its name implies, it states that elderly people will achieve the greatest life satisfaction if they succeed in maintaining the same activities and relationships for as long as possible.<sup>140</sup>

The first two theories unintentionally re-state the burden-value dichotomy. They both start with the assumption that old people put a strain on the community in which they live. As a reaction, these old people can either disengage themselves from that community or try to become, and remain, as active as possible, for as long as possible. The third theory differs from the former two in its individual approach, but here too old age is measured up against a certain 'scale of worth'; whether living in old age becomes a burden or a value to oneself, all depends on one's capacity to create continuity.

As we have seen previously, Jan Baars implicitly connects this value-burden dichotomy, to an understanding of old age as a pathological process.<sup>141</sup> Both for the individual as for the community, illness is, and has always been, an outspoken form of evil. It makes perfect sense to try and avoid becoming sick. And if one does get sick, one should put in every effort to get well. So why not try and avoid becoming old, or, when already old, why not try to become young again? This may sound rather silly, but, as Baars shows, it is a principle upon which a large segment of present day commerce is built. And it is

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<sup>137</sup> A more recent theory is the so-called theory of gero-transcendence as developed in L. TORNSTAM: *Gerotranscendence. A developmental theory of positive aging* (Uppsala 2005). Even though Tornstam insists that his theory stands on its own, the outcome of its developmental process proves rather similar to that of disengagement.

<sup>138</sup> R. J. HAVIGHURST: 'Successful aging', in *The Gerontologist* 1 (1961) 8-13.

<sup>139</sup> Although the outlines and contents were already well documented by George Maddox in: G. L. MADDOX: 'Persistence of life style among the elderly: A longitudinal study of patterns of social activity in relation to life satisfaction' in B. L. NEUGARTEN: *Middle age and aging: A reader in social psychology* (Chicago 1968) 181-183. See also R. C. ATCHLEY: *Social forces and aging: An introduction to social gerontology* (Belmont 1994) and R. C. ATCHLEY: *Continuity and adaptation in aging* (Baltimore 1999).

<sup>140</sup> See also KAUFMANN: *The ageless self*.

<sup>141</sup> BAARS & BRINKMAN: *Het nieuwe ouder worden*.

probably this principle and the business that thrives on it, that keeps prolonging the same, age old, stereotypes of elderly people.

## On television

The most obvious medium to find out whether or not these stereotypes function as powerfully as Baars insinuates, is television. During 'prime-time' (roughly from seven until twelve pm), programmes on Dutch television are aimed at people between the ages of twenty and forty years. As a result, these programmes also predominantly feature those age groups.<sup>142</sup> It is no secret that this age group holds the largest interest for broadcasting companies, especially the commercial ones, as well as advertising agencies.<sup>143</sup> But it is quite remarkable, considering not only that half the population exceeds that upper barrier but also that people from thirty-five and up watch a lot more television than younger ones.<sup>144</sup>

Whenever elderly people do feature in television shows, series, movies or the like, it is usually in a staggering platitude as either the wise old mentor or the nagging old fool.<sup>145</sup> It would be a harsh conclusion, but not a faulty one, to state that, in this particular instance, little has changed since the birth of western literature.<sup>146</sup> People of age are either respectable teachers or grumpy old men.

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<sup>142</sup> See also: J. A. VERNON, J. ALLEN WILLIAMS JR., T. PHILLIPS & J. WILSON: 'Media stereotyping: a comparison of the way elderly women and men are portrayed on prime-time television', in *Journal of Women & Aging* 2/4 (1991) 55-68, and L. VASIL & H. WASS: 'Portrayal of the elderly in the media: A literature review and implications for educational gerontologists', in *Educational Gerontology* 19/1 (1993) 71-85. Although not conducted within the Dutch context it seems reasonably safe to assume that a modern Western democratically governed country like the Netherlands will not differ much in this aspect from the USA.

<sup>143</sup> In the Netherlands, one of the reactions against this age discrimination was the founding of broadcasting network MAX. From the start in 2002, it was explicitly intended for a designated age group, not surprisingly that of fifty or older. The network gained enough members to start broadcasting on national radio and television in 2005. Many of the programmes it started out with no longer exist but the popularity of the Network remains un-dwindled.

<sup>144</sup> See <http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=37296NED&D1=8-21&D2=0,5,10,15,20,25,30,35,40,45,50-58&HD=081107-1434&HDR=T&STB=G1> (visited on 12-4-2014) and *Televisierapport 2010* [http://www.bva.nl/media/downloads/tv\\_jaarrapport\\_2010.pdf](http://www.bva.nl/media/downloads/tv_jaarrapport_2010.pdf) (visited on 13-4-2014).

<sup>145</sup> T. HEALEY & K. ROSS: 'Growing old invisibly: Older viewers talk television', in *Media Culture Society* 24 (2002) 105-120.

<sup>146</sup> The same stereotypes can be found in the works of Homer, Virgil, Aesop, Mimnermus, Sappho, Solon Aristophan, Ovid, Plautus, etc. See also: T. M. FALKNER & J. DE LUCE: *Old age in Greek and Latin literature* (New York 1989).

Both stereotypes underline a fundamental ageist inclination. Old people are rarely main characters and are only of interest in so far as they relate, positively or negatively, to those main characters. In the rare case that they are the main character, it is usually in a story in which they either come to terms with or resolve their own negative traits and or dependency. Narrative programmes, whether it be big screen adaptations, sitcoms or soap-opera's all seem to highlight the strength and persistency of the elderly stereotypes. They enable the viewer to laugh out loud with fictional representations of superficiality and political incorrectness but without any relation to reality, they would, most likely, be a lot less funny. The poignancy of these elderly stereotypes is widely acknowledged and, in the Netherlands, has led to several reactions in the industry of 'image-making' as well as in politics.<sup>147</sup> In both terrains, a small 'emancipation' group has taken it upon itself to present a more realistic image of old age and elderly people. Strangely enough, these groups aim most of 'their arrows' on those people that are already well aware of the situation, the elderly themselves.

A large and incredibly popular part of modern broadcasting is made up by so-called 'reality shows'. They come in various shapes and sizes, ranging from contests to real life soaps or 'therapy TV'. In all of these programmes, elderly people are nearly completely absent. They broadcast the lives and problems of real life adolescents and adults to an audience of exactly that age. Some counterweight is offered here by so-called public affairs or talk shows. The people featured in these programmes are so because they have something of value to offer, be it experience, insights, knowledge or wisdom. They are usually successful people and not rarely of a respectable age.<sup>148</sup> But even though the elderly do appear here, it is once again as a representation of one of the two main stereotypes. According to several studies, it is, among other things, this combination of absenteeism and negative stereotyping that prolongs fundamental tendencies of ageism in our society.<sup>149</sup>

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<sup>147</sup> Political parties for the elderly have been founded ever since the early nineties but most of them like the *Algemeen Ouderen Verbond* and *Unie55+* have merged and then disappeared due to a lack of votes. The most recent political party for the elderly is called 50PLUS. It was founded in 2009 as the *Onafhankelijke Ouderen- en Kinderen Unie* (Independent Union for the Elderly and Children). In 2011, this party managed to obtain one seat in the senate.

<sup>148</sup> As was also noted by A. HARRIS & J. FEINBERG: 'Television and ageing: Is what you see what you get?', in *The Gerontologist* 17 (1977) 464-467. Cf. ATCHLEY: *Continuity and change* 71.

<sup>149</sup> For a critical overview of such studies see T. D. NELSON: 'Ageism: Prejudice against our feared future self', in *Journal of Social Issues* 61/2 (2005) 207-221.

## TV Commercials

Besides narratives and reality-shows, it is also worth-while to take a look at commercials and advertisements. Here elderly people are a little more present but again very one-sided. A sampling research, conducted in the USA in 2003, has shown that the elderly appear in only 15% of all advertisements, and mostly during the afternoon. Over 80% of the elderly portrayed in commercials are men, and of these men almost 90% is Caucasian.<sup>150</sup> The products that are advertised by the elderly are usually foods, medicines, health products and cars. A staggering 91% of the elderly that were depicted in advertisements were portrayed as so-called golden agers, or people who age well and stay active for a long time, without too many illnesses or impairments involved. A very large difference with normal television content is the absence of the negative stereotype. Apparently, when it comes to selling products and services, pejorative images of old people, are all too quickly discarded.

## In magazines

Another form of media that 'taps in' to that segment of commerce is the published magazine. Magazines commonly aim at a very clear-cut group of people. Not only age, but also specific social background, financial position and political preference are related to in a very straightforward manner. The elderly are not a group of large interest, but whenever they do appear, it is mainly in a rather negative way. This is the same for main articles as advertisements.<sup>151</sup> Some 'celebrity magazines', which are popular under adolescents, may even have a regular feature on how wrinkly, saggy and old some of the most famous movie or music stars may look without make-up or flashy outfits.

In the Netherlands, a few magazines aim specifically at people of fifty years and older. The two most notable ones are *Plus* and *Nestor*. Several other magazines include this age group but do so less outspokenly. Examples are *Libelle*, *Margriet*, *Kampioen*, *Elsevier* en *Zin*.<sup>152</sup> In this paragraph, I will focus on *Plus* and *Nestor*.

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<sup>150</sup> M. M. LEE, B. CARPENTER & L. S. MEYERS: 'Representations of older adults in television advertisements', in *Journal of Aging Studies* 21 (2007) 23–30.

<sup>151</sup> See W. GANTZ, H. M. GARTENBERG & C. K. RAINBOW: 'Approaching invisibility: The portrayal of the elderly in magazine advertisements', in *Journal of Communication* 30/1 (1980) 56–60.

<sup>152</sup> K. DÜLKER & K. OVERBEEK: *Tijdschriftenonderzoek in het kader van RAAK Vitale Oudere* (Twente 2011) 5.

### *Plus*

*Plus Magazine* is another contemporary example of the '50-year threshold'. It derives its very name from the moniker *vijftig-plusser* that is commonly used to describe anyone over the age of fifty, without any further discrimination. It has long been, and still is, one of the largest magazines in the country, with 'franchise' circulations in Belgium and Germany. Each month this magazine covers a true plethora of topics in one to two hundred pages. Regular features are Money & Law, Health, People & Society, Lifestyle, Culture & Travel and several columns. These features are spread all through the magazine. To which feature the next topic belongs is indicated in the upper left corner of the first page.

To truly capture 'the feel' of this magazine and what it is all about, one would need to browse through at least a couple of issues of several years of publication. As it is not the place to present such an overview here, I will, for the sake of comprehension, describe a randomly picked issue in closer detail. It is the third issue of the fifteenth year of publication, March 2004.

Like with practically every issue, the front cover is embellished with an attractive middle-aged woman. It further showcases five topics of content: the 36 cheapest museums of the country, the righteous war, how to make your last will and testament by yourself, traffic ability test for older people and an interview with former Dutch minister of transport, public works and water management, Neelie Kroes.

Opening up, the first page is an advert for a protective, anti-grey hair dye. The colophon and table of contents cover the three next pages. Page six and seven, together, display a 'mood-picture' of a cat, lying in a sun-drenched windowsill. The caption of the photo reads: 'The feeling of March'. Pages eight and nine are reserved for incoming letters. They are followed by an advert for special coffee that doesn't upset the stomach. On the next page, there is a short profile of a frequent reader of the magazine. This is followed by a 'lost and found' section, where readers can attempt to find long lost loved ones, and an advert for sanitary towels.

The following pages convey the interview with Neelie Kroes. It's not a very long interview but because it is interrupted by two adverts for pharmaceutical products, still extends over five pages. The interview itself covers several topics in the life of the former minister, such as work ethics, ambitions, showing emotions and making mistakes, but all are in relation to the learning curve that is the inevitable process of getting older. The next six pages are filled with a piece on travelling around the *IJsselmeer* [lake IJssel]. It is a mix of pictures, romantic descriptions of towns and historic places and practical

information for travellers. With an advert for bicycles in between them, this piece leads to a two page showcase of things to buy that are IJssel-related.

Page 30 to 37 (with two ads, for 'elderly friendly' furniture and organised travels in between) covers the topic of traffic ability tests for the elderly. It is a topic that demands careful treatment. As the ability to drive greatly enhances their general mobility and action-radius, many elderly people consider their driving license to be the last straw of their independence. This article focuses specifically on the tests, which are mandatory for ages 70 and older, and those who control them. Because there are no real set guidelines or criteria many doctors fail to spot elderly that may form a danger in traffic, for instance due to early stage dementia. Whenever doctors do spot a danger, their professional vow of silence makes it very hard for them to report that to the proper authorities. It is therefore mainly poor eyesight that truly leads to a revocation of one's driving license. And, ironically, it is often people with reduced eyesight that, by strategies of compensation, still function quite well in traffic. The article ends with the expectation that the age for mandatory tests will be lowered to 65 in the following year.

A column on the so-called 'sandwich-generation' is next. This term is used to describe the people that were formerly known as middle-aged but now seem perpetually 'stuck' between the care for both their children and their parents. After two pages full of health-care related products, follows an extensive article on the secrets of old age. This article tries to uncover the secrets of old age by looking at those cultures in which many people reach a respectable age in relative good health. The crux of the matter turns out to be healthy food. The Japanese, Greek, French, Inuit (here named Eskimo's) and rural living Chinese all seem to greatly benefit from natural healthy products such as fish, olive oil, soy, vegetarian food and even red wine. Continuing on the topic of health, with a short, but very interesting diary-column on living in a nursing home in between, the next three pages present new knowledge on healthy and unhealthy developments in food and lifestyle, like dioxin levels in chicken eggs and smoking-habits.

In between ads, pages 52 to 54 contain a horrific story of someone who has been aware while anaesthetised for operation and the risks and benefits of different forms of anaesthesia. This is followed by four pages of new aesthetic products, like nail polish and lipstick and another add.

Another relatively large amount of pages, is then spent on a photo-shoot of Jacqueline Kennedy inspired outfits. Two ads clear the way for the article on righteous war that was also announced on the front cover. It is an extensive article written by an emeritus professor in modern history. Triggered by the

misleading arguments with which George W. Bush and Tony Blair started war against Saddam Hussein, the author describes the historical viewpoints on righteous war and how these viewpoints changed dramatically under the influence of modern weaponry.

The fourth front-cover-announced article, on cheap museums, is presented after another four pages of ads (and one small column). One of these ads is arresting, as it contains coupons for cheap memberships of children's magazines. The article on museums covers seven pages. It presents three or four museums per province with a small description, addresses, opening times and ticket fares.

The next ad, for annuity specialists, perfectly announces the no less than twenty-five pages long feature of *Money and Law*. The feature is built up of five parts: make your own will and testament, Q&A on financial issues, building with or without a permit, pros and cons of mobile phones and tax declaration. After a travel ad, car-test and column follow six pages on club-life. With photographs and quotations as embellishment, different types of leagues and associations are presented by their members and the advantages of membership in general are commented upon by, professor in Leisure, Wim Knulst.

The following 25 pages contain five more small articles on books, culture, travelling, cooking and gardening, and one more column. Each one of the articles is preceded or followed by closely affiliated advertisements. With the exception of three pages, on which there are some short trivia on the Dutch language and two puzzles, the last 31 pages and the back cover are all reserved for more ads. Over ten pages of these ads are in the category of accommodation and contact ads, humorously called *Plusjes*. In total, 60 pages out of 170 are filled with advertisements.

### *Nestor*

Quite similar to *Plus*, but from an outspoken Roman Catholic perspective, is *Nestor* magazine. *Nestor* is printed exclusively for members of the KBO (Catholic Bond for the Elderly) and nowadays no longer available in stores.<sup>153</sup> *Nestor* is significantly smaller in size than *Plus* (usually between 50 and 80 pages) but covers a lot of the same topics. The main difference between the two is the affiliation with a larger organisation. The KBO frequently assigns research

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<sup>153</sup> This, and the fact that I could only view previous years of print in the library of the Radboud University in Nijmegen, are the main reasons why I discuss the latest issue here instead of picking one randomly like I did with *Plus*.

bureaus to make enquiries or investigate certain affairs. The outcome of such studies is then published in *Nestor*. The KBO also offers its members discounts and reductions via *Nestor* and occasionally even acts as an intermediary or lobby-group with governmental or societal institutions.

As a showcase, I will browse through the web version of the latest issue, number eight/nine of the sixtieth year of print, September/October 2012. Adverts are not shown in the web versions. Hence, I will here only mention where they are placed but not their content. However, with inference from the previous years of publication that I did browse through, it is justified to assume that the overall content does not significantly differ from that of those in *Plus Magazine*. I will spend more specific attention to the contents of advertisements in both *Nestor* and *Plus* further on.

The front cover of this issue shows a reader of *Nestor* next to the Christen Democratic Party's (CDA) leading man, Sybrand van Haersma Buma. This has everything to do with the elections that were held in September 2012. Apart from a quote from an interview with Buma, the cover mentions four other topics of content: a piece on which of the political parties is most 'elderly friendly', the results of a big scale research on our health, an article on homosexual senior citizens and a writers class by national poster campaign company *Loesje*.

Opening up, the first two pages are reserved for advertisements, followed by the table of contents, the colophon and an editorial. After another advert there is a single page for letters of readers. The following eight pages are dedicated to an in depth view on the political parties and some of their leading ladies and men. The core question in this article is which party serves best the interests of elderly people.

Two more adverts lead to an article on 'natural camping'. This is a two-page article with an advert for a travelling agency in the middle. The next article is on gay elderly people. More specifically, it treats the problem of older gays that go back 'in the closet' when they enter a rest or nursing home. This article too is interposed with an advertisement. Two pages of important news from the KBO agency precede two adverts with a page of columns on the value of faith and welfare work in between them. One piece of news coincidentally relates to the extensive article on driving tests for elderly people, in the 2004 issue of *Plus* that I reviewed above. It is a 'newsflash' that states that the age for mandatory driving tests is now set to 75. It may not seem very relevant in itself but in combination with the previous article and the there conveyed expectation of lowering the age to 65, it may reveal that in policies of elderly care and old age, motives of money and efficiency outweigh expert opinions.

A short story on a particular yearly performance of the KBO ward in Groningen is followed by the item on national health that was announced on the front cover. This item is a combination of a short quiz and an extensive survey among readers. The article is followed by three ads, a book review, another ad and a page that is divided into a short column and a cartoon.

The next two pages contain a conversation between two of *Nestor's* regular authors who both just published a new book. A Q&A section of readers and two ads cover the four pages after that. The same, a two page article followed by two ads, but this time with an article on a book about manipulation by doctor of medicine and neurobiologist Ronald Siecker, occurs on page 48 to 51.

The front-cover-announced article on poster campaign company *Loesje* is the next two-page spread. It is about writing classes or workshops for the elderly. As *Loesje* is a company that disperses posters with comical phrases of criticism throughout the country, these classes are aimed at making people voice their own thoughts on politics, the economy and other news facts in a short and powerful fashion. In some of these classes, KBO-members even collaborated with teenagers. The best results of all the classes and workshops are brought together in the book *Hoe behap je de wereld? Gewoon bij het lekkerste stukje beginnen*.<sup>154</sup>

After four pages of ads, of which the first two are contact-ads and ads for apartments and chalets, is a two-page spread on a biking route. In six points it describes a two-hour biking trail of twenty-nine kilometres through historical agricultural landscape and past small villages. The map that goes with this spread, plus some general information, is presented after another ad. Another ad is coupled with a one-page story on 'skiff-rower' Henk Spaan and how this activity is a great way to stay fit.

The last thirteen pages of this issue contain one more article, of two pages, on game warden Hans Spijkerman, his love for nature and the presentations, classes and excursions he organises on the topics of nature, game and hunting. The last two pages are reserved for a crossword puzzle and KBO membership application form. The back cover customarily shows a final advertisement. In this issue 27, out of 75 pages, are reserved for advertisements.

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<sup>154</sup> At the time of writing this book is planned to be published in October 2012.

## General overview

A more or less longitudinal study of these two magazines delivers some notable insights.<sup>155</sup> First of all, over the years nothing much changes. The contents of both magazines are pretty much the same today as they were ten or fifteen years ago. The bulk of each issue still exists of showcases of interesting countries, nature or cultural heritages, reviews of the present economic situation and prospects for the future, financial and judicial advice, new (and old) insights in healthy food and living, medicinal treatments of age related ailments and discomforts, interviews with and columns by famous elderly people and, of course, an enormous amount of advertisements.

Second, the previously mentioned value-burden dichotomy here too is as present as it ever was. Although one would expect differently from magazines that are unambiguously directed at the elderly, it appears to be an onerous task to avoid depicting and approaching the elderly in any other way than as economically viable or care dependent.<sup>156</sup> In the specific case of these magazines emphasis lies strongly on economic viability, albeit in the disguise of the independent, enterprising and adventurous elderly. Underneath all the rather positive imagery may lay a rather harsh judgement: if you are not as independent or enterprising as depicted, you are of little use.

Third, and in strong relation to the previous point, both magazines have been, and still are, clearly directed at the so-called active elderly rather than the elderly in general. With the exception of advertisements for certain rest or nursing homes and an intermittent article about, for example, dementia, very little attention goes out to the situation and the experience of the people in such places. In these magazines the disengagement theory, or anything like it, seems more distant than ever.

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<sup>155</sup> For this 'study' I took as many issues from as many years of publication as I could get my hands on. In the case of *Nestor* this meant almost every issue from 1998 until 2008, in the case of *Plus* about four or five issues from each year in the period between 1999 and 2007. The *Nestor* issues I could only view in the Library of the Radboud University in Nijmegen, for which I owe many thanks. The *Plus* issues I managed to purchase as a single collection on the internet.

<sup>156</sup> Research has shown that even among people you would least expect it from, like nurses and caretakers in rest and nursing homes, ageist behaviour in the forms of 'baby talk' or overcompensation, is very present and, in many cases, extremely persistent. H. GILES, S. FOX, J. HARWOOD & A. WILLIAMS: 'Talking age and aging talk: Communicating through the life span', in M. HUMMERT, J. M. WIEMANN, & J. NUSSBAUM (eds.): *Interpersonal communication in older adulthood: Interdisciplinary theory and research* (California 1994) 130-162.

## Advertisements

As we have seen above, a large part, from one-third to a half, of the *Plus* and *Nestor* magazines, is reserved for advertisements. The contents of these ads deserve some closer inspection. The variety in which they come is fairly limited. They are about holiday destinations and cultural trips, health products, useful attributes in and around the house or, for the largest part, new medicines or aesthetic enhancements. They correspond extremely well with the other contents of the magazine. That is not strange, of course. These advertisements are usually what keeps magazines in existence in the first place. Without them it would simply be too expensive to print, publish and transport them. But even though that is not strange, it is, in a way, morally apprehensive. The depiction of the elderly in magazines has become a monetary issue rather than a representation of reality. There is no loss of agency here, nor frailty or vulnerability. Every ailment or impairment knows a cure. As such these magazines have become the self-sustaining imagery of a socially engineered demography.

In 2011, the Saxion research centre has carried out a broad research on magazines with a special interest for the 'vital elderly'.<sup>157</sup> With the use of mood boards they present some of their findings. One of these mood boards depicts the type of people that are portrayed in advertisements. There is clearly a big difference in the portrayal of men and women. Like in television commercials, the elderly men are mostly Caucasian, affluent and vital.<sup>158</sup> In contrast with television commercials there are a lot more women present in magazine advertisements. However, only in advertisements for artificial aids, like stair lifts and bandages, are the women portrayed truly of age (seventy or older). In most other advertisements they range between their thirties and forties.

## Images of activities

After having looked at the general images of the old and the two magazines that are specifically directed at them, it should be possible to establish what types of activities are thought to be of importance to them and why.

What is most striking with magazines like *Plus* and *Nestor* is the fact that any form of acceptance, of old age and all that naturally comes with it, is almost entirely absent. Like Baars implied, the consequences and visual signs of old age are presented as 'enemies' that need to be fought of as long as possible

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<sup>157</sup> DÜLKER & OVERBEEK: *Tijdschriftenonderzoek in het kader van RAAK Vitale Ouderen*.

<sup>158</sup> LEE, CARPENTER & MEYERS: 'Representations of older adults in television advertisements' 23-30. See also VASIL & WASS: 'Portrayal of the elderly in the media'.

either by engaging in a wide variety of activities or by involving a no less wider range of available aesthetic products or artificial aids.

The activities that are thus, time and again, brought to the attention in the above described magazines, roughly fall into five categories: **everything in and about the house** (gardening, cooking, interior design, etc.), **travelling and nature** (from hiking routes to organised trips abroad), **culture and heritage** (museums, historic landmarks, architecture and such), and finally, all that has to do with **healthy living** (from elderly friendly sports to dieting and medication). The boundaries between these categories are indistinct at best. Activities that fall within the range of travelling, for example, also fit within that of healthy lifestyle or recreation.

### Meta-categories

All of the above mentioned categories can be gathered into two large ones that, respectively, correspond strongly with the domain/field of leisure and the 'underlying current' or quality of healing as mentioned by Post.<sup>159</sup> Comparing these meta-categories, and their corresponding domains, to those prevalent among the 'non-elderly', three things immediately call attention. First of all, the differences are not that great. All domains that I signalled for the elderly here are also very much out there for the non-elderly. Secondly, in stark contrast to that world outside, here all domains are thrown together. When one walks into any regular bookstore, one can buy a magazine on every category or domain alone. The same holds for watching television. Media that is directed at the age of 20-40 serves single sized topics rather than combined buffets. A magazine or television show is about travel or health or culture, but only rarely about all at once. Thirdly, there is no such thing as work. While a huge amount of articles in newspapers, magazines and books or programmes on radio and television are about career development, job application strategies, time management and so forth, there is nothing of that in the 'elderly media', whatsoever. There is a lot of information about money but always on how not to lose it, how to make the best of your pension fund, how to insure yourself against future financial setbacks or how to arrange a problem-free inheritance for your loved ones.

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<sup>159</sup> POST: *Voorbij het kerkgebouw* 234-235. It is useful to note here that the care facility is a place where the difference between leisure and idleness has almost completely evaporated, as Foucault righteously hinted to in his famous essay on heterotopias. See BISCHOF & DEFERT: *Michel Foucault: Die Heterotopien*.

### 2.3 In care facilities

Facilities of care have a difficult task to fulfil in modern day society. They are supposed to keep people safe or even make them better. To properly do so, they are forced to acknowledge that these people are not safe or well enough in comparison with the others. And yet they also need to establish the worthiness of these residents/patients in order to establish their own right of existence. Without that worthiness the whole business of care would be rendered obsolete. It is therefore essential to present a powerful image to the rest of society. In the following paragraphs, I will shortly discuss four different images, and one often overlooked one, that has led to so far.

#### Home

If we may believe the advertising strategies of modern day rest and nursing homes, this first type is by far the most desired one. It is also the least attainable. Advertisements and commercials for elderly care may be filled with references to a new homestead but, unfortunately, that is where it stays. Putting together a large number of people to better care for the needs of an even larger group of elderly residents implies structure and organisation that automatically brings along an un-homely ambience. As we have seen earlier there are some trends, like that of small assisted-living groups and of 'cosification' that try to call forth a more homely atmosphere. Such trends are also noticeable in the naming of spaces. The rooms where people converge for breakfast, lunch and communal television watching are called living room, the room where they sleep is their own (private) room and the whole facility is often referred to as a house or home. Such trends function as a mirror; they show us how we would like to perceive as home that which we actually understand to be a facility.<sup>160</sup> And even though the concept of home is strongly tied to a specific cultural background, several characteristics are unmistakable.<sup>161</sup>

One such characteristic is the desire for safety. Every house is designed to harbour its inhabitants from harsh weather conditions and unwelcome visitors, or in the lingo of architects: for shelter and defence.<sup>162</sup> According to common

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<sup>160</sup> For a nice overview of relevant literature on the subject of house/home see JUCHTMANS: *Rituelen thuis* 3.

<sup>161</sup> A. RAPOPORT: *House form and culture* 130-135.

<sup>162</sup> N. SCHOENAUER & S. SEEMAN: *The court garden house* (Montreal 1962) 3.

sense a house becomes a home when people start living in it.<sup>163</sup> All things essential for living thus find their way into the home structure. Virtually every type of home around the world has a place for eating, for sleeping, for cleaning oneself and for relieving oneself.

### Hotel/inn/hostel

The very first function-description of *Het Laar* is a perfect example of this type of rest home. It seems more attainable than the previous type but because of ever occurring changes in care-policies and governmental subsidies, this type is now hardly any less of an ideal.<sup>164</sup> Its characteristics are a blend of those of the home ideal and more practical applications. When it comes to safety for instance, it is more about the prevention of or fast reaction to in-house accidents than shelter and defence.

Anyone who ever stayed in a hotel or inn is familiar with the alterity of rituals that take place there. It is one of the better illustrations of how rituals are tied to locations. Many activities that are known to take on a ritual form in one's own home, like breakfast, dining, bathing or going to bed, quickly turn practical and instrumental in a hotel or inn. And much of that alterity is connected to the interior design of the place. Upon entering, one usually finds a main lobby with a reception desk. There is a large dining room or restaurant and sometimes also a spa-like space where one can relax or recreate. Residents of inns and ho(s)tels are called guests or clients. Their rooms are situated on the upper storeys and are reachable through elevators and stairs.

The guest-rooms usually have function specific spaces for all facets of living with the exception of eating. A simple breakfast can be made in the kitchenette but it is most common to use meals in the hotel-restaurant, or elsewhere. Service in hotels often goes round the clock and includes the changing of linens, the cleaning of the rooms and the serving of food and drinks.

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<sup>163</sup> See JUCHTMANS: *Rituelen thuis* 4; J. H. VAN DALE, G. GEERTS, T. DEN BOON, D. GEERAERTS & N. VAN DER SIJS (eds.): *Groot woordenboek der Nederlandse taal* (Utrecht 1999) 3422; J. RYKWERT: 'House and Home', in A. MACK (ed.): *Home: a place in the world* (New York 1993) 47; and MALLET: 'Understanding home' 62.

<sup>164</sup> Shield already provides ample examples of such occurrences. See SHIELD: *Uneasy endings* 72-74.

## Hospital

In Chapter 3, I show how the first blueprints of *De Hazelaar* confirm that it was originally set up much like a hospital. Nowadays such a set-up is nothing less than unimaginable. Similar changes of care-policies and individual situations as mentioned in the previous type here constitute a change that moves toward the ideal of a home or at the very least a temporary place of residence or recovery. Though this type is outdated, many of the facilities that once started out like this, like *De Hazelaar*, still bear its marks. Such marks are, for instance:

- A shortage of storage space for medical instruments such as bed-lifts or gurneys. Instead of being put out of sight, as would happen in other places, in a hospital these instruments remain in hallways and private rooms to be readily available at any moment.
- The centrality of wet-rooms.
- A prevalence of hygienic over comfortable materials, like linoleum floors and modular ceilings.
- Extreme hierarchy.

## The super-type: Centre

As I have already mentioned, most present-day care-facilities for the elderly are a blend of two or more types. Because of this, and because such a merging of types creates a whole new dynamic of its own one could easily present it as a category in itself, with its very own characteristics. Both locations of my research nowadays present themselves as centres. One of the most striking feats of such a centre is the overwhelming presence of signposting. The actual building in which a centre resides is usually extremely large or in fact a cluster of buildings. The different parts each have their own designated function. To be able to quickly find one's designation, it is therefore thought necessary to clearly post what can be found in which direction. With this development, the care facility steadily transforms into another type of transitional space. Was it first a place *for* transition, where people (were) prepared for their final 'journey', it now, more and more, resembles a space *of* transit itself, like an airport or railway station.<sup>165</sup>

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<sup>165</sup> Cf. AUGÉ: *Non-places*.

## The forgotten dimension: Workspace

Although emphasis is normally put on the life of the residents, it would be unwise to ignore the fact that rest and nursing homes are always also workspaces. It is most helpful to note the characteristics of this type as they convey that many facilities of care lean heavily towards workspace while the image they present to the outside world is that of a home, hostel or centre. Such characteristics, among others, include:

- Staff: from policy makers and administrative employees to nurses and orderlies to cooks and cleaning personnel. It is quite impossible to set foot in any facility of care without immediately noticing the 'working force' there.
- An interior design based on practicality rather than aesthetics.
- The presence of receptions, meeting rooms, offices, coffee-machines, etc.

An important segment of this workspace environment is education. Every 'worker' has to meet demands of continuous schooling. They are constantly called upon to follow courses on the development of skills, on integrating novel insights or on working with new appliances. There is usually also a programme for aspiring nurses to 'learn on the job'. This means that a large part of the daily staff exists of not-yet-registered caretakers. It lightens the burden of a (very heavy) workload, and even brings some much needed youthfulness to a facility of care. Nevertheless, one could, and perhaps should, ask what moves us, to put the responsibility for our dependent elderly in the hands of such young students, what the consequences may be for both parties and whether that is even morally justifiable or not.

## Building, dwelling or lodging

Because of the ever-changing views on care itself as well as political interference and considerable changes in financing, old forms of elderly care need reshaping and new forms are invented.<sup>166</sup> In this ever-changing climate, I have discerned three ground-types, one forgotten dimension and one super-type of housing for care dependent elderly. These types are, of course, derivatives of reality. They do not exist in their 'purest' form. Any modern day facility for elderly care

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<sup>166</sup> Cf. H. MES: *Hoe kom ik thuis? Geestelijke verzorging voor mensen met dementie: Een zielzorg-concept* (Tilburg 2011) 71-91; and D. VAN DER VOORT & D. TERPSTRA: *Verpleeghuizen: varianten en alternatieven* (Delft 1995).

contains elements of each. But the higher the amount of elements of one or two of these types, the more clearly it will determine what ritual performances are (deemed) appropriate.

All three types are in some way linked to perspectives on life and environment, or rather, ways of envisioning the world we live in. They are the already mentioned *building* and *dwelling* and the yet to be introduced *lodging*. Both Martin Heidegger and Tim Ingold take action against the building concept as one that we have utilised, for a very long time, to create the illusion of control. It is a perspective that makes us believe that we first (have to) create the world to only then (be able to) lead our lives in it. The dwelling concept, which they proposed as the only logical replacement, is the “perspective that treats the immersion of the organism-person in an environment or life world as an inescapable condition of existence.”<sup>167</sup> This concept promotes the idea of co-creation. Environment and organism cannot exist without one another and endlessly impinge on and reshape each other in numerous ways.

But these two are not the only possibilities. Recent studies add to these two the perspective of lodging. Lodging, according to Stasja Koot implies: “that people, when confronted with a given environment ... which is beyond their control and did not happen as a result of their interaction with that environment, have to adapt to changes or new circumstances.”<sup>168</sup>

With respect to inhabitants of rest and nursing homes this concept seems to hold particular sway. Residents of care facilities are literally *in limbo*. They didn't have any say in the building, or renovating of that place, even though it was built or rebuilt with them in mind explicitly. They inhabit the structure only temporarily, while it has been built to last. Every attempt they make, to construct more of a dwelling, is thus destined to fall victim of their own passing.

That new residents experience the environment of the care facility as something that is forced upon them, was stated convincingly by Renée Shield.<sup>169</sup> Such impingement occurred not only in the material but also in the social sense.

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<sup>167</sup> INGOLD: *The perception of the environment* 153.

<sup>168</sup> S. KOOT: *Dwelling in tourism: Power and myth among Bushmen in Southern Africa* (Tilburg 2013) 40. I find it hard to see any difference between this concept of lodging as presented by Koot and that of dwelling as worked out by Ingold. The latter clearly states that any environment is always already a given. There is no such thing as a ‘clean slate’ to start from and thus every inhabitation is always already adaptation. I do consider the nametag of lodging useful however as it, more than dwelling, stresses the actual contingency and temporality of life for a certain group of people in a specified context.

<sup>169</sup> SHIELD: *Uneasy endings* 124-140.

Or, to say it with Goffman, new residents had to discover their new surroundings as well as all the social rules, expectations and potential repercussions that the domestic population and workforce already established.<sup>170</sup>

Shield showed that new residents could implement several strategies to adapt to that environment, both in the social as in the material sense. She maintains however that all of these strategies are diminishment of the active life outside of the institution. And on top of that, the whole process in which one becomes a nursing home resident is "... largely unaccompanied by others ... There are no gifts, nor are there announcements. Entrance to the nursing home is a momentous occasion, but a private and solitary one."<sup>171</sup>

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<sup>170</sup> GOFFMAN: *Asylums*. Cf. SHIELD: *Uneasy endings* 98-99.

<sup>171</sup> SHIELD: *Uneasy endings* 140.

# CHAPTER 3

## LOCATING FRAILTY

### 3.1 Strolls

*Buildings result from social needs and accommodate a variety of functions – economic, social, religious and cultural. Their size, appearance, location and form are governed not simply by physical factors (climate, materials or topography) but by a society’s ideas, its forms of economic and social organisation, its distribution of resource and authority, its activities, and the beliefs and values which prevail at any period of time.*<sup>172</sup>

In this paragraph, I will include a more ‘practical’ part, a narration of sorts, consisting of some of my observations and experiences, on how these locations and their inhabitants are related to one another. In a rather indirect manner, I aim to make clear that not only the people, but also all of their actions, most notably their ritual and symbolical performances, are intimately connected to the specific habitat of the care facility.

To do so, I will provide a detailed and intimate picture of those facilities and performances in question. I may have already disclosed most performances and architectural properties in detail, but no place is reducible to its blueprints, organisation or activities alone. First and foremost, a place, any place, is a tightly woven pallet of sounds, smells, sights and textures.<sup>173</sup> Hopefully this part will add some ‘intimacy’ to the otherwise cold and lifeless architecture and some environmental context to otherwise detached actions.

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<sup>172</sup> A. KING (ed.): *Buildings and society: essays on the social development of the built environment* (London/Boston 1980) 1.

<sup>173</sup> Which, in essence, is why the concept of ‘non-place’ as propagated by Marc Augé has very little relevance in the ‘real’ world of human experiences. Cf. AUGÉ: *Non-places*.

## A stroll through *De Hazelaar*

There is a lot of space at the site of *De Hazelaar*.<sup>174</sup> A large parking lot in front of the building grants a panoramic view. The number of cars parked here is very high. It is a shared parking lot, intended for visitors of *De Hazelaar* as well as those of the nearby *Twee Steden Ziekenhuis* [Two Cities Hospital]. On the other side, behind the building, there is another parking lot. This one is closed off with a fence. It is for personnel only. Behind the fence is a bicycle path that runs alongside the *Wilhelmina Kanaal* [Wilhelmina Canal]. Apart from the parking lots, there is a large amount of green around the building. On either side, trees, shrubberies and small lawns abound. On the other bank of the canal one can see industrial sites that are remnants, albeit still in use, of the time when Tilburg was primarily an industrial city. Here I witness not only numerous people who jog, cycle, walk their dogs or even try to catch fish, but also several boats and ships of both the recreational and commercial type. As I circle around the building, I meet an older woman in a wheelchair that is pushed by a slightly less older man. They tell me that they walk here often. They love the smells of the water and the trees. It makes them feel as if they are away from everything for a while.

Back in front, the façade of *De Hazelaar* is quite imposing. From the parking lot it shares with the hospital, one sees two grand blocks, or wings, on the east and west side that are connected by a lower, yet broad looking edifice.

This connecting edifice is clearly much older than the rest. Perhaps it is the only thing that remains of the original building. Looked upon from the personnel's parking lot, its almost dilapidated appearance of white plastered walls and shaded brown slat partitions between the windows and the roof, stands very distinct from the modern styled red bricked and stuccoed east and west wings.

It is not hard to see that many renovations were made in the last couple of years. Even entire new wings have been built. All of them are now completed, but the combination of old and new provide a somewhat cluttered look. The newly renovated entrance is a special one. It exists of two sliding doors that are approximately five meters apart. These doors are connected to motion sensors. Each door will keep shut as long as the other is still open. It is a special precaution against draught and cold from outside that makes getting inside a time consuming activity.<sup>175</sup> Every now and then, a man in a wheelchair sits outside these doors, sometimes for entire mornings even. He used to do this more often, but the mechanical doors make it harder nowadays. They do their job well, these doors. Temperatures throughout the building are unusually high. Coming out of the sliding doors, two huge vases with small tree-like plants are positioned on either side. Here, I face a winding staircase to the first storey, with some wall-mounted chairs, for waiting, to the left and the reception desk to the right of it.

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<sup>174</sup> The following accounts on *De Hazelaar* and *Het Laar* are put together from several field notes that I have made from 2009 until 2012.

<sup>175</sup> As we shall see later on, this kind of control of the environment may have rather large implications for residents as well as their activity.

The floors in the hallways are simply patterned, soft toned lino. They give the place a clinical smell. The ceilings are, almost obligatory, modular. They have built in lights that are small and circular. Even during the day most of these lights are turned on. Some of the walls are decorated with abstract works of art and information posters. Every window is decorated with thin see-through drapes.

People are everywhere. They walk, or ride their wheelchairs, through the halls, sit on chairs in corners or against the wall or behind tables and desks. Some of them greet me or nod, whether they know me or not. Many of them wear special attire or magnetic nametags. All employees, from receptionists to medical staff carry such a tag. It is worn on a clearly visible spot, usually the right side of the chest. It states name and function. As an extra visual mark, the nurses, and nursing trainees, wear brightly coloured polo shirts. These vary from green to pink but are all quite unmistakable. Members of the cleaning staff wear mostly white. People who don't wear nametags or polo shirts are either clients or guests. Clients are either permanent residents or 'day-care customers'.<sup>176</sup> Many of them are recognisable by their ailments or aids but almost all of them by their age.

The place is lively with chatter from every direction. I smell food and hear indistinct music. It seems a bit surreal, as if everyone here follows a script that I am not aware of. I continue my walk, unsure of where it will take me. Taking a right, I walk past the reception desk and into the large meeting hall. The woman behind the desk says hi. She knows me and trusts that I know my way. This meeting hall, or Plaza, as they say here, is the place where clients and family or friends can meet up and have something to drink or eat. There are a lot of people here too. It is a large space, divided into several smaller semi-closed off parts. All parts are accessible. They can get closed off, either by a configuration of tables and chairs or by a specially designed 'harmonica-wall'. Flowerpots and boxes are positioned all through the hall. The large windows are draped with net curtains. On the left hand side of the hall is a service counter, where food and beverages can be purchased. Because of the sunny weather, some tables and chairs are put outside as pavements. Some residents sit outside in their wheelchairs. A few members of personnel enjoy their break here. They don't mingle.

I turn around and walk back to the main entrance. To the left from that entrance is a long, narrow corridor. It doesn't look very inviting. There are more large vases and even stranger pieces of art; square pillows that are attached to the wall in different patterns. This corridor leads to the south wings and the east wing. About halfway this corridor there is a small dressing room where employees can leave their coats and other possessions secure. The door can be locked with a special key. In the same hallway, one can smell freshly cooked foods from the kitchen and hear loud noises of appliances getting fixed in the mending room.

To arrive at the east wing, I pass through a bright hallway that connects the old building to the new. Its outer walls are almost entirely made of glass panes. Colourful

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<sup>176</sup> Daycare customers do not live in *De Hazelaar* but visit one to three days a week to partake in a physical re-activation or recuperation programme.

banners hang in front of the windows. Every two meters or so, large steel beams stand erect along both sides. Through the large windows, I see patios with tables, chairs, flowerboxes and sometimes even a small waterworks. These patios were initially meant for the residents but often remain empty or serve as lunchroom or smoking space for employees.

Arrivals on Miro 1 first enter a cross-section. On the south end of this cross section are sliding doors similar to those of the main entrance. It is the entrance/exit of this part of the building. Eastwards of the cross section is a hallway. This hallway harbours a smoking room, a living room, closets for storage and cleaning and resident apartments. The smoking room, on the left hand side is a small square room with a table and two chairs. Two narrow rectangular windows allow the people inside to look out. Both personnel and residents make use of it. It is closed off with an automatic door to ensure that smoke remains inside. Nonetheless, in passing this room I get a strong whiff of smoke along.

The smaller living room, on the right hand side of the eastern-hallway measures approximately thirty square meters. Upon entering, there is a small corner kitchen on the left hand side. It is mostly empty. Apparently, the larger living room holds more interest. But this smaller room has all the same equipment and embellishments. There is a large television and a stereo-set on a cabinet against the west wall, there are plants on the windowsills and some paintings on the walls.

The larger living room is at least fifty square meters. There are two tables on opposite sides of the room. In the middle of the north wall there is a large kitchenette. Against the east wall, there is a cabinet with a large television and stereo set. The radio is on. There are quite a few people here but not all of them.

From the larger living room, one can step into another corridor. This one harbours private rooms, a few offices and a space for nursing personnel to have their coffee or lunch breaks. The corridor extends into another hallway that leads back to the main entrance or the Miro2.

One of the private rooms in this hallway belongs to Mrs. Niam. She is happy to show it to me as preparation for an interview. Before we can actually sit down and talk we need to move around a wheelchair and two normal chairs to come up with a workable and comfortable configuration.<sup>177</sup> Just like her co-residents, Mrs. Niam tries to create a personal atmosphere with whatever little possibilities are given. Against the wall that is facing her bed she has pictures of family and loved ones, drawings of grandchildren and birthday cards. Atop a small table against the wall, next to the door, is an old personal computer:

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<sup>177</sup> Even though from the very start these interviews were intended to take place in a closed off room with only me and the interviewee there, some of my respondents insisted on having them elsewhere. It meant breaking protocol, but after having seen the rooms of Mrs. Niam and some of her fellow residents, I could only agree. It was quite apparent that not all people felt comfortable with sharing their private quarters for an interview.

*I use this computer to type letters to my family or play games. Nothing fancy of course, it's just an old machine. But it's easier for me to type than write because of my rheumatic condition. That is why my son arranged for me to have it here. The games I play are just simple card games. But I don't play much, only when I'm bored really.<sup>178</sup>*

Next to her bed, there is a small bedside table with some more pictures of her family and a vase with some flowers. Left of the bedside table is a closet for some of her clothes and shoes. To the right of her bed is her only window with yellow linen drapes. As I look around, Mrs. Niam comments:

*I know it is not a very big room. But I don't need a big room. I can't walk around much anyway and this way we are also encouraged to go outside so that we see other people as well.*

Everything in this room breathes a hospital like atmosphere. It is not the intention of the institution to make it so, but because of the primacy of care appliances and demands of efficiency for cleaning personnel and nurses, not much can be done about it. Remarkably, Mrs. Niam herself interprets this as a premeditated stimulus to go outside and keep active. After the interview, I thank Mrs. Niam for her help. She returns my thanks in a typical way: "I'm just glad I had someone to talk to for a while."

Only on my way back to the entrance/exit of this building, do I realise how much of a maze it is. I still get lost sometimes. I also suddenly hear all the sounds that may cause distress. Did I block them out earlier? I can hear people calling for a nurse and others grumbling with discomfort. I pass through the same hallway that led me here and I am greeted just as enthusiastically by the same people that greeted me earlier. I pass the reception and wave goodbye to the receptionist. She smiles and waves back. "See you tomorrow," she says.

### **A stroll through *Het Laar***

The different buildings of *Het Laar* together, are an imposing sight. They stand tall, like towers of a modern stronghold. The direct surroundings of these buildings only add to their grandeur. With a residential area on the North side and vegetation, arable lands and highways to the south, they effectively mark the border of the city. Before I enter *Laarzicht*, which is the main building, I walk through a small square with vegetation in front of it. In this square and on top of the entrance roof, I descry two statues of deer. The one in the square is a grey coloured doe, the one on the roof, a golden laminated stag, with strangely configured hands in its antlers.

Both statues were designed by Tilburg based artist Guido Geelen. The stag was the primary statue. The underlying argument for this statue is threefold. Firstly, *Het Laar* derived its name from the moist woodlands that preceded any building on that location.

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<sup>178</sup> From an interview with Mrs. Niam, July 2011.

These woodlands were well-known sighting places for deer. Secondly, as the roof is made of so-called *sedum*, special mats that enable and sustain vegetation, it seemed fitting to erect a statue of an organism that looked natural on it. Thirdly, as a representation of the organisation, in which all elderly are welcome to respectfully continue their lives, a proud stag was deemed appropriate. As an extra emphasis on that hearty welcome, five hands were placed in the stag's antlers. These hands together spell the word 'Welkom' [welcome] in sign language.<sup>179</sup>

There is a large van blocking the entrance as I come in. This happens a lot. Sometimes it's a taxicab for people in wheelchairs. Other times it's a delivery van, bringing foods or supplies for the restaurant or personnel.

As I enter the spinning door of the main entrance of the *Laarzicht* building, I am, time and again, taken aback by the grandeur of the place. To the left of the 'entrance chairs' there is a huge space, almost cathedral-like in scope. Justifiably they call this a square rather than a lobby or hall. It is the place where people gather to eat and meet, where large festivities as Carnival are being held and where musical performances and other occasional activities are organised. Within this square you find a semi closed-off space filled with round tables and chairs. The borders of this space are made with large flower boxes. To the far side of this space there is a kitchen where all the meals are prepared. I enter this square around mealtime. I smell freshly cooked food and hear the noise of cutlery in use and people conversing.

From the square, I walk to the elevator at the far west side. There are more people waiting here. As it is the only elevator to reach the apartments above, it often takes a lot of time before you can enter. The elevator is cramped with so much people and a wheelchair in it. It is uncomfortable and claustrophobic. We engage in small-talk to ignore that. Even though I only had one floor to go, I am quite happy to step out on the first storey.

When I first entered Ward 4 of *Het Laar*, I was welcomed with great gusto.<sup>180</sup> This ward covers most of the first storey of the *Laarzicht* building. It is where the elderly people with chronic somatic impairments live. I normally enter the ward through one of two elevators but there is also a magnetically 'sealed' staircase.<sup>181</sup> The floor of the hallway is furnished with carpet. On the walls there are quite a few paintings. When I leave the elevator there is a cosy sit with an old table and chairs on my right hand side. It is half screened off by a small wall. This is also the place where a weekly communal reading and discussion of the newspapers is held.

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<sup>179</sup> The explanation for this statue was provided to me in great detail (and enthusiasm) by Hubert Jan van Berkel in a telephone conversation on 20-9-2012.

<sup>180</sup> At the end of my fieldwork the whole ward has been moved one storey up and thus became Ward 5. Because each storey is built in almost the exact same fashion, the description of only one ward will suffice here.

<sup>181</sup> The magnetic seal is a new and rather controversial 'protection' measure for clients with dementia that tend to wander off. All such patients carry a sensor that automatically shuts down doors and staircases whenever they get close.

On both sides of the hallway, from beginning to end, are doors to the apartments of the residents, about thirty in total. Next to each door are a number and a nametag. At first glance, everything breathes a hotel-like atmosphere. Only further on in the hallway, the image of a hotel becomes distorted. About halfway, there is an office for the activity managers, a small hallway to a staircase and a lunchroom for the nurses and volunteers on the left. At the same distance on the right, there is an open kitchen that connects to a large 'living room'. In the kitchen as well as the living room, residents can convene for breakfast, lunch and dinner. In the previous situation, when this was Ward 4 on the second floor, there was a large nursing station instead of the open kitchen and a small kitchenette was integrated in the living room.

The living room is rectangular in shape with about eight tables evenly spread around. Every table has three or four chairs. All residents have their own spot. The spots of residents with wheelchairs can therefore be left without a chair. A large cabinet that holds a stereo, an aquarium and several plants and small art objects is placed at the far end of the room. On the right hand side are four large windows with net curtains.

I always find some people in this living room. Around breakfast and dinnertime, all places are filled but during lunch, some of the residents go downstairs to have a 'more fancy' hot meal in the square. When people sit in this living room, it is either to eat or to seek out some company. I straddle out of the second entrance/exit in the back of the room, and find myself back in the hallway.

Behind each of the name-tagged doors are genuine apartments for single residents or couples. On Ward 5, there are two types of apartments. The first type is relatively large and is meant for couples. The second type is a little smaller as it is designed for single individuals. Apartment kitchens are usually small in this ward as food is offered elsewhere but also because home cooking presents a certain liability. They serve a more symbolic function than a practical one.

I am fortunate to observe more closely, the apartment of the couple Croup. This apartment has three rooms; a living room, bedroom and bathroom. All three rooms are abundantly filled with art and decorative figurines. I am quite astonished as I previously only saw small rooms with very little personal belongings, in other nursing homes. When I ask Mrs. Croup about this, she first laughs out loud and then becomes serious. She tells me about the process of deciding what to take along and what to leave behind.<sup>182</sup> She holds my arm in the typical manner of a blind person and shows me around her apartment with pride. Not knowing what I'm looking at she just randomly remarks on stuff she knows is there. She speaks of paintings, pictures, statues and postcards as if we are in a museum. After the little tour, we take a seat at the table that is placed in the centre of the Living Room. I have to assist her onto her chair gently. And then she 'takes off'.

Mrs. Croup obviously likes to talk. I just listen and say *yes* or *no* every now and then, to let her know I'm still paying attention. After 20 minutes or so Mrs. Croup asks me to wipe her mouth and chin with a handkerchief. She feels no shame in asking, nor

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<sup>182</sup> See page 127.

the need to explain why. I comply with ease. She is nice company. She tells jokes and laughs. Time flies. When I say my goodbye after the interview and thank her for it, Mrs. Croup softly touches my face. "Thank you, young man. I had a lovely time and you sure are a lovely young man. I can tell you are going to be all right."

I feel strange leaving the apartment of the Croups. The old lady made much more of an impression on me than I imagined possible. To shake the feeling off, I continue to the far end of the hallway. Here, two volunteers, Claire and Ann, are holding a baking session for the cognitively impaired. In this case, there are three participants: Mrs. Brown, Mrs. Neville and Mrs. Beaumont. I ask if I can join in. I can. It is a simple session.

On a portable electric stove we bake a few eggs. Every action, from setting the table, to breaking the eggs and stirring them, is performed together with the three elderly women. It takes a lot of time doing it like this but it works almost meditatively. Every action needs full attention and discretion. I assist Mrs. Neville. I tell her everything we do and encourage her to do as much as possible. I can tell she likes it as she frequently touches my arm and smiles at me.

After this baking session, I feel more relaxed. I walk back to the elevator to leave. The hallway is being vacuumed by one of the cleaning ladies. She makes a lot of noise. I wonder why I didn't notice this before. I assume the time of vacuuming is chosen to be that time when most residents are in their rooms or having lunch. I pass some lifts that are normally used to 'heave' people in and out of bed. They are normally stashed out of sight. They probably have just been used or soon will be used.

There is no-one at the elevator. I'm relieved because even more than claustrophobic spaces, I dislike chit-chat to hide my discomfort. I walk out of the elevator and speed to the exit, only nodding at the receptionist as I pass her by. Just before entering the revolving door, I look to my right side and see four pairs of eyes following me. The regular crowd of 'watchkeepers' are at it again. I wave at them and wish them a nice day. There is no reply from any of them, whatsoever.

### 3.2 Care in the twentieth century

*Belief in the significance of architecture is premised on the notion that we are, for better and for worse, different people in different places – and on the conviction that it is architecture's task to render vivid to us who we might ideally be.*

Alain de Botton

Somewhere in the seventies, the dreams of love, peace and community of the sixties gave way for individualism, autonomy and self-reliance. The (self-)imagery of the elderly transformed along with it. Remaining independent for as long as possible became a critically important issue. In the preceding decade, residency in rest and nursing homes had been over-valued. It had almost become normalcy to spend the retirement phase of life within such an institution. To neutralise that over-valuation the Dutch government announced that

only seven percent of all senior citizens could live in a care facility.<sup>183</sup> This decree proved effective as a short-term solution but, as we shall see further on, also brought forth two new socio-economic issues.

Roughly, until the nineties, care facilities in the Netherlands existed in two clearly discernible forms: assisted living and nursing homes. They were rooted in different segments of society: the first one in allocation and housing, the second in healthcare and hospitalization. Even though this formal difference has disappeared, the consequences of the original forms are still visible in most facilities. In the original set-up, nursing homes were meant to harbour those people that were in lasting need of the kind of medical care that kept them from returning home but did not necessitate admission into a hospital. Assisted living, or retirement housing, was a way of allocating large groups of elderly to a central place so that they could make use of certain basic hotel-like services without any medical treatment. An important difference between the two types of care was the size of living space. Residents of retirement homes mostly had a suite or apartment for themselves often with separate kitchenette, bedroom and bathroom, while most nursing home residents were usually forced to share a room, sometimes with up to four people.

Ever since the eighties, however, both types of care facility have started creating larger spaces for less people.<sup>184</sup> In addition, new concepts of care and living have arisen. Some examples are the so-called *woonzorgcomplexen* [life and care blocks] and *woonzorgzones* [life and care zones]<sup>185</sup>, mobile care-units<sup>186</sup> and small-scale living groups.<sup>187</sup> Especially that first type, *het woonzorgcomplex*, a combination of all types of care and housing in one structure, has won in popularity during the last two decades. So much even that other types of formerly specialised care also began to broaden their services. Because of all this intermingling and rearranging of types of care and housing, it has

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<sup>183</sup> C. VAN DER KOOIJ: *Van oude mensen vroeger en nu* 26.

<sup>184</sup> VAN DER VOORT & TERPSTRA: *Verpleeghuizen* 21-22.

<sup>185</sup> <http://www.nationaalkompas.nl/zorg/sectoroverstijgend/woonzorg/wat-is-woonzorg/> (visited on 28-9-2012)

<sup>186</sup> The 'care-unit' is a prefab home that can be erected in direct vicinity, for example the backyard, of family or aid volunteers. This experimental form of care-housing is copied from a Scandinavian initiative. Even though it proves hugely successful there, it still fails to duplicate that success in the Netherlands.

<sup>187</sup> See G. LEENE: 'Over hofjes, voor en van ouderen', in *Medische Antropologie* 9/1 (1997).

nowadays become more customary to simply speak of ‘care with residence’ or ‘care without residence’.<sup>188</sup>

### Pressing matters of the present

The so-called seven percent norm proved effective in the late seventies. Fewer people decided to move to care facilities and prolonged their stay at home. In the long run however that led to a large number of ‘independently living’ senior citizens in need of moderate home care. Only those people that became ‘really incapable’ moved to a care facility. Which led to the second issue: a growing population of extremely old people that required far more intensive care than former rest and nursing homes used to provide. Today almost one out of five people is sixty-five or older.<sup>189</sup> In addition to that, people grow much older than they used to. Currently, about one in twenty-five elderly people is eighty years or older.<sup>190</sup> Especially this group, the ‘oldest-old’, causes growing pressure. In absolute numbers, there may well be less people to care for in rest and nursing homes, but the care they need is far more extensive.<sup>191</sup> And so are the demands on living space and additional utilities.

The ways in which facilities of elderly care choose to answer to those demands, depends on various factors that all contain their own dynamic. Such factors may vary from new insights in care strategies to managerial decisions, from customer demands or governmental ruling on living space to the future potential of already built structures, and even from ethical thoughtfulness to budgetary considerations. Building care facilities with an eye for the future proves to be a very complex task.<sup>192</sup>

### Financing

A major factor in any field of healthcare in the Netherlands is that of financing.<sup>193</sup> All nursing homes are financed by the government according the

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<sup>188</sup> <http://www.nationaalkompas.nl/zorg/verpleging-en-verzorging/verpleging-en-verzorging-samengevat/> (visited on 28-9-2012).

<sup>189</sup> <http://www.nationaalkompas.nl/bevolking/vergrijzing/huidig/> (last checked 12-9-2012). See also J. GARSSEN: *Demografie van de vergrijzing* (CBS artikelen) (Den Haag/Heerlen 2011).

<sup>190</sup> GARSSEN: *Demografie van de vergrijzing* 25.

<sup>191</sup> VAN DER KOOIJ: *Van oude mensen vroeger en nu* 26.

<sup>192</sup> VAN DER VOORT & TERPSTRA: *Verpleeghuizen* 9.

<sup>193</sup> For a more elaborate overview of government financing of institutions of care see MES: *Hoe kom ik thuis* 73-81.

Exceptional Medical Expenses Act.<sup>194</sup> Rest or retirement homes originally did not fall under this Act. In the early nineties, several processes of care separation, care substitution and a limited free market between care suppliers led to a huge increase of scale. Rest and retirement homes started to merge with nursing homes to form large and competitive centres of care and service. This development necessitated that former varieties of rest and retirement care were integrated in the same act as nursing care.<sup>195</sup> The integration was made formal in 1997. From that time on care and service centres needed clear individual indications to apply for governmental finances. That system of individual indication, although slightly altered here and there, has remained until the present day.

### 3.3 *De Hazelaar and Het Laar*

Even though *De Hazelaar* and *Het Laar* are two completely different institutions, with dissimilar backgrounds and diverse philosophies of care, they show quite a few commonalities. Both are located at the outskirts of the city. Although probably incidental in this case, many rest and nursing homes, throughout the country, are similarly located outside the city centre. The reasons for this may vary from the price of building grounds and destination plans within city-limits to a preference for peaceful and natural surroundings. Both institutions are housed in large buildings with an implicit 'closed off' atmosphere. Even though there are no gates or guards, there is little that draws attention or invites to take a look inside.

This 'inside' is typically configured with different sections for care, housing, recreation and administration. Both institutions have a densely structured organisation of staff that is clearly distinguished from the clientele. Although they move about in the same hallways and interact on many occasions, the demarcation between clients and non-clients is quite palpable, not only because of obvious differences in age and clothing, but also through general conduct. Such a clear demarcation is functional for the staff but, much

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<sup>194</sup> Algemene Wet Bijzondere Ziektekosten (AWBZ).

<sup>195</sup> By the looks of it, the rest or retirement forms of care, and those institutions that maintained this type as their sole purpose, are set to disappear entirely. In the very near future only those elderly people with the highest care indications will be allowed to enter nursing homes. All others will have to do with different types of substitution care like family care, home services or even mobile nursing facilities. See also: <http://www.government.nl/issues/health-issues/care-for-the-elderly-chronically-ill-and-disabled> (last visited on 22-4-2014).

to my surprise, also strongly desired by the residents. Just before I entered *Het Laar*, the board had initiated a pilot project in which the nurses and the cleaning personnel were allowed to wear their normal attire. The pilot soon failed because of residential protest. That protest contained two arguments. The first argument was one of safety, the second of hygiene. Because they could no longer discern employees from visitors or notice any cleaning personnel, many residents indicated that they felt unsafe or complained about an overall diminishment of hygiene.<sup>196</sup> In this particular instance, but likely in any similar environment, symbolism of attire proves to go hand in hand with a pragmatic social function rather easily.<sup>197</sup>

Another similarity is that of presentation to the outside world. Both institutions present themselves as providers of care that prioritise the needs and wants of their clients above all else. That is quite peculiar when you realise that their visions on old age and the elderly, sickness, health and treatment as well as the architecture of the buildings, their interior layout, design, use of materials, colour schemes and decorations all vary from reasonable to rather large extent. Apparently there is little consensus on what truly serves best the needs and wants of the care dependant elderly.

A final parallel between the two institutions, and one they share with most other care facilities, is their on-going renewal. Ever since the initial buildings were erected, small improvements as well as large-scale renovations and architectural additions have been following upon one another. The reasons for such renovations are closely tied to the ever-changing views on care and well-being of the elderly.

### 3.4 History and architecture

#### De Hazelaar

*De Hazelaar* is one of the many service centres of care delivering company *De Wever* in Tilburg. It was built with the specific designation of a nursing home by *Wiegerinck* architects in 1974. Placed just alongside the *Maria Ziekenhuis* [Mary Hospital] it presented the perfect accommodation for elderly who could no longer be treated in the hospital but, due to a need of medical care, remained unable to return to their homes. Consequently, as stated earlier, the original

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<sup>196</sup> This information was disclosed to me in one of the preparatory conversations with care-manager Rens de Haas of *Het Laar*, July-August 2009.

<sup>197</sup> Cf. E. GOFFMAN: *The presentation of self in everyday life* (Edinburgh 1956) 14, 19, 68-69, 72, 98.

concept of the building, with two storeys divided in function-specific wings, greatly resembled that of a hospital.



Figure 1: Maquette of planned renovations of *De Hazelaar*

### *Early architecture*

The entrance to the reception was placed in the lower left corner of the east side of the building. Immediately behind the reception lay the large meeting place (J) where patients could get together with their families and friends. Adjacent to the meeting place was a so-called 'birthday room'. Another birthday room could be found on the second floor, directly above the first one. To the north and east of the meeting place were two nursing wings (E, D). These wings could only be reached by following a hallway that encircled the meeting place clockwise, from the reception onward.

The other three nursing wings (A, B, C) were situated west from the meeting place. To arrive at the first (C), one had to follow the hallway past the section for diagnostics and therapy (H). The remaining two were situated in the far west end beyond the morgue, pantry and storage room. Apart from the identically structured wings for patients, the second floor mostly harboured offices, conference rooms and studies but also a small chapel and library.

On one of the first blueprints of the building, there are two so called 'birthday rooms', one adjacent to the meeting hall and a second on the first storey, directly above the first one. They were small rooms with the specific designation to isolate celebrating clients and their family from the rest of the buildings hustle and bustle. From the very beginning however, clients much rather celebrated their birthday in the private room, along with their

roommates, in the meeting hall or even at home. As a result, the birthday rooms were quickly utilised as storage.

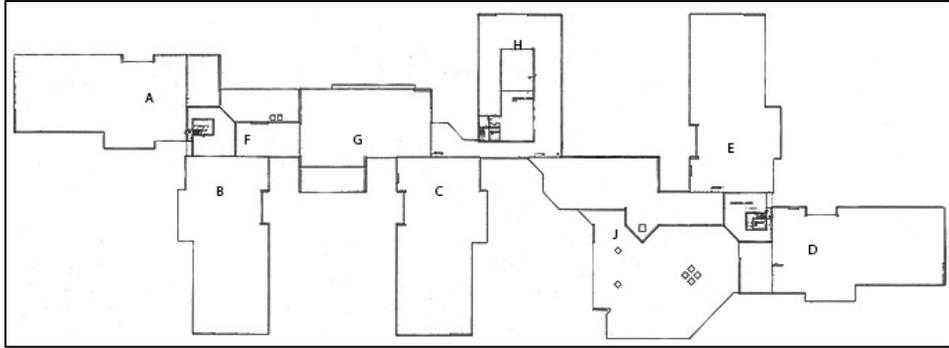


Figure 2: Simplified blueprint of early architecture of *De Hazelaar* (Tilburg construction archives)

All nursing wings had the exact same arrangement on both the ground floor and the first storey. There were two single bedrooms, two double rooms and six rooms with four beds. Wet rooms were placed centrally, presumably to gain the greatest efficiency in assisting patients to the shower or the lavatory.

Two dayrooms, joined together by a serving kitchen, were placed in corners against the outer wall. There was one office for the head nurse, one consultation room, one storage room, one separation room and a small sit-down at the far end of the hallway. Outside, each wing had two terraces or, on the first storey, balconies. One of these was connected to both the dayrooms. It provided the more mobile patients the possibility of getting some fresh air. The other terrace/balcony was originally meant for cleaning the beds but also functioned as a safety measure, in case of a fire.

The floorplan suggests that, just like in a hospital, priority lay mainly with the efficiency of the personnel. They had to be able to move from room to room quickly and treat, wash or medicate patients in a relatively short timespan. The separation room and sit down were both placed at the far end of the wing as to minimise either the chance of disturbance from a troubling patient or the interference of a wandering one. All in all, patients were supposed to stay either in their bedrooms, the dayrooms or the meeting place but were certainly not encouraged to stroll around. The meeting place, dayrooms and library had the specific purpose of recreation or relaxation. Religious adherence was restricted solely to the small chapel on the second floor. The bedrooms had minimal furniture: a bedside table and closet for each bed, a washbasin, a table and, depending on the amount of beds, one or two chairs.

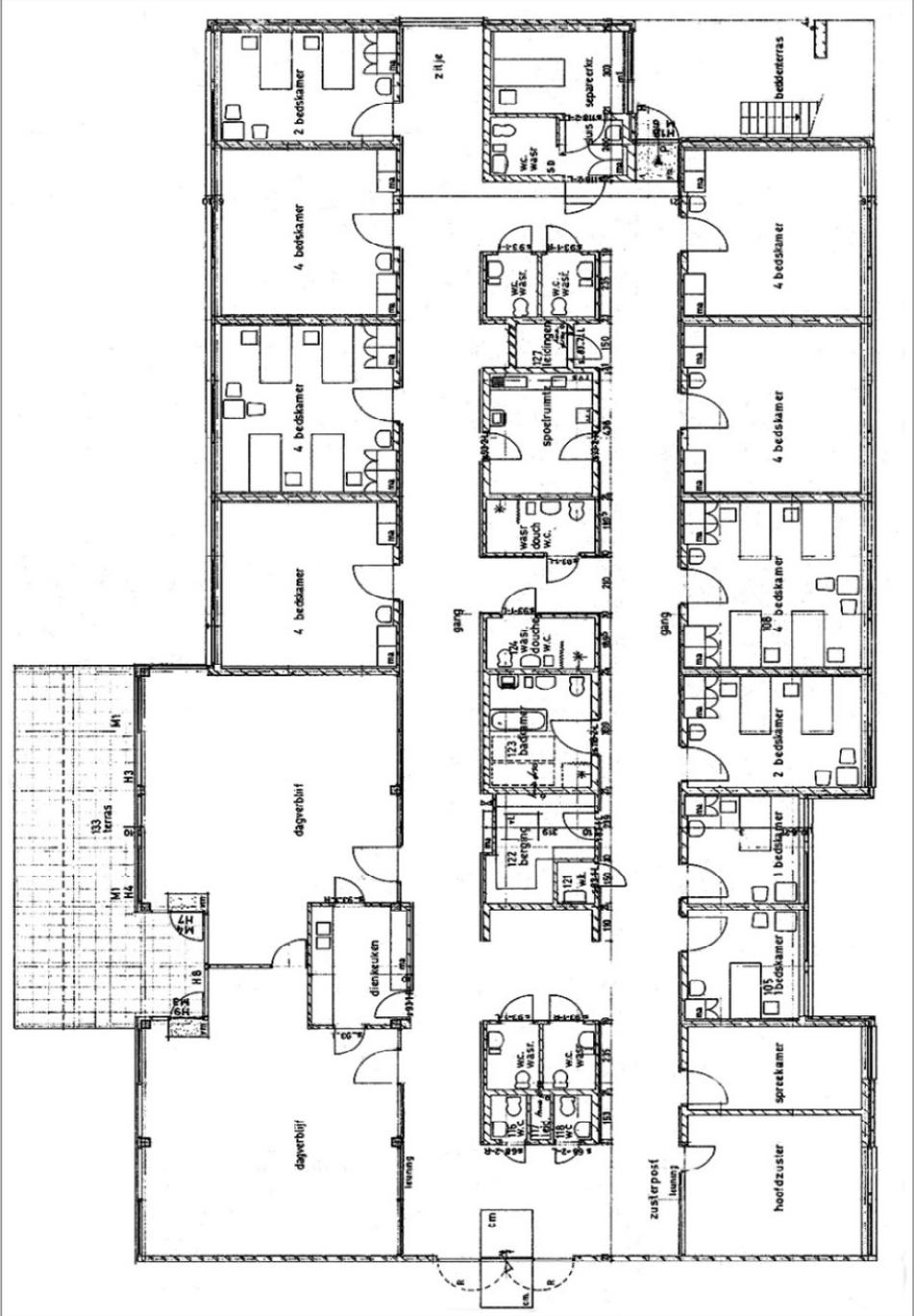


Figure 3: Modified outtake of wing C (Tilburg construction archives)

### *Adaptations and changes*

Two developments in the field of care have greatly influenced the evolution of *De Hazelaar*. First of all, due to a strongly increased demand of personal privacy, four person and two person rooms had to make way for individual rooms. Secondly, as care intensified, they had to create more places for residents, while at the same time offer the possibilities for reactivation treatment and day-care, to enable more elderly to return to or remain at home.

### *Present situation*

At the time of writing, *De Hazelaar* has 311 places with the indication of nursing care. Of that total, 120 places are for elderly with somatic conditions, 99 for recovery and 91 for those with psycho-geriatric afflictions. There are also 73 places for day-care, of which 42 for people with dementia and 31 for somatic patients. Officially, *De Hazelaar* is one out of two so-called *treatment centres* of *De Wever*. As such, it is discerned from two other types: the *care centre* and the *hospice*. In practice this means that *De Hazelaar* treats and houses those people that would formerly fall under the 'nursing home indication'.

With the latest architectural additions to the east and west of this structure, the new entrance and reception are now more centrally placed. Right of the reception desk is a hall to the east wing and the entrance to the meeting hall. East from the welcome hall there is now a whole new wing for residents. Northwest from the welcome hall one enters what remains of the initial structure. This structure has been rebuilt and renovated into a kitchen and rooms for therapy, utilities, dressing and storage on the ground floor and offices, conference rooms and administration bureaus on the first storey. In these corridors there is less going on than elsewhere. Clearly, it is a place of work rather than living or recreation. But due to the ever increasing lack of space some client activities, such as the weekly movie showing, the activity group and even an individual painting session are organised here.

Although the blueprints suggest they were to be demolished like the others, two of the original five nursing wings, at the south end of the original structure, still remain today. Farther west the original building connects to another completely new wing for residents, that perfectly mirrors the one on the east. These two buildings on the far east and west, together with the remaining wing of the original structure, now harbour all residents. They are divided into several smaller function specific wards.

### *Spaces for rituals and festivities*

The blueprints of the original layout show only three spaces specifically designated for ritual activities. They were the chapel on the first storey and the two birthday rooms. Even though institutionalised religion had more sway back then, it is safe to assume there were more rituals and ritualisations going on than room was made for. Praying, for example, was not confined to the chapel alone. Nor was celebrating one's birthday, or any other meaningful event for that matter, to the appointed area. Just like nowadays, rituals were everywhere. They just weren't considered as such.

### *Miro*

One function specific ward, on the ground floor of the new wing at the far west, is called Miro. It is originally specialised in care for clients with chronic somatic conditions. Eventually, many of these clients are also diagnosed with psycho-geriatric afflictions, and sporadically they deteriorate into full-scale dementia. Whether or not such waning clients are re-placed in another ward depends on the current occupancy rate and the severity of their affliction. Usually though, because of the time and paperwork it takes to receive a new status and financial support, they remain in the ward where they first entered.

The ward is split up into two sections: Miro 1 and Miro 2, with a small sit-down in the hallway that connects them. Both sections house about 20 clients. Apart from the private rooms, each section also has a large and small living room, some administrative offices, a coffee-corner for the nursing personnel, four toilets, a storage room and a smoking space. The larger part of living takes place in the private rooms and the living rooms. For some however there is much attraction to the small sit-down in between the sections, the smoking space or the sliding doors that are the back entrance/exit of this wing. Only on special occasions do clients venture farther away to the great meeting place, the chapel or an office-turned-into-cinema or activity-room in the old part of the building.

The larger living room of Miro 1 is provided with a small kitchen, two large tables, a sideboard with a stereo, some plants and a big flat screen television. There are several large windows with drapes at the south end and two entrances/exits at the north end, at either side of the kitchen. The smaller living room has the same arrangement but smaller tables, a kitchen-corner and only one entrance/exit to the south side. At least three times a day all clients, with exception of the bedridden ones, are brought to these rooms to share a communal meal. Each client has his or her own seat at one of the two tables. Apart from those meals the rooms are supposed to serve as a place for

recreation or company. Outside of the mealtimes, every client is free to visit or leave the room at any given moment.

Nowadays each client has a private room for him or herself. These rooms are sixteen square meters in size and usually filled with healthcare attributes such as specialised beds, lifts, walkers or wheelchairs. Baubles and other personal effects can be stashed on a small bedside cabinet or the windowsills. On the walls, there are rails for paintings or photographs. Every two rooms share a bathroom that is built in between them. When in use, these bathrooms automatically close off at the other side. There is one wall-sized cabinet for clothing and linens. The walls, ceiling and floors are made of the same easily cleansable and low maintenance materials as used in the rest of the building.

## Het Laar

Building of the first structure of *Het Laar*, presently known as *Laarzicht* started in 1971. Designed by architects Bollen, Coumans and Schuit, it was intended to become a high-end service flat where the aged could enjoy their retirement in privacy, with all the comforts of hotel services. Priority of design was to create a homely atmosphere. All apartments in the thirteen-storey building were built with only a few minor adaptations, to make life easier for the old and frail. Although many changes have been made over the years, that primary objective, a combination of privacy and basic care, still holds. Between 1998 and 2005, two new buildings, *Laarakker* and *Laarhoven* have been erected alongside the original one to also supply more intensive care. But even in these buildings a good deal is invested in providing as much 'personal living space' as possible.



Figure 4: Panorama of *Het Laar* (taken from a leaflet)

### *Early architecture*

All the publicly available blueprints of *Het Laar* underline its origins as a service flat.<sup>198</sup> It would take too much time and space to give a detailed description of the whole thirteen-storey building but one should take note of at least the following matters. First of all, there was an enormous amount of space reserved for storage, nearly as much as there was room for habitation. This is a clear indication of hotel-like residency. The privacy of residents was considered to be very important. All equipment they may have had need for, as well as laundry and cleaning materials were stashed out of sight. Secondly, from the very start of building, all kinds of enterprises, shops and boutiques were integrated.

Alongside the necessary care deliverers, like physicians and dentists, there were pedicures, barbers, beauty boutiques and clothing stores. All of these were placed on the ground floor as the upper storeys were reserved for apartments and storage. Thirdly, each apartment had a complete house like set-up, with a living-room, kitchenette, bathroom and bedroom.

### *Adaptations and changes*

As said, *Het Laar* started out as a service flat. With the developments I described in the general overview, their task throughout the years lay mainly in the construction of new buildings (*Laarakker* and *Laarhoven*) that served more intensive forms of care. The already existing service apartments only demanded small adaptations to keep up with current developments, such as internet-connections and emergency buttons.

In their yearly rapport, *Het Laar* offers insight in the changes that have taken place within their so-called care continuum. There is clearly a general intensification of care. This is due to a number of factors, of which most importantly a higher number of people that fall in the category of the 'really old' (90+) and a growing emphasis on independent living, for as long as possible. In 2008, the *Laarhoven* building offered 58 places for intensive care and 34 places for actual nursing.<sup>199</sup> In 2010, the same building harboured 48 places for actual nursing, and thus, logically, 14 places less for intensive care.

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<sup>198</sup> Requests for all blueprints were made on several occasions, but for some obscure reason the architects decided to withhold them. Luckily, many blueprints could still be found on the municipal internet site.

<sup>199</sup> Here the scale goes from low intensive care, where there is virtually no intermingling of personnel to actual (hospital like) nursing, where the resident can no longer perform any basic activity on their own.

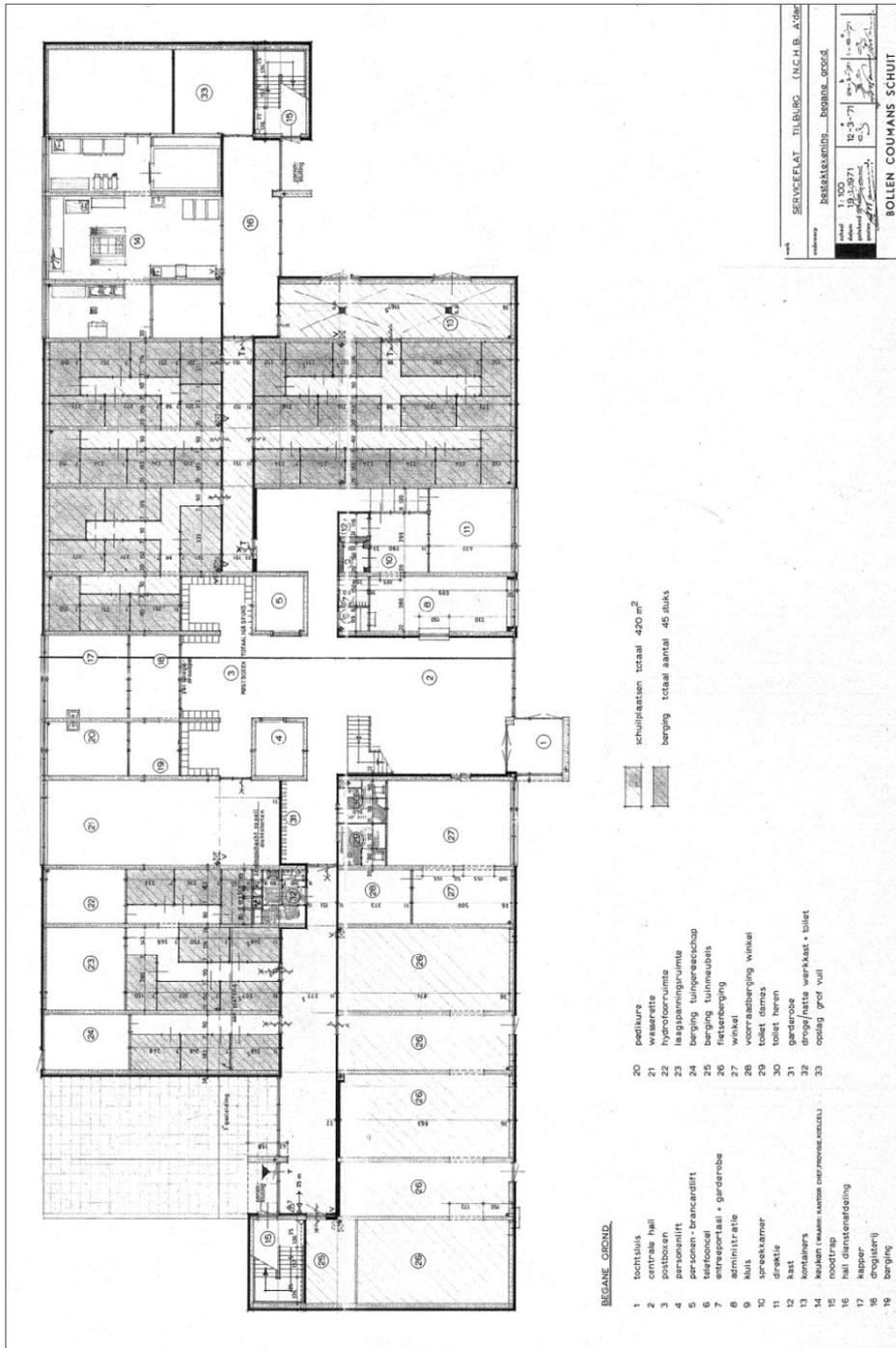


Figure 5: Modified outtake of floorplan of *Het Laar* (Tilburg construction archives)

In the original building *Laarzicht* a smaller but similar shift occurred. Here the amount of service apartments went from 95 to 91 in favour of the number of low intensive care apartments, which went from 88 to 91. In the *Laarakker* building the amount of medium care apartments remained the same.

### *Recreational spaces*

Directly adjacent to the buildings of *Het Laar* is a large open field. This field no longer has any proper designation and is therefore often implemented in recreational plans of funfairs, cycling contests and even an annual beer fest for students of the city's university. When not used for recreational purposes this field may also function as a parking space and – camp-site for the trucks and campers of the huge annual city fair.

Some of these events, like the cycling contest, were inviting for the residents of *Het Laar*, but on most other occasions, they created quite a stir or even downright inconvenienced them because of loud noises or penetrative odours.

### *Expansion*

Only very recently, *Het Laar* has engaged in external hotel services and assisted care. The organisation bought fifty-seven new apartments, right in the city centre. These apartments, together dubbed *Holland Carré*, are so-called *levensloopbestendig* [lifespan-resistant], which means they can easily be adapted to more intensive types of care without the residents having to move. It is striking that they are placed in the heart of the city. But, as they follow the same exterior and upmake as all the surrounding apartments, they will likely not be noticed as special living spaces for the elderly.

### *Present situation*

Nowadays *Het Laar* offers 95 service-apartments and 215 'care-apartments', that offer living space for 260 residents.<sup>200</sup> Of those, 91 apartments are placed within the original *Laarzicht* building. Like in the very beginning these apartments have undergone only very minor adaptations and are thus ideal for elderly

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<sup>200</sup> This information is taken from the website of *Het Laar*: <http://www.hetlaar.nl> (last checked on 21-09-2012). However, with the continuous evolving and reshaping of an institution like this, it is very likely that these numbers have already changed dramatically when this manuscript goes to print.

people that desire some form of care near at hand, without giving up their independence.

Next to this original set-up, there are now also 70 apartments in the building that are specially adapted for 'rest home care'. These apartments still allow for an independent lifestyle but integrate some more basic care services, like cleaning, washing and the administering of certain medicines. They come in three sizes: 57, 71 or 86 square meters. The largest of these are reserved for couples. All apartments have a lockable front-door, hallway, kitchenette, bathroom and connections for phone and internet. Many of the apartments also have their own balcony and external storage room in the souterrain.

The other two building blocks of *Het Laar* contain 65 apartments with 'rest-home care' (*Laarakker*) and 80 apartments for intensive 'nursing home care' (*Laarhoven*). The apartments with 'nursing home care' in *Laarhoven* are 38 or 41.5 square meters. They are specially designed to facilitate nurses to assist where necessary, for instance with getting in and out of bed, washing, clothing and feeding. In addition to these apartments, there are also communal living rooms for six to eight residents each. These living rooms have an interior with warm colours and a cosy, safe atmosphere.

There are several types of apartments. The differences lie in the amount of rooms, to a maximum of three, and the amount of square meters of surface. What type of apartment fits what type of resident depends on his or her agency as well as financial situation but nearly every type has a lockable front door, hall, living room, kitchenette and private room/bathroom.

### *Spaces for rituals and festivities*

In the original building there were no spaces reserved for specific ritual activities, adherence or secular activities, other than pure recreation. Residents were expected to go to their own place of choice, be it for reverence or recreation. Special rooms were deemed redundant. As care became more intensive, and residents less mobile, those rooms had to be made anyway. A little chapel was created on the third floor, in a little used storage space. A bigger room, for larger festivities, was devised on the top storey, the thirteenth floor. I described this space in my log:

The space where this mass takes place is typically designed to hold a large number of people. It is a well-lit rectangular room. Today the number of visitors is about one hundred and fifty. I am told that is a lot. In the very back of the room, there is a small altar and lectionary. The wall behind it is decorated with an almost orthodox image of Christ crucified. The sidewalls carry more depictions of Jesus. The room contains several

tables with only a few chairs as many people are seated in wheelchairs. From front to back, a large aisle is spared out in the middle of the room.<sup>201</sup>

Both this room on the thirteenth floor and the large meeting hall on the ground floor now serve as places where large festivities, both secular and religious, are being held. The small chapel remains in use only for those few people that follow the weekly prayer service. Every other, small or personal ritual is celebrated either in one of the living rooms found on each storey or in one's own private apartment.

### *Ward 4/5*

I performed most of my research on Ward 4.<sup>202</sup> It covers the first storey of the *Laarzicht* building and harbours the elderly people with chronic somatic impairments. The ward can be entered through one of two elevators or a magnetically 'sealed' staircase.<sup>203</sup>

On both sides of the hallway, from beginning to end, are doors to the apartments of the residents, about thirty in total. Next to each door are a number and a nametag. Halfway there is an office for the activity managers, a small hallway to a staircase and a lunchroom for the nurses and volunteers on the left. At the same distance on the right, there is an open kitchen that connects to a large living room. In the kitchen as well as the living room residents can convene for breakfast, lunch and dinner. In the previous situation, when this was Ward 4 on the second floor, there was a large nursing station instead of the open kitchen and a small kitchenette was integrated in the living room. This living room is rectangular in shape with about eight tables evenly spread around. Every table has three or four chairs. A large cabinet that holds a stereo, an aquarium and several plants and small art objects, is placed at the far end of the room. On the right hand side are four large windows with net curtains.

Behind each of the name-tagged doors are genuine apartments for single residents or couples. On Ward 5, there are two types of apartments. The first type is relatively large and is meant for couples. The second type is a little smaller as it is designed for single individuals. Apartment kitchens are usually

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<sup>201</sup> Log, 17-2-2010.

<sup>202</sup> At the end of my field work the whole ward has been moved one storey up and thus became Ward 5. Because each storey is built in almost the exact same fashion, the description of only one ward will suffice here.

<sup>203</sup> The magnetic seal is a new and rather controversial 'protection' measure for clients with dementia that tend to wander off. All such patients carry a sensor that automatically shuts down doors and staircases whenever they get close.

small in this ward as food is offered in the living room and central kitchen but also because home cooking always presents a certain liability.

### 3.5 Analysis

At the beginning of this chapter, I summarised some of the evident similarities between *De Hazelaar en Het Laar*. Having had a closer look at both, we can now establish some of the less apparent commonalities as well as some important differences.

#### Ideology versus reality

The first, and probably most important, but initially invisible commonality, between the two is the way in which 'what one sees' never entirely ensures 'what one gets' or, to put it in other words, how images and behaviour toward the outside world diverge from what goes on inside.<sup>204</sup>

We already saw that both institutions present themselves as mainly interested in the welfare of their residents. That is an undisputed truth. But to accommodate the welfare of residents, a large number of non-residential people are involved. What these people do and how they do it, is often left out of the picture to outsiders. Yet to residents, this working force is a very important everyday reality. They are the people that not only wash them, clothe them, feed them, bring them to the toilet, accompany them outside, administer their medication, clean their rooms, wash their dishes, vacuum clean their living spaces and so on, but also the ones that arrange events, create care policies and act as representatives to the outside world. Of course these responsibilities are not carried by one person but an entire work force. Nonetheless, with this enumeration one can easily see how large, if not all-encompassing, the role of that work force really is. Not acknowledging that importance seems a rather blunt and archaic concession to the Goffmanian divide of 'inmates' and 'custodians'.

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<sup>204</sup> Goffman uses the terms 'front stage' and 'back stage'. I find these terms both fitting and lacking. They are fitting in so far as they manage to point out the great differences between what we see of a care facility and the actual experiences of living or working there. But they are also lacking, as they call forth an imagery of theatre which in turn presupposes intentionality. In my experience the differences are not planned or premeditated in any way, as is the case with theatre, but the results of what is thought to be the best way to deal with the (demands of) the outside world.

As both institutions have different backgrounds (hospital versus service flat) and follow divergent philosophies of care, the way in which they choose to promote the welfare of residents deviates to a significant extent. One of the best illustrations of this is to be found in the 'extra-curricular' activities. With extra-curricular I mean those activities that are not part of the official package of care but are nonetheless organised by the institution. In *De Hazelaar* with a background of hospital care, many of these activities are of the outdoor and/or physical exerting type, while at *Het Laar*, with its origins in hotel services, most activities follow the fashion of indoor and/or social gatherings. This doesn't mean that other types of activities are not organised of course. But at *Het Laar* it is presumed that the more physical exerting type is either part of a personal re-activation plan or organised by (a group of) people themselves.

### Design versus practice

It brings us to another important, but mostly unseen commonality: the gap between design and practice. Once again, the buildings themselves are tell-tales. Blueprints of overhaul and renovations often show 'best intentions' that quickly fall victim to the pragmatics of the actual building process. In *De Hazelaar*, I discovered such failed ideologies in the form of interior decorative ponds, butterfly gardens and animal pens. Some of these plans are not executed of-course, but more often than not, their maintenance turns out more demanding than conceived. That is why one can often find empty animal pens, neglected perches or desolate parks. At some point, such places are usually restored to a more practical or simply aesthetically pleasing site.

### New trends

The first trend I encountered only in *De Hazelaar*. I've experienced it mostly as an overt political correctness or cultural relativism. My first encounter with this trend occurred in a direct response to my request for research. As I made mention of *De Hazelaar's* Christian roots I was quickly corrected. I was sternly told that their residents nowadays were not only Christian but also Muslim, Jewish and Buddhist, and consequently their main ideology was one of cultural relativism. No one faith, denomination or culture should be given prominence over others. To make this intent even more clear *De Hazelaar* published booklets on the different rituals within the largest five religions.<sup>205</sup> Not only on paper but

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<sup>205</sup> See pages 130 and 162.

also in everyday life I detected the inclination to all-inclusiveness. Apart from the typical Christian festivities, *De Hazelaar* paid much attention to Islamic rituals such as *Eid al-Fitr*. They even invited the Imam of the nearby Mosque to make sure they followed the official precepts of celebration.

Strangely enough this trend of political correctness/cultural relativism was entirely absent in *Het Laar*. From my experiences, I could only deduce that the population of residents here was far more homogenous than that of *De Hazelaar*. Without any diverging ethnicities or religions present it would be strange, or at least pre-emptive, to implement any policy or strategy thereon.

Another new trend that I spotted in both institutions, as well as in many other parts of society, is what could be called a 'cosy-fication' of spaces.<sup>206</sup> This is a process in which previously 'neutral' spaces, such as hallways, empty corners and waiting rooms are re-designed or decorated in a snug and inviting fashion. There are lively colours, paintings, posters of exotic places or even pieces of art made by residents or personnel on the walls, small chairs, tables, carpets and plants in unused hallway angles and playful decorations, plants and artwork in waiting rooms.

A particular instance of this cosy-fication can be found in *Het Laar*. As we have already seen *Het Laar* has always paid much attention to creating a homely atmosphere. As developments progressed however, here too efficiency has in many cases become the primary underlying motif of design. As a counter-measure against too much of an 'industrial' workplace, *Het Laar* invited several people and bureaus to see if they could contribute to an improvement of atmosphere. One of these bureaus is interior design agency *Francine Broos*.<sup>207</sup> With just minor interventions, the agency attempted to create more homely surroundings. The central nursing station was replaced with a large and open kitchen, some walls and floor were decorated with more lively colours and unnecessary walls were removed to create a more open feel.

Another 'atmosphere-agent' that operated in *Het Laar* is Carlijn Stevens.<sup>208</sup> With her own creative studio *Weergaaf*, Mss. Stevens has created four special spaces that are intended to make the elderly residents feel more at home. Each of these spaces is created with a specific theme in mind. There is a space that refers to 'games of yore', a 'library-room', an 'arts and crafts room' and a

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<sup>206</sup> As a stunning example of this see: L. CRAMWINCKEL: *Metamorfose in crematorium architectuur. Terreinverkenning van recente ontwikkelingen op het gebied van vormgeving van een nieuw algemeen basaal-sacrale ruimte* (masterthesis Tilburg 2011).

<sup>207</sup> <http://www.francinebroos.nl/projecten>

<sup>208</sup> <http://www.weergaaf.nl/>

'nature room'. A fifth room, also designed by Mss. Stevens, has a more specific goal. This room was put together in such a way that it greatly resembled how a living room/kitchenette looked in the thirties/forties of the previous century. It was branded the 'reminiscence room' as its main purpose was to enable residents to relive the times of their youth.

All of these rooms were created in close cooperation with the residents themselves. They were first interviewed to find out their interests and desires and then involved, as far as possible, in the actual creation as well.

A final trend I spotted is that of so-called sensitization treatment. This is a treatment that was first developed for demented people. By bringing them into contact with smells, sights, sounds and feels of their previous 'untarnished' lives they are thought to better carry themselves and remain more stable. To do so there are small personal sessions of baking cakes, pies or plain eggs, listening to or playing music and even so called 'cuddle-corners' with soft cushioning and stuffed toys. The success of the treatment made it spread to non-dementia residents as well. In some cases, it has thus become quite similar to already existing recreational activities.

### Zoning in facilities of care

All of the above-mentioned trends as well as most of the topics from the sections of ideology versus reality and design versus practice can be closely linked to the concept of *zoning* in its most general sense.<sup>209</sup> That it is in some way beneficial to mark or delimit a space according to its purpose or functionality is probably a very old notion.<sup>210</sup> One can safely assume that as soon as people started building dwellings they also started to create boundaries between the different spaces within those dwellings. It is of course useful to know what each space is intended for. A bedroom is the place for sleeping or resting, the dining table or kitchen the place to prepare food and eat, the bathroom where one refreshes or washes oneself.

The point of such a division is self-evident. It prevents any unwanted contamination. It is not considered very proper to eat where one washes or to sleep where one eats. It is here, if we are to believe someone like Mary Douglas, that ritual enters the room.<sup>211</sup> I concur with Douglas, but in a more holistic

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<sup>209</sup> Which to me is best captured in the first item of the Online Free Dictionary by FARLEX: "An area or a region distinguished from adjacent parts by a distinctive feature or characteristic." <http://www.thefreedictionary.com/zoning> (last consulted on 23-9-2013).

<sup>210</sup> As is also amply discussed in RAPOPORT: *House form and culture*.

<sup>211</sup> M. DOUGLAS: *Purity and danger* (London 1966).

manner. To me, the breaking up into functional zones, or *creating order* as Douglas would say, generates the possibility of breaching the underlying intentions with 'unfunctional' activities. A shared breakfast in the parental bed can become the activity *par excellence* to mark a special occasion like mother's day, but only because the parental bed is not the ordinary place to eat or drink.<sup>212</sup>

Zoning in this sense, the most common one, occurs a great deal in rest and nursing homes. The whole structure is divided into function-specific sections. This holds not only within the rooms and apartments of residents but also, and maybe even more so, in the rest of the building. There are places for storage, cleaning materials, administration, convening, dining, celebrating and so forth. And with the trend of 'cosification', even spaces of transport, such as corridors and hallways, or unused spaces like dead-ends and oriels have gotten more function-specific designations.

That a division in zones also creates the possibility to breach intentions however, is mostly overlooked. This makes sense as it can only disturb efficiency. To be able to make use of that possibility in the daily routine, one would have to adopt a counterintuitive attitude. That is the attitude to occasionally use space for what it is not originally intended, in a way that does not directly benefit anyone or anything in particular. That is zoning in the second sense, or as I will clarify in the follow intermezzo, *ritual zoning*.

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<sup>212</sup> Where Douglas maintains that we seek to avoid any intermingling of order and impurity; I assert that we desire to evenly apply both. As such, the one necessitates the other. Instead of avoidance it is, in my opinion, the exact opposite, namely the mutual inclusion of order and that which breaches it, that lies at the basis of our ritual activities.

# INTERMEZZO

## A RITUAL COMPREHENSION OF SPACE

Having touched upon the concept of *zoning*, I now feel obliged to disclose what may very well be the core of my thesis: the concept of *ritual zoning*. In this intermezzo, I will first look at some debates and theories that treat the relation between ritual and location explicitly. I will then 'zoom out' to a more general view on the relation between environment and behaviour, as presented by Tim Ingold. From thereon, I will expose what the concept of *ritual zoning* factually entails, how it differs from 'regular' *zoning* as mentioned above, and why it may be an essential factor in facilities of care.

### Ritual and space/place/location

One author, whose name inevitably comes up when examining the relations between ritual and location, is Jonathan Smith. As a historian of religion, his take on the subject often differs, quite usefully, from that of actual scholars of ritual. In stark contrast with most of these scholars, Smith, for the largest part, remains firmly rooted in the legacies of Eliade and Durkheim by granting place the determinant role in rituality and describing that role as principally social.<sup>213</sup> According to Smith, it is place that actively shapes ritual. Ordinary things become sacred when relocated to sacred places. The place of ritual therefore is incongruent with that of everyday life as are acts of ritual with everyday behaviour. This becomes most clear in his earlier formulated definition of ritual: "Ritual is a means of performing the ways things ought to be in conscious tension to the way things are in such a way that this ritualized perfection is recollected in the ordinary, uncontrolled, course of things."<sup>214</sup> From this definition it follows that place of ritual, in the eyes of Smith, not only serves a

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<sup>213</sup> Jonathan Smith demonstrates apt critique when discussing Eliade's theory of the 'Sacred Axis' but has no trouble at all in stating that it is place itself, first and foremost, that renders something sacred and thus turns performance into ritual. J. SMITH: *To take place. Toward theory in ritual* (Chicago/London 1987) 104. Cf. SMITH: *Imagining religion* 56.

<sup>214</sup> SMITH: *Imagining religion* 63.

geographical but also a metaphorical or even idealistic purpose, and even more so, it is this metaphorical aspect of place that is the ultimately determinative one.

The boldness of some of Smith's statements on the prominence of place, even when shrouded in opaque theoretical schemes, cannot be ignored for long. One of the more forceful reactions to his thoughts comes from Ritual Studies initiator Ronald Grimes.<sup>215</sup> Although Grimes would be the first to admit that place is of great importance in rituality, he felt compelled to minutely 'dissect' Smith's assertions in a lecture at Princeton University.<sup>216</sup> In this lecture, Grimes correctly pointed out some of the weak spots and flawed presumptions in Smith's theory. He clarifies that not all ritual is religious *per se*, that the domains of ritual and non-ritual are only incongruous in some cases but congruous in others, that no one component of rituality (in this case, place or location) can be determinative in all rituals, that place can play a passive as well as an active role, that the term 'place' is conceptually different from 'space' and 'emplacement' and needs to be treated as such, that the metaphorical aspects of a location are not superior to its geographical ones and finally that places and schemes of emplacement may reflect or reinforce hierarchy but not necessarily.<sup>217</sup>

It is not my intention to cast a final judgement on these views. In my opinion, it is the confrontation itself that generates some important and perhaps even complementary perspectives for research on rituality in specific locations, such as rest and nursing homes. Following Smith, one could examine how this location or a certain space within it, determines what type of ritual is performed there and what kind of hierarchical structures are represented by it. Another valuable point of departure might be his definition of ritual. With that definition in mind one could, for instance, investigate whether inhabitants of rest and nursing homes explicitly perform that which they feel 'ought to have been', in contrast to that 'which actually is' and how. Following Grimes, at least in this specific debate, one could focus on how people incorporate the location of the home or the spaces within it in, or even modify it to, the performance of

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<sup>215</sup> Cf. P. POST: 'Place of action: Exploring the study of space, ritual and religion', in P. POST & A.L. MOLENDIJK (eds.): *Holy ground. Re-inventing ritual space in modern western culture* (Leuven 2010) 44-46.

<sup>216</sup> He later revised and published this lecture as R. GRIMES: 'Jonathan Z. Smith's theory of ritual space', in *Religion* 29 (1999) 261-273, and again republished it in 2006 as 'Putting space into its place', in R. GRIMES: *Rite out of place. Ritual, media and the arts* (Oxford 2006) 101-113.

<sup>217</sup> See also Table 8.4. in GRIMES: *Rite out of place* 112.

their rituals or ritualisations<sup>218</sup> and from there on determine whether space is an active or passive component or resolve whether or not hierarchy plays any role at all. As an example, one can think of how people with impairments are confronted with barriers and obstacles that never arise as such in the awareness of ambulant individuals. High thresholds, narrow corridors, steep inclines, heavy doors, stairs and rough carpeting actively determine how physically disabled people perceive a room. Because of their hindrance, however, they also form new potential for inventive (ritual) employment. A narrow hallway might become a 'memory lane', abundantly decorated with photographs and pictures of important events and people from the past, in the last tribute to a deceased fellow resident, stairs or steep inclines can become the perfect attributes to symbolically demonstrate one's own autonomy or resilience and a patch of rough carpeting *the* place for social gatherings as its softness not only hampers movement with a walker, rollator or wheelchair but also generates associations with safety and a slowing down of pace.

With Grimes, a multitude of potentially viable points of view come to the fore. For him other components of ritual, such as action, time, objects, language and sound are equally important and thus deserve equal attention. Having chosen 'location' as the main marker for this overview, I will not delve much deeper into his oeuvre. Suffice it to say that almost every piece of work in that oeuvre carries valuable information, interesting examples and narratives, critical analyses and useful leads for anyone who intends to perform research on rituals or rituality.<sup>219</sup> For analysis of rituals in rest and nursing homes specifically, I find his already mentioned notion of 'ritualization'<sup>220</sup> as well as his continuing quest for "interlocking, rather than polarized, conceptions of religion, spirituality and ritual," to be most relevant.<sup>221</sup> Rest and nursing homes are generally places where people are put together randomly, where the difference between work and leisure has disappeared and the boundaries between functional and symbolical behaviour increasingly fade. To properly conduct research on ritual repertoires in such places, it is of the utmost importance to use definitions in which "the social is not cast as the opponent of

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<sup>218</sup> Grimes employs this term to also include ritual-like performances that have not (yet) been acknowledged as 'true' rituals. GRIMES: *Beginnings in ritual studies* 36-39; GRIMES: *Ritual criticism* 9-15.

<sup>219</sup> I would especially recommend GRIMES: *Beginnings in ritual studies*; GRIMES: *Deeply into the bone*; and GRIMES: *Rite out of place*.

<sup>220</sup> See note 224.

<sup>221</sup> GRIMES: *Deeply into the bone* 70.

the personal; the sacred is not split off from the profane; and spirituality is not the opposite of either religion or ritual."<sup>222</sup>

Having brought up Grimes, one can hardly pass over his mentor Victor Turner and Turner's own tutor at the Rhodes-Livingstone Institute, Max Gluckman. Both have made decisive contributions to the field of ritual studies. Especially the processual aspect of rituals, and the concepts of 'social drama' and 'communitas' could be of significance for research in rest or nursing homes.<sup>223</sup> Earlier on, I already briefly discussed Turner (and his main inspiration Van Gennep) in a commendable synthesis of their concepts and the reality of daily life in a nursing home by Renée Shield.<sup>224</sup>

The metaphorical or ideological potential of ritual places, as presented by Smith, is taken even further by Bruce Kapferer. In the article *Ritual dynamics and virtual practice* he explores the possibilities and consequences of understanding ritual as a virtual space of practice.<sup>225</sup> He begins his exposé by discussing the inner dynamics of rituals and their constitutive power, as set forth by the likes of Susanne Langer and Victor Turner. Ritual, in this sense, is not just a process of progression but one "... that could create or generate original circumstances for human psychological and physical existence."<sup>226</sup> Having said this, Kapferer treads on thin ice, for one of the hardest questions to answer to date is that of ritual efficacy. Kapferer shows no desire to answer this question. Rather, he wishes to put across that ritual is "... a dynamic process in and of itself with no representational symbolic relation to external realities ..."<sup>227</sup> This is not to say that ritual performances cannot effect changes in real life, but only through interpretation and reduction. The aspects of being "in and of itself", Kapferer defines as a 'virtuality'. Following Gilles Deleuze and Pierre-Félix Guattari, he stresses that his concept of virtuality should in no way be considered less real than the 'ordinary' reality. It is merely a "...slowing down of the tempo of everyday life and a holding in abeyance or suspension some of the vital qualities of lived reality."<sup>228</sup> As such it is a space in which individuals have the

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<sup>222</sup> GRIMES: *Deeply into the bone* 71.

<sup>223</sup> See GLUCKMAN: *Order and rebellion in tribal Africa*; and V. TURNER: *The ritual process: Structure and anti-structure* (London 1969).

<sup>224</sup> See pages 61.

<sup>225</sup> KAPFERER: 'Ritual dynamics and virtual practice' 35-54.

<sup>226</sup> IDEM 37.

<sup>227</sup> IDEM 46.

<sup>228</sup> IDEM 48.

possibility to "... reimagine (and redirect or reorient themselves) into the everyday circumstances of life."<sup>229</sup>

Less 'immaterial' insights in the relations between space and ritual may be deduced from the works of Henri Lefebvre, of which most notably *The Production of Space*.<sup>230</sup> By some considered his magnum opus (rather than the usually mentioned *Critique of Everyday Life*), it is entirely dedicated to the creation and ensuing function of space/place in post-modern society.<sup>231</sup> As the title already discloses, the principal message of this work is that space is a human production. Lefebvre discerns three, dialectically related, 'levels' at which this production occurs. The first level is that of spatial practices, the second that of representations of space, the third; spaces of representation. Spatial practices are the concrete acts of people within their environment. Space here is perceived and created directly and simultaneously. Representations of space are the underlying principles or, modernly put, the 'blueprints' of places. Here space is that which is conceived, conceptualized. Spaces of representations are the overlaying ideologies, symbols or images of a place. At this level, space is the lived reality, the way in which human beings 'use' what they perceive as the foundations for their dreams, wishes and ideals. Lefebvre also presents these levels as the triad perceived-conceived-lived space.<sup>232</sup> In *Voorbij het Kerkgebouw*, Paul Post more or less follows Kim Knott in suggesting that it is this triad that is most useful as an analytical tool for investigating modern-day relations between ritual, religion and location.<sup>233</sup>

While performing my research on rituals in rest and nursing homes, I found all three levels to be at stake. Bearing in mind, however, that most inhabitants of these homes have to cope with a diminished agency that restricts their capability of performing spatial practices, I suggest that 'spaces of representation' become ever more important. A parallel view is communicated in the article *Singapore and the Experience of Place in Old Age*.<sup>234</sup> This article discusses the ability of the aged to develop various forms of 'insideness' with

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<sup>229</sup> KAPFERER: 'Ritual dynamics and virtual practice' 47.

<sup>230</sup> Such a deduction is performed rather exemplary in K. KNOTT: *The location of religion: A spatial analysis* (London 2005).

<sup>231</sup> See for instance R. SHIELDS: *Lefebvre, love and struggle. Spatial dialectics* (London/New York 1999) 141.

<sup>232</sup> Cf. LENGKEEK: *De wereld in lagen*.

<sup>233</sup> POST: *Voorbij het kerkgebouw* 88.

<sup>234</sup> See L. KONG, B. YEOH & P. TEO: 'Singapore and the experience of place in old age', in *Geographical Review* 86/4 (1996) 529-549. Similar insights were also developed in G. ROWLES: *Prisoners of space? Exploring the geographical experience of older people* (Boulder 1978).

their surroundings. The authors argue that such 'internalisation' of one's 'immediate neighbourhood' is essential to remaining an active participant of society. With Graham Rowles, they discern three possible ways to do so: physically, socially and autobiographically.<sup>235</sup> Physical internalisation occurs by moving about within one's surroundings, social internalisation by meaningful encounters with other residents of these surroundings, and autobiographical internalisation by the connection or projection of personal memories onto these surroundings. In my opinion, this autobiographical internalisation strongly coincides with Lefebvre's notion of spaces of representation as they both presuppose mental projections. When considered together, these concepts also disclose an important but easily overlooked tension for new inhabitants of rest and nursing homes. Any new environment logically lacks spaces of representation that build on autobiographical stimuli. The spaces of representation that are present (for instance a chapel), might then start to function as a 'surrogate' for other such spaces (one's own parish church), other communities and other experiences.<sup>236</sup> As a result they risk increasing individuality and seclusion rather than facilitating the creation of community and integration for which they are usually conceived (representation of space!) by planners, architects or management.

Apart from *The Production of Space*, at least one other work by Lefebvre deserves some attention here. In *The Urban Revolution*, Lefebvre begins a train of thought that eventually leads to his theory on place and space as seen in *The Production of Space*. *The Urban Revolution* is still very laden with political and intellectual optimism. Lefebvre describes the urban society as a process. It is in no way a 'done deal' but developing all around us, at this very moment. As such it is full of potential. The 'revolution' mentioned in the title refers to the possibility of taking control of this process. Here Lefebvre also issues out a warning. It is a warning against the "extraordinary passivity of the people most directly involved."<sup>237</sup> Modern day 'users' of urban space act far too submissive to the ideological and repressive abstractions that architects and urban planners unknowingly impose back onto lived experience. This warning, I feel, ought to

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<sup>235</sup> G. ROWLES: 'Geographical dimensions of social support in rural Appalachia', in G. ROWLES & R. OHTA (eds.): *Aging and milieu: Environmental perspectives on growing old* (New York/London 1983) 111-130; G. ROWLES: 'Place and personal identity in old age: Observations from Appalachia', in *Journal of Environmental Psychology* 3/3 (1983) 299-313.

<sup>236</sup> Cf. ROWLES: 'Place and personal identity in old age' 304-307.

<sup>237</sup> E. RUPPERT: 'Henri Lefebvre. The urban revolution', in *Canadian Journal of Sociology Online* (September-October 2003).

reverberate to the very present, as much of the urban environment we live in and pass through on a daily basis, is taken for granted rather easily. Even more so, it might carry special meaning for those places within urban society, like rest and nursing homes, where passivity, in inhabitants as well as staff and visitors, is generally considered one of life's greatest foes.

In the article *The Land of Old Age* that warning seems to be taken to heart. As a geographer, author Glenda Laws has examined the inception and development of urban-built environments for the elderly in the United States. Her conclusion is bold and revealing, especially when connected to Lefebvre's triad and admonition against the dominance of 'conceived spaces':

Accepting the argument that ageist attitudes and built environments are socially constructed implies that they can be deconstructed and reconstructed. Transformations of age relations are therefore intimately linked to transformations in the urban built and social environments. And we must therefore ask if transformations in the built environment can lead to reformed age relations.<sup>238</sup>

## Environment and behaviour

Tim Ingold has written little, if anything, about ritual *an sich*, but all the more about the interaction between environment and behaviour. The different, but overlapping phases in his oeuvre can be recapitulated in four single words: *production, history, dwelling* and *lines*.<sup>239</sup> The last three of these words, together with the perspective of 'wayfaring', present a vision of the human being that enables to peel away the different layers of prejudiced perception that are still common to this very day.

## History

Both in a general and in a personal sense can Ingold's understanding of the word history function to avoid the views in which old age and the elderly are characterised by loss of potential, degeneration or even illness. He builds this concept of history in contrast to the position of Friedrich Engels and Maurice Godelier. Both, albeit in a different manner, claim that the history of the human being is in no way comparable to that of the rest of nature.<sup>240</sup> Ingold repudiates

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<sup>238</sup> LAWS: 'The land of old age' 672-693.

<sup>239</sup> INGOLD: *Being alive* 3-18.

<sup>240</sup> F. ENGELS: *Dialectics of nature* (Trans: Moscow 1934); M. GODELIER: *The mental and the material* (Trans: London 1986).

that claim, by showing that it is based on an outdated belief in human superiority. For Ingold, there is no valid argument to place the development of one organism on a higher plane than that of another. Human history in this sense, is not split off from the evolution of nature, but just one particular aspect of it, next to many others.

That understanding of history, as a specific form of evolution, in which nature and nurture form equal parts, creates leeway to perceive any 'person-organism' as a process of becoming rather than a point of being, no matter what phase of its life it has reached. In this view, the old man in a wheelchair differs little from the middle-aged man in a car or the small boy on his tricycle. If an individual organism, like the older man in the wheelchair, is not just the output of his genetic blueprint but an instance in a much more complex process of development within a specific context, then that instance itself is no longer directly defined by a physical ailment. To put it in other words, in this view, riding a wheelchair is a useful, environmentally specific required skill instead of a loss of bipedal movement.<sup>241</sup>

In a more general sense, this concept of history is also applicable to the rest or nursing home itself. It allows us to understand such an institute dynamically rather than statically, as in the middle of an ongoing process of useful acquirement, immediately influenced by all its contextual factors, instead of just a 'house of woe'. In this fashion, the concept of history neatly overlaps that of dwelling, precisely as Ingold mentioned it would in the introduction of *Being Alive*.

## Dwelling

Regarding rest and nursing homes from a dwelling perspective rather than from that of building, offers some unprecedented insight in the relations between certain spaces and the people that live, work and interact in them. This is perhaps best illustrated with the example of Jacob von Uexküll in the article *Building, Dwelling, Living*.<sup>242</sup> In this manuscript, Von Uexküll summons up the

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<sup>241</sup> A strong argument for this view is made by South African athlete Oscar Pistorius. Pistorius, also known as the 'Blade Runner' because of his two carbon-fiber prosthetic limbs, is a sprint runner with a double below-knee amputation. In 2012, he was the first ever para-lympic athlete to compete in the regular Summer Olympics. His participation in regular competitions is cause for ongoing debates as several experts consider his prosthetics, without any muscle tissue or blood vessels, an unfair advantage on the other athletes.

<sup>242</sup> T. INGOLD: *The perception of the environment* 172-188.

image of a tree with all its inhabitants.<sup>243</sup> The fox in its lair, a beetle in its bark, a squirrel in its trunk and the owl in its branches; they all share the same environment, while only perceiving and operating in their own particular *Umwelt*. Von Uexküll uses that word, *Umwelt*, in clear distinction of *environment*, to describe “the world as constituted within the specific life activity of an animal.”<sup>244</sup> With that distinction, Von Uexküll opens up a multitude of experiences within the same reality without the need for a hierarchy of sensory, cognitive or creative potential.

At some point during my research, I went to one of the nursing homes to interview some residents while all of a sudden I was ‘struck by lightning’. Instead of entering the familiar brick building that harboured so many old and needy people, I encountered a space that greatly resembled the tree of Von Uexküll. It was a huge circumvallated space that functioned as shelter, work and living space for an amazing amount of seemingly unrelated organisms that all constantly re-organised and re-shaped it in the experience of their own individual *Umwelt*.

## Lines

This third phase in Ingold’s oeuvre is by far the most abstract one. And although the subjects of religion and rituality remain mostly absent in it, I nonetheless see useful ways of integrating it in a study of ritual and ritual-like behaviour. To explain how he got to his so-called ‘anthropology of the line’, Ingold refers to a rather incomprehensible work of Gilles Deleuze and Félix Guattari.<sup>245</sup> In that book, *Milles Plateaus*, Deleuze and Guattari describe life, as well as living organisms, as entanglements of lines of flight and lines of becoming.<sup>246</sup> To explain this, they use the image of a river.<sup>247</sup> Our normal way of looking at things is represented by a road-bridge that crosses that river. The bridge functions as a connector between two immutable and static points. It is a transitive connection from starter to end, or in a production analogy thereof, from an image of what is to be made, to the form of a completed object.<sup>248</sup> ‘But

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<sup>243</sup> J. VON UEXKÜLL: ‘A stroll through the worlds of animals and men: A picture book of invisible worlds’, in C. H. SCHILLER: *Instinctive behaviour: The development of a modern concept* (New York 1957) 76-80.

<sup>244</sup> INGOLD: *The perception of the environment* 176.

<sup>245</sup> INGOLD: *Being alive* 14.

<sup>246</sup> G. DELEUZE & F. GUATTARI: *A thousand plateaus* (Trans: London/New York 2004).

<sup>247</sup> IDEM 28.

<sup>248</sup> INGOLD: *Being alive* 14.

the river, running under the bridge in a direction orthogonal to the road, does not simply connect one thing to another. Rather it just flows, without beginning or end, scouring the banks on each side and picking up speed in the middle.<sup>249</sup> According to Ingold, that intransitive perspective of the river is the one that should be regained in anthropology. "Whether our concern is to inhabit this world or to study it ... our task is not to take stock of its contents but to *follow what is going on*, tracing the multiple trails of becoming, wherever they lead."<sup>250</sup>

That image of the river, to me, shows strong analogies with what I have previously stated about rituality. A ritual is a performance without direct practical use that, while not directly connecting one thing to another, expands the space in which it is performed to enable the participant(s) to sense the 'eternal', or rather, timeless flow of events, or, in the words of Deleuze and Guattari, the lines of flight and becoming, in which he or she is lastingly entangled. In reminiscence of Kapferer's notion of virtuality, that performance is devoid from hard boundaries.<sup>251</sup> Like the river, it is a 'place', but perhaps 'state' is a better word, that one can slide into and step out of at any given point.

### Wayfaring

Going through Ingold's works, and hearing him re-telling his own development, at one point made me realise that somewhere deep underneath it all lay a rather pessimistic view on the present culture and the path that it is headed on. Not only does Ingold present the 'original' perspective of wayfaring as an alternative to that of the contemporary one of navigating, but he also underlines it as the more preferable one. While I do not share his pessimism, I do consider this perspective of wayfaring, which Ingold developed clearest in *Lines*, to be a worthy addition to the previously treated theories on space and place. In those theories, space is mostly taken to be a rather static assembly of bits and pieces that are either of use or need to be filtered out. When all that is useless, is filtered out, that which remains can be called place. As such, the concept of place neatly coincides with Von Uexküll's *Umwelt*, the closed unit of the perceptual and effector worlds of an individual organism. But, as Ingold broadens Von Uexküll's notion to also encompass the human experience, it becomes clear that each environmental factor that is filtered out, can, at any

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<sup>249</sup> DELEUZE & GUATTARI: *A thousand plateaus* 28.

<sup>250</sup> INGOLD: *Being alive* 14.

<sup>251</sup> See page 20.

stage, re-enter the perceptual-effector circle in a meaningful sense.<sup>252</sup> With the wayfaring perspective, Ingold tries to revitalise reality as an undividable unity in which space and place, or *Umwelt* and environment form two sides of the same coin. Together, they shape the whole of the human experience. In one of my talks with Mrs. Croup this perspective of wayfaring emerged rather clearly:

*Now you won't hear me complain. We [her husband and she] are really fortunate to be here together. We are making new friends and all ... so it's really not that bad. It's an adventure. That's really how we see it. It's like travelling abroad. Every day brings new people with different customs and speech. If you want to enjoy it, and we do, you'll need to give yourself over to whatever comes your way. You'll have to accept that you'll get new surprises constantly. Luckily, we like surprises, so this is mostly a good journey to us...but like any adventure it's also a little strange and unsettling.*<sup>253</sup>

## Zone and zoning

In *Lines* Ingold describes the direct environment of a living organism, as a zone where 'there are no insides or outsides, only openings and ways through'.<sup>254</sup> This rather ambiguous use of the word by Ingold may in fact recapture a long lost, but rather expedient, part of its original meaning. The online etymological dictionary states the origins of the word zone as followed:

Zone (n.) late 14c., from Latin *zona* "geographical belt, celestial zone," from Greek *zone* "a belt," related to *zonnynai* "to gird," from PIE root \**yes-* "to gird, girdle" (cf. Avestanyasta- "girt," Lithuanian *juosiu* "to gird," Old Church Slavonic *po-jasu* "girdle").

Originally one of the five great divisions of the earth's surface (torrid, temperate, frigid; separated by tropics of Cancer and Capricorn and Arctic and Antarctic circles); meaning "any discrete region" is first recorded 1822. *Zone defense* in team sports is recorded from 1927. *Zoning* "land-use planning" is recorded from 1912. *Zoned* (adj.) in drug-use sense is attested 1960s, from *ozone*, which is found high in the atmosphere; the related verb *to zone* is from 1980s.<sup>255</sup>

<sup>252</sup> In retrospect, one would have to say that, contrary to the statements of Von Uexküll, this is also the case with animals but that is a discussion I will not elaborate upon here.

<sup>253</sup> From an interview with Mrs. Croup, 13-10-2011.

<sup>254</sup> INGOLD: *Lines* 103.

<sup>255</sup> [http://www.etymonline.com/index.php?term=zone&allowed\\_in\\_frame=0](http://www.etymonline.com/index.php?term=zone&allowed_in_frame=0) (last consulted on 2-5-2013).

Usage of the word *zone* definitely has its drawbacks. Most importantly, its modern day connotations, the ones we saw extensively in the discussion on the interior design of modern rest and nursing homes, are rather passive and material.<sup>256</sup> But here, in the etymological dictionary, it shows that such inert usage of the word as ‘any discrete region’ is only first recorded in 1822. Before that it had a much more active, relational and immaterial significance.

Understood as a belt, a zone is something that ties together otherwise disparate units. Instead of emphasising, what it is permanently cut off from, as is the case with a ‘discrete region’, the belt-concept stresses what is temporarily girded together, either in practice or as concept. It demands explication of the reason for exclusion, and with that, a specification of the temporal relations between that which is ‘inside’ and that which is not. This makes it far less stringent and more processual in character.

To boot, *zone* is not only a space that one can discover, analyse, describe or plan but also an action that one can perform. Since the 1980s, the verb *to zone* has a reference of state. The urban dictionary, a glossary of unofficial but prolifically used language, provides at least two useful additions to the previous definition:

Zoning ... is where you stare at something, completely oblivious to the world around you, and oblivious to the fact that you are staring at something, whilst either thinking about nothing and being in a kind of trance, or being in deep thought. “Zones” can last either a few seconds or a few mins. At the end of it, you suddenly realise your zoning and snap out of it, coming back to the real world.

Verb. The effects of Adderall will make you “zone”. You feel more able to concentrate and prepared for the task at hand. As people would say you are “in the zone”. Your body can also get tingly at times. you can accomplish things faster such as taking a test normal will take you 30 minutes on Adderall it will take 15.<sup>257</sup>

These are significances that I want to call back onto the stage. As we saw in the online dictionary, the verb ‘to zone’, with the specific meaning of ‘land-use planning’, is recorded from 1912 onward. As such, it has been a source of

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<sup>256</sup> See also Chapter 3.

<sup>257</sup> <http://www.urbandictionary.com/define.php?term=zoning> (last visited on 9-7-2013). As this glossary is put together solely by visitors, incorrect grammar, faulty word use and unknown abbreviations abide. Nevertheless, due to the low threshold for additions, it provides a reasonable and often pleasant overview of popular words of slang and ‘streetwise lingo’.

heated debates of a rather ethical nature.<sup>258</sup> At the core of these debates lies the question whether or not it is morally acceptable to decree one sole purpose for a particular piece of land, or to appoint a group of people to a designated location. I do not wish to take position in these debates. When I use the verb, I do so without any heteronomic significance.

To me, zoning describes the way in which a performative act, of an individual person or group of people, relates perceived space to direct material surroundings.<sup>259</sup> Whether intended or not, any (and every) action always creates a very specific perception of time and space that never completely coincides with the actual moment and place in which the action is performed.<sup>260</sup> To properly perform a specific task one will have to focus on it at the cost of a more general observance of the complete surroundings. To put it differently, performing an action demands clear decisions on what is relevant to complete that action and ignorance of all other extraneous impulses.

Imagine, for example, a simple act like washing the dishes. When you engage in it, the perception of the kitchen in which it occurs, will slightly differ from what it would be if you didn't. You temporarily focus, or 'zone in', on the water in the sink, the brush in your hand and the cups, dishes and cutlery that need cleaning while you ignore the walls, floor, ceiling, windows and so forth. Time and space are thus condensed to only those actions and artefacts that are of immediate use in the context of what you are doing.

## Ritual zoning

As I said before, not every action is ritual. Doing those dishes, for instance, isn't. But it could be. On many occasions, rituals are understood in terms of particular displacement, and that in the most literal sense of the word: to

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<sup>258</sup> As presented for example in J. ROTHWELL & D. MASSEY: 'Density zoning and class segregation in U.S. Metropolitan Areas', in *Social Science Quarterly* 91/5 (2010) 1123-1141.

<sup>259</sup> Although a little fetched I believe a reference to the three types of space as described by Lefebvre is in place here. Lefebvre doesn't mention zones or zoning but his triad of lived space – conceived space – perceived space closely follows the relation that I describe here. H. LEFEBVRE: *The production of space*.

<sup>260</sup> This prompts me to believe that both Smith and Grimes, in their debate on the primacy of action or place, miss a very central point: no action, ritual or other, will ever completely define a specific place and no place can ever determine the actions that are performed in it to full extent.

perform a ritual one needs to step unto 'other ground'.<sup>261</sup> This includes the obvious rituals, like going to church. Mosque or temple, but also less evident ones, like the laying of flowers on a gravestone.<sup>262</sup> I do not dispute this factor of displacement, but emphasising or ignoring it too often becomes a way of giving prominence to only one set of characteristics. Historically, such emphases have been employed to prove the efficacy of ritual or, to the contrary, to make a point of its 'other-worldliness'.<sup>263</sup>

It is my experience that the performance of ritual (co-)creates 'otherness' of space (and also time) as much as it is construed by it. The ties between material place and symbolical activity are quite essential but vary greatly in actual influence. They can intensify or contradict.<sup>264</sup> That act of doing the dishes, for instance, could be ritualised just as well by performing it in an other-than-normal manner (i.e. contradiction), as by transferring it to a specifically crafted place that stresses the act rather than the outcome (i.e. intensification).

Furthermore, as a ritual has the most significant value to those involved, I suggest it makes more sense to at least start its analysis with the ideas and ideals that are contained in, and expressed by it than on what places it may or may not separate from one another.<sup>265</sup> In the case of laying flowers on a gravestone I would point out, not that the grave is in a scarcely visited place or that laying flowers applies only to memorial sites, but rather that the gesture itself suggests an active and reciprocal relationship between individuals that have been separated by the gorge of death. In reference to my earlier stated working-definition, this means that in the process of 'breaching' it is not what is breached (i.e. the functional routine) nor what that breach is caused by (the symbolical counterpart of such a routine) but how this happens exactly, in its inter-relatedness, that should be the focal point of attention.

Let us return to the dishes once more. To determine whether or not washing the dishes has become something of a ritual, one thus better investi-

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<sup>261</sup> Most significantly this is claimed by Mircea Eliade and his 'followers' (like Jonathan Smith) but the importance of 'holy ground' is widely acknowledged by many others, albeit in less stringent words, like Catherine Bell, Ronald Grimes, Victor Turner, Roy Rappaport, etc.

<sup>262</sup> T. QUARTIER: 'Memorialising the dead', in POST, MOLENDIJK & KROESEN (eds.): *Sacred places in modern western culture* 78.

<sup>263</sup> Such opposition can be found between Durkheim and Eliade or Staal and Malinowski or, even more present, Smith and Grimes.

<sup>264</sup> That rituals are rife with such ambivalences is conveyed wonderfully by Grimes in his latest work. GRIMES: *The craft of ritual studies* 297-317.

<sup>265</sup> A functional addition to a descriptive definition, as seen with Post, seems especially useful here. See POST, MOLENDIJK & KROESEN (eds.): *Sacred places in modern western culture* 18.

gates if it contains or expresses any relations to 'non-dish-washing' ideas or ideals. It can become a remembrance of the 'good old times', when dishwashers did not yet exist. It can also transform into an act of recreation that involves singing and dancing. And it can even turn into an activity of meditation that enables the participants to temporarily escape their day-to-day struggle. In all these cases it has gained symbolical value. Such attentive escapes, transformations or commemorations expand on the actual material place in which the activity is performed. The focus no longer lies on the practical outcome but on other places, times and people that may be represented by it. And herein lays the important difference with the zoning quality of any non-symbolical actions. Where a non-symbolical action condenses a certain place to what is of immediate use, a symbolical activity expands on it, often even to counter-productive extent. That expansion is not without order but rather of a very different order. It is an order that is similar to that of children's play, where a parental bed turns into a pirate ship or a left-over card wood box into a space craft.<sup>266</sup> In this order, the relation of the act to its material and temporal surroundings is highly important yet very subtle. Only with mom and dad in the bathroom – away but still in close proximity – can their bed become a pirate ship; only in familiar settings and without any visible other purpose will the card wood box turn into a space craft. Like children's play, a ritual can take place just about anywhere but *never* just anywhere at any time.

### The roundabout way of rituality

Activities that are inefficient, let alone counterproductive, cannot be employed with the intention to reach a single desired effect. That would be a *contradictio in terminis*. For this reason alone rituals should never be put to use as mere instruments. To put it more bluntly: a ritual that is utilised only to achieve a previously set goal is not a ritual at all.<sup>267</sup> To acknowledge this bears significant consequences for residents of rest and nursing homes.<sup>268</sup> Using symbolic

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<sup>266</sup> See my earlier treatment of Foucault in IV, 104. Cf. the famous idea of the *Homo Ludens* as presented by famous historian Johan Huizinga. See H. D. TJEENK WILLINK & ZON: *J. Huizinga, Verzamelde werken 5* (Haarlem 1950).

<sup>267</sup> The nuance should be well understood here. Of course, a ritual has effect, and of course that effect can be desired beforehand. It is the way in which that effect gets established that is different. That way is one of impracticality.

<sup>268</sup> Cf. R. BUTLER: 'The life review: An interpretation of reminiscence in the aged', in *Psychiatry*, 26 (1963) 65-75. R. BUTLER: 'The life review: An unrecognized bonanza', in *International Journal of Aging and Human Development* 12 (1980) 35-38.

activities as therapeutic devices immediately diminishes their symbolic character. Just imagine what would happen if Mary, the painting lady in my introduction, was prompted to paint as part of her reactivation therapy. It would not so easily be tied to found memories, it would take away rather than reinstate her personal agency and it would be part of the daily routine rather than the much-desired break.

Therapy is pragmatic while rituals can never be. That is not to say that one should give up on that kind of therapy *per se*, but it does imply that such activities are taken away from the symbolic/sacred side of the continuum. They will no longer function as a breach of daily functional routine as easily as before. And there is one other objection, perhaps even the most important one. It is a remonstrance against the process of commodification in facilities of care. A strictly instrumental focus takes away any possibility of occasionally creating more space than there is place, of expanding the material room into an immaterial home, haven or sanctuary. It turns space for living into a place of work.

These are the three indispensable characteristics of the *ritual zone*. All three are, more often than not, absent in present day care facilities. In enumeration they are:

- A close relation between material place and immaterial ideas or desires
- an expansion of that place to other places, times, people, artefacts or events
- defiance of efficiency, pragmatism or instrumentality

Acknowledging that order and chaos necessitate instead of exclude one another will eventually put the ever growing demand of efficiency into its rightful place. It is good to try and save as much time and money as possible, especially, if those savings can then be put to use where they are most needed. But no life can ever be solely practical, not even life in an institution. Or maybe, *especially* not the life in an institution, for when every action has an equally worthy yet non-productive counter-action, would not by inference every way of living need an equally worthy, yet non-productive counter life?

## CHAPTER 4

# RITUAL PRACTICES IN DE HAZELAAR AND HET LAAR

In this chapter, I present an overview of the rituals and ritualisations that I've encountered at the locations of my research. It can be no more than a selection due to the sheer amount of data that I collected. Nearly every day of the two years I spent as a volunteer, brought new examples of more or less ritualised activities. The selection took place with two criteria in mind: they had to be fairly well observed and documented by, me as well as discussed, in some detail, by at least one of the participants. This, I hoped, would provide the best overall image. For each of the selected rituals I will give a short outline of how it 'takes place', in the most literal sense; of how it annexes material and/or virtual space. I focus on rituals of the residents themselves but, as we shall see, this does not exclude other participants. I have divided them into eight categories or 'genres'. They are:

- Wining and dining
- Watching television
- Individual ritualisations, etiquette and hygiene
- Birthdays
- Entertainment and recreation
- Official adherence
- Large festivities
- Passing away

This division into eight genres serves three purposes. First of all, it is, in my opinion, a fair representation of the broadness of ritual (-like) behaviour in facilities of care. Secondly, it enables us to understand that in the day-to-day lives of the inhabitants, small, individual, personal and natural (also known as *secular* or, more to my own preference, *profane*) ritualisations are, at the very least, as commonly present and of equal value as large, collective, institutional and religious rituals. Thirdly, it serves as a way to better understand the changes that occur in the relations between rituals and daily routine when one

moves to a rest and nursing home. As said earlier, all human activities can be placed on a continuum from secular to sacred.<sup>269</sup> The continuum in the rest and nursing home however is not at all the same as the one in regular life. In presenting these genres I will reveal what changes transpire on this continuum and why that is so.

But before I showcase these eight genres, I need to say a few words on the matter of entering a rest and nursing home. Some, other than me, would insist that this is also a ritual. Perhaps they are right. What goes on when one enters a care facility certainly follows a strict repetitive pattern. But as I have shown earlier, neither the rigidity nor the repeatability of a pattern necessarily belong to what I define as ritual. Furthermore, the person making the transition is often passive and unreceptive.<sup>270</sup> That needn't be a problem per se, but it is whenever it concerns a rite of passage. Unwilling initiates will easily sabotage the outcome of a ritual, and with it the ritual as a whole. More importantly however, the actual transition to a care facility is such a fundamental change that it can in no way be considered a mere symbolical breach of a functional routine. It is rather the complete replacement of that routine.

According to Shield, and many others as well, the move to the nursing home is physically and mentally arduous.<sup>271</sup> So much even that mortality rate in the first thirty days of residence is, by far, the highest. Those who 'pull through' usually increase in health and demeanour. It takes a lot of accepting though. Shield discriminates two stages therein. First of all, there is the stage of 'giving up the outside' and then that of 'taking in the inside'.<sup>272</sup> The first stage is a process that starts with making a tough decision, which is followed by making all the necessary preparations, and ends with 'admission day'. The second process has everything to do with learning the structure, hierarchy and timetables of the new 'home' as well as the 'unwritten' codes of conduct and possible repercussions for transgression. When settled in the nursing home, it is often not so much the effects of aging itself, but the completely new

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<sup>269</sup> The words I use here are of course those of Barbara Myerhoff. See note 16.

<sup>270</sup> Both passivity and unreceptivity have their place within ritual but a combination of the two logically works counterproductive. Cf. R. GRIMES: 'Liturgical supinity, liturgical erectitude. On the embodiment of ritual authority', in *Studia Liturgica* 23 (1993) 51-69.

<sup>271</sup> SHIELD: *Uneasy endings* 132. Literature on this topic is abundant. See for example [http://nursinghome.org/fam/fam\\_004.html](http://nursinghome.org/fam/fam_004.html) (last checked 3-7-2015) or P. SCOCCO, M. RAPPATONI & G. FANTON: 'Nursing home institutionalization: A source of eustress or distress for the elderly?', in *International Journal of Geriatric Psychiatry* 21/3 (2006) 281-287.

<sup>272</sup> SHIELD: *Uneasy endings* 132-140.

environment of the institution and its rules and regulations that people have to become accustomed to. In an interview, Mrs. Croup elaborated on this point:

*I've been blind for many years now. That has never been much of a problem. My husband and I have always been able to make ends meet. We had some help in our apartment and that was enough. Then one day I fell down. Just like that. My husband caught me and so we fell together. We lay on the floor for several hours, not able to get up. Until the help came. After I was diagnosed with a minor CVA we were told we could no longer live on our own. And so we came here. We had to leave behind most of our stuff. Luckily, we were able to disperse it among our loved ones. It was hard to leave all those things behind. It's also hard to live our lives by other people's rules now. We always did everything together, my husband and I. We still do but now we have to wait for the nurses to get us out of bed...or put us in. We cannot cook our own meals anymore, or even decide when we want to have one. We need help to go to the toilet. We have someone to clean our apartment, wash our clothes, make our coffee and so on.<sup>273</sup>*

#### 4.1 Wining and dining

Quite often, when I talk about my field of inquiry, I'm confronted with people who persist that eating and drinking have little or nothing to do with ritual.<sup>274</sup> They are right, of course. It does seem peculiar to describe the fulfilment of one primary need as ritual.<sup>275</sup> Any living body needs sustenance. The mere act of providing oneself that sustenance certainly is nothing symbolical. It is however, not so much the act that creates the ritual but rather the companions that partake in it.<sup>276</sup> So, whenever a meal extends beyond those guests visibly present, as is the case with the Eucharist, sacrificial meals or even sandwiches and coffee after a funeral or cremation, it becomes a ritual meal. To me, that extension is not limited to invisible entities only. As recognised by Catherine Bell and others, a meal can function as representation of shared values or ideals, for instance those of community.<sup>277</sup>

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<sup>273</sup> Interview with Mrs. Croup, 13-10-2011.

<sup>274</sup> Cf. BELL: *Ritual* 42-44.

<sup>275</sup> That is, if we conveniently overlook the fact that many religions have integrated food and beverages into their rituals in quite unmistakable ways. Christianity, for instance, has a communal meal of wine and bread as both its genesis and most important fundament.

<sup>276</sup> As was eloquently put to me by one of my promoters, anthropologist Walter van Beek.

<sup>277</sup> BELL: *Ritual* 42-44; JUCHTMANS: *Rituelen thuis* 135-141 and K. KNOTT: 'At home in the secular. A spatial analysis of everyday ritual', in *Jaarboek voor Liturgie-Onderzoek* 23 (2007) 45-62.

Whenever one delves a little deeper into the daily affairs of a nursing home, one of the first things that catches the eye is the rigid dining schedule. Each day, breakfast, lunch and dinner are set at fixed hours and have a predetermined duration. Warm meals are usually prepared as lunch, while breakfast and dinner consist of light sandwiches and tea or coffee. Apart from individual health issues, sickness or large festivities, there is little room for deviation from this schedule. The reason for this rigidity is obvious. Most nursing homes are large-scale organisations. The sheer amount of actions that need to be performed everyday by nurses, caretakers, cooks, cleaners and so on, demands a strict division of time. Such practical urgency notwithstanding, many inhabitants of care facilities experience moments of communal dining as special.<sup>278</sup> The inhabitants of Miro 1 all have their own position at the tables during lunch and dinner. New arrivals are usually seated in the place of their predecessors. Even though no one tells them this is where they *must* sit, it soon becomes the places where they *prefer* to sit. Only on rare occasions do people change from their original seat. Mrs. Griffin told me of one such occurrence:

*We truly enjoy each other's company at the dinner table. It is so much more pleasurable if you like the people you have dinner with. It makes small talk so much easier. I remember one time where a new person, I won't say who, was introduced to our table. She didn't sit well with the other three at all. There were arguments every time. Eventually we all [i.e. the old group, the newcomer and the nursing staff] agreed that she had to change places with someone else. It took some days to find someone who we all liked and who was willing to change seats but then things quickly became agreeable once more.<sup>279</sup>*

Breakfast is another story all together. Here efficiency takes command over social preference. The place where someone is situated to have breakfast depends on who is washed and clothed first. When time runs short, some clients may even receive their breakfast in bed. When asked, most clients declare to rather have breakfast in the company of others than alone in their room but their responses indicate that its social value, and with that its potential for symbolic meaning, is far less than that of dinner or even lunch.

In the case of Miro 1, the emphasis on efficiency during breakfast is underlined by two facts: medication and music. As some medicines are best ingested with food or water, breakfast has, pragmatically, become the standard

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<sup>278</sup> So much even that it received favourable attention as the basis for fundamental change in elderly care all together. See <http://www.placestoflourish.org/pdf/Dining.pdf> (last visited 16-7-2015).

<sup>279</sup> Log, 8-10-2009.

moment to dispense most daily prescriptions. During that whole process, from setting the table, to administering drugs and cleaning up afterwards, the radio is always turned on.<sup>280</sup> As soon as I noticed this, I started asking around. Who turned on the radio? Who wanted to hear music? Who decided the broadcast station and why? It quickly became clear that none of the residents had asked or cared much for music at breakfast either way. Somehow, it had become a 'tradition' among the kitchen personnel to put it on immediately after arriving. The choice of station confirmed that this was in no way meant to create a nice breakfast atmosphere for the residents but rather as so called *Arbeidsvitaminen* [labour vitamins] for the kitchen personnel, nurse assistants and cleaning staff.

*Het Laar* seemed somewhat better attuned to the symbolic potential of food and music. Here at breakfast, they held weekly baking sessions for the cognitively challenged elders. These sessions were being held at the far dead-end of the hallway, a place where no one would normally go to. By baking, smelling and tasting, the often restless and anxious elders were brought in a soothing atmosphere of yore. Music was set to accompany the activities as well, but instead of a radiobroadcast of contemporary popular music, they choose to play CDs with songs from the forties and fifties.<sup>281</sup> These sessions were quite appealing to me. They actively created a relation between a set-apart place and action to call forth a distinct atmosphere. But strangely enough, these activities were only meant for people with dementia or similar ailments.

In the light of symbolical behaviour, the topic of 'wining' deserves some deeper contemplation on its own. At least on an unconscious level we are all very much aware of its symbolical potency. Most of us, for example, feel the urge to offer a drink whenever we invite someone in our home. Assemblies of any kind are generally held with coffee and tea. Physical accomplishments, from the birthing of a child to the winning of a Formula 1 race, are often celebrated with champagne.

Within the confinement of the rest or nursing home, many people are forced to abandon such 'normal' interaction ritual.<sup>282</sup> All too often have I encountered residents in both *De Hazelaar* en *Het Laar* that already started apologising at the door for not being able to offer me some coffee or tea during the interview. Even when I got something to drink from one of the nurses,

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<sup>280</sup> In some cases, mostly among people with dementia, playing music during mealtimes is considered a reliable form of therapy. See D. ALDRIDGE: 'Dining rituals and music', in *Music Therapy Today* 8/1 (2007) 26-38.

<sup>281</sup> Cf. SHIELD: *Uneasy endings* 135.

<sup>282</sup> GOFFMAN: *Interaction ritual* 41-42.

many of them repeated an apology for not being as hospitable as they would have liked to be.<sup>283</sup>

Alcoholic beverages seem to demarcate truly noteworthy events in both institutions. Only on rare occasions of large festivities or one's own birthday did I encounter inhabitants drinking beer, wine, gin or eggnog, but never unattended. It is also discouraged to have such beverages in one's own room or apartment. Apparently, the use of alcohol in care institutions is a highly scrutinised affair.<sup>284</sup>

Although treated in a separate paragraph further on, it is fitting to also spend a few words on the celebration of birthdays here. Within the Dutch society birthdays are strongly connected to food and drinks. Pies or tarts, coffee and carbonated or alcoholic consumptions are commonly offered to visitors. Among, of course many other things, presents can also be sweets, chocolate or alcoholic beverages. This relation between birthdays and pleasurable nourishments seems to be even stronger in rest and nursing homes where alternative ways of celebrating ones birthday are few.

At one point Mrs. Griffin told me that she was going to celebrate her upcoming birthday no less than three times, and every time the central point of the celebration would be food. The first would be at her activity group on a Tuesday. Although her birthday was on Wednesday, she wanted to treat her fellow members of this group on apple turnovers, a common gesture in Dutch society. The second celebration would be on the day of her birthday itself. Again, she would treat people on pastries, this time however, they would be for her fellow residents. The third celebration was going to be the largest by far. On a Friday she would, together with friends and family, rent a nearby banquet hall to have a communal dinner there.

The importance of activities around food and drinks has been acknowledged by care-company *De Wever*. In 2008, the service for spiritual care published a booklet on the do's and don'ts concerning food and drinks of the most common religions. It conveys only the most basic food laws and rituals but it paints an unmistakable picture. Our society has become one of cultural relativity. Serving only one type of meal for all inhabitants three times a day won't do anymore. But, as we have seen before, acknowledging the customs

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<sup>283</sup> Shield describes this desire to nourish as gender-tied but in my experience, both men and women felt equally obliged to offer food and drinks to guests. SHIELD: *Uneasy endings* 134-135.

<sup>284</sup> A completely different view on the use of alcoholic beverages by elderly people, can already be found in Plato's *Laws* (665-666) and is loosely commented upon in: MCKEE & BARBER: 'Plato's theory of aging' 93-104.

and beliefs of other cultures is only a small step. It may stimulate awareness of the symbolic order of other beliefs or denominations, but from thereon there is still a long way to go.

One last peculiar development in relation to food, is the expansion of the main restaurant or dining hall. It is an expansion that takes place in both the literal and in the figurative sense. These halls or lobbies are not only getting bigger physically but they are also fabricated in a more multifunctional manner. They are no longer just the place where ‘insiders’ can sit down with ‘outsiders’ but a room where every type of festivity can and must be celebrated. It is another hyphenation of the priority of efficiency and pragmatism. By designing one space that can serve as many, a lot of time, space and money is saved. Unfortunately, this also leads to a clustering of rituals that are normally set apart. I’ve witnessed such clustering on many occasions and wrote several entries in my field notes.

How strange that one group of people is celebrating one’s birthday on the stage in the back while the rest of the Plaza is decorated for the world soccer championship. It feels like different symbolic orders are blotting each other out here.<sup>285</sup>

People are having their lunch as usual in the great hall. But unlike other times they are now completely separated from the rest of the hall by the big flower trenches. The rest of the hall is reserved for a catwalk show in which the newest clothing for elderly is presented. I wonder whether the dining residents are amused by the loud music and constantly blathering host.<sup>286</sup>

Jane told me a remarkable thing today. Whenever someone passes away in *De Hazelaar*, it is nowadays customary to ‘exit through the front door’. This is the result of a widespread desire to not let residents disappear unnoticed. As the front door is situated right next to the Plaza however, it often occurs that guests and residents, while enjoying a meal, are confronted with a funeral procession and vice versa.<sup>287</sup>

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<sup>285</sup> Field notes, *De Hazelaar* 2011.

<sup>286</sup> Field notes, *Het Laar* 2010.

<sup>287</sup> Interview with Jane, March 2012.

## 4.2 Watching television

The act of watching television by elderly people already received favourable attention by Jules Henry in 1966.<sup>288</sup> In the last fifteen years or so, it has become a subject in its own right.<sup>289</sup> Van der Goot performed extensive research among elderly people in the Netherlands to find out whether their television-watching behaviour was as solely an activity of compensation as usually presupposed. In her conclusion, she states that whenever there is actual compensation, this is always accompanied by a strategy of selection. In other words, even when watching television replaces activities that are no longer possible, or is employed to overcome grief, it remains opted for in the awareness of several alternatives. One time I spoke with Mr. Woods about the subject. I asked him about the contents of the programmes watched in the communal 'living room'. He answered as followed:

*The programme in the living room is mostly determined by Mrs. Van der Vaart. She loves to watch children's shows. I don't like that at all. I'd like to watch something more serious. But I don't want to make a fuss so I just accept it most of the time.*<sup>290</sup>

I then asked him why he didn't just go to his own room to watch whatever he wanted to see.

*Of course I don't. The TV's in our private rooms serve another purpose. They are there to... 'end' your day; to watch when you are already in bed and you can't or don't want to sleep just yet. In the living room we watch together. It's more of a social thing...*<sup>291</sup>

The discrimination Mr. Woods makes between two different forms of watching television, in two different places, can be seen as an affirmation of Van der Goot's conclusion. The act of watching television is a positive choice, part of a process of selection, rather than a 'last resort'. In addition, it shows how such ordinary things as watching television can accumulate several more or less symbolic meanings in different contexts or locations, from individual quotidian closure or preparation for sleep to a means for social gathering.

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<sup>288</sup> HENRY: *Culture against man* 458-459.

<sup>289</sup> Most notably: HAJJAR: *Television in the nursing home*, and VAN DER GOOT: *Television viewing in the lives of older adults*.

<sup>290</sup> Log, 21-1-2010.

<sup>291</sup> Log, 21-1-2010.

In that last sense, it is quite revealing to see how personnel deal with watching television. Quite contrary to listening to the radio, the television seems completely off limits to the working force. During the entire timespan of my research, I have not once observed a member of personnel joining the residents in watching television, not even for just a couple of minutes. When I asked some of the student-nurses about it, they told me it was forbidden. When I asked the registered nurses and cleaning ladies, they told me they simply had no time for such things. Both answers seemed strangely apologetic to me, if not to say not true. Even though it likely happens unconsciously, I assume this refusal to mingle to be another way of highlighting the 'Goffmanian' gap between workers and residents.<sup>292</sup>

### 4.3 Individual ritualisations

The transition to a new environment maybe especially challenging as these elderly have to let go of many things that defines, or at one time defined, them as autarkic individuals. And these are exactly the things people tend to cling to the most in the experience of a loss of agency. They can be personal belongings with emotional or historical value as well as particular idiosyncratic manners.<sup>293</sup> When it comes to personal belongings there seem to be two major categories of especially valued artefacts. The first group holds all direct depictions of loved ones or special events and all objects that somehow represent either of them, like statues brought from travels, drawings of grandchildren or memorabilia with a shared story. The second category holds all items that are somehow connected to the self-image or personal narrative of the individual, like photos, art, diplomas or special documents. In *Het Laar*, Mr. Vandemar provided a beautiful example of the first category:

*Do you see that little red vase over there? Right behind the pictures, in the corner of the cupboard. That, without any doubt is the most valuable thing in this room. It's not worth a thing, mind you, but to me it means the world. It was the very first thing my wife and I bought after we fell in love.*<sup>294</sup>

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<sup>292</sup> GOFFMAN: *Asylums* 7-9.

<sup>293</sup> KAUFMAN: *The ageless self* 30. See also ROWLES: *Prisoners of space?* and SHIELD: *Uneasy endings* 132-135.

<sup>294</sup> Interview with Mr. Vandemar, 2010.

When I asked Mr. Vandemar if there were any special moments upon which he looked at the vase or maybe even touched it, he looked surprised:

*Of course not. I don't need to do anything with that vase. As you can see it's not even very visible behind those photographs. I just need it there...to know it's there ... that's all.*<sup>295</sup>

Over many years, elderly people have often gathered a plethora of such items. When moved to a care facility, their individual living space becomes much more confined. Only a small amount of valued possessions can be taken along. Choosing which ones are to come and which ones are to go, is an arduous task.<sup>296</sup> This was explained to me by Mrs. Croup, whose apartment was filled with items of the second category.

*As soon as it became clear that we had to move we started to work out which of our belongings we wanted to take along and which ones had to go. As you can see we love art. But what you see here is not even a tenth of what we had. We had to leave so much behind. And, because we have no kids, it was really hard to make the decisions. In the end our nieces and nephews divided most things among each other and promised they would keep it until we pass away. They were such lovely things...but we simply had no place for them here.*<sup>297</sup>

### Rituals of resistance

Just like personal belongings, not all manners will fit within the new 'society' of the care institution. Precisely because of that, some of these belongings and mannerisms obtain a status of 'set-apart' sacrality. A good example of this comes from Mr. Croup. He and his wife have been married for more than fifty-five years during which Mr. Croup always enjoyed staying up late in the evening. Some years ago, he fell on his head and sustained an internal blood blister that pressed against his brain for some time. He recovered but, in the words of Mrs. Croup, became "a bit slow" afterward.

Only a few months ago Mrs. Croup suffered a minor CVA. She too recovered but as a result of both occurrences they were transferred to *Het Laar*. Here too, Mr. Croup enjoys staying up. But here, it is custom to start helping clients to their beds as early as half past eight. Mr. Croup refuses to be put to bed this early. As a result, he has to wait for the night nurse. He does so diligently but on rare occasions, this has led him to stay up in an unheated

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<sup>295</sup> Interview with Mr. Vandemar, 2010.

<sup>296</sup> SHIELD: *Uneasy endings* 132-135.

<sup>297</sup> Interview with Mrs. Croup, 13-10-2011.

room until two 'o clock. Even Mrs. Croup tries to persuade him to compliance, every now and then. But she realises well that, in this particular situation, clinging to behaviour which formerly was nothing exceptional, now has become a symbolical means to uphold his autarchy. Fortunately, Mr. Croup is a much-loved man. He has a charming disposition and much of his 'shenanigans' are met with silent amusement by the staff and nurses or other caretakers.

Some ordinary activities reach almost sacred status when they are deemed unsafe for the individual that desires to undertake them. This became clear to me in an interview with Mr. Andros. From the very start of the interview, Mr. Andros was reluctant to open up about his situation. Only after several minutes of small talk, in which I successfully won his confidence, did he expatiate:

*How I wish I could get one of those scoot mobiles. It would make my life so much more comfortable. Before my incident I went to the billiards club every week. I loved that so much. And all my friends came there too. But now I'm here, in this wheelchair. Do you see how flat these tires are? I can't go anywhere. If only I got that scoot mobile. Then I could just drive to my home village and visit the club and see my friends again. It's only a couple of miles, right. I'm sure I could make that.<sup>298</sup>*

Mr. Andros was put under curatorship of a physician after he had had two minor strokes. This happened much against his will. Clearly, Mr. Andros still had a lot of zest and abilities to engage in the social activities that he used to participate in. He needed to be in another place, and with other people, to feel good. He grasped every possible opportunity to negotiate his fate. He pointed out the dismal state of his wheelchair, demanded the scoot mobile he was entitled to and caused general mayhem to express how ignored he felt in all of this. But little changed. Because of the risk involved, as perceived by medical experts and relatives, his remaining agency was simply taken away without any plans for restoration. Mr. Andros' discontent also kept him from partaking in any of the institutional rituals. He would not confirm it to me in our talks, but I could not help feeling that fighting the forces that took away his agency, was the only way to prove he still had some.

## Reading

One of the best examples of purely trivial activities that beget a symbolical status in the seclusion of the rest and nursing homes I did happen upon in the reading of Mrs. Griffin. When I first met Mrs. Griffin she had already been

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<sup>298</sup> Field notes, undated.

living in Miro 1 for two years. I was quite surprised to encounter such a lively, well-spoken and good-looking lady here. It was, in fact, only because she was seated in an electrical wheelchair that I understood that she was a resident. In my first or second week at Miro 1, I had to set the table for lunch. On the table, in front of Mrs. Griffin was a woven basket, filled with newspapers, small books and all kinds of leaflets and brochures. While she was reading, I took this basket and placed it on the windowsill to change the tablecloth. Mrs. Griffin was ever so quick to address me in a very austere tone of voice. "Young man, please put that basket back right away!" I hastily replied that I would, as soon as I had put the cloth for lunch on the table. While doing so, I asked her why she was so attached to the basket. Her answer revealed everything:

*I just love to read. I always did...but ever since this happened to me it became ... well ... more important. Anything of interest, things I want to re-read or new things that I have not yet read, I keep in that basket. And as long as I have that basket with me I'm not reminded so much of all that I can no longer do.<sup>299</sup>*

I later found out that she had had a minor CVA that disabled most of her right side. One of the few things she could still do, and did so fervently, was reading. The basket with light reading became the symbol of her potential. It made her feel valuable even though she had very little means to contribute anymore. Without that basket by her side, she did not feel well and she made a point of it to let everyone know that this basket should not be taken more than an arm's length away from her.

### Keeping watch

Not less trivial but far more exceptional in the 'ordinary' world is what I would like to name the act of 'keeping watch'. In almost any institution of care, one will find people sitting close to the entrance/exit. They can keep it up for hours, sometimes even an entire day, only to repeat it in exactly the same manner the next day, and that for weeks, or even months, on end. I've seen many examples of this behaviour in both *De Hazelaar* and *Het Laar* but the differences between the buildings gave the same act a unique character.

In *Het Laar* a special row of seats has been placed directly in front of the main entrance. These seats are never empty but more people than just the ones who like to 'keep watch' sit there. I joined the people sitting there a number of

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<sup>299</sup> Field notes, between 8-10-2009 and 5-11-009.

times. It was never easy to start a conversation. Many of them turned out to be waiting to get picked up by family or friends for a day out. They didn't want to sit there any longer than necessary and often did not appreciate my nosiness. After a couple of visits, I started to learn who were actually 'keeping watch'. They turned out to be even less chatty. Luckily, there were three or four of them and I could often simply sit there and eavesdrop. Many of their conversations went something like this:

- Person A: *Terrible weather out there.*  
 Person B: *Yes terrible.*  
 Person A: *I'm glad I'm not going anywhere.*  
 Person B: *Indeed.*  
 Person A: *Still a lot of people going in and out.*  
 Person B: *Yes, it's weekend.*  
 Person A: *Ah yes, time for family-visits.*  
 Person B: *(nods)*  
 Person A: *Have you seen Shelly?*  
 Person B: *Shelly?*  
 Person A: *Yes, Shelly. You know, from physiotherapy.*  
 Person B: *Oh, that Shelly. No, I haven't seen her. Why?*  
 Person A: *I haven't seen her in days.*  
 Person B: *Maybe she's sick.*  
 Person A: *Maybe.*  
 Person B: *I haven't been for some time now, thank heavens.*  
 Person A: *Been what?*  
 Person B: *Sick.*  
 Person A: *I had a cold last week. A nasty one. But it's gone now*  
 Person B: *That's good.*  
 Person A: *Sure is. But you never know how long...*  
 Person B: *No you don't.*  
 Person A: *Just keep going, I guess.*  
 Person B: *Guess so.<sup>300</sup>*

At first glance, no conversation could be less normal or informative than this one but as I overheard many of them, all following the same pattern, I began to suspect some deeper meaning. First of all, the world 'outside' is subtly integrated. Even though weather is of no concern to these people as they live in a completely artificially controlled environment, they often still keep track of and evaluate the outside conditions at any given moment. Next they comment

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<sup>300</sup> Field notes, undated.

upon the boundaries between ‘outside’ and ‘inside’ that are crossed, by whom they are crossed and why. The final part of their conversation is all about their knowledge of what goes on inside; which people are ill, depressed or deceased, which are doing well and how they themselves relate to them or how they are doing in comparison. The place where they sit could not be a better representation of the contents of their talks. It is literally the threshold between two worlds: one they know by experience, the other from memory.

In *De Hazelaar*, I met two people who ‘kept watch’ and did so entirely on their own. The first one always sat at the main entrance, outside in the summer, inside in winter. I never really spoke to him as it only occurred to me he too was ‘keeping watch’ long after I closed off my period of fieldwork. The other two were both residents of Miro 1 and I got to know them quite well. First, there was Mr. Gray. He was a remarkable man. From the very first moment I met him he proved to be a keen observer. On more than one occasion, he could make clear to me what his tablemate Mrs. Coleman meant with her mumbling and gestures.<sup>301</sup> Even though Mr. Gray sometimes ‘lost his way’, he hardly ever skipped his daily sit outside. In wintertime, he wore an extra jacket and scarf. When I asked him about his motivations to sit outside his answer shone with simplicity: “To get some fresh air. We are all too cooped up in here.”<sup>302</sup>

The second person from Miro 1 that liked to keep watch was Mr. Hassouid. We first met at the entrance. As I came walking in, he looked up at me from his wheelchair and gave a slight nod. I greeted him and went along my way. Only later did I learn he too was one of the residents of Miro 1. “He likes to take off,” one of the nursing students said. “Sometimes it takes us half an hour to find him for lunch or dinner.”<sup>303</sup> Like so many others, Mr. Hassouid entered the nursing home because of a CVA. In his case, it left him with a partly paralysis and aphasia. As he could not answer me, nor spoke my language very well, I could not ascertain his motives. But from the very beginning it was clear he loved to seek out a place where people entered or exited the building. Just knowing this would have dramatically shortened the time to find him whenever he had ‘taken off’.

The true reasons or motivations for ‘keeping watch’, the ones underlying the obvious observations and simple replies, remain uncertain, often even to the watch keepers themselves. Most likely, the underlying impetuses differ per person, maybe even per occasion. In my interviews with residents, I’ve heard

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<sup>301</sup> Mrs. Coleman was diagnosed with aphasia.

<sup>302</sup> Field notes, 5-11-2010.

<sup>303</sup> Field notes, 1-10-2010.

all kinds of explanations. They varied from escapism to common curiosity and even just getting some fresh air. But no-one was able to concoct a genuine satisfactory explanation for the fact that the entrance/exit plays such an important part. In my interviews with people that were not residents, I was surprised by the fact that only very few people ever gave it real thought. 'Keeping watch' was mostly labelled as something 'they just do'. I suspect that as long as it does not interfere with anyone's job, it doesn't need any explanation or mediating.

As an act of symbolism, this 'keeping watch' has kept me riddled for some time. I found it hard to place it in any kind of category. Instead of breaching any routine, it appears to be more of a replacement, a new routine of itself. Perhaps even a routine of symbolical behaviour that is breached only by the necessary acts of straightforward functionality, like being fed, washed or assisted to the toilet. Perhaps it is an epitomic signal of the disturbed balance between functional routines and the acts that 'breach through' them.

### Hygiene and etiquette

Apart from objects and mannerisms, there is one more category of action that changes quite radically in the transition to a rest or nursing home. That is the category of (personal) hygiene. At first glance, the actions that fall in this category seem purely functional ones, in which symbolism plays no part whatsoever. People have to be washed and groomed and their living spaces kept tidy and clean. That is purely pragmatic. But, ask anyone about their most individual rituals out of the blue, and nine times out of ten they will come up with actions that are related to personal hygiene, such as brushing teeth in the morning, showering before going to bed, washing hands before having a meal, cleaning house in anticipation of visitors or at the change of seasons and even regular use of sanitation. That we generally do not make this connection when we think of care institutions seems a clear indication of how much our comprehension of such places has been determined by rules of hygiene and efficiency. But why would the people there be any different than the rest of us? It turns out they aren't, at least not in this aspect.

At one point, I was doing a morning round in *De Hazelaar* to check if everyone was out of their beds. I found Mr. Daniels still in his room. He was almost in tears. Naturally, I walked in gently and asked him what the matter was. He pointed to his cabinet and said:

*Look, it's my electric razor. It doesn't work anymore. I use it every morning. But now I can't. I have asked the nurses to clean it two days ago and so they took it apart. But they*

*can't get it together again. And now I really need to shave because my sister is visiting me today.*<sup>304</sup>

I tried to fix the razor as best as I could. In the meantime, I inquired about the importance of shaving.

*Well, it's not like I **have to**, of course. I mean, it's my sister we are talking about. She wouldn't mind me being a little scruffy. But I want to anyway. It's important to keep a neat appearance. People will appreciate it and it makes you feel more capable, not so dependent. That's important.*<sup>305</sup>

Mr. Daniels was right of course. I suddenly remembered a conversation I had a long time ago with a sergeant of the Dutch military. One of the first things taught to aspirant soldiers, he told me, is the importance of personal hygiene. Not so much to show dedication or discipline, but because it helps to maintain a positive self-image. Especially when under stress, of war or any other type, grooming and shaving every morning are considered most vital activities. Another illustration of this was provided to me. Nearly every day, at breakfast, lunch and supper, Mrs. Coleman caused much irritation among personnel and residents alike. Plagued by her inability to speak, she demanded attention throughout every meal, by grunting, coughing, crying and banging on the table. I once asked Myrtle, the head of service, why this was so:

*Ah yes Mrs. Coleman. She came from a wealthy background. She is used to certain table-etiquette. If one of the orderlies or volunteers like yourself sets the table wrongly, she will let you know. It has to be done properly, or it just won't do. It's strange though because you would expect her to give up at one time. She causes so much distress for everyone. I even choose to just ignore her half of the time. But she will not abate. She just repeats the same mayhem at every meal, time and again. Until she gets what she wants.*<sup>306</sup>

The behaviour of Mrs. Coleman became a downward spiral of misery. Just like Myrtle, many other nurses and assistants decided to ignore her. But ignoring her calls also meant that she wasn't taken to the bathroom in time. After a couple of occurrences where she had fouled herself, personnel started to question her mental capacities. They spoke of more medication or maybe even a transfer to one of the closed-off wards for the senile clients. That unofficial diag-

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<sup>304</sup> Log, 11-3-2011.

<sup>305</sup> Field notes, 11-3-2011.

<sup>306</sup> From my log and field notes, 11-3-2011.

nose in turn led to caregivers treating her as if she was demented, neglecting even more the standards of propriety that she so dearly wanted to hang on to.<sup>307</sup>

Unfortunately, Mrs. Coleman's anguish, though seldom rivalled in its intensity, is no exception. All residents of rest and nursing homes experience some form of stress. It isn't war of course, but it surely isn't a walk in the park either. Rituals of personal hygiene, etiquette and decorum are no less important for them, but ironically, especially these rituals are 'taken over' in a regime of time and money. They are communally fed in a predetermined timeframe, they are taken to the toilet on a schedule, they are washed from top to bottom in as little time as possible, and they are clothed in a practical fashion rather than a fashionable practice.

#### 4.4 Birthdays

The celebration of the day of one's birth is an intercultural phenomenon. It is rather exceptional for people to not call this day to memory in a festive way. And of those exceptions most will have some kind of replacement, like the commemoration of the day of naming.<sup>308</sup> In the Netherlands, birthdays are of high importance.<sup>309</sup> Only a few, like the Jehovah's Witnesses, do not engage in birthday ritual. Those who do have a wide range of varieties to choose from but all varieties have some things in common. First of all, the party highlights one person. Secondly, it involves guests. The actual number of guests may differ greatly but without guests there is no birthday. Thirdly, there are drinks and foods. As seen earlier, these drinks and foods are essential but vary in different settings.

Different settings still occur within the care facility. Here birthdays are celebrated among family and friends, within one's own ward and/or in one's hobby club or other interest group. These settings can complement but also contest each other. In the previously mentioned example, there is clear indica-

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<sup>307</sup> The case of Mrs. Coleman was difficult for me to accept. I even stepped out of my 'role' as an observer when I filed an official complaint about how she was treated by some of the nurses. It made me realize more than ever that keeping an 'academic distance', in this environment is not only neigh impossible but also, from an ethical point of view, inadvisable.

<sup>308</sup> Such name days usually refer to the patron saint to which a person has been named. They can be found in most countries with a catholic background like the Czech Republic, Bulgaria, Poland, Croatia, Finland, Denmark, Italy Greece and the Republic of Macedonia.

<sup>309</sup> The special 'birthday rooms' on the first blueprints of *De Hazelaar* are unmistakable testimony to this.

tion of the first.<sup>310</sup> The latter was revealed to me in an estranging interview with Mrs. Poe.

On just a regular day at Miro, one of my colleagues pointed out to me that Mrs. Poe had recently celebrated her birthday. I quickly made an appointment to interview her about it. As I came in, one of the cleaning ladies was vacuuming. I told her what I was there for. She kindly left her vacuum cleaner and went to buy us some coffee. I started some small talk with Mrs. Poe about how she started the morning. It soon became clear that she had a bad day, a bad mood and no intention to be overly helpful or informative. Without much ado, I asked her what I was interested in. Her short mumbled answers sounded grim at best:<sup>311</sup>

- Me: *So how did you celebrate your birthday?*  
 Mrs. Poe: *Home. At home.*  
 Me: *Where is home?*  
 Mrs. Poe: *School Street. Tilburg.*  
 Me: *With whom did you celebrate?*  
 Mrs. Poe: *Family and friends.*  
 Me: *And how did you celebrate? Were there birthday garlands?*  
 Mrs. Poe: *No. No.*  
 Me: *Oh? You don't like garlands?*  
 Mrs. Poe: *Yes I do! But they didn't do it.*  
 Me: *But there was pie and coffee?*  
 Mrs. Poe: *Yes.*  
 Me: *And were there lots of people?*  
 Mrs. Poe: *No, not so many.*  
           *We weren't going to celebrate at all actually.*  
 Me: *Oh, but you did anyway?*  
 Mrs. Poe: *Yes.*  
 Me: *Why?*  
 Mrs. Poe: *Well the people had come, so...*  
 Me: *Ok. And did you do anything in the nursing home?*  
 Mrs. Poe: *Yes! They sang for me at my bedside.*  
 Me: *How nice! And did they give you a fancy breakfast?*  
 Mrs. Poe: *Yes they did.*  
 Me: *And what did you do the remainder of the day?*  
 Mrs. Poe: *Nothing...nothing at all...*  
 Me: *But you liked the singing?*  
 Mrs. Poe: *Yes, **that** [emphasised] I liked very much.*

<sup>310</sup> See the paragraph on wining and dining, page 130.

<sup>311</sup> Interview with Mr. Poe, 2011.

Luckily, I had other talks with Mrs. Poe as well. We spoke a lot about institutional festivities. She made it clear to me that in fact she liked celebrations of every kind. The only thing she didn't like was having to meet expectations. This explained not only why she had disliked celebrating her birthday as a surprise event at home, but also why her mood had gotten so bad when I interviewed her about it.

#### 4.5 Entertainment, leisure and recreation

Like most activities in the last paragraph, the ones that fall under the heading of entertainment and recreation, will defy the label of 'ritual' for most people. But similar to watching television, staying up late or even reading and shaving, many seemingly normal activities can obtain a 'not-so-normal' value in a facility of care.

Several of these activities are completely set up and regulated by the institution itself, others are initiated by a collective of inhabitants and some are even developed by individuals. Institutionally regulated activities mostly follow a practical rationale. They are meant to keep the elderly from 'sinking away' in idleness or train their physical and cognitive functions. Participants mostly acknowledge the importance of these goals but perceive them as by-products of their favourite pastime.

##### Activity group

One such an institutionally organised pastime is the weekly activity group in *De Hazelaar*. When I first visited this group, there were around fifteen participants, all women. They were positioned in a square formation. For every two participants there was one volunteer alongside to help with difficult tasks. This week every participant got a glass vase to decorate, with strands of paper, glitters and whatnot. Next week this same vase would be filled with flowers, the arrangement of which would then be the designated activity. As I sat next to Mrs. Griffin, I asked her about her incentives to join this group.

*I never really liked this type of activity. I'm more of an outgoing type. Well, I used to be. I loved to go out alone and just follow my own whims. Sitting home and crafting things, was never that appealing to me. But things can change. The opportunities of going out have become rather limited. And so I do this. I don't want to feel isolated. And it isn't half as bad as I had imagined either. It's actually hard to do some of these things with only my one hand but then there is always someone to help. I always hated being dependent. I thought*

*that was such a weakness. But it's actually nice to experience that people wish to help. It really makes you feel less alone.*<sup>312</sup>

Mr. Griffin thus joined the group negatively motivated, because she could not do other things anymore. But once joined she discovered other important values, like that of co-creation. It also made her understand, quite against her upbringing, that it is not necessarily a bad thing to accept help when it is offered to you.

### **Billiards club**

Another example of recreational ritual is the billiards club. The members of this club assemble weekly, on a previously set day. It was instigated by some of the residents who discovered an unused room on the first story of the *Laar* building.<sup>313</sup> As they had always enjoyed playing billiards in their previous settlements, they quickly seized their opportunity. An official proposal was drafted, approved by the representative advisory board and sent to the board of directors. They gave their approval, a billiards table was bought and installed and a club established.<sup>314</sup> It soon proved to be a very good initiative. Members of the club grew steadily and non-members also showed interest.

To me, the vivacity with which this club was established as well as its prolonging success, are confirmations of its symbolical force. That force is not evenly distributed over all activities alike. Only specific recreational activities, like billiards, but also *jeu de boules*, or card games like bridge, hold special meaning for the elderly. They used to belong to the domain of leisure but now stand for something more than just recreation or play. Both the organising of as well as the partaking in such activities can be an empowering experience.

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<sup>312</sup> Field notes, 18-2-2010.

<sup>313</sup> Or at least so I was told by one of the nurses. I later discovered that these residents were already members of the KBO (Catholic Bond for the Elderly). I was never able to determine whether it were the residents themselves or the KBO that founded the club. In either case it was definitely not founded by *Het Laar*.

<sup>314</sup> Nowadays billiards has taken on a far more prominent role. The empty room has been exchanged for the thirteenth floor and can be used daily. The club has grown significantly and now gathers three times a week. See <http://www.hetlaar.nl/onze-diensten/vitaal/biljarten/> (last checked on 31-7-2015).

## Men's talking group

This is a group for men who wish to contemplate the metaphysics of life in old age and other philosophical issues. They too gather weekly. This group was instigated as several residents asked Karen, the activity counsellor of *Het Laar*, where they could go to discuss the grand questions of life. She brought them in contact with one another and soon enough it became a weekly gathering. As more people voiced their interest, among which several women, it was decided that only men were welcome. I asked Karen why this group was prohibited for women. The answer was quite revealing:

*Well, to be honest it is because they don't want to get off track, if you know what I mean. These men want to discuss heavy topics without any chitchat or gossip or stories of the 'he said, she said' type. They want this to be of a more academic quality. More like a debate group or philosophy class.*<sup>315</sup>

The men's talking group made me realise that apart from place and action, the constitution of its participants form an important part of elderly ritual, perhaps even as a ritually induced minority's 'presentation or confirmation of self'.<sup>316</sup> Although a direct prohibition to one gender seems outdated and politically incorrect, I found this to occur quite often. There are no men in the groups that arrange flowers, or make picture collages, just like there are no women in the billiards club or chess group.<sup>317</sup>

## Serve the Grey

One last, but interesting type of recreational activity that I'd like to bring under the attention, was pointed out to me by Courtney, the volunteer manager of *De Hazelaar*. She told me she had just had a wonderful experience with four students from the nearby Tilburg University. These students started an initiative named *Serve the City*, in which they aimed at becoming directly involved in creating a better society.<sup>318</sup> One of the projects of this initiative was to provide some of the nearby dependent elderly a nice day by taking them out of their usual rut.

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<sup>315</sup> Field notes, undated.

<sup>316</sup> Cf. GOFFMAN: *Interaction ritual* 31-33.

<sup>317</sup> This is a very interesting subject in itself that I nevertheless choose not to investigate any further within the scope of this study.

<sup>318</sup> <http://www.stctilburg.nl/home> (last visited 2-7-2015).

The project was dubbed *Serve the Grey*.<sup>319</sup> Mr. Daniels was one of the first residents of *De Hazelaar* to be taken along. Earlier I had already noticed his love for social activities like this. Unfortunately, I never had the chance to ask Mr. Daniels about his experience as he got very ill and passed away only a fortnight later. I spoke to Adriana, the activity counsellor of *De Hazelaar*, as a proxy instead.

*These are the type of things that give me hope, you know. Just a bunch of young people trying to do some good. They were so enthusiastic. Of course, they couldn't just take somebody away just like that. You know how well protected people are here. But after I had spoken to them and presented them to Courtney, we just decided to go along with it ... Mr. Daniels really enjoyed it. Even though they didn't really do anything special. They took him for a walk to the nearby shopping centre. They walked around a bit and then sat down for a beer. And then they came home again. It seems like so little to us but I assure you, Mr. Daniels has not stopped talking about this for at least a week. If he hadn't gotten sick, I bet he would be talking about it still.*<sup>320</sup>

### Effects of prioritising

In the four-five years of my research, the amount of recreational activities has grown exponentially. This I believe to be a direct result of their therapeutic value. In a number of different studies throughout the years, it has been established that physical activity counteracts mental deterioration.<sup>321</sup> At first, the outcome of such studies is often welcomed as a confirmation of earlier experiences. Like Adriana told me:

*I don't really care about such numbers. I do my best to give all clients a nice time in the final phase of their lives. If it helps them in remaining sound of mind, that sure is a nice side effect. But nothing more than that.*<sup>322</sup>

But as studies accumulated and received more news coverage, managerial interference grew stronger. Adriana may have kept her positive outlook on her

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<sup>319</sup> <http://www.stciltburg.nl/blog/serve-the-grey-2015-groots-aangepakt> (last checked 7-7-2015).

<sup>320</sup> Field notes, 2012.

<sup>321</sup> Like with the topic of entering a care facility, here too the literature is copious. This in itself I regard as a clear sign that the focus in research has shifted from overall well-being to the managing of health. See, for instance, F. J. PENEDO & J. F. DAHN: 'Exercise and well-being: A review of mental and physical health benefits associated with physical activity', in *Current Opinion in Psychiatry* 18/2 (2005) 189-193.

<sup>322</sup> Field notes, September 2011.

work and its side effects, but her supervisors quickly adapted to societal demands. Having 'a nice time' could no longer outweigh the possibility of remaining sound of mind and body for an extended period. Side effects thus started to take over the main goal. I sometimes accompanied activity counsellors on rallying new members for 'physical training'. It made me feel as if I was on some sort of a zealous mission, like a minister bringing the new faith. I once confronted Karen with these feelings. Her reply only strengthened my discomfort:

*Well, everyone is free to decline of course. But you know, a lot of these people just need a little nudge in the right direction. As soon as you convince them to join the fitness group, they hardly ever quit it. They find out how good it really is for them. And it really is good for them, for their bodies and their minds. They should all do it, you know.<sup>323</sup>*

#### 4.6 Official adherence

There are many forms of official adherence. They range from small-scale personal worship to massive communal gatherings. I use this term to describe those acts of sacrality that are condoned, and often supervised, by religious institutes. As such, adherence can range from saying the Lord's Prayer or performing the Salah for Muslims, to the celebration of Mass at Christmas or the fasting of Ramadan.

##### Mass

Within the two care facilities of my research there are two weekly celebration of mass. The first is a service of prayer, the second the celebration of the Eucharist. One of the first things I experienced in *De Hazelaar* was a service of prayer. I penned down the experience in my journal:

Second day as a volunteer in *De Hazelaar*. This time I remained for the service. Present were about 20 people, most of which in wheelchairs. A half hour before the service some volunteers begin escorting them to the chapel, one by one. The first to arrive therefore have to wait at least twenty minutes before the service actually starts. All those present are here on their own initiative (after being asked by the volunteers in the living room). Most of them are 'regulars'. The chapel is a small but neatly arranged, diamond shaped space. At the back is the altar. Behind the altar, a large wooden cross adorns the wall. To the left of the cross is the tabernacle. On both sides of the room, there are narrow leaded

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<sup>323</sup> From recollection.

windows. These windows don't open and there is no air ventilation. Filled with people this room quickly becomes muggy. There are a dozen chairs, which, on this occasion are being shoved to the back wall, where the entrance is, to make way for the wheelchairs.<sup>324</sup>

After having inspected the space in which this mass was to take place, I quickly directed my attention to the service itself:

There is a small booklet with song texts. The minister is a layman.<sup>325</sup> He performs an intercessory prayer, a lesson and a peace blessing. In between, songs are being sung. The music is played from a CD in a music installation. At given times, the minister plays and pauses the music with a remote control. The Holy Communion takes place at the very end of the service. Just before the administering of the host, two churchgoers need to be woken up by the remaining volunteers. These volunteers also pick up the booklets whenever someone drops them. The entire service takes about half an hour. When all is done the minister stands at the entrance/ exit to say a personal goodbye to each visitor. After that the clients are being brought back to their own wings by the volunteers.<sup>326</sup>

I understood very little of this event. It seemed archaic and amateurish. To obtain some more insight I spoke about it with Mr. Woods, who was one of the more loyal participants. When I asked him about the reason for his weekly visit he answered:

*I don't go for the same reasons that I used to anymore. I was always a fervent believer, and I still am. I always went to church, my entire life. But these were the real Sunday masses, where we would receive the Eucharist, where there would be loud and imposing chanting of hymns. I loved that. But here there is no weekly Eucharist. Here you receive the Eucharist personally and directly from the spiritual counsellor on Sundays. And there is only this prayer service on Fridays. But I still go off course, only nowadays it has become a way to pass the time more than anything else.<sup>327</sup>*

It was a rationale that I got to hear many more times in the following weeks and not only for this type of ritual gathering. It made me understand why these services were still held in this context and also why they weren't improved upon. But most of all it showed me that some ritual meanings changed significantly when people moved to an environment of care.

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<sup>324</sup> Log, 23-9-2009.

<sup>325</sup> As 'Extraordinary Ministers of Holy Communion' they administer the host, which has been previously consecrated by a priest, by proxy.

<sup>326</sup> Log, 23-9-2009.

<sup>327</sup> Log, 21-1-2010.

My first service of prayer in *Het Laar* was quite another happening altogether. It took place on a Friday and was 'performed' by the priest of the local diocese. From the get-go this service had 'jinx' written all over it. From my field notes:

We went around the ward to gather the people who wanted to go to mass. While walking around Karen told me she hoped there would be enough residents willing to go. When I asked why, she answered: "There have been some skirmishes with the priest about the turn up at this service of prayer." As it turned out there were only three participants. We decided this should do and took them down to the small chapel. We entered the chapel and sat down, waiting for the priest, who already stood in the front, to commence the prayer. He looked around dramatically and then pointed his eyes at us: "Is this everyone?" he asked. We nodded, not wanting to break the sanctified atmosphere with our words. "This just won't do," the priest said "I already told you people that if no-one is coming it is a waste of my time to travel here." Karen and I were shocked. We didn't know what to do. "I'll do it this time," he continued, "but next time, make sure there are enough people before I get here." I could hardly believe he said this out loud, in front of the residents.<sup>328</sup>

What happened here is a vivid case in point of how religious representatives can be at odds with participants at the onset of an official adherence. The way in which this priest acted out is a bold misjudgement of the role and significance of rituality in this place and for these people. It is also a sharp indication of the importance of a responsible ritual expert.

## Christmas I

Christmas is one of the biggest events to take place in both care facilities of my research. It is customarily a two-part event, one part being a communal meal for family members, the other the official celebration of Mass. In this paragraph, I will pay some attention to the latter part. The former, as it typically proceeds without any interference or assistance of religious institutions, in the next.

Like anywhere else, Christmas in the care facility commences long before the actual celebration. And like with many other great feasts, it starts with decorations. In *De Hazelaar* and *Het Laar* these decorations are made both individually and institutionally. Residents put up special hangers and Christmas lights in the window panes, while the activity committee decorates

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<sup>328</sup> This entry in my field notes, like many others, is undated. From the previous and latter notes, I deduce it to have been somewhere around April or May 2011.

halls and communal rooms with table pieces and Christmas trees. These decorations accumulate as the actual day of celebration draws near. On that day, the whole facility, and everyone in it, hums with a festive atmosphere. In *De Hazelaar*, the first part of the celebration, the official adherence, seems a bit of a buzz kill.

The celebration of Christmas in *De Hazelaar* starts at five pm. It's an old fashioned type of Mass. That is no surprise, as the larger part of the inhabitants 'pre-date' the second Vatican council by far. Some of the songs, prayers and acclamations are still in Latin. Most visitors join in singing wholeheartedly. The entire event is relatively short, no longer than forty five minutes all together ... The set-up of the gathering is less old-fashioned due to the fact that it has to be held in the central meeting place. This meeting place, also called Plaza, has recently been completely renovated. It is large and well-lit. In the back of the hall, at the right hand side, two tables have been put together to form an altar. A music stand functions as lectern. A women choir is assembled at the left hand side of the altar. A microphone on the altar amplifies the words of the minister. This minister is a woman. In her sermon, she draws comparison between the baby Jesus and the vulnerability of the inhabitants. Behind the Plaza is a dining room. A radio can be heard playing in this room all throughout the mass. The people closest to this dining room are clearly less interested in the mass. Many of them are volunteers or family members who converse quite lively during the celebration.<sup>329</sup>

This excerpt from my journal demonstrates how even official adherence in a facility of care, constantly oscillates between two poles of fixed scripting and necessary adaptation. The fact that there are often three groups with their own interests, makes a 'smooth sailing' all the harder. First there are the representatives of a religious institute or at the very least a formal script of actions, second, there are the nurses and caretakers that bear in mind the health and well-being of the clients and third, the clients themselves.

### Ash Wednesday

Another illustration of how official adherence in a care facility became the 'soil of contestation', I more or less stumbled upon by accident.

Upon entering *Het Laar* several people are expressing their discomfort to Karen. "We're having our little 'hour-of-complaints' over here," she says, while winking. Today I'm

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<sup>329</sup> Log, 24-12-2010.

supposed to assist Jane with the so-called ‘baking activity’.<sup>330</sup> Mrs. Brown, Mrs. Neville and Mrs. Beaumont are already waiting in the living room. As we walk towards them, to take them along, someone else addresses Jane. This woman kindly asks when the mass of Ash Wednesday will commence. Jane is dumbstruck. She didn’t even know it was Ash Wednesday. We walk back to Karen to ask about it. We quickly gather that a mass is to be held shortly on the 13<sup>th</sup> floor. As this presents quite a feat (we are on the 2<sup>nd</sup> floor and there are only two small elevators), Karen suggests to let the Pastor come down afterwards to balm everyone individually. But after some deliberation we agree that people will probably want to witness the entire mass. And so we decide to ask around who wants to go and then take them there.<sup>331</sup>

This is a typical example of how different groups of interest clash at the turn up of a large event or festivity. For some reason tensions were already quite high as several people uttered sounds of dismay with Karen. These tensions however quickly made place for more urgent matters when it turned out that everyone had forgotten about the mass of Ash Wednesday. Immediately, a small group of concerned people gather and start to deliberate on the options. The arguments pro and con here vary from purely practical ones (how do we get all these people in their wheelchairs into the elevators?) to more empathic ones (can we really keep these people from witnessing the whole mass?). Just the process of making a decision already interfered with other activities and effected people who weren’t even involved in what needed to be decided upon at all.

Because of this development, the baking activity is cancelled. Instead, we provide the three ladies, who kept waiting the whole time, with some improvised breakfast. In the meantime, Jane asks around to see who wants to go to mass. The improvised breakfast works well. Mrs. Brown is in a very good mood and Mrs. Neville is tapping the beat of imaginary music as customary.<sup>332</sup>

Alas, problems did not cease with deciding whether we should take the residents up to the 13<sup>th</sup> floor or not.

Around ten o’clock we head for the 13<sup>th</sup> floor with the ‘first batch’ of people. As expected, this proves to be quite the undertaking. The two elevators are constantly in use. Apart from people who wish to go to the mass, it’s regular business as usual. It

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<sup>330</sup> Originally, this is an activity meant exclusively for people with dementia. The point is to induce activity by means of sensory stimulation.

<sup>331</sup> Log, 17-2-2010.

<sup>332</sup> Log, 17-2-2010.

takes us about twenty minutes to move everyone to the 13<sup>th</sup> floor. By that time mass has already begun.<sup>333</sup>

And the exact same thing happened on the way down, afterwards.

After mass, there is coffee and tea. I escort Mrs. Gringer to the elevators. There is a large queue. It takes us at least half an hour before we can enter the elevator. "It's a good thing I'm blind," says Mrs. Gringer, "that has taught me to be patient." To kill the time we talk about sports that she used to do and audio books that she likes to listen to.<sup>334</sup>

### Food laws

Apart from internal contestation, there is also the possibility of a clash with the 'outside' world. One example of this, but this time only loosely connected to official adherence, came to my attention when I was delivering soup to the residents of Miro 1. One of the residents is Mr. Hassouid, a relatively young senior from a strong Islamic background. Like so many others here Mr. Hassouid has suffered a minor stroke. This has left him partially paralysed and unable to speak. On more than one occasion, I found that Mr. Hassouid fell victim to the general ignorance about his Islamic background. As I was pouring soup in the cups for some of the residents Mr. Hassouid began grunting loudly. It was very apparent he was troubled by something I did. I went to Myrtle and asked her what could be amiss. "He wants soup," she answered and then she expanded:

*He wants soup but he is not allowed to have it. There's meatballs in there. Pork meatballs. His family is very adamant about him keeping to the food laws. I think he knows this very well but he wants it anyway. It's unfair too, if you ask me. Giving everyone soup except him. But we don't want to get in trouble with his family. That happened before you know.*<sup>335</sup>

The small-scale personal forms of official adherence, like the keeping of food laws by Mr. Hassouid, are much harder to locate and witness than the large communal ones. Many people in rest and nursing homes maintain praying. Sometimes I witnessed this before dinner, but mostly residents simply told me they did. When I acquired as to where and when they unanimously told me

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<sup>333</sup> Log, 17-2-2010.

<sup>334</sup> Log, 17-2-2010.

<sup>335</sup> Log, 5-11-2010 and field notes, 4-2-2011.

they preferred a place and time of solitude and quiet, usually their own private room, just before they went to sleep.

### Procession

One other, long-time underappreciated, form of adherence is popular belief or folk religion. It is a form of devotion that evolves within a religious tradition but outside of its official doctrine. It is also a form of adherence that finds a fairly reasonable amount of ‘followers’ in the care facility. As the institutional faith wanes, its popular remnants seem all the more apparent. Calling upon saints and talismans for help or alleviation or the undertaking of pilgrimages or processions are just some of the many examples.

One such procession I was told about by Adriana. Nearby *De Hazelaar* lies a small shrine dedicated to Mary. This chapel, *De Hasseltse Kapel*, is the oldest shrine of Tilburg.<sup>336</sup> It knows a long history of reverence, dilapidation, renovation and renewed worship. In October of 2011, the tradition of a light procession to this chapel was once again restored.<sup>337</sup> It drew a large crowd, much larger than anticipated, of over 200 people. The next year, the one Adriana told me about, it grew even bigger. This year, the chapel’s statue of Maria was carried along on a carrier with a canopy. On both occasions, the procession started at *De Hazelaar* and progressed solemnly toward the chapel. Participants in the procession were guild members, choirs, parishioners and residents of *De Hazelaar*. They all carried lights and sang Hymns to Mary.<sup>338</sup>

Even though I didn’t participate in this procession, I quickly recognised its relevance. The story Adriana told me seemed the perfect narrative of a re-invented tradition.<sup>339</sup> And like those traditions, it managed to create a great feeling of community and identity. It established common ground and connected otherwise isolated individuals or groups with one another. In case of

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<sup>336</sup> <http://koekblik.com/hasseltsekapel/> (last checked 24-7-2015).

<sup>337</sup> <http://www.dichtbij.nl/tilburg/regio/artikel/2519652/lichtjesprocessie-en-tentoonstelling-in-kapelletje.aspx> (last checked 24-7-2015).

<sup>338</sup> At the time of writing this chapter and editing these data, a YouTube movie of this procession was uploaded at [https://www.youtube.com/watch?v=EOMcU7\\_b1-8](https://www.youtube.com/watch?v=EOMcU7_b1-8) (last checked 8-7-2015).

<sup>339</sup> The concept of invented tradition was introduced in E. HOBBSAWM & T. RANGER (eds.): *The invention of tradition* (Cambridge 1983). I here use the prefix to point out that the tradition did exist earlier but most likely in a rather different form and context. Some parts were invented, others merely re-established.

the residents of *De Hazelaar*, whom often express loneliness and seclusion from the surrounding neighbourhood, these are invaluable qualities.

## 4.7 Large festivities

### Christmas II

As said earlier, in this paragraph I will first pay some attention to that other part of the Christmas celebration. This is the part of the family gathering. Normally, the celebration of mass and this gathering take place on the same day. At *De Hazelaar*, the one part immediately followed on the next, causing some minor problems in the time schedule. From my journal:

After the celebration, all clients return to their respective wings. The organisation intended for them to be welcomed with music in the hallway. But things have gone amiss and now all residents need to wait until the musicians have arrived. After about ten minutes, the musicians are ready to start playing. Accompanied by their music the residents now can move on to their wings. Here they find a large table that has been set very festively. The table is stacked with breadrolls, Chelsea buns, sugar bread, sausage rolls, all kinds of fillings and wine and beer. It quickly becomes a nice how-do-you-do.

Roughly one and a half hour later some of the clients are starting to become fidgety. They are getting tired and want to go to bed. Some of the table companions need to make way for the nurses and volunteers to enable them to escort the tired clients to their beds. The ensuing hubbub causes more fatigue and eventually almost everyone wants to go to sleep. This demands more personnel than available. Many people have to wait a long time before they receive the necessary aid.

At one point, Mr. Hassoud tumbles out of his wheelchair. Family and friends manage to put him back in. Mrs. Janssen starts circling the hallway in misery. Mr. Rogiers is one of the very last to be helped into bed, even though he is constantly complaining about pain in his groin. Only Mrs. Van der Vaart and Mr. Dieppe remain in the living room. They solemnly watch television until everyone has gone to bed.<sup>340</sup>

This family gathering is instigated in analogy to Christmas celebrations outside of the care facility. There too, Christmas has become a two part ritual. But unlike in the rest or nursing home, one does not have to cope with such a high degree of *Schicksal Geworfenheit*. At home, you don't have to deal with strangers, let alone their family; there are no nurses there, nor volunteers, musicians or cleaning ladies. There is no programme at home, at least not a demanding one;

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<sup>340</sup> Log, 24-12-2009.

there are no set limits to the usage of drinks and foods and no-one's fatigue need to interfere with the experience of the others. The reality of life in a care facility cannot be turned off, and it is here, in an analogous ritual, that this becomes clearer than ever.

## Sinterklaas

Perhaps an even larger festivity than Christmas is *Sinterklaas* [*St. Nicolas*].<sup>341</sup> It is officially celebrated on the eve of the fifth of December, but like Christmas or Easter, the anticipation to the feast starts much earlier. Without any doubt, *Sinterklaas* is one of the most important festivities, not in the least because it is by many considered an almost canonical part of Dutch identity. I have witnessed quite a few of these celebrations in many different forms; from small scale, with only a few residents of one floor; to large scale, with all the residents of the entire complex. As it brings together many of the facets and qualities of ritual that I will refer to or describe later on I here disclose a full description of one of the larger forms of celebration that I participated in.<sup>342</sup>

During the day, personnel and family are constantly alluding to the upcoming feast that is to take place in the evening. The kick off to the evening is a dinner of chips with *frikadellen* [minced meat hot-dogs] and croquettes, shared with friends and family. As I serve the food I try to find out who wants to go to the celebration in the main lobby and who doesn't. I quickly discover that there are three different groups. The first group contains those residents that are tired and want to go to bed but are kept awake by personnel or volunteers as they themselves or their family requested they participate. The second group contains those people that are really looking forward to the whole spectacle and can hardly wait for it to start. The last group contains the people that never wanted to go anyway. It becomes clear that the initiative for this particular celebration lies with the committee of activities and that participation is very often motivated by family members.

Personnel were informed to partake in dinner. This results into certain uneasiness as protocol forbids them to eat of food that is specified for residents or even their own food in plain sight of residents. Some student-nurses decide to eat some chips in isolation, during their break.

During this meal, several threads of organization already start to unravel. Mr. Hassouid is upset as he feels he was taken out of bed much too late. He refuses to eat. No-one has considered the possibility that someone does not want or care for chips,

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<sup>341</sup> See also T. DEKKER, H. ROODENBURG & G. ROOIJAKKERS (eds.): *Volkscultuur. Een inleiding in de Nederlandse etnologie* (Nijmegen 2000) 213-217.

<sup>342</sup> Field notes, 2-12-2011.

there are no vegetables whatsoever (apart from apple compote) and the desserts arrive far too late. More than anything these are annoyances among personnel. Most of the residents seem to notice very little of it and remain in a good mood.

After this meal, the first family members start coming in. Every resident is allowed to invite two persons to the festivities. Exceptions to this rule are made in the case of spouses and children but this rarely occurs. Around seven people start to leave for the Plaza where the festivities will take place. Mr. Daniels stays behind to await his sister. She should arrive with a shared cab but is very tardy. I decide to stay with him and keep him company. While waiting we chat a little about his sister and their relationship. When she finally arrive after twenty minutes or so we quickly head to the Plaza. On arrival I witness some chaos as the space of the Plaza turns out to be far too small to house all the residents. Extra space is quickly improvised in the adjacent hall, otherwise used as a separate coffee room.

The space itself is only scarcely decorated. At the entrance, a large table is set with a large pile of presents. There are tables with cloths, plants and saucers with *pepernoten* [gingerbread cookies]. But other than that not much is done to cover up that this is the 'ordinary' cafeteria.

At the beginning of the evening, a singer performs a mix of traditional *Sinterklaas* songs and old Dutch chansons. Most residents participate in the singing with enthusiasm. All the while volunteers and personnel are up and about to provide them with drinks. Around half past seven, a *Zwarte Piet* [Black Pete] announces the entrance of *Sinterklaas*. He causes a lot of ruckus in doing so. On top of that he declares loudly that *Sinterklaas* likes to see healthy children instead of bunch of disabled geriatrics. This is followed by much laughter and applause.

The *Sint* [*Sinterklaas*] then enters. And what an entrance this is. Instead of on his trusty steed, *Sinterklaas* is mounted in an electric wheelchair. The mood is set and both *Sinterklaas* and his *Zwarte Piet* go about their business very thoroughly. With the greatest of ease they manoeuvre through the crowd, quickly switching from small personal poems to theatrical improvisations, classic songs and amusing witticisms. Neither of the two seem to care much about the fragility of the residents. They bump up against wheelchairs, trip over feet and grab hold of and hug the elders of their interest with great enthusiasm. Apart from all this entertainment, the two also hand out small presents. They are mostly very personal presents bought and gift-wrapped by family or personnel. For those who did not get any of the personal gifts there are 'reserve-gifts' of a more general nature. Nobody will receive nothing. As this play and gift giving goes on in the main lobby, the smaller room is livened up with a musical act. This act is a so-called troubadour that performs typical old Dutch songs that anyone can sing along to. For the entirety of the celebration, snacks and drinks are served by personnel and volunteers. They too sometimes get caught in one of the many theatrical improvisations or gags.<sup>343</sup>

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<sup>343</sup> Log, 2-12-2009.

One thing is striking here. That is the reaction of the elderly whenever they receive close and personal attention from *Black Pete* and *St. Nicolas*. That attention is met with great joy, every time, without exception. Even those residents that have a reputation for being moody and ill-tempered suddenly get soft-hearted and teary-eyed. I observed this most clear with Mrs. Coleman:

I'm quite flabbergasted by the softness of Mrs. Coleman. Soon after she received her gift, a nice blue scarf, and a poem, I escorted her back to the common room of Miro 1. While normally clamorous and unwilling, she now sat quietly and peacefully. She smiled at me and nodded, as if to extend her gratitude for this small token of personal dignity.<sup>344</sup>

Because of this, I assume that the aspect of concentrated attention, as proposed by Jonathan Smith, plays a great role. It is a form of attention that 'cuts off' and centers at the same time.<sup>345</sup> According to Smith this explains why place is crucial, but only in relation to an activity without inherent meaning.<sup>346</sup> Putting someone in the centre of attention without them having earned that place actively, signifies special meaning. From the perspective of that centred individual, virtuality, as described by Kapferer, may also come into play. My observations with Mrs. Coleman were emblematic for the reaction of many other residents. It seems as if they are provided with some kind of 'breathing space', in which they can temporarily reset their self-image and communal reception.

During the celebrations, several of the residents are fatigued. Most of them are brought back to their ward. Here they are supposed to be put to bed by the nurses. But as I return Mr. Rogiers back to his ward, this turns out not to go as planned. The head nurse is not the least bit interested. While several other residents await some aid to go to bed, the head nurse and one of her colleagues are chatting in the hallway. I carefully tell her that Mr. Rogiers would really like to go to bed as sitting in his wheelchair is starting to ache. In response, she shrugs and says: "There are three others just like him.

The end of the celebrations comes quickly. After *Sint* and *Piet* have presented their last gift and made their last joke the troubadour takes the stage. He plays music and sings songs while the residents say their goodbyes and (are) return(ed) to their wards.<sup>347</sup>

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<sup>344</sup> Field notes, 2-12-2009.

<sup>345</sup> SMITH: *To take place* 103.

<sup>346</sup> IDEM 108.

<sup>347</sup> Log, 2-12-2009.

More clearly than other rituals, this celebration taught me that not all is bad within the confinement of the care facility. Even rituals that are top-down organised, with participants that did not join voluntarily, can prove to be valuable and personally satisfactory.

I also joined in on a *Sinterklaas* celebration in *Het Laar*. Here the celebration had quite a different form. It wasn't as big, to begin with. Every wing celebrated on its own in the common living room. Here the residents were put at tables that were organised in a half square. At the centre of the square stood a decorated chair for *Sinterklaas*. As soon as everyone was seated, two *Black Petes* entered the room. While they sang *Sinterklaas* songs, the old man himself, played by an actor as well, entered and took his central place. He immediately got a present from one of the *Petes*, then declared to whom of the residents this present belonged and read aloud the personal poem that was included. This sequence of actions was repeated for each of the more than 40 residents. Every now and then the train of present-giving was interrupted by the *Petes* to tell an anecdote or sing another song. In the meantime, coffee and cakes were served by some volunteers. About halfway the celebrations I asked Mrs. Croup how she experienced the whole thing. She answered more straightforward than I expected:

*It's a bit boring don't you think. I'm actually just here to have some contact with the other residents. But my husband didn't even come, as you can see. He's from the Czech Republic originally. He doesn't understand the whole thing and he doesn't like the songs either. He would want some more action. Some dancing and a nice orchestra maybe. I think they could do a lot more to liven things up ... but it's still a change of the regular days I guess. And it's nice they make an effort.*<sup>348</sup>

The whole celebration took quite some time and just like in *De Hazelaar*, people got tired long before everything ended. There were other problems as well. There wasn't enough coffee for two servings and a few people did not receive their presents. In comparison to the celebration of *De Hazelaar*, this one seemed rather dull indeed. From the onset the centre stage was reserved for *St. Nicolas* himself. The residents were a passive public to his actions and those of the *Black Petes* rather than the focal point of attention. Apparently, the form of a celebration and the room in which it is held make a great difference for active involvement.

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<sup>348</sup> Interview with Mrs. Croup, 4-12-2011.

## Carnival

In the southern parts of the Netherlands, Carnival is a celebration of some magnitude. Its origins and forms are the subject of many historical debates but here it suffices to say that it is celebrated from several days up to four months, that its core activity involves dressing up, special brass ensemble music and movement (from bar to bar or from orchestra to orchestra), and that its popularity is more or less equal among all ages.<sup>349</sup>

Both in *De Hazelaar* and *Het Laar*, Carnival receives ample attention. In both institutions it starts with minor decorations that accumulate as they lead up to the final five days of celebrations, often called *Vastenavond* or *Vastelaovond*. In those days, a programme is put together with a variety of activities and musical performances. In both facilities, the main events take place in the large meeting halls. The big difference with Carnival outside of the care centre lies in the homogeneity of the participants and their relative immobility. When asked about their experiences, informants almost unanimously declared their motives to be nostalgic ones and their experience to be strongly coloured by them. At one point during lunch, I asked Mr. Banner about the celebrities that took place one week ago:

*I always loved Carnival. Especially the music. We used to tag along with the brass band of my cousin. They would go to a bar and play for half an hour and then move on to the next bar. It always was a lot of fun. They were quite good too. They even played at brass band contests. They might even have won a few. But then I was placed here. That kind of put a halt on things. You can't really tag along in a wheelchair. It's just too much hassle in a packed cafe. Plus, it just gets too loud and chaotic for me. I still love to go to the square activity here in Het Laar though. For the music, that is. I don't care much for dressing up and decorating anymore. But I always enjoy the music. It makes me think of those lovely days. And last year my cousin even came to visit. He liked it too.<sup>350</sup>*

## Hiking event

The last event I wish to describe here is the so-called *Wandel-Driedaagse* [three-day hiking tour]. It is based on a relatively young event in Dutch culture, the *Vierdaagse*, *Avond-Vierdaagse* or *Wandel-Vierdaagse*. That event started in the city

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<sup>349</sup> For a closer look on the historical development and variations in celebration between different towns and villages, see DEKKER, ROODENBURG & ROOIJAKKERS (eds.): *Volkscultuur* 217-222.

<sup>350</sup> Field notes, 17-2-2010.

of Nijmegen in 1909 as a hiking tour for the military.<sup>351</sup> In the following century, it developed into a public hiking event for all possible contestants and spread out to numerous other cities. Nowadays, tens of thousands of people participate in multiple-days hiking events. In the early 2000s, care company *De Wever* decided to organise a three-day hiking events for all its residents. This proved a very big task. As many of the residents of all the different care centres of *De Wever* are limp or unable to walk, it takes an enormous amount of volunteers and planning to set things in motion.

I joined the hiking event at *De Hazelaar* in the summer of 2010. A relatively small route of 2.5 kilometres was set out for three days in a row. Small as it may have been, pushing a wheelchair with someone in it over such a distance is hard work. To prevent accidents, volunteers could follow a crash-course on how to walk with wheelchairs beforehand. Just like with a regular hiking event, the route had several checkpoints where people could convene and have a drink or snack. Mid-way, a long pause was interspersed at the local shopping mall; here all participants received a special treat in the form of muffins or cake and some coffee. At the end of three days, all participants received a small award for having accomplished the event.

To me the success of this event was astonishing. In preparation, I could only imagine it to be a farce. How could all these relatively immobile people enjoy being walked around and pretend as if they participated in a true hike? But once again, I was put in my place by the sheer enthusiasm and collaboration of personnel, volunteers and residents. That it wasn't a 'true' hiking event, didn't make it any less of a valuable breach of routine. And even though they might not have walked the distance themselves, the award that residents received for completing this event was no less of a symbol for their perseverance and resilience.

#### 4.8 Passing away

"The only way out of here is horizontal," is a commonplace euphemism in the popular depiction of many so-called 'total institutions'.<sup>352</sup> Unfortunately, in the case of care institutions for the elderly, it is also true. Not in the sense that the inhabitants are held captive at any cost, but simply because nearly everyone

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<sup>351</sup> For an interesting and detailed historical overview, and references to other source material see: <http://www.noviomagus.nl/Vierdaagse/vierdaagse.htm> (last viewed 25-6-2015).

<sup>352</sup> This term was coined by Erving Goffman, to describe places that people are rigidly tied to, through very material bonds. See also pages 53-54.

who has come to live in such a place will most likely also die there. Consequentially, one would expect a substantial amount of so-called 'death rites'. But life in a care facility here proves to be very different from the life 'outside'. 'Outside' death rites seem to be thriving more than ever.<sup>353</sup> Inside, as we have seen so many times before, efficiency rules. Everything from the final wake to the reception after the burial or cremation is part of fixed protocol, and has been so as long as people can remember. My first encounter with death came rather quickly, which is, as I later learned, to be expected. I wrote down this experience in my log:

Today I had my first experience with a 'terminal client' on Miro. That is the term they use to describe someone on their deathbed. The client in case is Mrs. James. It is quite strange to know that someone who asked me for some extra broth last week is now about to leave this world. But here on Miro everybody seems very experienced with such an event. I think it unfitting that Mrs. James' door is open throughout the day while her family keeps wake at her bed. "This is how it is done," says Myrtle, when I ask her about the open door.<sup>354</sup>

Only much later did I realize what information was stacked in this small note. First of all, there was the term. Whenever someone is declared to be dying he or she is tagged a 'terminal client.' It creates a huge distance. As if it is only a contract that is absolved or terminated instead of a human being passing away. Secondly, the sheer passive acceptance with which such an event is encountered. Apparently, one doesn't only get used to people dying, but one also stops questioning whether this happens in an acceptable way or not. And thirdly, and most appallingly to me, the response, whenever someone does raise a question: "This is how it is done."

The most staggering example of this culmination of facts, I encountered in *Het Laar* when it was established that Mr. Fuchs had entered the final hours of his life. Mr. Fuchs and his wife had been living in one of the apartments for couples for several months. But as his situation deteriorated she could no longer provide all the necessary care. Protocol prescribed only to have him under constant surveillance. So, to not interfere with Mrs. Fuchs privacy he, was 'conveniently' placed in the common room for observation. Of course, the

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<sup>353</sup> For an abundance of examples, I refer to the publication site of the centre of Thanatology in Nijmegen: <http://www.ru.nl/rdr/publications/articles/>. See also QUARTIER: 'Memorialising the dead' 71-86; STRINGER: *Contemporary western ethnography* 53-66; and P. VAN DEN AKKER: *De dode nabij. Nieuwe rituelen na overlijden* (Tilburg 2006) 185-218.

<sup>354</sup> Log, 15-10-2010.

orderlies could have put Mr. Fuchs just about anywhere, as long as he remained in their sights. Their final decision was made on the basis not of a rational but an emotional assessment. They choose not to put him in the hallway, nor in one of the 'cosy sits' or even in their own nursing post, which all would have been equally efficient alternatives. They put him in the common room because then 'at least' he would be among people of his 'own kind' What was appalling about this whole situation wasn't the fact that Mr. Fuchs was put with other people – for who really wants to die alone? – but the fact that two clearly distinct ritual events, death and dining, were now randomly thrown together under the false pretence of practicality. It was as shocking an experience to me, as it was unsettling for Mrs. Fuchs and the other residents, and unforeseen by the nursing personnel. Luckily, in one of my interviews with Jane, I learned more about the protocols on death and dying:

*Whenever a person is signalled to reach the final stage of his or her life the responsible spiritual counsellor is immediately involved. Family is notified of the situation and surveillance and attentiveness among personnel heightened. If possible and desired, a vigil is held. An external funeral service company is also quickly informed. This company takes care of all the formalities and paperwork, as well as the laying out, wake, transportation and funeral or cremation service. It is then pretty much out of our hands.<sup>355</sup>*

This account of Jane made clear to me that the fate of a dying person has become a shared responsibility of two (or more) institutes. And that in turn clarifies why a lot can go wrong here. Each institute has its own set of rules to take care of the dying person as best and humanely as possible. But the priorities of a care facility are not the same as those of a funeral service company. The rules that are informed by these priorities can clash, but more importantly, they create distance and take away the responsibility of those directly involved in the daily care. Nurses, nursing assistants and volunteers will be making decisions in these situations, even though they are not part of or informed with the official protocols of the different parties involved.

As we saw earlier, with the case of food and drinks, *De Hazelaar* has been searching for ways to deal with the changing composition of their population. To understand and meet the demands of other than Dutch ethnicities they have published booklets on the customs and beliefs of different religious backgrounds. One such booklet deals with the rites around death and dying in

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<sup>355</sup> Interview with Jane, 2012.

Christianity (Protestantism and Catholicism, Moluccan Evangelicals and Jehovah's Witnesses), Hinduism, Islam, Judaism and Buddhism.

One more anecdote may be in order to end this section. At one time, I was reading the newspaper with some of the residents of *Het Laar*.<sup>356</sup> When I became involved, this, originally serious endeavour, had already taken the form of a cosy teatime get-together. In the paper of this particular session, we came across an article that raised the topic of euthanasia. I read the article aloud and immediately seized the opportunity to launch one of the more difficult questions I had been longing to ask for a long time: "How do you, being a lot closer to it than most, view death and euthanasia?" I was a bit ashamed but could not take my words back. The response around the table however, proved all of my hesitations gratuitous. The general view was perhaps best voiced by Mrs. Lazar, an always cheerful and talkative 96 year old:

*We are ready I guess. It is never far away, like you said, so we are prepared for it. Many times I think I would even welcome it. Let's not kid each other. We are really old. We had long and interesting lives. We are tired now. Really, we are, most of the time. We wake up tired, we walk around tired and we go to bed tired. It doesn't mean we can't have fun or enjoy still being around. But the necessity of it has evaporated. You could say that we live in spare time, I suppose. Our game is already at an end but we are granted just a little extra. And just like with a game of sports, nobody, not the spectators nor the players, nor the referees, nobody enjoys it when that spare time is stretched out too long.*<sup>357</sup>

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<sup>356</sup> This is a typical nursing home activity. It occurs in little other places. It was started off to keep the elderly, or at least the interested ones, up to date about current affairs.

<sup>357</sup> Field notes, 24-2-2011.



# CHAPTER 5

## RITUAL IN PERSPECTIVE

So where does this leave us? What can be learned when we compare imagery with reality and theory with practice?

### 5.1 Analyses

After reading magazines like *Plus* and *Nestor*, a visit to the average rest or nursing home becomes a rather surreal experience. As said, the activities presented in those magazines are the ones that are thought to be of importance, and then only for those elderly that have been capable of maintaining a rather active standard of living. Those lifestyles or living conditions do not even remotely resemble what one encounters in rest and nursing homes. Here, the activities that fall within the categories of **travelling and nature** and **all things in and around the house**, mostly exist in the form of sensory stimulation. Both in *De Hazelaar* and *Het Laar* there are gardens with different plants, trees and flowers, that are meant to stimulate the senses and aid in the process of recollection or even reactivation. In a similar vein, I have encountered cooking or bakery sessions that had the particular intent of activating the senses of psycho-geriatric residents. All of these activities share that they are instigated by and performed with a strong desire for un-functionality. Yet, in the end, and mostly after a financial calculus, they are judged by their therapeutic results and either discarded altogether, or incorporated in a tight roster of rehabilitation or activation. Sometimes an architect, be it in assignment or not, will develop a yard with the specific intention to invite residents to do some gardening but, as we have seen, such idealism usually either dies on the drawing table or leads to a neglected piece of land that is quickly appointed a new destination.

Activities that belong to the category of **culture and heritage** are thought to be of great importance. A relatively large sum of money of the budget that is granted to 'activity committees', is spend on arranging these kinds of activities, from little trips to museums to the performance of a troubadour or large scale

festivities like *Sinterklaas* or Carnival. The big difference with the images in the magazines is that here almost every activity exists by decree or tradition (the big yearly rituals like Christmas and Passover) or is arranged by a committee (from *Sinterklaas* to museum trips).

Only the fourth category, that of **health and medicine**, is a thriving one. This, of course, is no surprise. Throughout the whole continuum of care, from hotel services to highly intensive nursing of elderly with severe dementia, physical action is propagated as the most important way to refrain from deterioration. Whenever the capacity for physical action has diminished too much, interest shifts to utilities and medicines that will keep the person in question in a fairly good state of mobility for as long as possible. And finally, while the magazines assume limitless space in which every activity has a particular corresponding place, the care facility tends to throw everything in the mix. It is no exception that a nursing home resident is washed or fed where he sleeps, celebrates a birthday in the same space where others cheer for the national soccer team, or even passes away where their peers are having regular lunch or dinner.

### Location specific categories of action

Apart from the fact that many of the categories we encounter in the images of the elderly do not apply as such to people in rest or nursing homes, there are also some other, very location specific, categories.<sup>358</sup> One such a category is that of **pass-time**, another that of **self-maintenance**. As we saw earlier, a lot of activities change in meaning when the performers are caught in a life of idleness. Instead of going to church as an act of faith, many residents of the care facility do so to fight boredom. Instead of performing certain activities for sheer enjoyment, a large number of dependent elderly undertake the same activities to keep up their self-image or their 'face-value' toward others.

None of these categories, nor the activities that correspond to them, are represented in the magazines. The trials and tribulations of a whole demographic are simply being ignored here. And not only their trials and tribulations, but in fact, their whole life experience. The struggle to maintain worthy when everything around you changes, the contestations that arise within that new environment, the effort it takes to accept the loss of agency or see it taken

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<sup>358</sup> This might actually be a useful addition to the domains or field of sacrality as presented by Post. It is quite likely that other (age-)specific demographics know similar specific domains that do not apply to the whole of society.

over by others, but also, the new ways in which personal contact is made, the creativity that takes form to turn dullness into daily affairs and the influence this all exerts on one's personal narrative, it all demands serious attention. To exert that attention one cannot simply revert to the clinical studies or special care-bulletins. That stands equal to closing of the topic by labelling it 'just marginal'.

### Artificiality and adaptation

*Het Laar* and *De Hazelaar* are both buildings with various degrees of 'environmental artificiality'. They don't only serve as shelter against the elements but create a whole new, interior habitat by means of light-plans, heating and self-contained air circulation. Especially in those wards where care intensive people reside, the level of artificiality seems to increase. If we are to believe Ralph Knowles, a higher level of artificiality automatically troubles ritual performance and steers away from a connection to the alternations of time and season.<sup>359</sup>

Most of the rituals that take place in rest and nursing homes are performed out of a 'societal motivation'. What is deemed important within society is believed to also be beneficial for those who have somehow become separated. This creates a somewhat contradictory atmosphere, as the inhabitants have become separated for unmistakable reasons. In many cases, they are well aware of that but if they aren't; most activities of non-residents, such as cleaning personnel, doctors and volunteers will constantly remind them of this by the sheer difference in tempo and intensity with which they are performed.

Apart from the activities of non-residents, the environment itself also gives away strong clues about the 'otherness' of the inhabitants. The amount of light for instance. It is clear that this amount is necessary for entirely other reasons than one would have in a real home environment. A next, quite obvious, clue would be the presence of sensor triggered and fire proof doors.

Less notable at first glance, but inevitable for anyone who spends more time in such a place, is the nowadays standard central heating and air-conditioning. Mostly out of a drive for hygiene, the mere thoughts of cold and moistness are countered in any possible way. The air is always dry and warm. Windows and drapes, quite contrary to what one might think, primarily function to maintain that dryness and warmth. Even in wintertime, a bright sun

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<sup>359</sup> In the eyes of Knowles, ritual "imparts special meaning to alternations of time and season, setting up rhythms in our own lives that attach us to the places we occupy." R. KNOWLES: *Ritual house: Drawing on nature's rhythms for architecture and urban design* (Washington 2006) 16.

might bring nurses to close the drapes. This demonstrates that the original function of the window, allowing people to look outside, has become less important. And those windows that are still capable of opening are generally kept shut to not interfere with the internal air conditioning.<sup>360</sup> Thus, the 'management' of windows and drapes are more visible cues for the fact that this is anything but a home.

Last but not least, there are all sorts of enhancements of environment, like fish ponds, animal pens and butterfly gardens. Most of these enhancements don't make it further than the drawing table but whenever they do, they ironically fortify the feeling of artificiality rather than countering it. In any 'normal' household there is little place and time for such elaborateness. There, people usually suffice with just a pet, an aquarium or a nice garden. As we saw earlier, people always adapt to their environment. It is no different in artificial environments. But sadly here such adaptations generally go hand in hand with a farewell to active involvement. It is akin to the form of adaptation that takes place within hospitals.<sup>361</sup>

#### Four factors of influence

Within the loci of my research and the societal images of the elderly, I discern two approaches to old age and two views on the elderly that constantly influence one another. The approaches are that of participation and retreat, the views of idleness and functionality. The first two can be well understood as the modern day equivalents of the earlier described psycho-gerontological meta-theories of disengagement and activity. These approaches represent whether or not retired elderly should maintain an active role in society as a whole. The views of idleness and functionality in turn convey whether that role, or its extracting counterpart, is intended to occur with tangible results or in a more metaphorical sense.

In any given care institution these views and approaches are at play. In some cases, they reinforce each other, in others they collide. Take, for example, the celebration of *Sinterklaas*. As we have already seen this feast is primarily organised to form a bridge with the rest of society. It is a temporary solution for

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<sup>360</sup> This is quite shocking when you consider that someone like Florence Nightingale already stated the importance of fresh air for the process of healing and better general health. See A. FORTY: 'The modern hospital in England and France: The social and medical uses of architecture', in A. KING: *Buildings and society. Essays on the social development of the built environment* (London/Boston 1980) 79.

<sup>361</sup> Cf. VAN DER GEEST: "'Sacraments", in the hospital' 135-150.

the fact that residents of rest and nursing homes are no longer immersed in the everyday flow of societal life. Not celebrating it would emphasize their lack of participation and possibly push them further into idleness and inactivity.

The contents of the feast are, to a large extent, determined by a commission for activities and recreation. That commission usually goes to great lengths to 'keep everyone satisfied'. It invents numerous creative adaptations, to have as many residents as possible celebrate this one feast simultaneously, without creating any hazardous situations or insanitary conditions. All participants need to gather in a single room within a certain timeframe. That in itself demands extensive organisation, and smart use of infrastructure. To only move several dozen people in wheelchairs through the same hallways, into the same elevators, to arrive at the main lobby at the same time, proves a hard matter, time and again. And then these people need to be served food and drinks, and of course receive their presents. They too have to go to the restroom or have their medicines administered. Ironically, the adaptations that are made to make this all work, to better fit the institutional environment, only emphasise how cut off and disengaged the residents really are.

It is my conjecture that these four factors need to be balanced out. Just like a ritual has to be embedded in a 'flow' of functional routines, idleness needs an environment of functionality, and vice versa. Most contemporary rest and nursing homes, in my opinion, are out of balance. By their nature, they would have to be categorised under the heading of retreat with a strong emphasis on idleness. In reality however, almost all activities the residents engage in, even the symbolical ones, are provided with outspoken therapeutic or other pragmatic purposes, often even under the guise of (the possibility of) recuperation or reintegration. It creates completely false expectations on the premises of faulty and commercialised stereotypes. To put it even more brusquely, the residents do not actively partake in any functional routine, for them there is nothing to be breached, and any activity that would normally do so is now put to pragmatic use to strengthen the idea that they still 'count for something'. The tipping scale has turned over to the side of functionality.

According to Knowles, modern day people have need for a device or method to re-implement those activities that assist in 'aligning' the life within a home (or facility) to the alternations of time and seasons outside.<sup>362</sup> He then points to ritual as the perfect instrument to do so. I partly concur but, as stated in the very beginning of this dissertation, to me a ritual is not something that 'aligns' but rather something that breaches. I heartily believe that an alignment

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<sup>362</sup> KNOWLES: *Ritual house* 3-7.

with time and season can be the result of such breaching but never its incentive. That would pull it (ritual) right back into the domain of pragmatism it so desperately needs to steer clear of.

## 5.2 Some answers

The questions that I set out to answer arose from my first experiences in the field.<sup>363</sup> The answers to these questions, or rather the observations they led me to, I will formulate here.

In my encounters with the residents of rest and nursing homes, I found that only some small individual rituals and symbolic artefacts were 'taken along' into their new living environments. In most cases, these rituals were strictly idiosyncratic actions, remnants from former communities of faith or simple day-to-day etiquette. In all cases, the symbolic artefacts were representations of events or relationships from the past. The determinant factor for rituals or artefacts to be taken along seemed to be strong personal ties, general communal acceptance or a minimal degree of interference with others.

More striking than what remained the same I found to be how activities shifted on the 'ritual continuum'. Acts that were formerly largely functional or recreational, such as listening to music or afternoon walks, suddenly were infused with symbolical force while other, highly ritual performances, from church visits to burials and cremations, became primarily instrumental ones. In some cases, they still maintained their function of social bonding but in many others, they only merely served to pass time or battle boredom.

The rituals that are encountered by newcomers often create tension. They are confrontational as they take away any reciprocity. On top of that, they are almost always put to good use. Even activities that should symbolise freedom and leisure in any other context are here utilised to 'keep active', regain strength, train cognition and whatnot.

The same holds for new rituals. They are developed quite copiously but mostly by special committees or people in the service of the institution itself. This causes a similar conduct of usefulness. Ideology may very well be to offer residents a change of experience or environment, but to actually receive sanction by a board of directives, a more pragmatic and functional connotation is always implemented. Occasionally new rituals are developed by residents themselves. These are often of a more or less rebellious nature. They can vary from purely individual exercises to group performances. The latter are often

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<sup>363</sup> The questions mentioned here can be found on page 13.

born out of a feeling of 'us against them' while the former tend to function as 'preservations of self'.

When it comes to actors and participants within communal rituals, it is striking to see how little the residents themselves are actually performing ritual. This only happens in the just mentioned new rituals but practically nowhere else. Every existing form of ritual, in every possible domain from secular to sacred, is scripted, planned and executed by others than the main participants.

The purely individual rites or ritualisations, whether taken along or newly developed, are always negotiated by the new environment. The ones that collide with the routine of the institution are mostly discarded, sometimes adapted. The ones that don't collide are usually so personal and small that they go unnoticed. I have yet to discover individual ritualisations that complement the institutional ones and I suspect here lays a territory full of potential.

### 5.3 Good practices

These answers are not the end of this research. When I had most rituals 'mapped out' I realised this could only be one part of the whole story. It is now clear that rituals in rest and nursing homes are different from the ones outside, but why so? And even more importantly, can this difference be brought to fruition? If one were to formulate something of a theory on 'good practices' what would the outcome be?

In this section, I will revisit some of the rituals that I encountered in the two locations of my research. Building forth on the environmental anthropology of Ingold and the concept of *ritual zoning*, it is my aim to show how these rituals, and the people involved, may be better attuned to their environment with only minor adaptations. But before I do so, I call to memory three qualities of ritual that we have already, in some form or other, encountered in the previous chapters.

#### Basic sacrality

The first of these qualities is that of 'basic sacrality'. In its broad approach it is closely related to the matrix of meaning as presented by Evans but also mentioned or implied in the works of Grimes, Sexson, Post and, albeit less conspicuously, Brown and Knott. Perhaps it is best described by Post, as a form of sacrality that contains the most archetypical of symbols such as light, water,

earth and fire.<sup>364</sup> It is basic in the way that it cannot be reduced to its functions but forms a fundament on which further symbolical order can be built.<sup>365</sup> The two most important characteristics of this basic sacrality, at least in my opinion, are universality and indiscrimination. In combination, these characteristics encompass the total range of ritual activities; from small and individual to large and communal, from rigid and hierarchical to experimental and democratic.

A place that is built, or redesigned, to summon up such a basic sacrality can be utilised for various activities within a wide variety of cultures, philosophies, ideologies and denominations. In the eyes of Post, it can also re-enchance our own experience and make us more susceptible to the non-rational and non-functional side of life.<sup>366</sup> The concrete form of such a place is not limited to the obvious religious-like edifices such as churches, shrines or temples but can vary from a single private room to a large public site. Concrete examples are so-called 'silence-centres' or contemplation rooms but also 'indefinite' sites like the Holocaust Memorial in Berlin.<sup>367</sup> Crucial for such places is their contested ground. They only work as long as enough people realise that 'all that space' could have served a far better goal. To be useful as a place of symbolism, it needs to be space wasted.

Within the 'compounds' of rest and nursing homes such 'wasted' spaces are an extreme rarity. Whenever architects do include spaces without a pragmatic purpose in their original drawings, like the butterfly gardens or in-doors-pond as described in Chapter 3, those places hardly ever survive the budgetary commissions. But even if they do, they usually perish on the battlefield of pragmatism that is construction work.

### The power of 'uselessness'

Rituals, by nature, are inefficient.<sup>368</sup> They are set apart from purely functional activities while being founded within the same socio-historical context. As they do not follow the same pace and conventions as pragmatic behaviour, they offer a pause within the turmoil of the everyday existence. In performing a ritual, one 'takes a step back' and, as something of a side effect, begets the possibility to

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<sup>364</sup> POST: *Vorbij het kerkgebouw* 238.

<sup>365</sup> Cf. JUCHTMANS: *Rituelen thuis* 52-53.

<sup>366</sup> POST: *Vorbij het kerkgebouw* 238.

<sup>367</sup> See J. HOLSAPPEL-BRONS: *Ruimte voor stilte. Stiltecentra in Nederland als speelveld van traditie en vernieuwing* (Groningen/Tilburg 2010), and POST: *Vorbij het kerkgebouw* 214-219.

<sup>368</sup> This should not be confused with inefficaciousness!

contemplate that turmoil and one's own position in the midst of it.<sup>369</sup> Even when rituals themselves are predetermined, as is often the case in institutions of care, their inefficient character grants the participating individuals an opportunity to temporarily escape the dominant top-down structures of that institution.

In addition, I suggest that, at least in the case of rest and nursing home employees, such inefficiency also provides a possibility of more person oriented care. Nowadays, many of the acts that take place within the context of elderly care are put in monetary terms. This is a logical development. Here too, time is money. However, even within the mechanics of commodification one can still pay attention to the 'ritual-ness' of certain events. A clarifying concept in this matter has been introduced by the German ethicist Rudolf Ginters.<sup>370</sup> With the term '*Ausdruckshandlung*' Ginters refers to acts that serve no immediate purpose but are nevertheless full of meaning. Theologian and care-ethicist Annelies van Heijst provides the example of a doctor that retains contact with a terminal patient even after having established that medical treatment can no longer offer resolve.<sup>371</sup> Another example, given by Ginters himself, is bowing for the casket of a deceased person.<sup>372</sup> Both examples illustrate how certain actions that fall outside the order of efficiency, may still effect an important outcome.

To make my point even clearer I would like to add the example of washing clients. In nursing homes especially, that act has become commodified to almost complete extent. All nurses and aspirant-nurses have to meet quota of so many 'clean' people per hour. But washing someone else is never only instrumental. Whether acknowledged or not, it remains one of the most intimate acts possible between two individuals.<sup>373</sup> In most religions, the washing of someone else's hands, feet or brow is considered ritual *pur sang*. Such a symbolic expression need not necessarily impede with economic principles. It demands no change of space nor consumes intrinsic larger amounts of time. But even when it does interfere, like in the example of Van Heijst, it also strengthens awareness of the

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<sup>369</sup> Here I am paraphrasing Kapferer, cf. Chapter 1, page 20 and the intermezzo, pages 112-113 and 118.

<sup>370</sup> R. GINTERS: *Die Ausdruckshandlung: Eine Untersuchung ihrer sittlichen Bedeutsamkeit* (Dusseldorf 1976).

<sup>371</sup> A. VAN HEIJST: *Menslievende zorg. Een ethische kijk op professionaliteit* (Kampen 2007) 81.

<sup>372</sup> On a more general note, Ginters also includes such acts as singing, playing, painting, dancing and celebrating: GINTERS: *Die Ausdruckshandlung* 38. Also VAN HEIJST: *Menslievende zorg* 82.

<sup>373</sup> Which is why, from an ethical point of view, it will always remain a very sensitive topic.

person-hood of others and, with that, an indispensable reflection on one's own position, attitude and behaviour.<sup>374</sup>

### The shaping of a community

In *Uneasy Endings*, Renee Shield described the nursing home as a place of liminality without communitas. She blamed this on the absence of rituals and a complete lack of reciprocal roles. As I have shown in the fourth chapter, contemporary rest and nursing homes contain much more rituals and ritualisations than a casual observer would notice. This does not mean that Shield was wrong though. In my opinion, it is not so much the absence but rather the type of ritual that is to be held accountable for any lack of communitas. It is the type that emphasises presentation of self and continuity of the personal narrative. Both of which are processes that strongly encumber any group formation or uniformity.<sup>375</sup>

Due to the preconceptions (or misconceptions?) of what being old in our society should be like, it is deemed of the highest importance that elderly maintain their independence for as long as possible. It is a strange demand in any other context. People are never autarkic entities. To quote a very famous piece of prose-turned-poetry by John Donne: "No man is an island, entire of its own."<sup>376</sup> Still, for the dependent elderly the demand is there, and the consequences of it clearly visible. Take their designation for example. Residents of rest and nursing homes are never called residents, or inhabitants, or citizens or a population, or anything like that. In the old days they were 'patients' but that was soon deemed too belligerent. Nowadays they are unanimously called 'clients'.<sup>377</sup> Not clients as in a system of patronage but rather as in contemporary business transactions. It is supposed to present them as autonomous and capable individuals, yet little could be more detrimental to their continuing

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<sup>374</sup> The final narrative in Shields' account serves as a downright confirmation here. In it an experienced nursing assistant tells about her love for the work: "I give baths ... I like to soak their feet because it's so refreshing – they love it. Yes. And while I'm soaking their feet, then we have a chance to chat, you know? So that's very enjoyable. It's wonderful. You really have to love people. You do. You have to love people to do this kind of work. Because it's not easy. Everybody knows it's not easy." SHIELD: *Uneasy endings* 223-224.

<sup>375</sup> As was put forth, albeit in slightly different situations, by Goffman (presentation of self) and Kaufman (continuity of the personal narrative). See GOFFMAN: *Interaction ritual* and KAUFMAN: *The ageless self*.

<sup>376</sup> The entire piece of prose can be found on <http://www.poemhunter.com/poem/for-whom-the-bell-tolls/> (last visited on 10-7-2013).

<sup>377</sup> See pages 25-26.

development. It suggests distance, first of all. Clients, in this sense, are people that one deals with swiftly and superficially. Personal contact is only made for the duration of the actual transaction. There is no accountability afterwards. Secondly, the notion of self-reliance that is invoked is false by default. This type of transaction implies that the client consciously chooses to buy a certain commodity and thereby agrees with the terms and conditions that accompany it. But the harsh reality among dependent elderly is that most of them don't get to choose at all. And how much sense does it make to invoke terms and conditions when the transaction is born out of necessity instead of free choice?

For these 'clients' the construction of a chronologically coherent self-presentation is strongly promoted and creative self-expression highly encouraged. Some examples of these are the construction of autobiographical photo-collages, the arrangement of flowers or decoration of vases in activity clubs, painting lessons and the collective celebration of *Sinterklaas*. In the last case, one of the few parts of the celebration that actually seemed to 'work', was that tiny space in which one individual was 'put in the spotlight' with an absolute attention for his or her individual history by means of a poem and a fitting present. Such focus on individuality and autonomy, especially in a ritual that originally expressed the coherence of a group or society, does not coincide with the formation of *communitas*.<sup>378</sup> And furthermore, as everyone and everything in the rest and nursing homes is almost obsessively pointed toward the creation, or better yet, 're-creation' of independent subjects, these subjects themselves are, quite ironically, left with very little room to reply, let alone reciprocate.

To really become a community, or achieve *communitas*, conform to the type of institution, it is essential to 'tell it like it is'. When both functional and ritual activities suggest a hospital-like environment, then that's what it is. Even suggestive nametags like 'client' or 'living-room' will not fool anyone into believing otherwise. The people in institutions of care are **not** autonomous (if such a thing even exists), nor should they be. This does not mean that they have to stand alone in their 'final hour'. On the contrary, to realise any form of *communitas* in a liminal phase, the very fact that it **is** their final hour should be openly acknowledged and perhaps even 'celebrated'. And how better to

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<sup>378</sup> As Turner showed in his treatise on rites of passage, *communitas* is often the result of stripping the individual of his or her identity in a group of similarly treated individuals to eventually, as a uniform group, reach new status within the larger society. TURNER: *The ritual process* 131-134, 170-172.

acknowledge or celebrate than by attuning the rituals of an institution to its non-ritual routines?

Concerning the lack of reciprocity, it should be noted that being in need of help does not at all equal an inability to do for others. As rituals are often about giving, they present a perfect opportunity for otherwise impaired individuals to bestow instead of receive.

The shift to a more 'truthful institution', one that minimises the difference between its image to the outside world and its inside pursuits, can be achieved with only minor adaptations. Almost all of these adaptations can be accomplished through *ritual zoning*; by relating the material surroundings to immaterial ideals, by integrating impractical factors or even an overall uselessness, by shifting the focus in performances from separation to inclusion, or better yet, from raising barriers to joining bonds.

## 5.4 Suggestions for ritual zoning

### Wining and dining

Eating together is by most residents considered an important part of the day.<sup>379</sup> But the symbolical facets of a communal meal are never restricted to the actual eating-part alone. Moving to the dinner table, setting the plates, cups and cutlery and taking ones position in relation to the other table guests, all belong to the same event. In rest and nursing homes, these things are ruled by the demands of efficiency and taken out of the hands of the residents. What remains then is only the hint of a communal meal, with very little options to symbolically expand the space that one is assigned to.

Naturally, not all of these things can be done by the residents themselves. Some people will have to forego table etiquette due to personal impairments. But it makes a big difference whether or not they have to make an effort, and if it doesn't work out, receive assistance from a fellow table guest, than if they are simply assigned to a place and provided with a readymade meal. And the same holds for the 'end phase' of the communal meal. All acts, from cleaning the table to doing the dishes and putting everything back in place, still belong to the whole event. Performing all these actions together, or at least trying to do so, is what expands the purely functional act of eating to a social and bonding gathering.

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<sup>379</sup> See Chapter 4, pages 127-128.

## Watching television

In a similar vein as wining and dining, watching television, or listening to the radio, serves a process of socialization. As was indicated by several of my interviewees, there is a big difference between watching and/or listening to a programme in the company of others or in the solitude of one's own quarters. The radio and television in the common room are not just appliances to be used by anyone at any time. Just like in the settings of a normal household, their usage should be determined by 'popular decree' instead of a single staff member or employee, unless, of course, that staff member or employee takes part in the group process.

That staff members and employees take part in seemingly ordinary activities, like watching television, I would highly recommend. Not only would a participation in trivial activities heighten the sense of a real home but the bold neglect of the 'time-is-money' standard, if only for five or ten minutes, would start to bridge a large part of the Goffmanian gap between 'workers' and 'residents'.

## Individual ritualisations

In contrast to the bulk of rituals in rest and nursing homes, individual ritualisations are small and personal. They often come into existence out of necessity instead of desire. They are least influenced by the architecture and hierarchy of the care facility yet often strongly related to it as a coping strategy. In my opinion ritualisations as these should not be tampered with. That might actually harm the personal integrity of the participant(s). But, as they can become such an important instrument in dealing with and adapting to the new environment, it would be a wise move to create some special space that better facilitates residents to invent, implement or execute such ritualisations. Apart from such space, individual ritualisations also demand flexibility among personnel and volunteers. Hygiene and etiquette can become important structures to counteract adversity, continue the personal narrative or maintain one's self esteem. Providing room for it, both spatially and temporally, will undoubtedly hamper efficiency but also enhance the experience of well-being.

## Birthdays

According to some of my informants, back in the seventies the architecture of *De Hazelaar* was considered very progressive. In the blueprints of those days one can see that, even though it resembled a hospital in many ways, efforts were being made to make it more of a place for living than just a place to die.

One of the examples is the so-called birthday room. Strangely enough, it did not work. The room was hardly ever used and quickly became a storage room instead. Birthdays, it seems, answer to a strict code. They are rituals in which the spotlight is directed at one person. And just like on the stage, a spotlight is useless without an audience.

Nowadays birthdays in *De Hazelaar* are being celebrated in numerous ways but essentially one can discriminate three forms. The first form is the home celebration, the second the externally organised festivity and the third the small scale institutional merriment (As we have seen, this last form often literally takes place on a special stage that is built within the large Meeting Hall). These forms are in no way mutually exclusive. On many occasions, one birthday is celebrated in all three manners on different days.<sup>380</sup> If anything, this shows that, just like with individual ritualisations, the birthday is a ritual that is hard to control in a top-down fashion. But unlike individual ritualisations, birthdays, no matter their form, follow a tight cultural script. And it is that script that is often deviated from in the setting of a care institution.

In the case of the small institutional merriment, for example, it is the one who celebrates that hands out cookies, pastries or other types of snacks to fellow residents. Normally that type of celebration is preserved for colleagues on the work floor. Here the institution is wrongly associated with a working environment. That association is understandable. The working force, from cleaning ladies and nurses to the members of the board of executives, determines all that happens in this place. But the residents are not a part of the work force. A more appropriate form of celebration would be equal to the first one, that of a home celebration, wherein the fellow residents, like family members, would first buy and present gifts and then, in return, receive cake or pie.

### **Entertainment, leisure and recreation**

Creative activities, like the making of collages, flower arrangement or painting, are usually set in motion to promote (re)activity and self-expression. They are, time and again, coupled with a therapeutic outcome. In 'normal life' however, creative expressions, whether therapeutic or not, often go hand in hand with a certain 'noticeability'. Other people see the result, but often also the process. They ask questions, voice their opinions, motivate or discourage. A lack of such noticeability conduces artificiality. It amplifies that something 'other than

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<sup>380</sup> See the example of Mrs. Griffin in Chapter 4, page 130.

ordinary' is going on here. It re-establishes the 'otherness' of the institution. To connect such forms of rituality to the outside-life, one should create a platform that showcases the results or invite 'outsiders' to witness or even partake in the process of creation. Of course, recreation can also be a rather individual, not to say solipsistic, occupation. But even then, it needn't become therapeutic. Ordinarily, recreation is not concerned with wellness or physical health, at least not directly. It is done, first and foremost, for pleasure and personal gratification. And neither of these needs to be healthy or good; they don't need any other purpose or end goal than what they already are in and of themselves: pleasurable and gratifying.<sup>381</sup>

Rituals of entertainment and leisure follow a similar pattern as those of creative recreation, but here the underlying rationale is usually that of physical health or general wellness. As shown in Chapter 2, there is a rather large discrepancy between the ideal, as presented in advertisements on television and in magazines, and the reality of life in a rest or nursing home. In that reality, such activities are usually limited to 'in house club activities' (like the billiards club) or irregular events such as fashion shows or musical performances and the occasional museum visit or city trip.

I believe that here it would be most favourable to not adapt the reality of the rest or nursing home but instead our ideal image of what old age can and/or should be like. A care facility should not feel obliged to be taken along by concerns of mental and/or physical health. Instead, it could also induce an environment of pleasure rather than one of impairment and provide the means for enjoyment rather than those for healing.

## Official adherence

Just like in the rest of our highly secularised society, official adherence appears to be losing ground in the lives of rest and nursing home residents. Weekly masses are visited by only a handful of people while the large liturgical celebrations such as Christmas and Passover are often still crowded. When

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<sup>381</sup> The concept of definitional ceremony, as coined by Myerhoff, easily springs to mind here. I would however advice caution as this term was all to quickly annexed by White and Epston as an instrument within psycho-therapy, which, in my opinion, immediately negates its symbolic value. B. MYERHOFF: 'Life history among the elderly: Performance, visibility, and remembering', in J. RUBY (ed.): *A crack in the mirror: Reflexive perspective in anthropology* (Philadelphia 1982). Cf. M. WHITE & D. EPSTON: *Narrative means to therapeutic ends* (New York 1989) and M. WHITE: 'Reflecting teamwork as definitional ceremony', in M. WHITE (ed.), *Re-authoring lives: Interviews and essays* (Adelaide 1995) 172-198.

asked for their motivation many of the weekly churchgoers state that it serves well as a pastime in their otherwise mundane existence. In my opinion, this shift from an ideological to a recreational motivation is a self-regulating principle that works rather well within an enclosed space (to avoid the term total-institution of Goffman) like a care institution.

An exception to this rule can be found in festivities that belong to other religions than Christianity. In *De Hazelaar* a growing number of residents adheres to the Islam. This has brought the institute to the organisation of an adapted *Eid al-fitr* for the last three years now. In the true spirit of this feast, all residents, Muslim or not, are welcome to share in its treats and drinks. The amount of people that participate is high, the motivation among non-Muslims mostly curiosity and, in the following years, true enjoyment. This type of celebration thus accomplishes what the official adherence no longer seems capable of; the bonding of people of every walk of life in a single event of sharing and merriment. It is a perfect example of the potential of ritual in rest and nursing homes. It combines both recreational and ideological tendencies in a reasonably uncontested manner. This I would take as an example for both religious and non-religiously affiliated institutes to follow. By simply integrating some recreational aspects to a slightly diminished ideology new vigour might easily be awakened.

### Large festivities

Non-religious large festivities such as Carnival and *Sinterklaas* show a different dynamic than Christmas or Passover. Even though they are often celebrated in the same room, the arrangement of that room, the people that are allowed and the relations between 'officials' and participants could hardly be more different. On the surface, these festivities seem less scripted than their religious counterparts. People are less bound to certain roles, can move around the room more freely and know no real time bound actions. In reality however, they are not less scripted at all, just differently. When looking at Carnival celebrations in *Het Laar* for instance, there is a complete agenda with hour-to-hour programmes for each day of the festival.

The true difference with events of official adherence is their natural recreational character. From the onset, these festivities are all about having fun together. They are events where people bond easily, if only temporarily.<sup>382</sup> In

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<sup>382</sup> Such temporality makes them a perfect vehicle for the creation of *communitas* as proposed by Turner.

present institutions, this characteristic is often utilised to create a bridge with the rest of society. But as we have seen this often only reaffirms the otherness of the care-facility. Instead of bridging a gap, I would suggest these festivities are left to do what they do naturally; expand on the place in which they are performed. To do so, the attention should, quite paradoxically, not be directed outside but inside, on the people that partake, and the place in which they do so.

### Passing away

The last type of ritual within rest and nursing homes remains a strange one. In several presentations of my research, it has been pointed out to me that the person dying can hardly be seen as someone who is ritualising or participating in a ritual. I totally disagree. There are no events in life that call for ritual more than birth and death.<sup>383</sup> Even though the individual involved cannot attentively act in that actual moment of passing in or out of life, the occurrence itself is an invariable breach in the functional routines of all other people involved. With my specific definition of ritual in mind, one could even state that in this case, and probably only in this very unique case, the person dying has in actuality become the ritual itself.

Unfortunately, death in the rest or nursing home is a daily occurrence. Because of this, most surrounding acts have gradually become part of fixed protocol. Much of that protocol is designed out of preventive motives. Because of its sensitive nature it is thought that all acts surrounding one's passing are better kept in check. But protocol alone can impossibly prevent wrongdoings on a personal level, like the ones I experienced with Mr. Fuchs.<sup>384</sup> In this case, it was the tension between protocol and personal empathy that led to a very undesirable situation.

There is nothing wrong with emotional assessments. Nor is there anything wrong with letting people 'pass on' in the company of others. I would actually encourage any care institution for the elderly to create the possibility of doing so. But certainly not within a space that is already specifically designated for other (ritual) activities. The zones of two 'breaching' activities in too close proximity will either reinforce each other or cancel each other out, there is little

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<sup>383</sup> Cf. GRIMES: *Deeply into the bone* 15-86 and 217-284.

<sup>384</sup> See pages 161-162.

in between.<sup>385</sup> It is right here, that a space of basic sacrality would perfectly serve its purpose. Such a room could offer other residents, family and care-takers or nurses the opportunity to say their goodbyes in a ritual manner. It would enable a process of last honours and a fitting departure that is so dearly missed in this context.

In the Netherlands, a much needed and widely appreciated framework for such processes has been written by Carlo Leget.<sup>386</sup> His *Ruimte om te Sterven* provides a practical oriented re-contextualisation of the age old *ars moriendi*. That tradition of 'the art of dying', held five frames of mutually exclusive theological forces: faith vs. disbelief, hope vs. despair, love vs. avarice, perseverance vs. impatience and humility vs. hubris. Leget translated these frames to our modern times not as a battle between good and evil but as dialectically opposed poles of tension. These poles are: I – Other, Activity – Passivity, Hold on – Let go, Forgive – Forget and Believing – Knowing. The goal here is to find and maintain balance rather than to struggle for one's final salvation. The right balance, Leget argues, will create an inner space within the individual that is confronted with death, be it the dying person himself, a loved one or member of the family or a nurse or caretaker. That inner space in turn is the prerequisite to naturally accept and constructively deal with the different stages of passing away.

It is fascinating to see how the concept of space plays an important role in Leget's theory. Even though it is another type of space than the one I promote in this study, I cannot forgo the intuition that it bears striking resemblance to the virtuality of ritual as presented by Kapferer or Van Beek, or even the concept of ritual zoning. It is my conviction, based on the study presented here, that the relation between the abstract inner space of Leget and the outer material surroundings that I deem necessary for symbolic activities are intrinsically bound to one another. I do realise that this was not by any means the purpose of my research. As such, it can be no more than a personal conviction. Nevertheless, it would make an excellent starting point for a follow-up investigation. It would be highly interesting to test whether and how material surroundings can answer to, reverberate or even promote the inner equilibrium.

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<sup>385</sup> Ergo the title of the already mentioned article by MYERHOFF: 'We don't wrap herring in a printed page' 200.

<sup>386</sup> C. LEGET: *Ruimte om te sterven. Een weg voor zieken, naasten en zorgverleners* (Tielt 2012).

## 5.5 Concluding remarks

So can a ritual comprehension of space create a more affirmative experience among staff and residents and a more positive image to the outside world? The answer is yes, unequivocally so, but it is not an easy task to accomplish. It demands much more than simply adding more rituals. It demands a complete change of attitude. That change of attitude needs to cover all three concepts that formed the core of this research: rest and nursing homes, old age and the elderly and, obviously, rituals.

While I have intended to consider these core-concepts in their interdependence I feel it is justified to now, temporarily, disentangle them. For each of these three components I am able to formulate some convictions that do not necessarily involve the other two. I do however wish to stress that is only in coherence that these convictions can really function as a stepping stone to possible improvements.

### On rest and nursing homes

The first and most important thing one should realise about rest and nursing homes is that they are always in motion. These institutions are in no way the immobile, tranquil monuments of old age that they are often still depicted as. From the very first time I entered the two locations of my research until the moment that I left, there have been constant renovations, interior re-arrangements, redecorations, innovations and so on. All of these changes are set in motion to provide better care and not a single one of them passes without strife. It is a paradoxical truth that better care cannot just be obtained by an increase of more practical facilitations. The perennially presented ideal of homelike surroundings turns out to be completely unattainable. The evolution into large centres of care makes those places themselves less and less humane. Luckily, in this ever-changing environment counteractions are never far away. They can be found in the trends of 'cosification', sensory stimulation, cultural relativism and art or other forms of self-expression. These counteractions provide the much needed human touch, even though, from a ritual perspective, they too are often implemented much too instrumentally.

For an 'outsider' there are at least three stages of becoming acquainted with the rest or nursing home. The first is that of sheer amazement, usually coupled with negative emotions. The second is one of knowledge of all the processes and protocols, rules and regulations. The third phase is one of understanding. It is only in this last phase that one is able to see how there is always built-in room for improvement. The people who work here are very

aware of the ever-changing character of their workplace. They know that not only the money flow changes, but also the images and ideals that serve as their main motivation. But what is most important, they realise well that flexibility is their number one strength. To be able to bend with the change of seasons enables them to keep taking care of those people who need it the most. Sometimes this results in improvisations that turn a birthday room into storage but other times it also creates a wondrous collaboration between idealistic youngsters and the citizens of yore.<sup>387</sup>

It is exactly this type of small-scale innovations that can sort the greatest effect in the long run. Instead of a confining place that confirms the natural abhorrence of old age, the institution can thus become a space of meeting and exchange, and not between the stereotypical old/wise and young/restless but between individuals of different experience and interest. In the end both parties gain something valuable but far more important still, the place itself gains a positive vibe that may even be transmitted to other domains within society.

### On old age and the elderly

In his bestselling book *Het Nieuwe Ouder Worden*, Jan Baars insists there is need of a paradigm shift in the ways we view and deal with old age and the elderly. The still reigning pathological view, where the progression of age is measured by standards of illness, should be discarded in favour of an existentialist one, where the same progression is apprehended as the personal accumulation of experiences. In many ways, my research can be viewed as a corroboration, albeit from a slightly different point of view. Even though I set out to investigate rituals, I too quickly came to the inevitable conclusion that the ways in which we portray both old age and the elderly, dependent or not, are seriously flawed.

The change of paradigm that Baars calls upon, needs to address a multitude of different ways of aging. It is true that a shift from pathology to existentialism may help here, but to truly avoid the pitfalls of stereotyping, the new paradigm should also avert from prioritising one type of elderly over others. Just like people in all other ages, the elderly too can be strong or weak, sick or healthy, actively involved or disengaged, and neither of these dichotomies tells us more than a smidge about the individual in question. To really get to know a person, and this I experienced time and again during my fieldwork, one simply needs to pay attention. One of the various ways to do so,

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<sup>387</sup> As described in Chapters 3 and 4, pages 93-94 and 145-146, respectively.

among many others, is through ritual. But ritual proves a double-edged sword. It only 'works' as long as it isn't employed to work. Otherwise it becomes therapy. And of therapy most elderly, especially the dependent ones, already have more than enough.

### On ritual

A ritual is an activity unlike any other, but what differentiates it exactly will always remain point of debate. One such debate occurred between Ronald Grimes and Jonathan Smith.<sup>388</sup> The first emphasised action as the main component, the latter claimed that component to be place. In my opinion, they are both right. Like any other activity, ritual has to be localised. It is impossible to perform an action outside of a material environment. And like any other action, ritual is directly and indirectly influenced by the milieu in which it is set. On the other hand, every activity always impinges on its direct surroundings, and here too directly and indirectly. Ritual forms no exception to that.

It is therefore not *just* the place that makes an act ritual, nor *just* the act that makes a place sacred. It is the way in which act and place relate to one another that sets *both* apart. Instead of creating a smaller space of focus within the larger concrete surroundings, which is what happens in purely functional activities, a ritual expands the place of action into a more abstract space of meaningful relations. This is the essential difference between 'regular' *zoning* and *ritual zoning*. In the case of sick or otherwise unable people, such expansion functions as a confinement of frailty itself. It shifts the primacy of efficiency to that of personal narratives of the people involved. Instead of scrubbing someone clean in twenty minutes to comply with the set quota one can also take half that amount of time to only wash their feet intently, as symbolic recognition of their human dignity.

Creating such abstract spaces counts as an essential first step but one can imagine going further still, by actually constructing rooms or areas with no other intent than a symbolical one. Residents of rest and nursing homes cannot usually just go to a place of sacrality whenever they like. But, like De Certeau pointed out so poignantly, they too cannot thrive in a world that is solely built on numbers, statistics and efficiency.<sup>389</sup> They need a connection to their environment, both in the material and immaterial sense. And a great way to create such a connection is by the performance of rituals. So instead of washing

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<sup>388</sup> For the larger context and content of this debate, see the intermezzo, pages 109-110.

<sup>389</sup> DE CERTEAU: *The practice of everyday life* 91-114.

those feet in the same room where they lay to sleep, one could do it in a special room that has no other functional purpose whatsoever, a room, to use the words of Post, of basic sacrality. Only a small room with little more than a basic washing basin will suffice. The simple but evocative combination of place, action and universal symbols can hardly be miscomprehended.

### Toward 'truthful' institutions

In his disputed masterpiece *The Unquiet Grave*, Cyril Connolly writes about the decay of civilizations.<sup>390</sup> It is an inevitable process that starts with the four feats of decadence: luxury, scepticism, weariness and superstition.<sup>391</sup> A society that abounds in richness but succeeds only in criticism, lethargy or escapism is destined to crumble and make way for a successor. "The civilization of one epoch becomes the manure of the next."<sup>392</sup>

In my opinion, this is a sound analogy for the domain of healthcare. Care that is overly self-critical at the one hand while indolent at the other will eventually turn into its worst form. In every facility of care, I have encountered something of a crusade for self-improvement. Every employer and focus group is confronted with learning curves and education purposes, with novel demands of service and accountability structures, and all to ensure that the care they provide will surpass any other. This, of course is the vanity of self-critique. I have already mentioned it in the above and will state it again here, but now in contra-position to that self-obsessed process of improvement. The focus in care should always be on the people involved. When one truly directs his or her attention to the needy individual, good care will follow automatically. By focusing on the providing of care itself, the individual to receive that care becomes subordinate or even accessory. The necessary prerequisite for this change of focus, from self-observant to personally involved, might well be the Foucaultian concept of *Parrhesia* as he initiated in *The Government of Self and Others*.

Unfortunately, Foucault never got to fully develop his theory and therefore I will not expand on it too much here. He does state however, that proper morality demands both an unmasking of existing inconsistencies and the

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<sup>390</sup> C. CONNOLLY: *The unquiet grave. A word cycle by Palinurus* (London 1944).

<sup>391</sup> IDEM 50.

<sup>392</sup> IBIDEM.

courage of free self-legislation.<sup>393</sup> For the context of rest and nursing homes I suggest this entails that the people involved unmask rhetorical embellishments (like the ideal of a homey atmosphere) and freely commit themselves to what they truly want their facility of care to be like (a retreat, reactivation facility or even work-space or educational institute).

In practise, this simply means the following: if you the goal is to offer dependent elderly an opportunity to retreat from society and spend the remainder of their lives in idleness, then provide the necessary structure and routine to do so. Festivities that, in their present form, function as a bridge to the rest of society, like *Sinterklaas* or Carnival, are redundant here. The influence of a work force can be minimal. Efficiency of care plays no role for those who are preparing to leave their mortal coil. All should be invested in the creation of a fitting departure from this worldly life. Small and personal ritualisations should be encouraged and facilitated.

If, however, the aim lies in stimulating dependent elderly to further play a role within society, then make sure the functional routines and breaching activities are in line with that ideal. Here the focus lies not on retreat and departure but on reciprocal participation and integration. A working force should be facilitating in that aspect but preferably in a cooperative role. Large celebrations and festivities should answer to the same dynamics. With *Sinterklaas*, for example, there should always be children present. Instead of receiving poems and gifts the elderly should buy, craft and hand them out to these children, either in person or in a vicarious manner: with some people dressed up as *Sinterklaas* and his *Zwarte Pieten*. But even if the presence of children can't be achieved, there are still plenty of options left to not make it a 'senile' celebration. A normal way of celebrating *Sinterklaas* among adults is one where the participants buy gifts for each other and wrap those up in creative designs or decorations. These designs and decorations usually imply stories or experiences from the receivers that are customarily highlighted by means of a rhyme or poem. A similar celebration among dependent elderly would, at the very least, provide a practice of reciprocation and intermingling among residents that was so dearly missed by Shield in her investigations.

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<sup>393</sup> M. FOUCAULT: *The government of self and others: Lectures at the Collège de France 1982-1983* (trans. G. BURCHELL, New York 2010); M. FOUCAULT: *The courage of truth: Lectures at the Collège de France 1983-1984* (trans. G. BURCHELL, New York 2011); and T. FLYNN: 'Foucault as Parrhēsiast: His last course at the Collège de France (1984)', in J. BERNAUER & D. RASMUSSEN (eds.): *The final Foucault* (Cambridge 1988) 102-118.

Thirdly, undesirable as it must seem, if rest and nursing homes are supposed to function as a workspace, then make sure that the working force is the primary factor of determination. In this case, the residents should be instrumental to the needs of both education and ambition of the staff. Rituals would have the sole purpose of breaching the everyday routine of the personnel. It would need only the same shape and content of those rituals that can be found in any other workspace, from the likes of insurance offices to factory floors, from supermarkets to law firms, etcetera.

Such shape and content is often better known as ceremony or even ex officio ritual. Every workspace in the Netherlands has a written or unwritten protocol for Christmas and *Sinterklaas*, new employment and retirement or even the world championship soccer. They are usually the result of bottom-up initiatives and top-down regulations. Their most recognisable characteristics are the decoration of rooms and hallways, some gift-giving or prize winning and get-togethers over snacks and drinks. As undesirable as it may be, many rituals in rest and nursing homes are already quite similar in character.

And then there is the educational institute. Most contemporary facilities of care have already implemented a plan of training where students 'learn by doing'. It seems logical and, more importantly, cost saving, to have students work along with registered nurses. In my opinion, this is paving the road to damnation. The sole difference between residents being instrumental to education and their participation within a learning society may very well be the degree of self-worth they are able to maintain 'along the way'. Putting dependent elderly 'at the close of their day' in the hands of students that themselves still need a (ceremonial) inauguration in social responsibility is, symbolically speaking, very much a *faux pas*. That is like putting secondary-school children in charge of their own society.<sup>394</sup> It is unthinkable in any other society than our own and would undoubtedly be frowned upon by representatives of other, non-Western cultures. Not so much a lack of ritual but rather the failure to acknowledge it as such, dogs us here.<sup>395</sup> It would serve facilities of care well to think twice about inviting students as part of their work

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<sup>394</sup> I exaggerate of course but, calling to mind the dystopian novel *Lord of the flies* by William Golding, I do wish to raise the question whether putting the fate of one liminal community in the hands of another, is at all desirable, not to say intrinsically unethical. W. GOLDING: *Lord of the flies* (London 1954).

<sup>395</sup> Which of course is, once again, nothing short of the classical debate on an emic or etic stance to certain cultural expressions.

force. For only in the least moral of societies can a dependent elder take on the role of a crash-test dummy.

### **Recommendations for further research**

Here I can be short. My research has only scathed the tip of an iceberg, and it did so quite intuitively. To truly uncover the potential for ritual in rest and nursing homes, experimentation in the field is indispensable. Further research could be conducted in the form of empirical testing. Small changes in ritual, the creation of basic-sacred rooms or 'useless' space and even a single wing or entire institution built as a ritual zone, or 'chorus', would have to be closely observed for a reasonable time span. The goal should be threefold at least:

- to find out whether such changes and spaces would improve on wellness and wellbeing of both residents and working crew;
- to discover whether they would change the way in which non-elderly view old people and the process of aging; and
- to establish whether or not they would diminish the overall costs of care.



# EPILOGUE

## A FUTURE FOR THE FRAIL

*No human life, not even the life of the hermit in nature's wilderness, is possible without a world which directly or indirectly testifies to the presence of other human beings.*

Hannah Arendt

### **Of questions and convictions**

"I do not wish to add another note to that genre." That is what I stated at the very beginning of this dissertation. And I meant it too. I never set out to tackle current problematic developments or situations in rest and nursing homes. And yet, in numerous lectures and presentations on my progress or general intent, I have proclaimed my desire to make 'things' better. This is not a contradiction though and I feel no shame in saying it. I do wish to make things better. And I think any scientist should feel that way. But I don't want to improve the present forms of care for the elderly. That is not my field of expertise. From the start, I wanted to 'change the scenery', as it were; to show a new perspective, a perspective that is well-known but seldom acknowledged, even less so in the contexts of present day rest and nursing homes. It's the perspective of symbolical activities; of rites and ritualisations. Such a change of scenery will of course have an impact on the care that is provided and I strongly believe this to be a positive and much needed impact. An impact even that may change the way we view and experience old age, the elderly and the care facilities they reside in from now on.

In those lectures and presentations, and particularly in the brochures that I crafted, I pointed my intentions toward the residents that I met and spoke with, or, in a broader perspective, to the generation they represented. I wanted to make things better *for them*, at this very moment, or at least as soon as possible.

This, I now know, was quite naive. Things do not change that fast. But even if they would, all the people that I met and spoke with during my research, have passed away already. It taught me an important lesson. I do want to make things better, that remains true as ever. But it is not *them* that I should point my arrows at, for these arrows will always arrive too late. It is us.

We are the ones that will be in old age. It is unavoidable, and it will arrive sooner than anyone of us wishes, or even believes. So, before I make my final statements, I urge every reader to perform a small replacement. Take away that image that you had in your mind's eye; that image of the old man or woman, maybe someone you know, that is residing there right now. And replace it with the image of yourself. You will be there one day, in the not too distant future. These convictions of mine are not for your grandfathers and grandmothers, nor for your moms and dads. They are for you, as they are for me.

### **From ritual zoning to a zone for ritual**

Earlier in this work, I have treated some elemental works of important Marxist-socialist thinkers like Foucault, liberal sociologists like Goffman and even a Jesuit freethinker like De Certeau. What struck me as very significant in their works were the (hierarchical) relations between single parts of society and its broader circles. In the typology that I presented, I focused on the relations between the activities within an institution and that institution as a whole but – if one is to take seriously the writings of the above-mentioned authors – one should also consider the institution as a part, and the activities that take place there, in relation to the whole of society in which it is founded.

Instead of just changing (ritual) events or acts to better fit the existing types of rest and nursing homes, one could also imagine changing the institutions in their entirety, to become places either of complete isolation or of meaningful integration.

Throughout the last century, our society has more and more become one of pragmatism. Whenever one builds, rebuilds or renovates any type of structure here, the first question asked usually is “To what purpose?” With such function-driven edifices as care facilities, it may be hard to even imagine any other possibilities. But hard is not impossible. With history at my side, I discern two types with a symbolical rather than a purely pragmatic function.

In the first type, the elderly are able to live a purposeful life because they are literally taken out of society and no longer have to concern themselves with any influence or impact they may or could have, be it negative or positive. In the second type, they keep playing a significant role within that society but without adding to that society any concrete or tangible results per se.

Just like all the previous types, these two are merely models. In reality, they will always be less absolute than in the blueprints. I present them anyway; not as ideals to be reached but rather as the virtual boundaries of the domain in which all real institutes of care exist. With the explication of these boundaries, I aim to provide insight in the possibilities that arise, to better attune daily

routine and breaching activities, when an institute is capable to recognise and acknowledge the type of institute that it is.

## The Island

The first option, that of complete isolation, I would like to name *The Island*. Just like a regular island, its boundaries are rigid and respected by all those who pass them. Nevertheless, a lot of traffic between this and other urban zones still remains necessary as resources on *The Island* itself are only capable of sustaining a small part of the inhabitants. *The Island* is the absolute culmination of the centre type.

The workforce and residents are separated to the extreme, signposting has become street naming and the barrier between daily routines and breaching activities has dissolved completely. It is a city of idleness, much like a holiday resort, and just like in a holiday resort routine activities, those that need to be performed to maintain a certain standard of living, are delegated to a hired staff. This signals that the balance between activities of leisure and those of necessity are completely, and more important, very consciously distorted. Its symbolism is of the recreational type. Like in the holiday resort, a temporary community is built on the premise of the common interest that is leisure.

The residents of *The Island* are, in general, fully functioning, active people. This puts them in tension with residents of rest and nursing homes. It is the actualisation of the already encountered gap between the idealistic image of active elderly in the media and the reality of being old and dependent. This tension however, may be smaller than the one presented there. The reality of *The Island*-type is never quite as ideal as it was meant to be. Time doesn't stop just because it looks and feels as a holiday resort. Sure, the residents like to get out, sport and recreate. They easily get involved in social activities or hobby clubs. But they too, get older, and with it more dependent. And they do so with a significant greater speed than tourists in a regular resort would.

### *Pro's and con's*

The main benefit of *The Island*-type lies in the fact that it separates groups of people that have no direct rationale to be in connection with one another. In some cases this will work out fine.<sup>396</sup> The elderly there are happy with their lives and they voice mostly satisfaction over the fact that they no longer have to care or worry about younger generations and all the turmoil that they create.

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<sup>396</sup> A. STEINMETZ: 'Seniorenstad, getto of paradijs?', in *Plus Magazine* 15/10 (2004) 20-28.

That main benefit comes with a price though, and that price is indifference. It may be a conceptual issue rather than a practical one but in my opinion indifference lies close to the evil that is banality.<sup>397</sup> All goes well as long as nobody cares but at what point will the passivity of not caring subside into an activity of neglecting? And what would happen if neglect is matched with envy? At one point, someone could raise the question of the land that is used to house these elderly on. Is it justifiable that they claim so much land?<sup>398</sup>

In addition, the picture that is painted to the outside world is always brighter than reality. Like anywhere else, there are also problems in *The Island* and many of these will relate to its rather homogeneous population. Every once in a while, a resident will become disabled or ill to such a degree that they cross the signed agreement of what is still acceptable.<sup>399</sup> According to such an agreement, these people need to leave, but this will turn out to be much easier in script than in real life. They too will have grown bonds with other residents who don't want them to leave. Then again, some will be offended if they don't leave as they take up much desired space. Here too, transition, or the need thereof, will lie at the basis of contestation.

### *Into the future*

The future of *The Island* looks a bit bleak. First of all, and existing examples like Youngtown, Arizona function as a showcase here, it will prove quite hard to maintain a uniform population. At some time, younger people will eventually join in the community. This will happen due to all sorts of different reasons. They may be economic reasons, spatial arguments, objections against age discrimination or demands of social equality. But no matter the reason, it will happen for sure, and with it the symbolic nature of the place will quickly dissipate in favour of more practical adaptations.

Secondly, one could justifiably ask whether such isolation is desirable at all. Throughout the years, much evidence has been compiled to believe that it is

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<sup>397</sup> Cf. H. ARENDT: *Eichmann in Jerusalem. A report on the banality of evil* (New York 1963).

<sup>398</sup> Although hardly so severe, such questions have already been raised in *The Island*-type place of Youngtown Arizona. They have led to formal revocations of the age limit of residents. As it turned out, age restrictions were disregarded from their very inception as grandchildren spent 'excessive' time with their grandparents. In the late 1990s, this resulted in a declaration of 'an unenforceable restriction'. The restriction was deemed void by the state and since then all ages were (again) admitted. See K. GUNTERMANN & G. THOMAS: 'Loss of age-restricted status and property values: Youngtown Arizona', in *Journal of Real Estate Research* 3 (2004) 259.

<sup>399</sup> See STEINMETZ: 'Seniorenstad, getto of paradijs?'

not.<sup>400</sup> Here is not the place to expand on that evidence. Still, the negative consequences that hold for isolation on grounds of ethnicity and gender will most likely also play out for age or physical and mental disabilities.

### The 'Chorus'

With reference to Plato, I name the second option, that of meaningful integration, *The Chorus*.<sup>401</sup> In *Laws* Plato describes a 'Chorus of Dionysus'.<sup>402</sup> It is formed by elderly men who, by virtue of their age, no longer have to fulfil any societal tasks. This does not absolve them from society altogether. In the eyes of Plato being old brings forth new obligations. Even though these men should be allowed to experience as much joy as possible, they should also, almost mandatorily, share their stories and songs, and with it their experience and wisdom, with younger generations. They are the ones, like the choir on the stage of the early Greek tragedies that provide the context of the story. To make them do so, for old age often is accompanied by shyness and shame, Plato suggests providing them with more wine than would be met with approval in the case of younger men.

*The Chorus* is perhaps the zenith of the home-type. Here, the difference between daily routine and breaching activities has become more or less absolute. So much even that the routines within *The Chorus* have become breaching activities for all non-residents. More than anything *The Chorus* is a place of celebration, a celebration of life through the tangible nearness of death. Everyone who wishes to do so, can visit this *Chorus* to 'take a breath' from their day-to-day lives, to pause and reflect, to find some context. Its symbolism thus lies in the realm of theatre and drama. Like on stage a temporary community is formed with the common interest of seeking out and adding something ephemeral to the quotidian.

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<sup>400</sup> Examples of such evidence are the isolation of groups of immigrant workers, refugees and 'male only' or 'female only' living communities.

<sup>401</sup> This *Chorus* should not be confused with the enclosing interpretation of the early medieval church. In that interpretation the *fešta chori*, or feasts of the church, stood in perpetual contrast to the *fešta fori*, the public celebrations. Cf. P. POST: 'Liturgische Bewegungen und Festkultur: ein landesweites liturgiewissenschaftliches Forschungsprogramm in den Niederlanden', in *Liturgisches Jahrbuch: Vierteljahreshefte für Fragen des Gottesdienstes* 48/2 (1998) 96-113.

<sup>402</sup> As found in MCKEE & BARBER: 'Plato's theory of aging' 102.

### *Pro's and con's*

The obvious benefit of an institution like the *Chorus*-type would be the rate of acceptance of and respect for elderly that it entails and promotes. As the elderly are constantly in sight and perform an important symbolical role they will quickly gain acceptance in favour of their previous state of deviance. A second positive development can be deduced from the examples mentioned above. In a place of symbolism caregivers will not quickly subside to protocols, bureaucratic regulations or managerial demands. They will be able to perform the job they wish to perform at the best of their ability.

There are, of course, also negative aspects to *The Chorus*. The above-mentioned loss of a state of deviance will make residents more susceptible to the hardships of ordinary life. People will become sick, they will slip and fall, they will leave the furnace burning or spill boiling water and of course, they will eventually die. All of these things are going to happen. In *The Chorus*, they will not happen more than anywhere else but there are no warning mechanisms or controls here. It is a place where death is accepted, perhaps even celebrated, as the inevitable culmination of life. If you cannot deal with that, than this is no place for you.

### *Into the future*

Even though it demands a big change in our dealing with the inevitable, *The Chorus* holds more promise for the future than most other options. The structure for such an environment would first of all have to be located in the heart of the city. Its symbolic function demands it operates (and participates) in plain view of society as a whole. Ideally, it would contain the living spaces or private quarters of a variety of residents and several public parts. In the latter, they can play out their symbolic roles in the company of all who wish to visit. The population of residents would exist of dependent elderly, the people that care for them and others for whom such housing is convenient.

Its architecture would be open, transparent and inviting. There would be no fences or gates, nor reception desks or signposting. Inside there would be several spaces that could be freely visited by anyone at any time. These spaces would have either a particular ritual function, such as singing, dancing, storytelling and official adherence or a basic sacred design to allow for ritual experimentation. Crucially for these spaces is their number. One space for all activities will not do. That would gravely hamper the previously stated demands of ritual zoning. Transparency here is of an entirely different kind

than what was suggested by Foucault in prisons, or criticised by Sennet in public places.<sup>403</sup> It is a transparency that doesn't imply that everything can be seen by anyone at any time. Instead, it is the transparency that holds all things accessible for all those who are genuinely interested.

### **A new vision of the old lady and the painting**

Mary has had a CVA. It mainly affected her abilities of locomotion but not of speech or cognition. Her recovery is estimated to take up to a minimum of four months. After a few consultations with her treating doctor and therapist, she has agreed to spend that time in a relatively new recovery inn.

The inn is situated in the heart of the city. It is a strange building. There are no upper floors or lower basements. It has entries/exits to all sides. It misses the obvious signs of pragmatism that other city buildings share. There are no marks or fences, signs or reception desks anywhere. You enter, from either side, through a regular glass door that is only slightly larger than any normal door. It is probably just big enough for gurneys or wheelchairs.

Inside the building seems even less logical than outside. There are no stairs or doorsteps anywhere. The walls are made either of glass or of a combination of red bricks and brown wood. Ceilings look like they would in old farmhouses, with lots of big sturdy beams. But in contrast to those old roofs there are many large skylights, letting in a huge amount of natural light. Fresh air comes from built-in window slots. There is no air conditioning or other artificial climate control. You could consider it cosy but only when you fleetingly gaze. Hallways are just that. Nowhere are they over-decorated with would-be art or cosy corner-sits. In winter, it is fresh, in summer warm. It is almost as if someone has randomly thrown together a couple of bungalows and some green houses. Yet, when you take a closer look, you slowly understand the rationale behind this building.

It is a very purposeful building. In its entirety, it conveys hospitality, transparency and an atmosphere of timelessness and light-heartedness. There are much more people around than you would notice at first glance. None of them seems to be there for any other reason than to partake in that atmosphere. They are not differentiated by attire, manners or appearance. There are people of all ages. Some of them live there, others are just visiting. The complete lack of

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<sup>403</sup> M. FOUCAULT: *Discipline and punish: The birth of the prison* (New York 1979); R. SENNET: *The fall of public man* (London/New York 2002).

administration desks, offices and conference rooms clearly conveys that this is no place for work.

There are open rooms, with transparent walls and no doors, where people are reading stories to or playing with toddlers and little children. There are rooms where people make music and sing and sometimes even dance. There are homework rooms where students of the nearby schools can study, either alone or under grandparental supervision and aid. But it is not all joy and happiness. Some quarters are less open. They are meant for either the washing or medical treatment of all those who can't do it on their own. And then there are the other rooms. They are almost empty and dim-lit. Here people meditate, rest or, occasionally gather round a sick or dying relative or friend.

Mary loves to paint. From the moment she entered the inn she has set her mind on 'picking up, where she left off' so long ago. For her, there is an entire space filled with painting materials, from easels to the finest of brushes, all donated by nearby antiquarians, thrift shops and private entrepreneurs. This room is managed by two students of the arts and crafts academy a few blocks down the road. They take care of the place and materials and obtain a free atelier in return. Occasionally these students and Mary exchange views on their craft. If, however she wishes to paint alone, she is more than welcome to take those materials into her own quarters.

These quarters in small reflect the style of the entire building. There are no bed-lifts, wall-handles or even emergency buttons. The walls and ceiling are plastered in a soft tone broken white; the floor is shorthair carpet. The whole room is precisely arranged as Mary proposed it. She had her own clothes, books, paintings, jewellery and other knick-knacks brought over from her own house. The windowsill is abundantly filled with flowers and plants. Her bathroom is small but sufficient. It has a toilet, washbasin, medicine cabinet and shower with a built in chair.

Every now and then, someone knocks on Mary's door to see if everything is ok, to have a little chat or drink some tea. If ever something is wrong, help is never far away. Just next to Mary lives a student in healthcare and across the hall a registered nurse with her husband and daughter. They, just like all the others, are always helpful. Not because they are paid to do so, but because they want to be. Their job is a vocation.

Mary likes it here. Not enough to stay perhaps, but still. She definitely wants to return to her home when she has fully recovered. Until that time, she paints a lot. And she makes new friends. Perhaps she will visit some of these new friends when she lives back home. Perhaps she will paint more. Perhaps she will even hold a small exhibition in the time she has left here. Who knows?

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