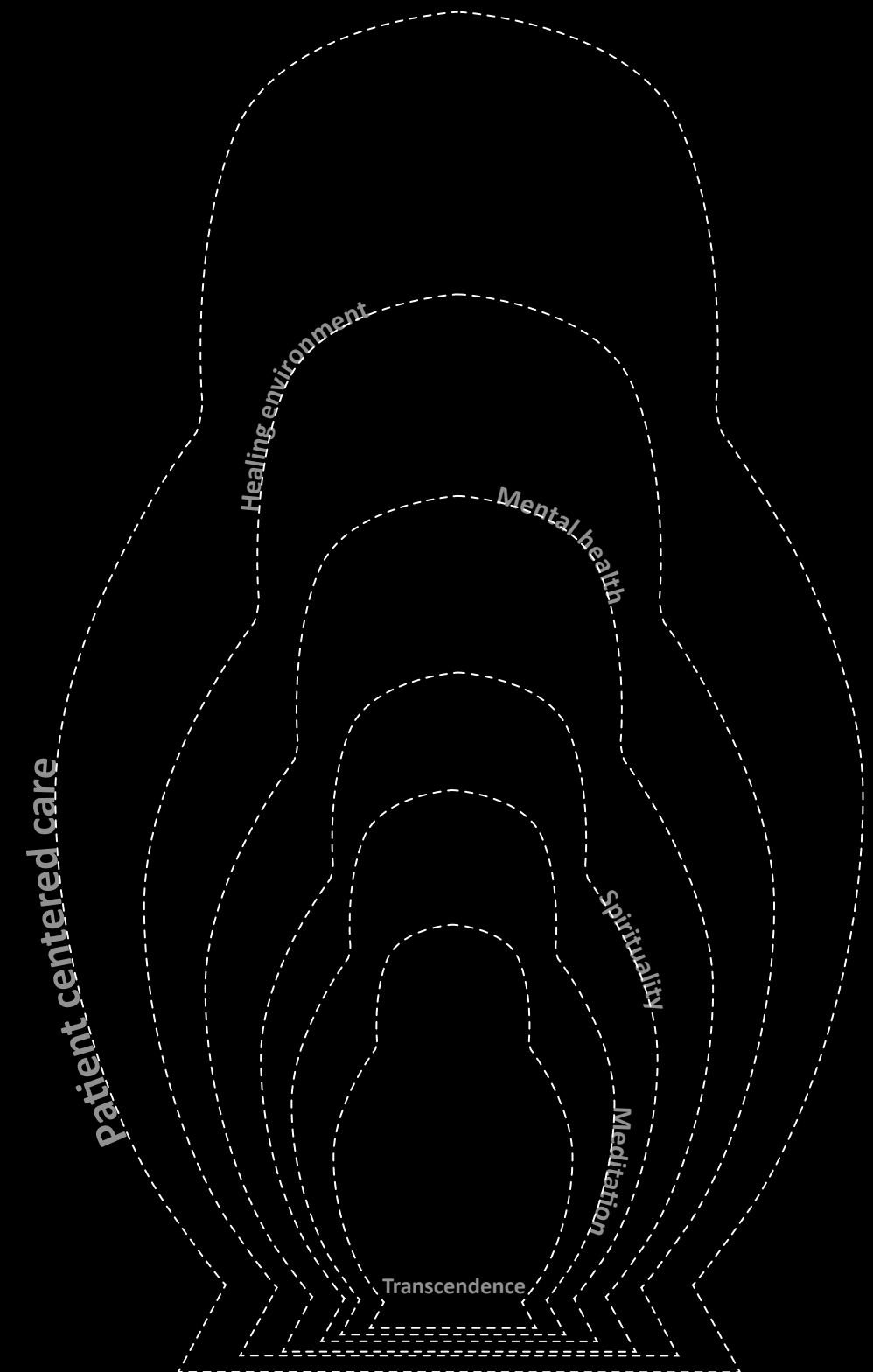


A new perspective on the architecture of psychiatric healing

Research plan



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● Table of contents

Introduction.....	3
Research problem.....	3
Theoretical framework.....	4
Research aim.....	6
Societal relevance.....	6
Research diagram.....	7
Research question.....	8
Sub questions.....	8
Methodology.....	8
Definitions.....	9
References.....	10
Planning up to P1.....	11
Planning P1 to P2.....	12

● Introduction & research problem

Keywords: Spirituality, Mental health, Psychiatry, Psychiatric facility, Transcendence, Meditation, Healing environment, Patient-centered care

In the modern approach to mental health issues, such as psychiatric disorders, more often than not, psychiatrists' resort to medication for treatments. Psychotropic drugs serve as an ameliorative agent in the process of curing mental illness. The issue cannot be resolved and reduced to simply administering pharmaceutical treatment. The better alternative is to assess the quality of life and environment of the individual being treated (Ivanov & Schwartz, 2021). Recently, there has been a trend in the media to promote alternative ways of treatment, through the means of apps, video platforms, and podcasts covering how individuals change without the use of prescribed medicine (Hansen et al., 2013). This trend helped to popularize this different approach to mental health and bring to the attention of the masses, the possible benefits of such practices. Some of the options include spiritual rituals or being present in holistic environments that affect their attitude. Patients show significant signs of subjective recovery when spirituality is introduced into the practice of healing (CAN ÖZ & DURAN, 2021).

In my research, I will focus on a very specific group of mental health patients. The demographic includes adults with mild forms of psychiatric disorders. Here, the choice for mild forms was based on literature research that revealed how different patients react to spirituality. Patients with extreme forms of mental health disorders experience spirituality much differently than patients with low to mild forms of the same diagnosis. Such an example would be inpatients with an aggravated diagnosis of schizophrenia, which, through a warped sense of reality, might consider themselves gods who

have supernatural powers. Thus, for patients that are identified as delusional or psychotic, professionals are advised to avoid introducing them to religious rituals or encouraging them in their beliefs (Mohr, 2006).

Problem

Many of the current models for mental health service designs reflect the societal fears about mentally ill patients, namely: suicide risk, violence, and crime. In this way, present guidelines for mental health facilities are based only on staff-centered principles: empowering the control of the medical staff and diminishing the self-efficacy of the patients (Connellan et al., 2013). The research gap can be defined by the lack of holistic treatments when it comes to practicing psychotherapy. Few patients receive a treatment that is tailored to their needs, having to accept and undergo evidence-based care. The issue is that there is a mismatch between laboratory results when it comes to medication and the effects of implementing them into real-world practice (Bickman, 2020). In addition to that, there is a problem with over-prescribed psychotropic medication, where the population is subjected to using this treatment too early and without an adequate amount of safety considerations. As a consequence, patients may experience harmful adverse effects (Frances, 2020).

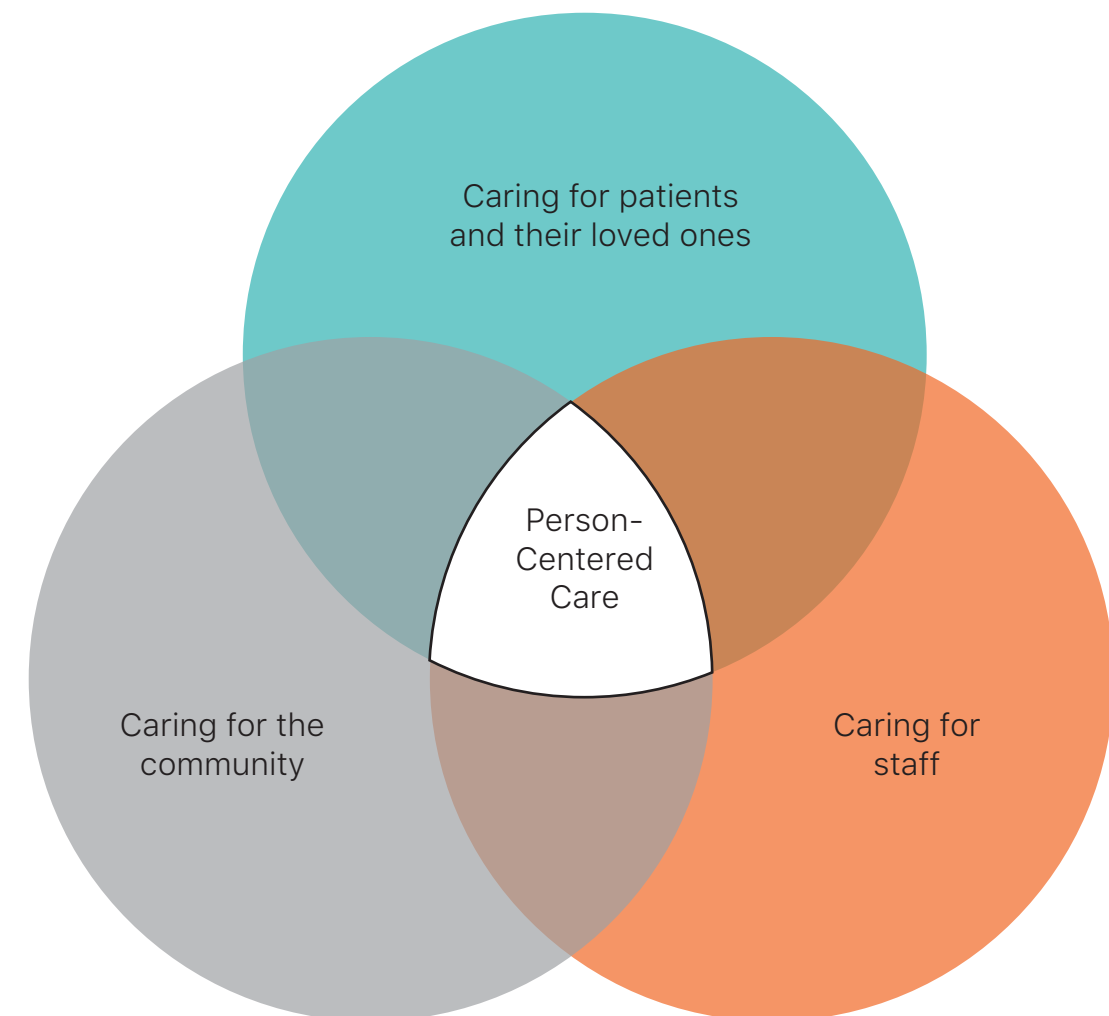


Figure 1. Planetree. Person-centered care diagram

● Theoretical framework

Mental health and the environment of treatment

The subject of the therapeutic milieu in mental healthcare facility design is highly dependent on the multidisciplinary expertise of architects, psychiatrists, and other mental health professionals. The major design goal of the collaboration of the professionals is to create a “humane, efficient containment and reduction of severe psychopathology”. Several designs and scientific approaches emerged to address this goal, including Antonovsky’s salutogenic theory (1979) and the Planetree approach (1978) (Connellan et al., 2013).

The salutogenic theory was presented in 1979 by Aaron Antonovski in his book “Health, Stress, and Coping”. His concept suggests the constructs of facility environments that stimulate sensory gratification in the patients of the health care facilities. From a psychiatric point of view, the approach to the healthcare facility is that the relationship between a patient and the environment is understood as being transactional and not fixed, which means that the ability of people to cope with illnesses is correlated with the environment they are in. This approach focuses on holistic human well-being rather than the disease, cause, and effect (Connellan et al., 2013).

The relation between the environment and a patient is systemized with Planetree’s approach, which consists of nine elements: (1) Human interaction, (2) Consumer and patient education, (3) Healing partnership with the patient’s family and friends, (4) Nurturing through food and nutrition, (5) Spirituality,

(6) Human touch, (7) Healing arts and visual therapy, (8) Integration of complementary therapies, (9) Healing environment created in the architecture and design of the healthcare setting (Connellan et al., 2013). Although this approach is not focused specifically on mental health, it suggests the following components of the healing environments: views to the outside or images of nature, extra seating spaces alternative to bed, reduced noise level, various lighting options, and many more. The perspective of the staff is also addressed with the design concepts of the workflow process, safety, mobilization of patients and equipment, visual access to patients, and stress reduction (Connellan et al., 2013).

Both salutogenic and Planetree approaches follow the aims of person-centered care, which outline ambient features, architectural features (plan, layout, size, and shape), and social features of healthcare institutions. Thus, these different approaches to person-centered care illustrate the valuable relationship between the patient’s well-being and the healing environment.

Mental health and spirituality

In order to address spiritual care, one must consider that it is part of human-centered care. The approach advocates that every individual is considered a valuable human being with complex needs. Catering to this inner need of the patient not only helps improve their psychological and emotional state, but also contributes to their self-image and sense of identity (Barber, 2015). The model of Planetree aligns with the crucial role of spirituality in the

process of healing the whole person. In this environment of healing, people close to the patients such as staff and families are contributing to the progress by connecting with their inner spiritual resources. The architectural spaces that allow the patients to heal are gardens, chapels, and meditation rooms, designed for praying and reflecting, where Chaplains are part of the healthcare team (Planetree, 2006).

Research shows that individuals who identify as having a religious or spiritual belief system are linked to low rates of suicidal behavior, substance abuse, and depression, as opposed to people who do not adhere to the belief in a higher power. There are however side effects and risks, which occur when severely mentally-ill patients engage in negative religious coping practices (Planetree, 2006). Therefore, the focus group of this research is the patients with mild forms of mental disorders (i.e., anxiety, depression, bipolar disorder, eating disorders, OCD, PTSD, and suicide tendencies).

Spirituality and the environment

A spiritual space has the architectural characteristic that instead of the mere focus on its form, it has a relation to the underlying principles of life quality and spiritual attitudes related to the human soul. These types of buildings are designed based on geometries that allow the flow of spiritual energy in a suitable way.

Several studies link spirituality with better results for human health and decreased anxiety, depression, and self-harm thoughts.

● Theoretical framework

The field of neuroscience uses visual stimuli to examine the emotional and cognitive demands of users. Based on the results of these experiments, negative emotions, fear, pain, anxiety, and concern could be replaced with positive moods by thoughtful architectural design.

According to the neuroscience experiment on the control group of 15 males and females, Ali Sadeghi Habibabad, has found that brain fluctuations took place as the people observed panoramic pictures of Imam Isfahan Mosque. The effects of using religious building images led to peace and relaxation among the study participants. The study concluded that architecture affects people's introspective mechanism (Sadeghi Habibabad et al., 2020).

In the past, spirituality was an integral part of mental institutions. For instance, 19th-century European psychiatric hospitals followed the tradition of Christian care and implied the presence of sacred spaces such as chapels, churches, and cemeteries. The patients' spiritual needs were somewhat manifested in the design of the space, visual expression of forms, and shaping of the sacred realm (Staniewska, 2018). Modern healthcare environments sometimes consist of multi-faith places of spiritual healing that require careful considerations from designers and may include prayer rugs, labyrinths, moveable furniture, or customization. In the case of secular healing spaces, hospitals allow patients to touch nature which can be similarly therapeutic on a spiritual level. An intriguing example of spirituality in architecture is the Fairview Hospital

in Edina, MN, which incorporates a labyrinth for the meditation room, where the interior space is quiet and allows for reflection (Tedder, 2018).

Design Hypothesis

The main design hypothesis is that by focusing on the two Planetree concepts, Spirituality and Healing Environments, mental health care facilities can improve the curing process for inpatients. This hypothesis is supported by three aspects that relate to the main three subjects of the research: mental health, environment, and spirituality. Each one, as discussed in the theoretical approach, is interconnected and relates to all three topics.

Position

In the context of healthcare architecture, specifically when dealing with a demographic that is vulnerable, it is essential that architects consider and respond to the needs of the individuals in a manner that focuses on creating nurturing and healing environments. The research is based on the two approaches of holistic architecture, healing environments and spirituality. By addressing not only the usual aspects of healthcare architecture, I believe that the two Planetree approaches will create beneficial surroundings that will in turn improve the mental and physical health of psychiatric patients.



Figure 2. Theoretical framework

● Research aim & societal relevance

Research aim

The goal of my research is to bridge the gap in knowledge about how spirituality and psychotherapy work when combined in terms of treatment and how this relationship can be translated into architecture. More specifically, understanding the architectural elements that are part of holistic forms of treatment such as the Planetree approach. Rather than focusing solely on the more well-known methods of treatment, such as medication and psychotherapy, the research will lead to a design proposal that would promote spiritual practices, as well as healing environments. The need for an individual means of achieving spiritual healing will be addressed by using spaces where people can reach a meditative state. Lastly, the research will also cover the topic of transcendence and the creation of sacred space. I aim to uncover the inner workings of the process of reaching a transcendent state and how architecture triggers this phenomenon.

Research limitations

The same need for spiritual healing can be identified in people who consider themselves atheists, for whom spaces can still appear as spiritual, meaning that on a subconscious level, regardless of our beliefs, there is a shared experience of the sacred. In the clinical literature, this phenomenon is called the spontaneous mystical experience (van der Tempel & Moodley, 2020). Considering the elements mentioned above, the demographic will be split into religious, spiritual, and atheist individuals, which will all be the categories that will be addressed through design. Religiousness is an extremely complex field; thus, I will limit my research to the

biggest religions in the Netherlands, based on the number of followers. The research will include the Roman Catholic, Protestant, and Muslim architecture, together with religious customs (Scroope, 2022).

Societal relevance

Modern methods of treatment often neglect considering the spiritual needs of patients. These needs often go beyond treatment and expand onto our relationship with space. Although we cannot explain it, architecture sometimes warps our perception in a manner that induces a transcendent state. Through tacit knowledge and anecdotal evidence, these experiences can be recorded and replicated in buildings intended to heal people.

Hierarchy of topics

The diagram in Figure 3 illustrates the hierarchy of the subjects for research, showing how they are connected in relation to each other. The overarching aim of the research is investigating the architecture of Patient centered care, while the innermost and specific piece of the research is transcendence. The design of the diagram is inspired by the Russian Nesting Doll, which is made up of components that are proportional to each other but differ in size. Using this model the diagram shows the succession of topics, offering a glimpse into how the research will be conducted. Starting with the exterior element, "Patient centered care", the research will converge gradually into the topic of "Transcendence".

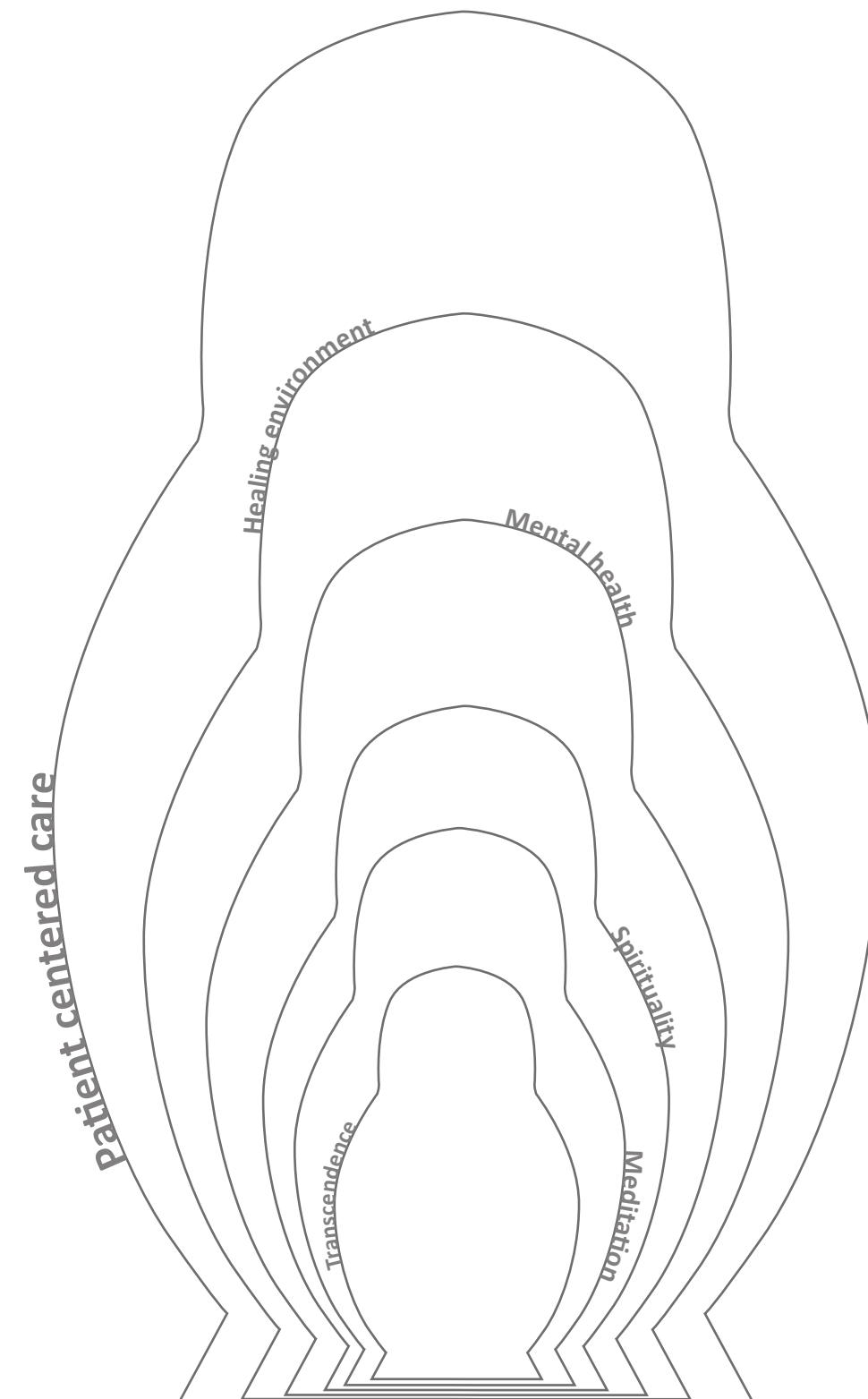


Figure 3. Hierarchical diagram

Problem statement

Many current models for mental health services are based on designing for a staff centered facility rather than focusing on the individual needs of the patients. Thus, frameworks for patient centered institutions should be implemented and intertwined with holistic practices. Two of these holistic elements are Planetree’s Healing environments and Spirituality, which will be the focus of the research.

Research question

How can the architectural design of a mental health care facility improve the wellbeing of inpatients, by enhancing the principles of psychotherapy through healing environments and spirituality?

Sub questions

- What are the architectural principles that correspond with psychotherapeutic practices?
- What are the architectural principles that correspond with the wellbeing of patients?
- What does spirituality mean for psychiatric patients?
- How can architecture induce a spiritual experience onto its users?

Method

- Literature review on spatial requirements for practicing therapy, supporting safety and the control of the inpatients. Case studies on current psychiatric facilities and investigation into what are the principles applied in their design.
- Literature review on requirements for healing design such as the Planetree scheme, as well as requirements for uplifting the mood of the patients. Fieldwork observations on how patients interact with their environment.
- Literature review on methods of practice, types of spiritual individuals and the context of spirituality within a mental health facility. Interviewing staff, professionals about how they implement spirituality and how patients perceive the subject.
- Literature review on transcendental experience, spiritual rituals and the different spaces where it is practiced. Case studies of spiritual architecture (both religious, as well as "spiritual but not religious"). Interviews with professionals about implementation, and with patients about what they find spiritual in their environment.

Outcome

- List of principles used for safety, support and control of the patients.
- Overview and analysis on the current state of the fieldwork location. List of requirements for health promoting design.
- List of methods, knowledge on spaces of worship, meditation and reflection. Reasons for using and promoting spirituality.
- List of spaces, annotated and analyzed examples of transcendental architecture.

Figure 4. Research diagram

● Research question & sub questions

How can the architectural design of a mental health care facility improve the wellbeing of inpatients, by enhancing the principles of psychotherapy through healing environments and spirituality?

1. What are the architectural principles that correspond with psychotherapeutic practices?
2. What are the architectural principles that correspond with the well-being of patients?
3. What does spirituality mean for psychiatric patients?
4. How can architecture induce a spiritual experience onto its users?

Methodology

1. What are the architectural principles that correspond with psychotherapeutic practices?

As an outcome of the first sub-question, I will investigate what the state of the art is in terms of psychiatric facilities, what has been done in the past, and what promoted the healing of the patients. Here, I will not only look at the architectural design but also the type of layout, materiality, and positioning in the landscape. This part of the research will be illustrated through a series of case studies that include requirements for psychotherapeutic practices. Health-promoting design, as a topic is also of interest to this sub question and will be researched. The goal of the treatment location is to create a design for short to long-term individuals, that will be housed in a mental health center for inpatient treatment. This center will not only use regular forms of therapy but will include spiritual architecture as its focus, working as a part of the treatment through the experience of the environment. In turn, the architecture will have a healing effect on the patients and focus on their individual needs.

2. What are the architectural principles that correspond with the well-being of patients?

In the part of the research that deals with the well-being of patients, I will research what are the general guidelines for health promotion and wellness as well as approaches developed to enrich the life of patients and staff within a mental health facility. Two of these approaches have been discussed in the theoretical framework, and they are: Antonovsky's salutogenic theory (1979) and the Planetree approach (1978). These two models represent the direction of the research when it comes to the well-being of the patients. Thus, I aim to uncover all presently used models and frameworks and implement the most suitable option in terms of design elements. In addition to the literature study, the perspective of psychiatric patients and staff will be also taken into account. Namely, through activities and conversations that take place during a site visit to a mental health facility, I will observe how the users interact with their space and create conclusions based on the qualities and deficiencies of the design.

3. What does spirituality mean for psychiatric patients?

Here, I will attempt to define and narrow down the topic of spirituality in order to conduct the research. As mentioned before, the individuals will be split into three main subgroups that cover the demographic of patients. When it comes to the religious group, I will look at spirituality through the lens of prayer and the different ways in which believers engage in the ritual. This research will include the spatial features needed for prayer, in terms of light, orientation, setting, and scale. When it comes to spiritual and agnostic people, I will assume that the degree of openness towards accepting a synthesized and altered version of sacred space is higher than it would be for religious people. For these two subgroups of individuals, I will explore what spirituality means for agnostic and "spiritual but not religious" individuals. This process will take place by conducting a literature review and case studies on meditative spaces in terms of architectural features.

4. How can architecture induce a spiritual experience onto its users?

Choosing this experiential state as one of the central parts of the research means that every other element of the final design will be interlinked with this spiritual phenomenon. In this section, uncovering the components of spiritual spaces in terms of architecture will be done through reviewing the literature on meditative spaces for reflection, which induce the transcendental state. Followed by that will be case studies based on site visits, conducted on both spiritual and agnostic architecture. My goal in answering this question is to find the key components of architecture such as churches, but also spaces that could be completely unrelated to religion, that still evoke a spiritual experience.

● Definitions

The definitions are given below outline the meaning of the keywords used within the research. The first descriptions are given by the author and illustrate a connotation that is specific to the context of the research. The own definitions are followed by definitions found in literature in order to also provide an outlook on how each keyword is defined in a more broader sense.

Mental health institution

- An inpatient care facility dedicated to treating and supporting adults with low to mild mental health disorders.
- A mental health institution deals with patients that show symptoms of mental distress, pathology, or patients who were diagnosed with mental illness (Psychology dictionary, 2013).

Healing environment

- An environment that positively contributes to the mental and physical health of its inhabitants.
- An optimal healing environment is one where health factors such as social, psychological, spiritual, physical, and behavioral are oriented towards support and inner healing capacities (Healing environments, 2012).

Spirituality

- The belief in a higher power, whether that is a specific deity or a general higher being, acknowledged in the case of the religious and the “spiritual but not religious” patients. For atheist patients, it is the ability to interact with others and the feeling of gratitude for nature and the environment.
- Spirituality is a general, unstructured, personalized, and naturally occurring phenomenon, where one seeks connectedness between themselves and a higher power or purpose (Božek et al., 2020).

Patient-centered care

- A holistic environment approach that implements requirements for the care of the whole person, rather than focusing solely on patient safety and control.
- The approach is defined by its focus towards the needs of the individual. Ensuring that their preferences, needs and values are the basis for personal clinical decisions (Person-centred care, 2022).

Mental health

- The fusion of all the psychological and emotional components of well-being.
- Mental health dictates how an individual thinks, feels and acts, it is also a factor that determines how one relates to others, handles stress and makes healthy choices. It includes emotional, psychological, and social well-being (CDC, 2021).

Transcendence

- The state achieved through meditation, prayer, or reflection, where one supersedes the natural realm, reaching a state of oneness with their environment.
- Maslow defines transcendence as the highest and most inclusive or holistic level of human consciousness, behaving and relating to oneself and others (Maslow, 1971).

Meditation

- A state of reflection, calmness, quietness, and peace, where one is freed from all worries, concerns, and hardships of life.
- Meditation can be considered an exercise, where one achieves an extended state of contemplation and reflection over a specific subject or their existential state (What is meditation?, 2015).

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Figures

Figure 1. Planetree. Person-centered care diagram

Person-Centered Care: The Future of Wellness. (n.d.). Planetree certification. Retrieved from <https://planetree.org/certification/about-planetree/>.

Figure 2. Theoretical framework.

Note. Own diagram, illustration by Paperprovision . Retrieved from https://paperprovision.com/products/matisse-la-danse-ii?_pos=33&_sid=f55e7346b&_ss=r.

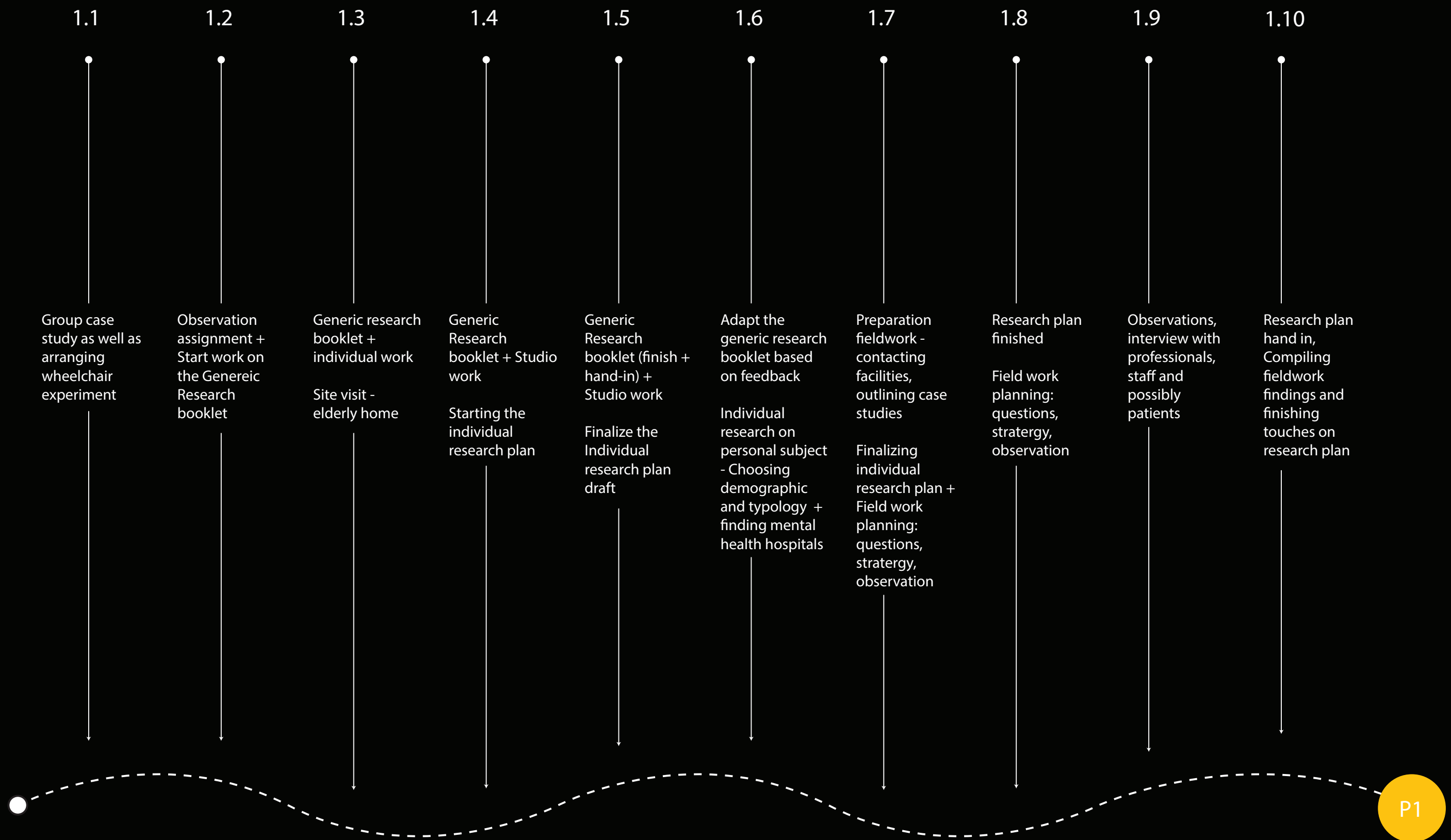
Figure 3. Hierarchical diagram

Note. Own diagram

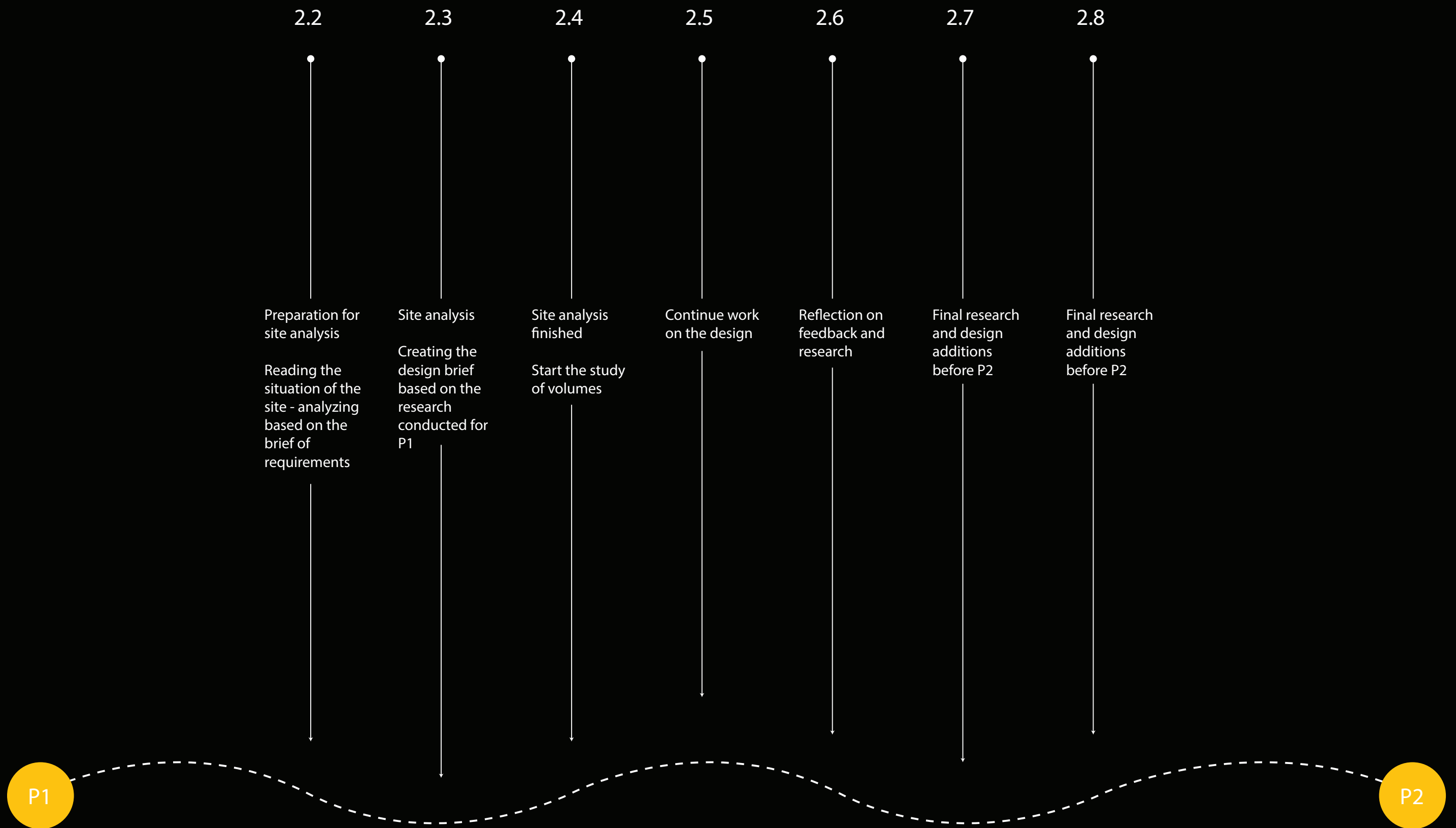
Figure 4. Research diagram

Note. Own diagram

Word count: 2870



Planning - up to P1



Planning - P1 to P2