Own your Treatment Space

A study about the feeling of autonomy in psychiatric hospitals.

Thijs Kalkhoven
AR3AD110
Research plan
4684079

Abstract

This research plan discusses a research into the way that different forms of living and architectures have an influence over the feeling of autonomy people have while being admitted to hospitals in order to treat disorders with a mental and societal origin. These hospitals are often housed in impersonal buildings, which often resemble jails for the patients. This does not comply with the treatment philosopies many facilities pursue. For this research, a case study investigation will be done in order to compare philosophies with the buildings. There will be a literature research to find out information about the topic and interviews will be done with staff to find out in ways to increase the feeling of autonomy and ownership over the private rooms.

Key words: Autonomy, ownership, temporary co-living, psychiatric hospitals, inpatient healthcare facilities, patient-centred healthcare.

Introduction

Visiting a friend who had been admitted to a facility treating people with eating disorders, I was taken aback by the architecture in which the facility was housed. I am interested in the topic of homeliness, finding out the role architecture can play in making people feel at home. As a one-time visitor, I could not imagine this building could easily feel like somebody's home, while validating personality and making people feel comfortable plays a big role in the treatment of eating disorders. (Maine et al., 2016) This is also the case for other parts of the healthcare system, as patient-centred healthcare is becoming more and more wide-spread. (Cano et al., 2018) Having autonomy over your healing process is an important factor in the treatment of any health related disorder. (Beauchamp & Childress, 1994) (Ells, 2001) (Lowndes et al., 2017) (Morgan et al., 1993)

Hospitals like the one I visited, in which people with disorders live for a certain period of time with the intent of leaving again, are often housed in institutional and impersonal buildings. Rooms are often furnished by the institution because people have to move in quickly, rooms are designed identically and accessed through corridors with a large amount of doors. In the treatment process, taking away some of the patient's autonomy is necessary, as being taught new things is part of healing. Multiple sources mention that doors to private bedrooms cannot be closed, nurses have to be asked to join if patients want to go outside and patients sometimes cannot influence the lighting in their own bedroom. (Connellan et al., 2013) (Hutton et al., 2021) This research will include care organizations and patients with a wide range of needs in care. It will focus mainly on care typologies for people with psychiatric disorders, but will also include care typologies

for example for people suffering from eating disorders or people with problematic addictions. The research will include temporary homes and will exclude locations where people come to live with the intention of living there permanently.

Draft problem statement

As above mentioned, the architecture and treatment processes for facilities treating people with eating disorders do upon first glance not seem to be a perfect match. As many of these buildings are getting older and waiting lists to be admitted in such an important period of your life are getting longer, there is some research being done into the possibilities of architecture in the treatment process. (Nilsson, n.d.) (Warin, 2005) However, there seems to be no notion as to how autonomy and having influence over the bedroom yourself as a patient might influence the treatment. The goal of this research is to find ways of increasing patient's feeling of autonomy and ownership over their private spaces, in ways that do not inflict problems upon the treatment of their disorders.

Research question

Which temporary forms of living are most suitable at increasing the feeling of autonomy and ownership in psychiatric hospitals?

1. What types of temporary forms of living are already in use in the Netherlands for psychiatric patients? What is the role of the specific urban context and direct environment around these facilities?
2. In which ways can architecture influence the amount of autonomy and ownership patients have and what is the relation that different users have with the building?
3. Which architectural guidelines can be composed in order to increase the feeling of autonomy and ownership over patient's private spaces? Which are baseline and which are variations? Are some guidelines also useable for other facilities?

Theoretical framework

This theoretical framework orders the literature references that will for a large part be used for this research. These references are divisable in mainly four different scales of specificity. The first being the most general, the second being related to healthcare, the third is related to mental health and the most specific group of research is related to psychiatric hospitals.

Not health related

Unrelated to the healthcare system, John Habraken wrote a book discussing that the act of building is directly tied to living. He stresses that people must have an influence over their living space in order to feel at home. (1961) To me personally, this is

Theoretical framework

Figure 1: *Theoretical framework.* (own scheme)

an important topic, as I am constantly building, changing and reshuffling my apartment and room myself and would feel restricted were I not able to do so. Being able to personalize the space really makes the difference between living somewhere and sleeping somewhere. This importance to me is the reason why I chose to read Habraken in the light of this research. Combining the focus on personalization with the idea that people should feel comfortable in order to heal, helps in establishing the importance of autonomy in healthcare. This will be discussed later in this framework

Michel Foucault has written both *Madness and Civilization* (1961) and *Discipline and Punish*. (1975) In *Madness and Civilization* he discusses that we as a society now (when he wrote it in 1961) think we treat people with mental problems more humane than we did in the past when people were often publicly hanged. This was written in a period when people were often more excluded from society and psychiatric hospitals were often built on isolated locations. This isolation had the effect that society didn't get to know what happened. Everything, also inhumane situations, happened behind closed doors. According to Foucault, this system of closed doors is not necessarily more humane because at least the system of public hanging didn't imply to be right or dignified towards the then called 'criminals'. Increasing the feeling of autonomy and sense of ownership people have does increase the respect for and dignity of patients. According to Foucault, this would become a more humane situation.

In *Discipline and Punish*, he discusses the system of power relations. In discussing the Panopticum by Jeremy Bentham, a circular prison in which the prisoners don't see the guards, Foucault describes the effect an unseen eye can have on the behaviour of people. People will behave themselves better if they think they are being watched, or could be watched. The School of Life further explains this with the example of speeding cameras. (2015) The fact that there could be a speeding camera has the effect that people follow speeding limits more often. I see a problem in this system of enforcing power and making people behave better than they would otherwise. This system limits the autonomy of people and enforces good behaviour in a top-down way, which disrespects patients.

Healthcare

In 1994 Beauchamp and Childress wrote a book called *The Principles of Biomedical Ethics*. It concludes that for patient-centred healthcare, an increased notion of autonomy increases patient's wellbeing. This is an important aspect for this research, as it serves as a backbone. Ells discusses her experience with autonomy and disability in her article written in 2001. In this article, she argues that autonomy should not be confused with

independence. Reading this explicitly was an important moment in this research, as everybody knows the difference between these words, but before reading, I wasn't fully aware of the differences in effect.

Apart from autonomy, There is also a lot of research about the influence architecture and your environment can have on the healing process. The book *Healing Spaces* by Sternberg gives a very detailed and biological overview of how your different senses can have an impact on your process of healing. (2010) Within the conclusions of this book, some elements are tied to autonomy, which can help developing the architectural guidelines, basing these off of an existing framework.

Psychiatric Hospitals

Psychiatric Hospitals is the most specific group of research. This increases the importance as it is directly related to the research subject. In *Comfort Equals Nurturing: Young People Talk About Mental Health Ward Design,* patients that were admitted in psychiatric wards were asked about the building and the use of the facility they were housed in. The article concluded that patients were able to accept safety precautions and did have the ability to propose solutions that would make their stay a better experience. (2021) Within the wishes of the patients, many ideas are connected to increasing the level of autonomy, which supports this research and can again help basing the architectural guidelines off of an existing framework.

In the end, there is a lot of literature to base this research on. The literature can be organized into different levels of specificity, or narrowness and the role of autonomy within the related research. As visible in Figure 1, there is no literature directly related to the architecture of psychiatric hospitals and the topic of autonomy, a spot that this research will fill.

Aims of the research

This research aims to

- find ways in which architecture increases people's comfort. To find ways to make people's experience closer to mine, feeling like a haven, instead of an institute or prison.
- distinguish and compare different forms of living and treatment philosophies in the light of autonomy and ownership over patients' private spaces
- increase the feeling of autonomy and ownership people have through the means of architecture.
- create architectural guidelines that help bringing buildings and treatment philosophies together

Methods

Methods
Steps and tasks
Output

1. **What types of temporary forms of living are already in use in the Netherlands for psychiatric patients? What is the role of the specific urban context and direct environment around these facilities?** This can be researched by having interviews with staff and online searches. The surroundings can be researched by mapping of the direct surroundings of case studies, as well as interviews with staff and people who have previously been admitted. Youtube videos can also help.
2. **In which ways can architecture influence the amount of autonomy and ownership patients have and what is the relation that different users have with the building?** This can be researched by a literature review. There is literature available about autonomy and the feeling of ownership in for example psychiatric hospitals. There is a research available in which patients were asked about this. (Hutton et al., 2021) These interviews can be used. Floor plans can be accessed through city archives and at least one facility (Emergis) has a video online on which they show their facility. (Behandeling Anorexia En Boulimia, 2021) Also, interviews can be held with people who have (previously) been admitted to these facilties and staff. The youtube accounts mentioned in the theoretical framework can be of use for answering this question.
3. **Which architectural guidelines can be composed in order to increase the feeling of autonomy and ownership over patient's private spaces?** ***Which are baseline and which are variations? Are some guidelines also useable for other facilities?*** This research question can be anwered by a combination of literature study and interviews with hospital staff and people who have previously been admitted.

Planning

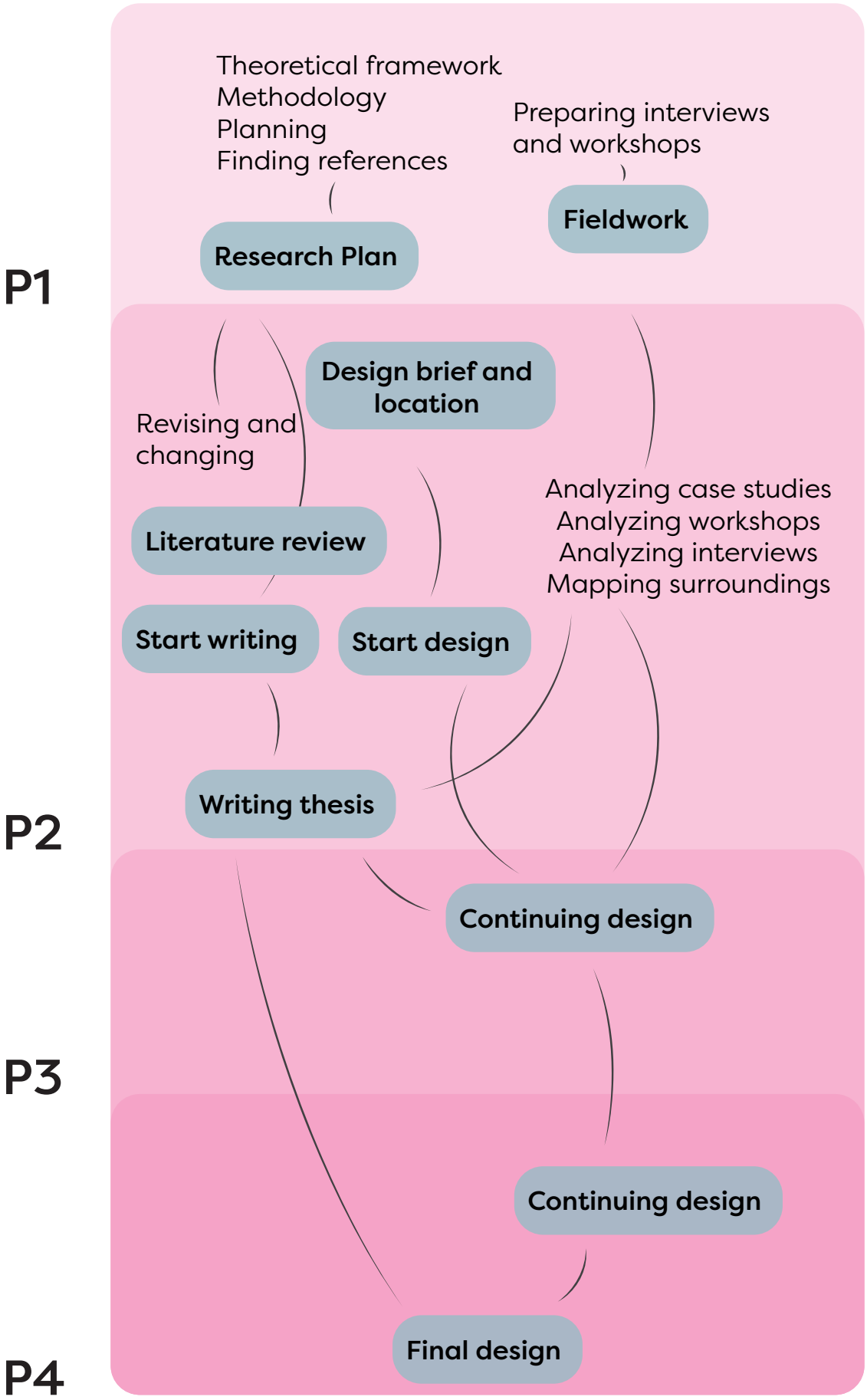

Figure 2: *Planning.* (own scheme)

Research scheme

Which temporary forms of living are most suitable at increasing the feeling of autonomy and ownership over private spaces in psychiatric hospitals?

people and their experience with architecture

2. Which relation do patients and staff have with the buildings and built environment they live and work in? In which ways is the role of autonomy visible in this?

- Literature review
- Case study analysis
- Interviews with staff and possibly people willing to talk on the internet
- Youtube videos

3. What is the role of the specific urban context and direct environment around these facilities?

- Mapping environments
- Interviews with staff
- Possibly interviews people willing to talk on the internet
- Youtube videos

architecture and its influence over people

1. Which temporary forms of living are already in use in the Netherlands? Which are not? Is there a difference in patients between these?

- Online searches (websites)
- Interviews with staff

4. Which architectural guidelines can be composed in order to increase the feeling of autonomy and ownership over patient's private spaces? Which are baseline and which are variations? Are some guidelines also useable for other facilities?

451,556

- Literature review
- Interviews with staff
- Possibly interviews people willing to talk on the internet
- Youtube videos

Figure 3: *Research scheme.* (own scheme)

Definitions

Forms of living: The way that specific locations where people live are built up. For example: living alone, living with roommates, living alone with care available on call, living on a *care farm*.
Autonomy: Having the possibility to influence something by your own ideas and preferences.
Feeling of autonomy: Feeling like you have the possibility to influence something by your own ideas and preferences. A person can feel like they have more influence than they actually have because they're being treated with respect.
Ownership: When something is yours. You take the benefits and disadvantages of possessing something. You have influence over the object but you're also carrying the burdens that might bring.
Feeling of ownership: Feeling like you possess something. A person can feel like they own something even though this might not technically be the case, for example if some burdens are transferred to the person, but others are lightened.
Disorders with a mental or societal origin: For the purpose of this research, this will be taken very broad. Examples of this are: People with depression, people with personality disorders, people suffering from addictions, people with eating disorders.
Hospital: A place, often an institution, that has the intent of healing people. The location can be visited without spending a night, can be visited with spending one or multiple nights or it can be a temporary home.
Private spaces: The spaces or rooms over which one person has a feeling of ownership. These spaces are often the rooms where people sleep and other people are often not (either explicitly or implicitly) allowed to enter without consent of the 'owner'.

Literature

Andresen, M., Runge, U., Hoff, M., & Puggaard, L. (2009, November 6). *Perceived Autonomy and Activity Choices Among Physically Disabled Older People in Nursing Home Settings: A Randomized Trial.* Journal of Aging and Health, 21(8), 1133–1158. https://doi.org/10.1177/0898264309348197

Beauchamp, T. L., & Childress, J. F. (1994, March 31). *Principles of Biomedical Ethics* (4th ed.). Oxford University Press.

Emergis. (2021, December 15) *Behandeling anorexia en boulimia. https://www.emergis.nl/ik-zoek-hulp/ons-hulp-aanbod/eetstoornissen/anorexia-nervosa/behandeling/*

Brown, R. (2019, August 21). *what to expect in a psych ward (rules. schedules. etc).* YouTube. Retrieved October 7, 2022, from https://www.youtube.com/watch?v=GcdbMXpZaEk

Cano, S. J., Pendrill, L. R., Barbic, S. P., & Fisher, W. P. (2018, June). *Patient-centred outcome metrology for healthcare decision-making.* Journal of Physics: Conference Series, 1044, 012057. https://doi.org/10.1088/1742-6596/1044/1/012057

Cartland, J., Ruch-Ross, H. S., Carr, L., Hall, A., Olsen, R., Rosendale, E., & Ruohonen, S. (2018, June 12). *The Role of Hospital Design in Reducing Anxiety for Pediatric Patients.* HERD: Health Environments Research &Amp; Design Journal, 11(3), 66–79. https://doi.org/10.1177/1937586718779219

Connellan, K., Gaardboe, M., Riggs, D., Due, C., Reinschmidt, A., & Mustillo, L. (2013, July). *Stressed Spaces: Mental Health and Architecture.* HERD: Health Environments Research &Amp; Design Journal, 6(4), 127–168. https://doi.org/10.1177/193758671300600408

Elliott, J. (1972). *Room for improvement: A better environment for the mentally handicapped*; King Edward's Hospital Fund for London.

Ells, C. (2001, October). *Lessons About Autonomy from the Experience of Disability. Social Theory and Practice,* 27(4), 599–615. https://www.jstor.org/stable/23559192

Evans, G. W. (2003, December 1). *The Built Environment and Mental Health.* Journal of Urban Health: Bulletin of the New York Academy of Medicine, 80(4), 536–555. https://doi.org/10.1093/jurban/jtg063

Foucault, M. (1961). *Madness and Civilization: A History of Insanity in the Age of Reason.* Van Haren Publishing.

Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison.* Vintage.

Golembiewski, J. A. (2010). *Start making sense.* Facilities, 28(3/4), 100–117. https://doi.org/10.1108/02632771011023096

Habraken, N. J. (1985). *De dragers en de mensen: het einde van de massawoningbouw.* Stichting Architecten Research.

Hutton, A., Wilson, R., & Foureur, M. (2021, June 15). *Comfort Equals Nurturing: Young People Talk About Mental Health Ward Design.* HERD: Health Environments Research &Amp; Design Journal, 14(4), 258–269. https://doi.org/10.1177/19375867211022684

[J. J. Arden]. (2022, July 12). *What's it like on a Mental Health*

Ward? UK Hospital - NHS - My Experience [Video]. YouTube. Retrieved October 7, 2022, from https://www.youtube.com/watch?v=TP8oZ-c9Sdc

Lowndes, R., Struthers, J., & Chivers, S. (2017, June 1). *"'Call Security': Locks, Risk, Privacy and Autonomy in Long-term Residential Care."* Ageing International, 43(1), 34–52. https://doi.org/10.1007/s12126-017-9289-3

Maine, M., McGilley, B. H., & Bunnell, D. (2016, September 2). *Treatment of Eating Disorders: Bridging the Research-practice Gap* (1st ed.). Academic Press.

marieroseeee. (2019a, June 12). *ADOLESCENT VS ADULT PSYCH WARD / part 3* [Video]. YouTube. https://www.youtube.com/watch?v=-1R4IOyZ7TM

marieroseeee. (2019b, October 31). PSYCHIATRIC ADMISSION | What I Wish I Knew Before. YouTube. https://www.youtube.com/watch?v=9nfqYnjTWIk

Osmond, H. (1957). *Function as the Basis of Psychiatric Ward Design.* Psychiatric Services, 8(4), 23–27. https://doi.org/10.1176/ps.8.4.23

Osmond, H. (1958). *THE SECLUSION ROOM—CELL OR SANCTUARY?* Psychiatric Services, 9(8), 18–19. https://doi.org/10.1176/ps.9.8.18

Sherwin, S. (1998, June 10). *Politics Of Women's Health*. Temple University Press.

Sternberg, E. M. (2010, September 30). *Healing Spaces: The Science of Place and Well-Being* (1st ed.). Belknap Press: An Imprint of Harvard University Press.

The School of Life. (2015, July 3). *PHILOSOPHY - Michel Foucault* [Video]. YouTube. https://www.youtube.com/watch?v=BBJTeNTZtGU

Warin, M. (2005, September). *Transformations of Intimacy and Sociality in Anorexia: Bedrooms in Public Institutions*. Body &Amp; Society, 11(3), 97–113. https://doi.org/10.1177/1357034x05056193