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# The Solace of Space

By Tracy Certo, Editor



*“If you were lying in a gurney in this space,” she asked, “how could you make it better?”*

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**Cover Photo:** Southminster Place includes a specialized 20-bed dementia specific care program modeled after the “Woodside” program in Oakmont. Designed by Perkins Eastman Architects. Photo by Ed Massery.

### Neuroscience, the study of the brain,

is fascinating and the implications for healthcare design are profound. In this issue we report on how brain research findings are greatly affecting specialized healthcare design such as neonatal units and Alzheimer facilities. In a related story on healthcare design, we relay the emphasis of relieving stress, through design, for patients, their families and staff.

How important is this? Unless you’ve been there—waiting in a hospital, raw with apprehension and trying hard not to imagine the worst—you can’t really know. As interior designer Kathleen Muffie-Witt said, it helps to think about the patient’s perspective when designing healthcare facilities. “If you were lying in a gurney in this space,” she asked, “how could you make it better?”

In the September 1996 issue of *Columns*, Executive Director Anne J. Swager, Hon. AIA, wrote about her hospital experience with Ellen, then a 10-day old infant with a raging and life-threatening viral infection. Twice a day, Anne had to endure the ICU waiting room when the doctors made their rounds. “Windowless, with plastic furniture, I hated this spot the most. At those times we had to be there, it was overrun with people, noise and food smells,” she wrote.

Staying overnight provided another challenge. “At night, the hospital provided us with sleeping rooms only a few minutes from our child’s bed. These rooms were little more than a closet with two bunks, a sink, and a phone. The mattresses were encased in plastic, no doubt for hygienic reasons, but I found that each night I awoke several times to find my bottom half perspiring profusely while my top half was shivering under the thin cotton blankets. Overwhelmed by my own fear, I found these assaults to my other senses almost more than I could bear. For sanity’s sake, I quickly sought refuge in more normal spaces.”

She eventually found the “wonderful small garden” in the center of the cafeteria. “While I never forgot where I was and why, the fresh air and sunshine soothed my frayed self.”

If the physical design was sadly lacking, happily the personal touch in patient and family care was superior. “Children’s is the most unbureaucratic large institution I have ever experienced,” Anne said. “The staff went out of

their way to give you the sense that you as an individual counted. This pervasive attitude helped lessen the confusion and fear of the entire experience but I still needed more. I needed the spaces that removed me from the constant onslaught to my senses. I needed the feel the sunshine and the muggy air and see the whimsical art. I needed the familiar feel of the chapel. While not as immediate as a patients’ medical needs, patients’ families need to heal as well. The social workers were tremendous but for me, the solace of space was the best cure.”

Anne had another more recent story to relate on this matter of healthcare design, when she arrived at Children’s Hospital’s ER with Ellen in a wheelchair, only to find the doors were not automatic. She had to shuffle around and struggle to open the door on her own and get her wheelchair-bound daughter inside.

Words fail me.

Just as I was finishing this issue, I read an Utne Magazine article (August ‘03) on Bradford Keeney of the Ringing Rocks Foundation in Philadelphia. Keeney studies indigenous populations for lessons on how our society can be healthier, happier and more soulful. His focus? The healing powers for both body and mind, of their religion, rituals, music and dance. He notes that old shamans see health in context with the rest of a person’s life, family and community. “This is not primitive thinking but a very sophisticated world view,” he says.

Our society, he says, has a taboo about getting ecstatic and getting out of control (in a good way). Instead we focus completely on the relaxation response in medicine while we repress the arousal response. That, he claims, is dangerous.

What’s more, he thinks: “Deprived of the comfort and excitement of technological civilization, as well as its stress and alienation, indigenous people keep in touch with some basic elements of being human that we neglect. For them, religion, medicine, mental health, art and just plain fun are not separate activities, but one unified pursuit around which much of their community life is organized.”

Food for thought and an indication that maybe we have so much more to learn—or, in some cases, relearn?