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## **“You’d want an energy from a building”: User experience of healing environment in a Maggie’s Cancer Caring Centre**

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### *Abstract*

*While the impact of the physical environment on people’s wellbeing is increasingly recognised, how to design a healing environment remains unclear. An integrated framework that is orientated towards architectural design is still missing. Considering the perspective of users is expected to enhance our understanding of architecture’s healing potential. The aim of this paper is to contribute to this understanding through the exploration of users’ experience in the case of a Maggie’s Cancer Caring Centre. Maggie’s is a UK charity that provides psychosocial cancer support, while paying specific attention to the architecture of its Centres. This paper reports the findings from a focus group interview with users (both visitors and caregivers) of the Maggie’s Centre in Dundee. The interview questions were informed by findings from a literature review and interviews with architects of Maggie’s Centres, which were conducted previously. Findings suggest that architecture does play an important role in people’s wellbeing. The users participating in the focus group interview revealed various potential contributions of architecture, such as facilitating stimulation and relaxation. They also discussed and illustrated the significance of architectural themes that were applied by architects of Maggie’s Centres. Moreover, the experience of the building and that of the support service turned out to be intertwined. These contributions reveal opportunities for architecture to be supportive not only on an organisational level, but also on a social level. Our study illustrates architecture’s potential to contribute to an integral atmosphere, by expressing the Maggie’s ethos of people-centeredness, which seems to enhance users’ experience of wellbeing.*

**Keywords:** architecture, built environment, design for wellbeing, healing environment, Maggie’s Centres, people-centred care, user perspective

## Introduction

### Maggie's

The Maggie Keswick Jencks Cancer Caring Centres Trust (henceforth Maggie's) is a UK charity, founded by the late Maggie Keswick and her husband Charles Jencks. Maggie's cancer diagnosis prompted a need for practical, emotional and social support. Yet, hospital staff were unable to offer this within the available space and time. Maggie believed that a dedicated place with a supportive atmosphere outside the hospital was needed. The idea of a Cancer Caring Centre was born. Together with Laura Lee, her oncology nurse and now Chief Executive of Maggie's, she developed a vision on cancer care:

"Maggie's is about empowering people to live with, through and beyond cancer by bringing together professional help, communities of support and building design to create exceptional centres for cancer care." (Maggie's, 2011, p.3)

Characteristic of Maggie's is the central role of people affected by cancer, from the organisation's founder/origin to every aspect of its service. The 16 Centres that are in operation today provide a free, non-residential support and information programme, complementing medical treatment. Also on the architecture of these Centres Maggie's developed a clear vision:

"Maggie's centres blend visionary architecture with warm, homely spaces, which inspire people to come in and feel comfortable as they seek out our support. (...) Together [with the architects] we have worked to create exceptional centres which offer healing potential through their design and amplify the effectiveness of our support." (Maggie's, 2011, p.17)

### Designing a healing environment?

Maggie's expects architects to realize the healing potential of architecture, but how to design such a healing environment? In a previous part of this research project, in-depth interviews with architects of different Maggie's Centres were conducted to investigate how they deal with the concept of healing environment in design practice (Van der Linden *et al*, forthcoming). Findings show that architects' understanding of the concept was based on a close collaboration with the client (Maggie's) and intuitive architectural knowledge. The latter refers to their architectural repertoire to intensify spatial experience, for example through applying materials, establishing intimacy gradients or articulating transitions (*e.g.* Day, 2002; Malnar and Vodvarka, 2004; Zumthor, 2010). Scientific research on healing environments, by contrast, was not referred to.

This gap between scientific research and architectural design practice has been noticed before (*e.g.* Tétrault and Passini, 2003). It has been attributed to the different natures of knowledge in traditional (positivist) science versus the design process (Diaz Moore and Geboy, 2010). Current

research on healing environments predominantly concerns the impact of isolated aspects (e.g. daylight) and is not orientated towards integrated building design (Annemans *et al*, 2012). This type of research results in factual, context-independent knowledge, which does not correspond to architects' information needs (Kirkeby, 2009).

As architects are to design future (healing) experiences for people, they rather draw on knowledge about the relationship between environments and people's spatial experience. This suggests that researching healing environment as an integrated concept, acknowledging the interplay between an individual's experience and his/her senses as well as the social environment (Bollnow, 2011), would better fit architects' design process. Insight into users' perspective is therefore expected to enhance our understanding of healing environment and support architects' design process.

## Aim & outline

The aim of this paper is to untangle the meaning of healing environment through the exploration of users' experience in the case of a Maggie's Centre. After having introduced Maggie's and the context of designing a healing environment, we explain our research approach. A focus group interview was conducted with users (both visitors and caregivers) of the Maggie's Centre in Dundee. Subsequently we report the findings of this focus group interview. We illustrate what users expect of a healing environment and more specifically how architecture contributes to their experience. The last section discusses the findings and limitations of the study and formulates conclusions. The study indicates that, by contributing to an integral atmosphere by expressing the Maggie's ethos, architecture has the potential to contribute to users' experience of wellbeing.

## Methods

Users' perspective on healing environment was researched through a focus group interview with different users of Maggie's Dundee in Scotland (Figures 1-4). This qualitative research method allows participants to communicate and clarify their experiences and visions in an open discussion. Participant interaction reveals motivations more easily and enhances the data quality (Mortelmans, 2013). Participants included both visitors and caregivers: a volunteer, a visitor who beat cancer, a visitor who was finishing cancer treatment, and a professional cancer support specialist. The focus group interview took two hours, was audio-recorded, transcribed verbatim and analysed thematically.

The focus group interview started with exploring what participants associated the concept of healing environment with. Next, a card sorting exercise aimed at gaining insight into users' needs. Participants were asked to rank statements about architecture's role by personal importance level. The statements' concepts (e.g. relaxation) were derived from a literature study of publications by and on Maggie's (e.g. Maggie's, 2011; Annemans *et al*, 2012) and previously conducted interviews with five architects of Maggie's Centres (Van der Linden *et al*, forthcoming). Subsequently, more

specific architectural themes that had emerged from these interviews were discussed. The focus group interview was concluded with participants' advice on the design of a healing environment.



Figures 1-4: Maggie's Dundee by Gehry Partners, *horizontal starting upper left*: (1) view from the main road; (2) entrance path; (3) entrance and library (staff area behind partition); (4) kitchen area

## Findings

### A place of care, a place of peace & calm

Participants' first associations with the concept of healing environment related to a place of care, evoking feelings of safety, acceptance and comfort. One participant described her experience of the Centre as follows:

"It's a bit like coming in to a gigantic womb: coming in and the whole thing sort of enfolds you, like, you know, it's giving you a great, big hug. And there's no end to it. No... It's, must be a word for it: unconditional."

Also peace and calm was determined an important characteristic of a healing environment. It was associated with bright and airy spaces – analogous to outdoor spaces. This atmosphere added to the understanding participants were looking for. They concluded that a healing environment could be a place for an individual (contemplating) as well as a group (offering explanations and care).

## Energizing architecture

When discussing architecture's potential contributions, participants expected it in the first place to facilitate stimulation and relaxation. These concepts were found to be interrelated, as optimism helps to reduce fear, and calmness makes one more receptive for inspiration. The following quote illustrates participants' expectations regarding the atmosphere of a healing environment:

"You'd want an energy from a building, that it would give you a kind of uplift and a feel-good factor."

Reflecting on concrete experiences of being energised by architecture, participants identified architectural features that contribute. One major feature was spaciousness (e.g. high ceilings):

"There's something about having space above your head (...) It's almost like your thoughts feel less in your head. It's almost like they expand out. So physically that's something, I think, that makes you feel better."

Also daylight and soft or natural materials like wood were mentioned. Another architectural feature participants highly appreciated was unconventional form. The Centre's unusual design (Figure 1) was found to be thought-provoking, inspiring and playing on one's imagination. For example, the effect of the Centre's exposed roof structure (Figure 4), allowing new discoveries from every different angle, was explained as follows:

"It's fascinating. It fascinates me anyway. And if it starts to fascinate you, it stimulates your brain. And if it stimulates your brain, it stimulates other thing that you want to get on with."

## A community's anchor point

Apart from the uplift architecture should facilitate, also concepts like anchoring and social contact were found important, particularly in the case of a Maggie's Centre. Social contact is stimulated by the building's open design (Figure 2):

"It's very much designed so you can't avoid meeting people. Can you? (...) You can't come here and disappear into a room in the corner somewhere."

It is important to note that social contact is a more complicated matter than meeting people. Participants remarked that it is rarely a visitor's first reason to visit the Centre. New visitors can be hesitant about meeting other people. Yet, their attitude generally had evolved to experiencing it as a reason for a new visit. This is because the cancer experience people share constituted an atmosphere of mutual understanding in the building that visitors turned out to appreciate.

The kitchen table (Figure 4) is an architectural feature that functions as an anchor for people (*e.g.* in their routine of visiting the hospital). It also expresses the community's identity through its function as the centre of the building –analogous to traditional domestic environments:

“There's the kitchen where everybody congregates (...) It's not like an institution. It has a homely feel about it.”

## An architectural invitation

Architectural themes that were highlighted during the interviews with architects were presented as an input to the discussion. For example, architects devoted a lot of attention to entering the Centre, which was seen as a transformative act that people should be encouraged to do (Van der Linden *et al*, forthcoming).

Participants indicated that it had been easy to find their way on the path from the hospital to arrive at Maggie's Dundee (Figure 2). The small, domestic entrance was found reassuring, definitely not overwhelming. Entering the Centre was stated a synonym to relaxing. One participant noted that people have an animal instinct to shake themselves when entering because they feel comfortable.

Moreover, the inviting architecture encouraged people not only to enter, but also to explore the Centre and the activities taking place. One participant described this effect as follows:

“The openness of the building is its charm actually. Particularly when you come in (...) you get glimpses of what happens up here, and then you start being aware of the space.”

## Collective privacy

Furthermore, one of the most difficult design issues for architects was finding a balance between an open floor-plan and privacy. Centres were to allow caregivers' discrete supervision and visitors' gathering as well as withdrawal (Van der Linden *et al*, forthcoming).

According to participants, the open floor-plan of Maggie's Dundee (Figure 3) does not constitute a threat to privacy, as long as there are places for retreat. Participants indicated that they had found ways to use the open floor-plan to their best advantage. They had discovered that isolation is not necessary for a private conversation:

“When you are used to the Centre and used to using it, you understand that you can do private without being isolated.”

This is because other people pay attention not to invade one’s private space. Social intelligence is very important to organise the space. Participants illustrated how body language (*e.g.* turning one’s back), facial expression (*e.g.* looking distressed), conversation style (*e.g.* confidentially whispering) or furniture arrangements (*e.g.* grouping chairs) can display privacy needs. As a result of the shared understanding mentioned earlier, even the entire building is experienced as private.

Apart from this socially constructed feeling of privacy, design features such as differentiations within spaces were also appreciated for supporting different activities (with corresponding privacy levels) going on in the same space:

“It’s the curvatures and the rounded corners and sort of the alcoves. I like that. And it [the building] lends itself to be able to be in an open space but yet to be private, whereas if you have just one big square, it would be a lot more difficult.”

## Discussion & conclusions

Our study of the Maggie’s Centre in Dundee contributes to a better understanding of how users experience a healing environment. A first contribution of our study is that it illustrates the interplay between people’s senses and emotions. Insights into this interplay can support architects in designing for wellbeing. Findings suggest that healing environment means more than the obvious place of peace and calm. Users participating in the focus group interview also expected architecture to energize them. Their call for spaciousness and unconventional forms illustrates architecture’s potential role in people’s wellbeing. A good example of how this was realised is the entrance of Maggie’s Dundee. It is an architectural invitation to enter and explore the Centre. Architecture thus has the potential to generate spatial experiences that support people’s activities.

Another important insight from this study is that people’s experience of healing environment transcends their personal spatial experience. One could state that the Maggie’s Centre is experienced by a community of people. This is in line with Crilly *et al’s* (2008) concept of *collective consumption*, which implies that an individual’s experience is influenced by others’. Users participating in the focus group interview put a lot of emphasis on how space was managed by social relationships. This collaborative effort results in what one might call a collective private space. Bollnow (2011) states that the resulting collective experience transcends personal experience. Our findings indicate that architecture can support this collective experience, for example through facilitating interaction (*e.g.* the open floor-plan) and reinforcing community-building aspects (*e.g.* the kitchen table).

It might be interesting to elaborate further on this collective experience. Findings from the focus group interview indicate that users' experience of the architecture is heavily influenced by their appreciation of the support service. As the ethos of the organisation influences people's perception of the environment (Worpole, 2009), the two cannot be separated. At Maggie's, a patient is treated like a guest. That this ethos influences people's experience, is reflected in descriptions like "welcoming" or "embracing", which apply to both the building and the service. Architecture can thus provide support on a higher level than merely accommodating the activities going on. Our study illustrates how it can take part in creating the integral atmosphere users experience by expressing the organisation's philosophy of people-centeredness. This seems to create a synergy that enhances users' experience of wellbeing.

One must keep in mind, however, that Maggie's Dundee is just one case of a building that is experienced as such, and not generalize isolated design characteristics (*e.g.* the organic design). More case studies, including an architectural analysis of the buildings in use, are recommended to obtain a more comprehensive understanding. Also introducing users' perspective into architects' design process deserves further attention.

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## References

- ANNEMANS, Margo, VAN AUDENHOVE, Chantal, VERMOLEN, Hilde and HEYLIGHEN, Ann (2012). What makes an environment healing? Users and designer about the Maggie's Cancer Caring Centre London. In: Out of Control: Proceedings of the 8th International Design and Emotion Conference, London, September 11-14 2012.
- BOLLNOW, Otto Friedrich (2011). *Human Space*. London, Hyphen Press.
- CRILLY, Nathan, MAIER, Anja and CLARKSON, P. John (2008). Representing artefacts as media: Modelling the relationship between designer intent and consumer experience. *International Journal of Design*, **2** (3), 15-27.
- DAY, Christopher (2002). *Spirit and Place: Healing our environment; healing environment*. London, Architectural Press.
- DIAZ MOORE, Keith and GEBOY, Lyn (2010). The question of evidence: Current worldviews in environmental design research and practice. *Architectural Research Quarterly*, **14** (2), 105-14.
- KIRKEBY, Inge Mette (2009). Knowledge in the making. *Architectural Research Quarterly*, **13** (3-4), 307-313.
- MAGGIE'S (2011). What is Maggie's? [online]. Last accessed 18 September 2012 at: [http://www.maggiescentres.org/about/our\\_publications.html](http://www.maggiescentres.org/about/our_publications.html)
- MALNAR, Joy Monice and VODVARKA, Frank (2004). *Sensory Design*. Minneapolis, University of Minnesota Press.
- MORTELMANS, Dimitri (2013). *Handboek Kwalitatieve Onderzoeksmethoden* [Handbook of Qualitative Research Methods]. 4th ed., Leuven, Acco.
- TÉTREULT, Marie-Hélène and PASSINI, Romedi (2003). Architects' use of information in designing therapeutic environments. *Journal of Architectural and Planning Research*, **20** (1), 48-56.
- N, Triaspolitica. "Mengenal Penyakit Kanker, Jenis, Gejala, Penyebab Berikut Pengobatan Kanker." Mau Nanya Dong Dok. N.p, 20 June 2017. Web. 28 June 2017. <<https://nanyadongdok.blogspot.com/2017/06/mengenal-penyakit-kanker-jenis-gejala.html>>.
- WORPOLE, Ken (2009). *Modern Hospice Design: The architecture of palliative care*. London, Routledge.
- ZUMTHOR, Peter (2010). *Thinking Architecture*. 3rd ed., Basel, Birkhäuser.