



THE NURTURE REPORT

an article

Ken Hamilton Caregiver Center

at Northern Westchester Hospital



OASIS BY DESIGN PSYCHOLOGY with Toby Israel, Ph.D.

If you could curl up, knees bent to your chest, arms hugging close in, and return to your mother's womb, would you? I would. I'd rewind right back to the beginning, squeeze in (if only for a day), and listen to the beating of my heart. In fact, had I known that I'd be born in a hospital room that my mother described as institutional, drab, cold, and unremarkable, why would I have bothered to leave my womb room at all?

Now, as my days fast-forward, only in moments of rare pause—perhaps in a gently swinging hammock, warm sauna, or cozy feather bed—do I return to this sense of oasis. Why not be nurtured and protected by places worthy of worship, rather than wanting? How can we create spaces that sustain, inspire, and even help heal us?



Toby Israel, Ph.D.

Visionary founder of the new field of Design Psychology



For many years, as a founder of design psychology, I have called upon designers and non-designers to create places that are not only functional and beautiful, but also emotionally and socially fulfilling. I've led many people through a carefully developed toolbox of exercises that explore their (often unconscious) history of place.

Opening this treasure chest of past place unlocks memories—visual and sensory images of special spaces, objects, and experiences that form “high positive associations.”¹ I then use these high positives, the primal essence of these special places, to help individuals and groups envision and create oases by design.

USING DESIGN PSYCHOLOGY TO CREATE A CAREGIVER'S OASIS

I began using design psychology to create healing oases when I was asked to run a series of focus groups for a caregiver center to be established at Northern Westchester Hospital in Mt. Kisco, N.Y. The center was the brainchild of Marian Hamilton, whose beloved husband became ill and eventually died of cancer.

Knowing firsthand the stress that comes from looking after the long-term ill, Hamilton's vision was to create an oasis where caregivers could come for support and renewal. As a Planetree Hospital², Northern Westchester embraced this idea enthusiastically. In keeping with Planetree's ethos of patient-centered design, focus group participants included caregivers—both loved ones and medical staff—allowing all to give voice to their needs.

These focus groups, however, were different from the norm. In accordance with design psychology methodology, focus group members took a “deeper than deep dive” into their pasts, remembering favorite oases they had frequented to restore themselves. Such shared personal experience of place became part of the collective experience of envisioning the new center. Although no one remembered floating blissfully in the womb(!), memories of falling water, soft light, nature views, and warm fires all were recalled fondly.

Later S.L.A.M. Architects of Glastonbury, Conn., translated these memories into a final design. Thus, the Ken Hamilton Caregiver Center at Northern Westchester Hospital includes a main seating space that contains a welcoming fireplace. A “tranquility room” uses shoji screen-filtered light, a waterfall wall, and a sky-like ceiling to produce a sense of calm. Throughout the space,

subdued beige walls, floor tiling that looks like dark wood, and photographs of idyllic nature scenes add to the nurturing effect.

Research suggests that spaces with such biophilic aesthetics and views³ have healing benefits. Creating oases by design, however, involves more than just using universally appealing natural elements. Design psychology offers a rigorous programming approach to ensure that spaces bring fulfillment across a range of human experience.

In fact, design psychology draws from the theory of Abraham Maslow, a humanistic psychologist who believed that people need to satisfy a hierarchy of human needs (see pyramid below). Similarly, during design psychology visioning sessions, participants are guided through exercises designed to ensure that the project at hand results in an actualized place—one that meets the need for shelter, as well as psychological, social, and aesthetic satisfaction.

MASLOW'S HIERARCHY



DESIGN PSYCHOLOGY





The Tranquility Room

uses shoji screen-filtered light, a waterfall wall, and a sky-like ceiling to produce a sense of calm. Throughout the space, subdued beige walls, floor tiling that looks like dark wood, and photographs of idyllic nature scenes add to the nurturing effect.

When it comes to social satisfaction, for instance, the Ken Hamilton Caregiver Center incorporates a variety of spaces for social interaction. Caregivers can gather with others in an informal living room. They can meet with counselors in a semi-private conference room/library. In addition, a room with a massage chair enables caregivers to satisfy one of their most deeply expressed needs: to be alone, to unwind, perhaps even to nap.

Such a holistic approach is crucial because hospital administrators, facility planners and designers might otherwise focus too narrowly on one aspect of design (e.g., functionality), leaving other crucial components of healing design unmet.

Since it opened in 2007, the Ken Hamilton Caregiver Center has been an amazing success, nurturing more than 5,000 families, while also providing an oasis for the doctors and nurses who frequent it. Heartened by this success, Marian Hamilton has now established the Caregivers' Support Foundation to spread the word and encourage other hospitals and communities to create caregiver centers.

USING DESIGN PSYCHOLOGY TO CREATE A HEALING HOME

Shortly after completing the caregiver center project, I was interviewed for an article about a breast cancer survivor who used the redesign of her home as a catalyst for recovery.

“Researchers are just beginning to understand the connection between physical health, psychology, and home,”⁴ I commented

in the article. Such an understanding is important because “while the journey to healing may start in a hospital—like a visit to the emergency room or a surgery—healing also happens well beyond an institution’s walls.”⁵

Two weeks after being interviewed for the article, I was diagnosed with early-stage breast cancer.

Faced with a good prognosis, but still with the reality of this diagnosis, I wondered if there was a way to use design psychology as part of my own therapeutic process. Rather than looking to the past for inspiration, however, this time I knew that what I most wanted was a future.

Besides availing myself of the best medical treatment, visualization techniques, and other healing arts, I embarked on the redesign of my bedroom as a way to envision a healthy and satisfying future.

Warned that radiation treatment often produced fatigue and radiation burn, I first purchased “cucumber cool” cotton sheets and luxury bedding that would help me imagine being cooled down.

I also wore a golden embroidered Chinese robe to each treatment. Drawing upon the design power of this dramatic garb rather than the usual bland hospital gown, I imagined myself an empress staring down cancer.

Each time I arrived back home, a shimmering bed throw and wall colors in ocean blue and light green aided my “cool” visualization. Such design elements were part of a larger process by which I surrounded myself with colors, fabrics, furniture, window treatments, and floor coverings that connected to my long-held desire to learn to sail.



My new curtains, for example, hung from subtle porthole-like openings. My wall artwork depicted water scenes. Beige Berber carpet evoked a sandy beach underfoot.

The result? Much to my doctor's surprise, I suffered no radiation burn. My bedroom project, finished on my last day of treatment, is beautiful and meaningful to me. A week later—given the all clear—I was off to Florida to learn to sail.

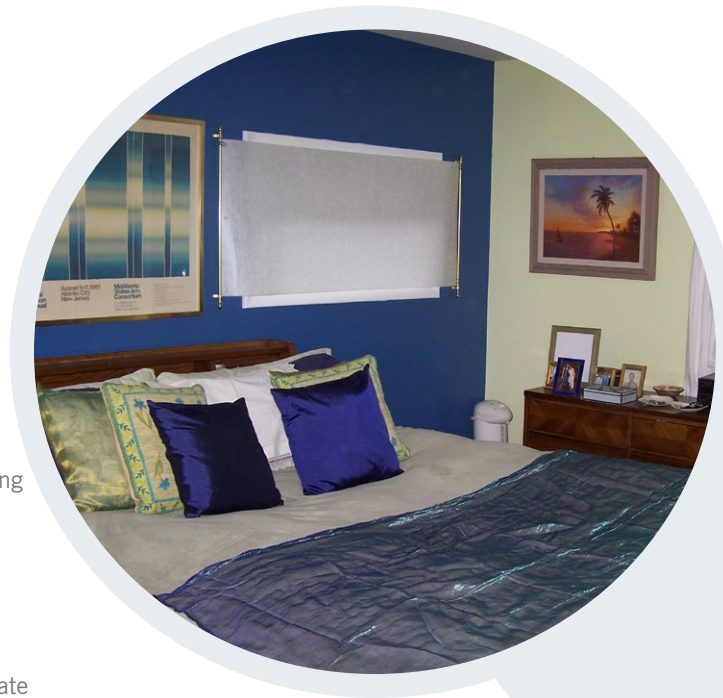
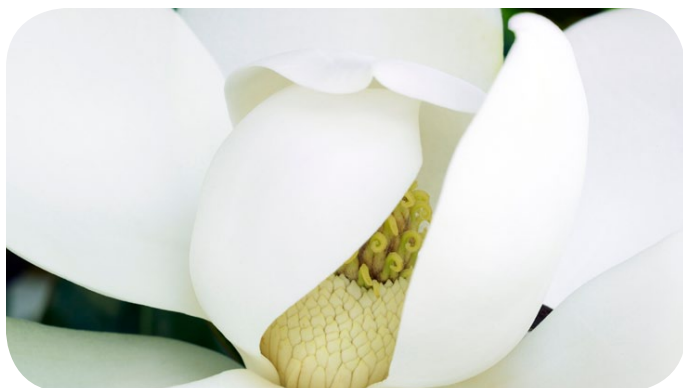
HEALING BY DESIGN PSYCHOLOGY

Current research helps explain why my “cool” bedroom and the caregiver center at Northern Westchester are successful in healing by design. For example, my use of cucumber colors may have worked because “people feel cooler in cool-toned rooms and warmer in warm-toned rooms, although actual temperature may be the same.”⁶

Research also suggests that “people who have learned to associate a place with a positive feeling—or with hopes that the place will heal—will benefit from simply being in that place.”⁷ Part of the trick of reducing the stress response is to fool your brain into thinking you have some degree of control.⁸ Along with control and choice, access to nature, positive distraction, social support, and noise reduction can reduce stress and thus contribute to healing.⁹

How can designers, hospitals, product manufacturers, patients, homeowners—for that matter, anyone who wants to create a healing space—translate these findings into final design? The key is to incorporate emotionally and socially fulfilling design elements into healing spaces to help patients feel:

In control. Where appropriate, engage patients in choosing layouts, colors, fabrics, furniture, window treatments, and floor coverings. Create easy-to-use signage, furniture, and equipment that reduce feelings of frustration and lack of control.



Toby Israel's healing bedroom space utilizing design psychology

Provide technology that patients can operate to help orient themselves in space and time. The “Smart Room” by Nurture in collaboration with Cerner Technologies, for instance, includes an electronic patient board enabling patients to view their day's schedule.¹⁰

Surrounded by love and support. Create caregiver centers to recharge loved ones and support their ability to ‘be present’ at the patient's side. Provide access to quiet, private spaces as well as more public spaces offering communal support. Also, make space in patient rooms for photos and special objects¹¹ that trigger high positive memories, especially when friends and relatives are geographically distant.

Engaged in creation and renewal. Use natural elements in the healing environment, including scenes of nature that mirror the process of renewal, equilibrium, and harmony inherent in organic systems.¹² Create opportunities for patients to individualize the look and feel of their clothing as well as their space.

PHOTO CREDIT

Magnolia photo provided by Kevin Sink Photography, www.kevinsink.com.



Moving forward to focus on their dreams.

Where possible, engage patients in creating a healing space using design elements that help them envision a positive future. For example, Catherine Mayer Ambient Art™ allows a patient to experience the creation of an artwork on a plasma screen. The composition emerges, moves, and changes before their eyes to create positive distraction and positive attitudinal changes in the viewer.¹³ The imagery also includes creative open spaces to engage viewers and make them active participants in the story.¹⁴ Perhaps patients could use such technology to envision a positive future or, for those with chronic illness, to come to terms with their condition.

After all, as Esther Sternberg writes in *Healing Spaces: The Science of Place and Well-Being*: “In palliative care, healing is thought of as a sense of wholeness. It is not being cured necessarily, but feeling whole. There is a difference between curing and healing, and what we do in palliative care is help people heal, no matter how sick they are.”¹⁵

In the end, those who truly want to heal by design can simply create beautiful places. Yet we can also go much further. Designers and clients can work together to combine their aesthetic sensibility with their primal, emotional vision of an ideal oasis. Only then can we create spaces with the power to contain the healed, fulfilled lives we wish to achieve.

ABOUT TOBY ISRAEL, PH.D.

*Toby Israel is a founder of the field of design psychology, which considers psychology to be integral to the practice of architecture and interior design. Based in Princeton, N.J., Dr. Israel helps clients “design from within” to create deeply human homes, healthcare environments, and schools. Dr. Israel’s groundbreaking theories about people and spaces are summarized in her book, *Some Place Like Home: Using Design Psychology to Create Ideal Places*.*

For more information see www.oasisbydesign.net.

1 The use of the term “high positives” in relation to design was suggested by Constance Forrest, Ph.D., who thereby made reference to a new area of psychology, “positive psychology.”

2 Planetree is a non-profit membership organization working with hospitals and health centers to develop and implement patient-centered care in healing environments.

3 Roger Ulrich, “Environmental Influences That Improve Outcomes: Biophilic Healthcare Design” presentation comments, *Healthcare Design 09 Conference*, Orlando, November 2, 2009.

4 Anndee Hochman, “Inner Realms,” *The Philadelphia Inquirer, Home and Design Section*, January 5, 2007.

5 Barbara J. Huelat, *Healing Environments: Design for the Body, Mind and Spirit* (Alexandria, VA: Mesezyn, 2003) p. 26.

6 Millicent Gappell, “Psychoneuroimmunology” in S. Marberry (ed.), *Innovations in Healthcare Design* (New York: Van Nostrand Reinhold, 1995), p. 116.

7 Esther M. Sternberg, *Healing Spaces: The Science of Place and Well-Being* (Cambridge and London: The Belknap Press of Harvard University Press, 2009) p. 199.

8 *Ibid.*, p.102.

9 Roger S. Ulrich, “The Theory of Supportive Design for Healthcare Facilities” in *Journal of Healthcare Design. Proceedings from the Nineth Symposium on Healthcare Design*, August 1997), p. 3-7.

10 This product was designed by Cerner

11 Toby Israel, *Some Place Like Home: Using Design Psychology to Create Ideal Places* (Chichester: Wiley-Academy, 2003), p. 113- 114.

12 Based on comments from Kevin Sink, photographer with a master’s degree in physiology and cell biology, *Healthcare Design 09 Conference*, Orlando, November 2, 2009.

13 Catherine Mayer Ambient Art™ brochure.

14 Catherine Mayer Ambient Art™ comments, *Healthcare Design 09 Conference*, Orlando, November 2, 2009.

15 Sternberg, *op.cit.* p. 294 (Comments by Ann Berger, head of Pain and Palliative Care, NIH Clinical Center.)

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