WHAT MAKES AN ENVIRONMENT HEALING?
USERS AND DESIGNER ABOUT THE MAGGIE’S CANCER CARING CENTRE LONDON

M. Annemans¹,², Ch. Van Audenhove³, H. Vermolen⁵, and A. Heylighen⁴,
¹KULeuven, ASRO, Kasteelpark Arenberg 1/2431, 3001 Heverlee, BE, ²osar architects nv, Jan Van Rijswijcklaan 162/10, 2020 Antwerp, BE, ³KULeuven, LUCAS, Kapucijnenvoer 39/5310, 3000 Leuven, BE
margo.annemans@asro.kuleuven.be

ABSTRACT
When being admitted to a hospital, you largely loose control over your life. Others decide your time schedule, where you go and stay, and what the environment looks like. Ongoing research about healing environments hardly seems to affect the design of current hospital buildings. The Maggie’s Cancer Caring Centres, designed specifically with this concept in mind, form an exception.
In our research we explore architecture’s impact on patients’ wellbeing. Through interviews with both the users and designer of Maggie’s Centre London, we confronted the architect’s vision with the daily experience and the actual building. This analysis enables us to start uncovering the meaning of a healing environment. At Maggie’s London the combination of a well thought architectural brief, an engaged architect, and suiting client seem to form the base of a successful building that is not only designed as healing but is also experienced as such by its daily users.

Keywords: Architecture, building, healing environment, Maggie’s Centre, user experience.

INTRODUCTION
“There is an intimate relationship between our emotions and the things around us,” Peter Zumthor (2010) writes. Whether an environment works healing or not is often closely related to the emotional experience that is generated by it. Which elements or aspects are responsible for this is investigated based on the case of the Maggie’s Cancer Caring Centre in London. The insight, as expressed by Zumthor, is rather recent. Whereas early research about the relationship between the built environment and its effect on health focuses largely on medical outcomes (Rubin & Center for Health Design. 1998)(Ulrich e.a. 2004), more recently influence on the mental welfare is being recognized. As the World Health Organization states: “Health is a state of optimal physical, mental and social wellbeing, and not merely the absence of disease and infirmity.” Based on this definition we want to gain insight in the spatial experience of patients and provide architects with sufficient information to design wholesome hospital environments.

As the starting point for the Maggie’s Centres is to design a healing environment, analysing them gives us insights in those elements that add to the experience of a building as wholesome. Whereas we are looking for those aspects that affect patients in particular and users in general, in the case of the Maggie’s Centres the architects start from a description of what forms the base for a healing environment and have to translate these into a material form. The document they are provided with to start from (Keswick & Jencks 1995) emphasizes the emotional state a cancer patient is in when receiving the diagnosis and fighting the disease. A first step is taken to translate a patient’s needs into more spatially oriented requirements (s.n. 2011), however it is mainly the experience of the user that forms the base for the architect to start designing. A good architect will design a building that optimally supports these needs.
To gain insight in why the building is actually considered healing we asked ourselves the question how the building provides this support. Based on the analyses of a group discussion with users of the Maggie’s Centre in London and an interview with the architect, we found that the emotional impact of the building is situated at three levels: the aspects related to the material realization of the building; the feeling of identification the building generates among its users; and last, but not least, the way in which the centre and its architecture support social interaction between its users and people around them. Designing a building that reaches all these goals is a great challenge. A lived through brief, elaborated by a good architect and organized by a supportive client lay the foundation to reach this goal. At Maggie’s London all these factors come together and indeed, seem to result in a building where the user considers the same elements as healing as those advanced in Maggie’s brief.

HEALING THROUGH THE ENVIRONMENT?

When Roger Ulrich published the outcomes of his 1984 study on the influence of the view from the hospital room on the use of pain medication (Ulrich 1984b), he set the tone for an ongoing research field about the impact of the environment on the actual healing of patients. From that moment on various studies were conducted where clinical evidence was sought for the effects of architectural decisions in (healthcare) buildings. The insights from these studies are collected under the common denominator of evidence based design (EBD) (Ulrich et al. 2004). This notion found its origin in the analogy with other evidence based approaches to research and practice. When it comes to buildings for health care especially evidence based medicine was a source of inspiration, here too the effectiveness of medication is proven by clinical measurements. These studies mostly investigate the direct link between one single aspect of the building and its clinical outcome. Many of them cannot provide sufficient clinical evidence (Rubin & Center for Health Design 1998). Reports that try to collect results from different studies to obtain insight in how the various aspects relate to each other, all have to conclude that the collected evidence is not (yet) ready to be used in design practice (Rubin & Center for Health Design 1998, Berg 2005, College bouw zorginstellingen 2008). However, both medical professionals and architects believe the built environment can have a beneficial effect on its users. Whether this is directly measurable is another question. Based on these insights, we argue that a wholesome environment involves more than the measurable aspects that withstand the evaluation of EBD studies (Annemans e.a. 2012). For this reason we also opt to use the term ‘wholesome” rather than ‘healing’ in our research.

Charles Jencks himself, co-founder of the Maggie’s Centres, is the first one to contradict the strictly clinical effect of architecture (Jencks 2006). Still, he argues the centres can definitely make a difference, for five reasons (Jencks & Heathcote 2010). Many of these reasons involve social support. Cancer caring centres can alleviate the death sentence, by negating the negative effect of receiving one. Training patients in stress management reduces the impairment of stress on the immune system. Positive feelings, enhanced by the building and complementary therapies, may contribute to longevity. And, an extended shared knowledge about possible new treatments or therapies can provide users of the Maggie’s Centres with informed opinions, which may make a difference over time. Finally the centres can also work like a placebo, they work because they operate on the beliefs of patients. Within this context he defines three possible sorts of effect. The Style Effect indicates the impact of image building. Like a placebo injection works better than a pill and a placebo from a brand has a better effect than a generic one, also the fact that a building has a specific design may have an influence. The Cultural Effect refers to the fact, that it is not just an individual's psychology that matters, also cultural aspects count. The third, and probably most important, is the Caregiver’s Effect. If a doctor or, in the case of the Maggie’s Centres, a caregiver is convinced that it will work, chances are bigger that it will.

All three effects, mentioned above, are caused by the experience of the building by its users. Indeed, what we see, hear, smell or touch determines our state of mind (Sternberg 2009). As architecture is experienced through the senses (Rasmussen 1964, Pallasmaa 2005), the impressions we receive from our environment will influence how we feel. The senses
are part of human life through one's involvement in the world (Ingold 2000). They are a key factor in the experience of our surroundings. To come to a profound understanding of the meaning users ascribe to the Maggie's Centres, we need to dig into their experience and emotional affiliation with the building. By comparing this information with the vision of the designer based on the provided architectural brief (s.n. 2011) and inspiring testimonial of Maggie Keswick (Keswick & Jencks 1995), we can form an image of why exactly a building designed as healing could actually be experienced as wholesome.

MAGGIE'S CANCER CARING CENTRES

When Maggie Keswick and Charles Jencks founded the Maggie's Cancer Caring Centres in 1995, they outlined the guidelines along which all future centres should be designed. The purpose of the centres is to support a new approach to cancer support. To reach this goal, both the buildings and the architects should fulfil certain requirements. Leading international architects and landscape designers are asked to design centres that are characterized by a distinctive and highly individual design, giving support to anyone affected by cancer.

As a base for the design the Maggie’s Centres provide different kind of documents. There is "A View from the Frontline", a leaflet written by Maggie herself in which she describes her battle with cancer and sets out how the centres should be approached and organized (Keswick & Jencks 1995). This document is complemented by a more recent publication "Maggie's Architectural Brief" (s.n. 2011) which informs architects about the requirements for the design of the Maggie’s Centres.

The architectural requirements give a list of spaces that should be provided such as an entrance, sufficient office space, a kitchen, and lavatories. Each of these spaces is described in such a way that the obtained atmosphere is clear but no fixed solution is given. The entrance should be obvious, welcoming, and not intimidating. The layout should be clear and the building as light as possible. The lavatories should not be all in a row with gasps under the doors; they should be private enough to cry in. Apart from these contextual descriptions for specific spaces, there are also pointers for the architecture in general. The Maggie’s Centres and the way they are designed should raise your spirits, be safe and welcoming, but not too cosy and increase the sense of connectedness between people (s.n. 2011).

To reach this goal, architects are chosen of which the organization thinks that they will rise to the challenge of making spaces that help the people using the buildings to cope. To do so, the architect should go beyond preconceived ideas. They are expected to step off the beaten track and open our eyes. Although the quality of the created buildings is believed to be crucial, the choice of the designer involves more. It capitalizes on the Style Effect. Special architects make special buildings, which is a key element in the feeling of ownership the community has of the building. They feel proud of their Maggie’s. The created image assures the people of the attention that is given to them, that they are appreciated and cared for.

MAGGIE’S LONDON

The Maggie’s Centre in London is designed by Richard Rogers of Rogers Stirk Harbour + Partners. It is located at a busy junction in Hammersmith, next to Charing Cross Hospital. To contrast the main hospital, the centre is designed as a 'non-institutional' building (Rogers Stirk Harbour + Partners 2011). According to the requirements mentioned above the building unites a welcoming open image with a shelter from the urban noise. A bright red wall wraps around the four sides closing it off from the city, whereas a floating roof above forms a uniting element for the spaces below. The entrance can be approached by a walkway, which meanders from within the main hospital ground to the centre (McDonald 2011). The heart of the building is the centrally located double high kitchen around which the other facilities are located. Light comes into the building through the glazed walls of the first floor and openings in the roof, providing the downstairs area with a good combination of crucially located sights and privacy.
METHODOLOGY
Since we want to explore as many aspects and nuances of a healing environment as possible, we opted for a qualitative approach (Creswell 2003). To be able to confront the requirements from the client, the point of departure of the architect, and the experience of the building by the users, we conducted a group discussion with four users of the centre, three cancer patients and one whose husband died of cancer, and interviewed the associate at Rogers Stirk Harbour + Partners who lead the design and building of Maggie's in London. Both were audio recorded, transcribed and coded using qualitative data analysing software (Atlas.ti). As we wanted to start our analysis from the user perspective, first the group discussion was processed using open codes. Three major topics...
were identified: the emotional impact of building aspects, how users identify with the building and how the building supports social interaction at different levels. With the results of this first analysis in mind, the interview with the architect was coded according to these categories. This approach provides the opportunity to balance the intentions of the architect against the actual user experience.

THE USERS AND THE ARCHITECT

THE BUILDING

Architects can definitely influence people’s state of mind (De Botton 2006). This conviction is widely shared among architects (i.e., Zumthor 2010). Also the architect of Maggie’s London mentions in the interview: “You generally have a feeling about what spaces can do for something and what architecture can do. You can depress people, you can expand people, you can make people tall, you can make people small. You can bring a lot of light in, you can make space devoid of light, dark. And I think all those have an effect on how somebody experiences that space. And I think we know that as architects, that is what we do. And that is how and why we design it. There is not necessarily a scientific nature to it.” Indeed, it is clear that the building does not leave its users unaffected. Even without being asked questions the ladies start by emphasizing the merits of “their” building. The architecture is most definitely appreciated, “… this charity is very special because I’ve been to other charities in London and this is by far the most beautiful, we are so lucky that this is, yeah Richard Rogers and open space and. For example there is a very good one at X, you can get all these free massage and I don’t know all these other things but the building is absolutely horrible and when you come there once you finish your treatment you don’t want to stay there because it depresses you so much.”

During the discussion the participants refer frequently to the feeling they have when they enter the building. One lady literally cites the feeling when she comes into the door as “Ooh my god this is gorgeous feeling, relaxing.” Someone else adds to this: “Yes, the energy.” Not only primary users experience the environment like this. A participant explains how she brought her parish priest and family to the centre to illustrate what an impact it has. She says: “When [the priest] came in here, he had lost his wife seventeen years ago with cancer, […] he couldn’t believe how lovely it was. He went back and told everybody about it. And my brothers came in with me, and my sisters in law all came in with me and they couldn’t come back home to tell everybody what the building did for them. It was the building that did it for them. When you pushed that door open, you are at ease.” Also for themselves they describe the building as an important factor in how they feel during or after a visit. Quotes such as: “[…] this place gives us optimism” and “[it] gives us a bit of confidence” are uttered or approved by all four participants.

In “Maggie’s Architectural Brief” (s.n. 2011) specific attention is paid to certain spaces that should be available at each Maggie’s Centre. A central kitchen, a welcoming entrance and a loo with enough space to retreat and cry are mentioned as key elements. Both the architect and the participants address the central kitchen as the heart of the building. The kitchen table definitely is the number one place to meet. As they describe it:
A: “Ooh that is our table. That is our family table,”
C: “That is our anchor that is the family anchor.”

However, it is the entrance, or the moment of entering, that plays the most significant role on different levels. On the architectural level, the absence of a clear reception desk has a major impact. According to the brief, the architect states: “There is no reception desk which is vital. You know, the fact of having a reception desk empowers somebody behind, automatically gives the wrong feeling.” Indeed designing a building without reception has a sincere influence on the social interaction. Obviously the principle of approachability should be supported by the design of the entire building. At Maggie’s London the creation of an open structure with many visual connections throughout the building enables the people working in the centre to easily see who is entering, wherever they are in the building. This conceptual choice has a great influence on the image of the centre and its social impact.

Finally, the architectural brief for the Maggie’s Centres (s.n. 2011) includes some spatial aspects that are frequently mentioned in EBD studies such as the
presence of light and green (Ulrich 1984a, Ulrich 1984b, Ulrich et al. 2004, Berg 2005). Here too, these requirements are confirmed in the group discussion. One of the ladies literally says: "a big space, the open area, all the plants, yeah, that is healing environment."

**IMAGE BUILDING**

In Western culture cancer and cancer sufferers are often hidden. In the case of the Maggie’s however, the architecture of the centres acknowledges their plight and affirms their worth, which for cancer sufferers is a rare recognition (Jencks & Heathcote 2010). Indeed, even if it was only for its bright orange-red colour, the building of Maggie’s London stands out. The colour also affirms the centre as the antitheses of the nearby hospital. The juxtaposition of the classic, grey mega-hospital and the bright orange, intimate centre could not be any bigger (Jencks & Heathcote 2010). By being so bright there is no way you could think the building is trying to hide. Indeed, this is what the architect expresses in the interview: "[…] the orange building in the corner, if you cannot see that you probably have a few more problems. It is about not being shy about it." It makes a very clear statement, something even the users have to get used to. As a participant puts it: "It is red! […] I have never seen in the grounds of a hospital a red building. This is where the standard of this is. A red building in the hospital ground! It should be either white or grey […] or red brick but not red."

Although not a spatial aspect, the name giving of the centres and how it is advertised add to the image. Only "Maggie’s" is printed on the front door, no reference to cancer or whatsoever. It is also this name that is used by the users, resulting in funny situations and source of laughter. One of the participants tells us that she said to someone "I am going to Maggie’s," which made the other one ask: "What is it? A nightclub?" No negative connotation is associated. The participants do not see Maggie’s as a charity. It is more than that. Like they say: "[…] this is not a charity. This is life. Not a charity."

As illustrated, both the outside appearance of the building and the image created by the name giving result in a strong identification of the users with "their" building. This could only be made possible by a building with which they also have a strong emotional bound.

**SOCIAL NETWORK BUILDING**

An important purpose of the Maggie’s Centres is to support social interaction between the users. Although the remarkable architecture is clearly appreciated, it is the people that make the place into what it is today, according to the participants.

In the first place, there is the interaction between people affected by cancer, such as the group of participants. Not being on your own at home, worrying, having someone to talk to, and feeling "normal" all add to the feeling of wellbeing the centre provides. This conversation says it all:  
L: "You feel normal here."  
C: "You ARE normal."  
L: "… because at home I feel pfff"  
A: "Yeah, but don’t forget at home you are alone."  
L: "When you are diagnosed, at home [you] always prepare for the last day."

The difference with a traditional hospital ward in the support of social interaction is striking. According to one of the participants the fact that they are among others is a different but similar situation is essential in this. One states: "We have a lot of people coming from the wards as well and sitting in here and having a chat and getting to know rather than sitting in four walls, looking at nothing, nobody to talk to. Plus the fact they all have something different and none doesn’t want to talk about it and when you come in here nobody talks about their illness."

It is precisely to facilitate this kind of interaction that the architectural brief asks for the building to provide a large central kitchen where people can meet, but just as well small, intimate rooms where a face-to-face chat can take place. A good architect interprets these expectations about intimacy and adds some additional value. In the case of Maggie’s London, the architect explains why they opted to use only sliding doors: "We have sliding doors as well on all the rooms, so when [the rooms] are in use, [the doors] are closed, when they are not in use they are open. Sounds obvious but it means that you don’t have the sort as with a normal door, if slaps, and then you do not quiet know whether you are meant to knock or you are not. There is an
apprehension, a door; you shouldn’t go in there. By having them open there is a very clear indicator whether someone is in there or not.” By initiating such a subtle deviation from the standard solution, human interaction is steered and facilitated.

As mentioned previously, the absence of a reception desk avoids that the person behind it is being empowered. This simple intervention has a major influence on the kind of relationship between those affected by cancer and the caregivers. Since there is no desk, people entering the building should be personally welcomed and the personnel cannot hide behind their desk. Both are highly appreciated. The architect explains how a first contact is guided by the building: “[…] not having a reception desk means that […] you can see somebody, that you already have a personal relationship ready. Somebody comes up to you to see how you do and you can make a cup of tea and you can already start interacting. […] If you come in the front door […] then you have the main table where people sit around the corners and you can have a conversation." The availability of the caregivers is pointed out as an element that distinguishes Maggie’s from any other charity. As a participant explains: "one of the main differences between this charity and other charities in London is that here there are three people looking after us and in all the other charities they are behind a computer doing their own thing and they don’t talk to you and you just go for your yoga class or whatever and then you finish and you just go out again." By creating a comforting environment, people feel welcome to stay and take part in the ongoing action.

Finally, the existence of the centre can help to establish an improved, renewed relationship between cancer sufferers and their family. Logically friends and relatives are worried about the ill, when they know he or she is at Maggie’s and they have seen the centre, this is often a relief for them, which in its turn is comforting for the patient (as heard in the discussion).

CONCLUSION

Judging from the discussion with the users, Maggie’s London can be named a success. In this case the combination of a good architect and the opportunity to start from clearly formulated and well understood user requirements, results in a building that meets the needs. However, this would be impossible without a client who is actually strong enough to stand up to get the project realized the way it is designed. In the case of the centres the common goal of all parties involved is a key factor in the performance of the buildings. To obtain buildings and spaces that achieve a positive emotional effect, the approach of the Maggie’s Centres provides as a source of inspiration for everyone involved in the design of or research about healing or wholesome environments.

From the moment you receive the diagnosis of cancer, the control over, at least part of, your life is taken away from you. At this point, all possible support is welcome. Our study of the Maggie’s Centres shows that architecture can have an empowering effect. Despite the possible placebo effect, upon which we are unable to pronounce, it may not actually be healing but it definitely strengthens people. Anticipating the Style and Cultural Effect, architecture can support social interaction and create a positive image. Whether a good building has a healing effect because of its architecture alone remains unclear. Obviously, this study was rather limited, more profound (ethnographic) research about the use of the centres is needed before we can draw conclusions on this point.

Designing a wholesome, or even healing, environment appears to be largely about spatial experience and (its) emotional commitment. As such, the study of the Maggie’s Centres forms an important illustration of the relevance of research about the spatial qualities that add to the wholesome character of the built environment. Further insight in this topic could have severe impact on future design for healthcare.

ACKNOWLEDGEMENTS

Margo Annemans’ research is funded by a PhD grant from the Baekeland program from the Institute for the Promotion of Innovation through Science and Technology in Flanders (IWT-Vlaanderen). The Baekeland program gives researchers the opportunity to complete a PhD in close collaboration with the industry, in this case osar architects nv provided this opportunity.
Ann Heylighen received support form the European Research Council under the European Community's Seventh Framework Program (FP7/2007-2013)/ERC grant agreement n° 201673.

The authors thank the participating users of Maggie's London and the architect, Will Wimshurst of Roger Stirk Harbour + Partners, for sharing their time and insights. We would also like to address as special thanks to Bernie Byrne for her support in the organisation of the interview and group discussion and for the warm welcome at Maggie’s London.

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