

Towards Capturing the Silent Emotional Experience within Healthcare Design

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Abstract

Objective: The aim of this exploration was to develop a technique of capturing the inner emotional experience and private conversations existing within architectural design of two healthcare facilities through the art of poetry. Can this unique emotional journey within healthcare be captured? **Background:** Healthcare design has begun focusing on user environment and satisfaction. This shift draws attention to healthcare's interiority, the spirit of a place, and its ability to create individual's emotional experiences. This paper recognizes design as an art and language. Several studies show that healthcare facility design and created spaces affect patient wellness and their support system. **Methods:** A checklist was created and used as a tool in a sensual exploration of listening to healthcare interiors, the emotional experience, and the silent conversation. The checklist was applied during a two day listening observation of public spaces at two hospitals in Indianapolis, Indiana University Health and St. Vincent Hospital and Health Center. On the last day, all observations were compiled into narrative poems for each of the spaces. **Results:** Using the checklist allowed the emotional experiences within the hospitals to be captured during the observations. The narrative poems provided an avenue to capture and encompass healthcare's interiority. **Conclusion:** This study confirmed that art can be used as a tool to listen and capture the spirit, aesthetics, and emotions created within healthcare facilities. Capturing one art with another can be incorporated into the design process to ensure designers are creating emotional experiences in healthcare that aid in user wellness.

Keywords: Emotional experience, interiority, art, poetry, user based design

Introduction

"Evidently buildings do not name anything, they are not words and it is even doubtful whether they may be considered signs. And still, they speak. Over and over again those who have been open to listen have beheld the 'saying' of works of architecture" (Norberg-Schulz, 1985, 111).

Previously, healthcare design primarily focused on functional delivery (Ulrich 1995, *Dijkstra et al.* 2006). Currently, the focus has shifted to environmental design, environmental sources, and user satisfaction created within healthcare facilities (Harris *et al.* 2002). Research shows us that physical environments created in healthcare strongly influence personal feelings and reactions (Dijkstra *et al.* 2008). Each patient, visitor, and staff member brings personal experiences with them and healthcare facilities can create either positive or negative emotional environments.

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Hospitals are healing places; people go there to feel better, to be revived, uplifted, and renewed. Environmental design within hospitals is important because the majority of people experiencing the environment may have high degrees of uncertainty, fear, and stress (Dijkstra *et al.* 2008). Designers have begun to focus attention on the emotional needs of users within healthcare and how to design these strong emotional environments.

In an effort to create these emotional environments, healthcare designers are turning their focus to user experiences and realizing the importance of the spirit and aesthetics they create (Bate & Robert 2007). In the quote above, Norberg-Schulz reminds us that buildings speak, waiting for users to open up and listen (1985). It has been suggested that designers should focus their attention to designing the experiences not services and thus creating the user and building dialogue (Forlizzi 1997). Buildings, especially healthcare, are speaking a silent conversation that is directly connected to the spirit that designers have incorporated.

The central issue requiring attention and interpretation is: Healthcare facilities have strayed from their artistic and aesthetic roots and have been silenced, neglected, and diminished. As discussed, healthcare design has begun shifting its emphasis to user experiences and environmental design & sources. This paper combines these three areas into the 'emotional experience' that is created through healthcare facilities' interiority, which is the inner existence of architecture.

Herein, the present research seeks to answer a question: Can one art form capture the emotional experience within another art form? More specifically, can poetry capture the silent conversation of interiority within healthcare?

Background

Interiority & Poetry

"He [Heidegger] holds poetry to be the most primal art, because it is the art whose matter is language, and language is central to thinking and to relating to being. Without the gift of language human beings could not engage in any other art" (Gordon, 2000, 23).

The primitive form of art is language. Interiority is the art form and language of design. Interiority is about communication; it contains the memories, dreams, and inspirations of the client and designer and in an artistic expression shares them with the users through their experience within the space. The designer shares and creates a private conversation with the users, building upon their memories, dreams, and inspirations to create an emotional experience and imaginative journey of interiority. To hear the whispers of interiority one must engage their senses and emotions and allow their conscious and unconscious to dwell individually and collectively through each of the senses. The language of interiority finds a foothold in metaphor and ambiguity, it is not direct. However, it is implied and dependent on the communication put in by the designers and received from the users. Interiority is communicated through verbal and non-verbal avenues. Christopher Day (1990) speaks of these non-verbal possibilities: "yet architecture, although build of matter, need not be read: it can be life-filled. Its constituent elements and relationships can sing – and the human heart can resonate with them" (10). Interiority and the language of interiority are essential to designing for user experiences and emotion.

Poetry is the most expressive and sensual form of language and art. In the forward of architect, John Hejduk's book, *Such Places as Memory*, David Shapiro writes, "poetry and architecture are both replete arts of repetition and persistence" (1998). The experience one receives from the aesthetic architectural qualities and the poetic emotional experience cannot be avoided.

Hejduk uses poetry that is sometimes narrative in style, yet true and honest in content to create the journey through architectural spaces. Hejduk, is known for using narrative poetry to explore and create architecture (Blaylock, 2003). He basically uses one art form to inform and create another. A similar technique of using narrative poetry to capture the silent conversations of architectural interiority is used in this study.

Methodology

How to Experience the Artistic Conversation of Interiority

“Listening to what is already there is the first step in any meaningful architecture just as it is the first step in therapy... In architecture this means listening to the needs of people – which they rarely can voice properly, to the needs of the place, to the opportunities which are concealed and become more and more apparent as design, then construction, then use, progresses” (Day, 1999, 29).

Understanding the importance of interiority and poetry in the emotional experience created by designers, the process of capturing healthcare’s silenced conversation has been divided into three processes (see Table 1). First, a technique and checklist for listening to the silent conversation was created based on Day’s techniques in *Places of the Soul*. Second, the technique of listening was tested at the 2011 US News’ top two hospitals in Indianapolis: 1) Indiana University Health (1,597 beds) and 2) St. Vincent Hospital and Health Center (864 beds). The hospitals were ranked based on the number of specialties and performance. The third step consisted of capturing the silent emotional experience through writing narrative poetry of each of the targeted spaces within the two hospitals.

The key to capturing the poetic art within design is emotional submergence. Dr. Roger Ulrich (1992) has concluded that patient outcomes and wellness are impacted by architectural designs. While the majority of research surrounding hospitals focus on the patient’s experience, little focus is directed to the family, friends, and public experience. Ulrich focuses on the importance of a ‘social support’ for patients and the ‘emotional needs of patients and visitors.’ “Patients derive important benefits from frequent or prolonged contact with family, friends, and health care personnel who are helpful, caring, or otherwise supportive” (Ulrich, 1992, 20).

A healing for the public family/friends group is just as important as the healing requested by the patient. Parents that have a sick child in the hospital are overwhelmed with emotions of helplessness, worry, concern, hope, sadness, happiness, etc. A husband/wife with a spouse in the hospital experiences many of the same emotions. For these reasons the public experiences serve as the main spaces for listening in step two. Their experience in the hospital is directly affected by the silent conversation of interiority. The spirit of the spaces they venture to and through as they attempt to swallow emotions and gain strength before entering patient rooms determine their emotional experience.

Listening

In *Places of the Soul*, Day speaks about the silent conversation within architecture: “We have to listen to the unspoken, listen with all our senses. It is this listening as an exercise that develops our sense of what is right – our sense of beauty... To find beauty we must listen to the conversations between architecture/buildings, listen with all of our senses” (1999). Day encourages listening to buildings, to find their aesthetics and as users to take an active part in the experience and conversation. Day refers to healthcare facilities as being places that nourish the soul. Listening involves putting all outer and inner senses on alert; what we see, smell, taste, hear, and touch must be combined with inner emotions. A description void of emotion may be: Horizontal strips of mixed orange and purplish carpet, concrete columns with dark brown rubber bases and acoustical ceiling tile with fluorescent lights. That description can no longer be the end of the story; it provides minimal information for sight and neglects the other senses. A capturing of the emotional experience must also consider the following: How does this feel; what memories do these attach to; and is the memory relevant to this space? Users unconsciously experience buildings through senses and emotion. The challenge within step one is to experience healthcare facilities through full emotional submergence and capture the emotional experience as a reflection of interiority. A successful listening and emotional indulgence can allow one art to capture another art.

A checklist was created that was used as a guide for listening to the silent conversation of interiority at the two hospitals. The checklist combined and built upon ideas from *How Design Impacts Wellness* by Ulrich and guidelines for listening from Day.

According to Ulrich, there are several characteristics that impact wellness: Stress, sense of control, access to social support, positive distractions, nature, and art (1992). The characteristics are further delineated into specific design decisions that may influence patient wellness. The checklist established four key areas of listening to interiority: (a) encompassing emotions, (b) accentuating sociability, (c) intertwining past and future, and (d) breathing life into wishes and dreams. Each key area consists of five sub items that should be experienced while listening.

The first area on the checklist encompassed emotions, focused on the importance of feeling and experiencing interiority. An emotional experience occurs when the senses are engaged collectively, individually the experience is lost and incomplete. Senses must be used to their utmost ability. Listeners must train themselves to become aware of the aesthetic character and what it is saying. The most important aspects of encompassing emotions are fully aware senses and questioning why. When senses are aware, conversations with the space do not begin and end with 'it feels inviting.' However, with aware and awake senses, all must have a say as to why they agree or disagree that a space feels 'inviting.' Creation of art is at its best when the artist is emotionally submerged and activated. Thus, capturing one art form with another art form means listeners must also be emotionally submerged and activated. Checklist items in area one, encompassed emotions are:

- Turn on all of the senses: sight, smell, taste, sound, touch, temperature
- Use senses collectively not individually
 - Collectively experience: Lighting, color, noise, way finding
- Feel the space, do not think about the space
- Emotionally submerge into the space
- Become emotionally activated

The second area of the checklist is accentuates sociability, this involves users, how they use, connect, and relate to the space. Popov writes about the role of activity related to interiority in *The Social Production of Interiority* (2010). Spaces are given life through activity and interaction which only occurs through the addition of people. Interiority cannot have a conversation without users to hear, contribute, and manipulate the space. The soul of a place encourages communication with people and among people. Architectural features are important parts of interiority's sociability because they provide the backdrop for the space to be sociable.

Architectural features can bring the sociable desires of the designer, users, and space into existence. Emotional experiences result in shared experiences from each visitor's journey through the space and provide the conversations that can ultimately result in the stanzas of interiority's poetry. The checklist items in area two, accentuates sociability include the following:

- Observe and listen to visitors
- Observe architectural features within the space that influence their emotions and experience
 - Elderly experience/support
 - Way finding
- Observe the activity and emotions within the space
- Sense the interactions within the space
- Observe how people produce space

The third area, intertwines past and future, looks deeper into the relationship between the art forms, architecture and language. One of the main reasons architecture can be connected to language is because it is constantly telling a story. The spaces we exist in are full of history and memories.

Each material and material combination tells a different story. For example, wood grain has a story inside each knot and the aggregate in a concrete block wall tells a tale. The means of construction, grout, drill holes, and glue add lines and chapters. Users leave behind pieces to add to the story: A metal wall full of fingerprints; a name etched into glass; a stain in the corner on the carpet. The relationship between language and art is revealed as visitors venture through the space, each bringing their own memories and their own story and each receiving different conversations from the space. While the conversations may differ, they tend to have common outlines. The challenge within this area is listening to the past and allowing it to intertwine with the present and future to produce concrete emotional experiences. Below are the checklist items for area three, intertwine past and future:

- Feel the space and the surroundings
- Listen to the memories existing in the space
- Listen to the story of the materials
- Experience the materials individually and collectively
- Touch and dwell within the space

Finally, designers breathe life into their ideas to create the spaces we inhabit. Dreams originate within designers once they create it they are able to give hope to the dreams of those who visit. The conversation begins with the client's wish, which the designer makes into a flourishing space. The relationships between materials, lighting, furniture, and people add to the conversation. In *Timeless Cities*, David Mayernik (2003) speaks of how buildings serve as memory images which recall poetic text. In addition, every visitor can bring their personal wishes. When dreams are given hope within a space, unique emotional experiences are created for each person. Here are the checklist items for area four, breathe life into ideas:

- Listen to the space and the original dreams
- Listen to the wishes and dream that are activated by visiting the space
- Note the architectural features that connect to your dreams
- Breathe in materials, lighting and furniture
- Does the space give hope? How? Why? What in the space gives hope?

Observing and Capturing

It was important to emphasize listening in similar spaces in both hospitals. The public spaces selected included: main entry/foyer, main lobby, hallways, and cafeteria. In addition, one additional space at each hospital was chosen to observe, listen, and capture. Two days were spent at each hospital, observing, listening, and experiencing the public spaces of the hospital following the checklists created in step one. The goal of the two day exercise was to experience the interiority of the hospitals as the public family/friends would. Notes and sketches of the space were done on the first day (see Figure 1). The second day consisted of additional observations and walkthroughs. Day two concluded with the completion of the final step. After immersing into each space, the silent dialogue, emotions, and aesthetics, the result was a poem that sought to capture the emotional experience and interiority of the space.

Indiana University Health Hospital's Poetry of Interiority

Main Entry Foyer

Sliding doors squeak close behind and open up ahead,
 Grumbling hum of air shocks. Cools. Blows through.
 Enclosure of hard pebbles create vertical grid squares united with golden doors,
 Gold glimmers shoot around and above. A black rug. A second thought,
 Slightly shielding, initial attacks to rid grime, cushioning for body and feet.

Hurried through by screaming inklings from stone. Strength. Protection.
Honor and importance through shimmering gold, all waiting up ahead.

Main Lobby

Inside, exposed emotions are under attack.
Angles, triangles, rectangles and curves mingle.
Patterns, materials and light mix. Alert. Aware.

Many enter erasing tears, 10 steps ahead to set aside fears,
Pausing for info, hoping to gain a sense of direction, maybe even connection.
Feet glide over shiny, smooth vinyl with emphasized edges,
Softened pathways, confuse direction as muted stripes terminate at walls,
Warm contrasting linear designs combine to define bridge planks.

Above, the ceiling draws attention to its height. Character. Curiosity,
Smooth beams carefully miss columns, finding deliberate full submersion in few,
Dance between soft, floating beams and bursting shots of light to darkened grids.

Harmony of light and dark rings throughout with muted moments of daylight.
Cool lights create comfortable melodies with warm sun brought in.

Massive columns emphasizing verticality, demanding strength,
As delicate attention is given to embed protective elements within,
Confirming a place to decrease all intimidation. Sensitivity. Connection.

Herein, where heavy can float, hard and harsh appear soft and subtle,
All encourage a touch to know real, to know and feel an association.
As the floors reflect distorted versions in picturesque glare, awaiting a second stare,
Could this be, a place where impossible becomes a real possibility?

Outpatient Waiting (see Figure 2)

Loud waterfall hums in the distance, drawing from open
Into closed, cozy and comfortable. Sit. Relax.
Ceiling loses ability to float, drawn in for balance and connection,
Dark spots fade mystically into waves of natural light. Sway. Relief.
Exterior canopy merges through grids of glass,
A protective cloak of enclosure. Open. Free.

Hallways

Dreary byways of darkness and coldness strive to be
Bright highways expressing warmth and life.
Pause. Blink. Blink. Squint. Moments pass as eyes attempt to adjust,
Questionably registering the brightness increase?
Grasping for stability, structure and support,
Fingers discover wooden rectangular guides. Comfort. Friendliness.

As you scurry along familiar planes of salmon,
Hustle across planks of garnet and golden strings.
Steps once soft and subtle now hard and deliberate.

Is the character lost as the ceiling closed in?
Exchanging floating angles for basic porous grids?

Rushed. Emotions now almost frozen.
Alert. Mentally preparing for next destination.

Cafeteria(see Figure 3)

Rushed highways veer north into an open space, resembling a widened stream,
Pressed continuously in and out, searching banks for alternate places of solitude.

Continuous stream of lily pads: Giving info. Taking payment. Serving needs.
Glossy circles of pine and browns reflecting and connecting,
Losing form upon approach, steams of thought almost unseen.

Grassy banks align the stream, meshing curves and squares. Sit. Eat.
Short abstract pile meet feet, pale vine lines dancing jigs with open, filled splotches.
Warm woods, plush cushions, cool metals, decorative patterns. Associate. Mix.

Vertical barriers and square supportive trees, submerged in golden gleam,
Eyes process shapeless textures, alluding calmness, deeper stare, raised touch,
Fingers trace details of millions of leaves, left behind to share and add stores of ease.

Curved circular half walls completed in plum. Separation. Definition.
Upright strokes of order and chaos resemble tall stalks of grass, shielded in wood.
Floating glass frost in leaves creating illusions of waves jumping here to next. Continuity.

Large tables along the stream embrace families wishing to escape, occasionally reflecting a smile.
Booths bordering outer ends give softer, comforting spots and glimpses of others much alike.
Facing those rushed inside the current stream, reveals ounces of hope passed or held on.

Browns, plums and greens –nature found in perfect seam. Soft. Calm.
Careful attention to avoid harsh edges and sharp corners. Endurance. Peace.
Quiet hum of life syncs with flowing glow of warmth. Floating. Living.
Hurried stream of confusion and curiosity dances exceptionally with grassy banks.
Comfort. Calmness. Relaxing.

St. Vincent Health Hospital's Poetry of Interiority

Main Entry Foyer

Underneath in-flight wings glass boxes provide entries in and exits out,
Small and simple or large and linear, automatic sliding or pushing circular,
No time or space to linger. Keep moving. No time to touch emotions. Keep going.
A place to move through. No thought to give, none to take. No time to wait.

Main Lobby (see Figure 4)

Hurried into breathtaking serenity, sleep emotions fire receiving and giving all things.
Searching first for familiarity and memory, a cathedral, a church,
A place where God very well might be. Security.

Massive white, richly textured, gabled ceiling, rhythmically split for daylight to shine,
Void of trusses and reflections of structure, floats above taking control and attention.
Stepping down, to rest delicately to one side on moderately textured columns and barriers,
On further side glass and light combine providing all light need to see, hope and inspire.

Moderate but elegant tones of brown and cream provide calming scene,
Hopeful burst of art, mosaics, paintings, fabric, stained glass all converse and meet,
Enrich and excite emotions passing on bundles of belief.

Beneath feet, lightly textured and smooth marble complete the dream,
Connect to columns mimicking, relating, reflecting skylight strips above.

A place to soak up its stature. To connect. To be calm. To find peace.

Reflective Garden (see Figure 5)

The long, linear lobby approaches its end,
Above colorful stained glass just begins,
Below a statue of resurrection Jesus reaches up for love and support
A place of hope for things unseen although felt.

A silent calming stream guides your feet, tucked away against dark angled panels,
A familiar stepping down encloses the stream, shielding trees to flowering plants to ivy leaves.
Within, large stones define edges and cliffs for water to flow over and around,
Here the water washes through rocks and away your thoughts reflecting faithful peace.
Safeguarded by statues of the first four 'Daughters in Caring,' then you know
A place of warmth where you're not just patients but important beings.

Surgery Family Lounge

Clusters of chairs lounge and recline around table, round and square supporting bags, feet and fears.
Families stand for lack of seat, adjacent strangers or inability to calm nerves enough to take a seat.
Hallways bordering multiple sides deliver distractions for people watchers with wandering eyes.
Adjacent atrium beings outside in, providing only connection to calming sky and winds.
Water from stream tries to reach over and across and within to calm once again.

Nearby places to separate and escape from mingled people and personalities,
A piano, a string of seats, a table and chairs of unique uniformity.
Here, soft chairs are harder, hard is softer, unable to trust initial emotions,
Relying more exclusively on basic simple touches.
A place to exist exactly how one wants and wishes to be.

Hallways

Wide, bright halls open into adjacent spaces, edges delineations almost obsolete,
Separated artlessly by glass partitions and memorable smooth marble strips,
Strong barriers carry stained glass windows of amity, photos of history, faces of honor etched in gold.
A place of history and continuity. Here all will be honored and free.

Cafeteria & Atrium (See Figure 6)

Descending carpet steps into a brightly lit atrium you expect ounces of peace and relief,
Unexpected openness shocks you upon final step, sense of hospital now absent.
Enough seating to imitate your mood. Sociable booths and tables,
Rectangular short or round, circular large or small.
Along the edge looking in, centrally located peering out.
Cushioned bench, plastic holey chair.
Intersecting planes floating spheres, warmly lit on depressed ceiling,
Floating muted saucers high up above.
Opposing sides of small dividing walls topped with glass skinny sticks.
A place to escape from life, enjoy playful melodies and live.

Booth, bar, lounge seats. Isolation, reflection, separation, but still connection.
Sheer fabric panes of nature sway overhead, levels up stare harmony face to face.
Linear reflections of water nature link with colored glasses of sticks and stones.
Sheer tan panes soften direct light from skylights, still passing on warmth.
Loud hum of nearby equipment, Reminder something is working hard to push you through.

Down here, everything is linked and related,
Reminder – so are you, hear you will not be disconnected.
Wavy tops of dividing glass, hope is down all avenues,
Reminder – ups and downs make beautiful things.
A place to pause, reflect and exhale. A place for you.

Results

Healthcare facilities have the ability to provide positive or negative emotional experiences for its users. This emotional experience was captured by observing and listening to the silent conversation existing within two healthcare facilities. The checklist served as guide of things to look for while observing and a method of how to open up and listen to the silent conversation. The result of opening up and listening was a series of poems that sought to capture the emotional experience created by the designers and users. Thus providing a confirmation that immersing in emotions and senses allows the original essence of art to be experienced and manipulated into alternate forms of art.

The art of healthcare's interiority was captured through the art of poetry. Interior spaces that allow visitors to escape from their daily trials, dream, imagine and collectively belong are on the path to poetic interiority. Poems from Indiana University Health and St. Vincent Health captured the emotional experiences throughout the public spaces. The experiences occurring within a hospital will always differ between individuals, memories, and circumstances. Poetry is a diffusing art, combining it with a specular reflection like photography may assist in creating the complete experience. Capturing the foundations through poetry allows each reader to attach their unique personality and memories, as they would if they experienced the space. In this regard, a diffusing art was preferable over a specular art. The poems from the hospitals were constructed in hopes of artistically capturing the emotional foundations of the space regardless of past or present conditions and creating the journey through the space. Through the poetry of interiority, listening created stanzas of words that formed emotional experiences to dwell within.

Discussion & Limitations

This exploration of the emotional experience and silent conversation within healthcare facilities can start further exploration. Capturing the conversation through poetry allows designers to pay closer attention to the elements that are affecting the experience. Poetry and interiority are essential forms of communication, both are needed to preserve history and assist in the art of language. As art forms, they depend on each other for deeper connections and experiences with human beings. The insight into the silenced conversations allows designers to dwell within the dialogue and unmute what's been silenced.

In reference to the methodology, the checklist provided direction for how to open up and observe the experiences existing within architecture. Similar to art, it was broad enough to allow individuals to incorporate themselves into the process. The checklist served as a tool for capturing and creating art. It assisted in capturing the art of interiority and in creating the art of poetry. For this reason, the checklist may serve as a tool during the design process. Similarly, while the process of writing narrative poems was used as a tool to capture the emotional experience existing in healthcare it could also be used during the design process to create the emotional experience. Designers could use narrative poems to express through words the interiority of their design and create the spaces from their poems. The methodology raises multiple avenues of exploration between using art to capture the essence and to create the emotional journey.

Some of the limitations existing within this study are the qualitative measures. Specifically, we are dealing with multiple art forms which mean the aesthetic quality and emotional experience will differ from person to person.



Figure 3: Image From the Seating area Just Outside One of the Cafes at Indiana University Health Hospital

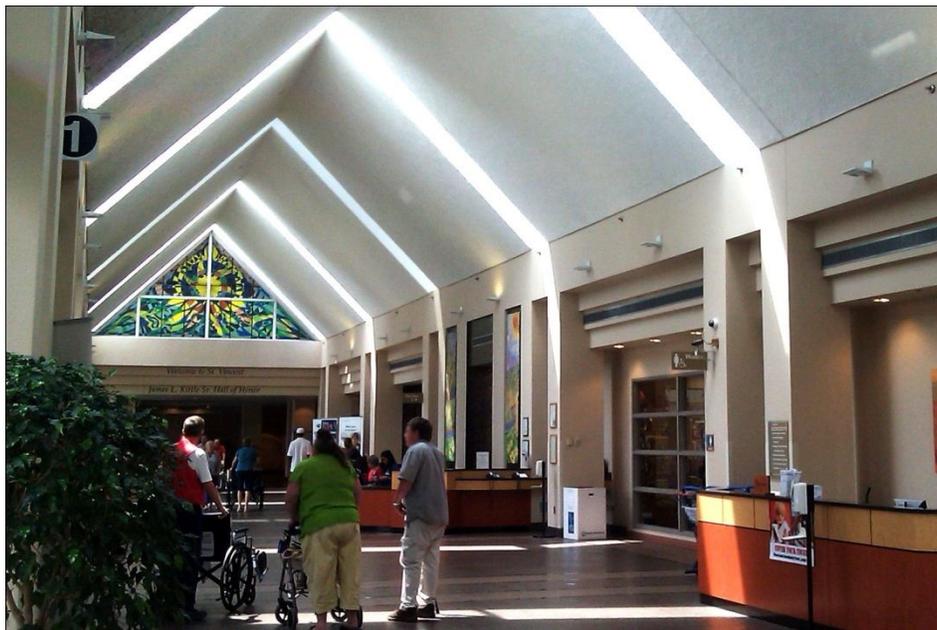


Figure 4: Main Lobby and Entrance at St Vincent Health Hospital



Figure 5: View of the Reflective Garden at St. Vincent Health Hospital



Figure 6: Showing the Main Cafeteria at St. Vincent Health Hospital

Table 1 – Methodology

Methodology	
Step One – Checklist for listening	
	Encompassing emotions <ul style="list-style-type: none"> ▪ Turn on all of the senses: sight, smell, taste, sound, touch, temperature ▪ Use senses collectively to experience the space ▪ Feel the space, do not think about the space ▪ Emotionally submerge into the space ▪ Become emotionally activated
	Accentuating sociability <ul style="list-style-type: none"> ▪ Observe and listen to visitors ▪ Observe architectural features within the space that influence their emotions and experience ▪ Observe the activity and emotions within the space ▪ Sense the interactions within the space ▪ Observe how people produce space
	Intertwining past and future <ul style="list-style-type: none"> ▪ Feel the space and the surroundings ▪ Listen to the memories existing in the space ▪ Listen to the story of the materials ▪ Experience the materials individually and collectively ▪ Touch and dwell within the space
	Breathing life into wishes and dreams <ul style="list-style-type: none"> ▪ Listen to the space and the original dreams ▪ Listen to the wishes and dreams that are activated by visiting the space ▪ Note the architectural features that connect to your dreams ▪ Breath in materials, lighting and furniture ▪ Does the space give hope? How? Why? What in the space gives hope?
Step Two – Listen at 2 hospitals	
	Day 1 – Notes and sketches based on checklist from step one
	Day 2 – Additional listening, concluded with rough draft of step three.
Step Three – Capture silent conversation through series of poems	
	Indiana University Health Hospital <ul style="list-style-type: none"> ▪ Main entry foyer ▪ Main lobby ▪ Outpatient waiting ▪ Hallways ▪ Cafeteria
	St. Vincent Health Hospital <ul style="list-style-type: none"> ▪ Main entry foyer ▪ Main lobby ▪ Reflective garden ▪ Surgery family lounge ▪ Hallways ▪ Cafeteria and Atrium

References

- Abercrombie, S. *Architecture as art: An esthetic analysis*. New York: Van Nostrand Reinhold. 1984.
- Ballantyne, A. *What is architecture?* New York: Routledge. 2002.
- Beever, Meaghan. 'Perceptions of Light-Space Compositions: Is Light Like Language?' *Journal of Interior Design* 34(2) (2009): 35-46.
- Binggeli, C. and F. Ching. *Interior Design Illustrated*. New Jersey: John Wiley & Sons. 2012.
- Blaylock, J. *Incorporating Narrative into Beginning Design Solutions*. Oklahoma State University, College of Engineering, Architecture and Technology. 2003
- Boyarsky, N. 'The Technique of Space.' *Architectural Design* 72 (2) (2002): 82-83.
- Boullée, E. *Architecture, essay on art*. New York: Harmony Books. 1976.
- Clements, J. 'Sentiments of Intent: Art and Architecture.' *Architectural Design* 72 (2) (2002): 86-91.
- Comarow, A. *The Methodology for Hospital Rankings in 94 Metro Areas.* 2011. US News Health. 18 July. <<http://health.usnews.com/health-news/best-hospitals/articles/2011/07/18/the-methodology-for-hospital-rankings-in-94-metro-areas>> (5 June 2012).
- Day, C. *Places of the soul: Architecture and environmental design as a healing art*. Oxford: Architectural Press. 2004.
- Dunne, E. *Thesis Research – Contention in Healthcare*. 2011. Dunne Corporate Portfolio - Journal. 15 October. <<http://www.emilydunne.us/blog-post3.html>> (24 April 2012).
- Forty, A. 'Past Imperfect.' *Architectural Design* 72 (2) (2002): 98-100.
- Forty, A. *Words and buildings: A vocabulary of modern architecture*. New York: Thames & Hudson, Inc. 2000.
- Gordon, H. *Dwelling poetically: Educational challenges in Heidegger's thinking on poetry*. Atlanta, GA: Rodopi. 2000.
- Heduk, J. *Such places as memory: Poems 1953-1996*. Massachusetts: Institute of Technology. 1998.
- Heidegger, M. *Poetry, language, thought*. New York: Perennial Classics. 2001.
- Hill, J. *Occupying architecture: Between the architect and the user*. New York: Routledge. 1998.
- Lamb, et. al. 'Designing better healthcare environments: Interprofessional competencies in healthcare design.' *Journal of Interprofessional Care* 24 (4) (2010): 422-435.
- Malnar, J. and F. Vodvarka. *The Interior Dimension: A theoretical approach to enclosed space*. New York: Van Nostrand Reinhold. 1992.
- Mayernik, D. *Timeless Cities*. Westview Press. 2003.
- Moore, T. 'When Hospitals Heal: A medical building with soul.' *Heal your Life*. July 2011.
- Norberg-Schulz, C. *The concept of dwelling*. New York: Rizzoli. 1985.
- Plotz, H. *Eye's delight: Poems of art and architecture*. New York: Greenwillow Books. 1983.
- Popov, L. 'The Social Production of Interiority: an Activity Theory approach.' *IDEA Journal*. (2010): 90-101
- Postrel, V. *The Art of Healing*. *The Atlantic*, April 2008, 119-122.
- Ruskin, J. *The poetry of architecture*. New York: AMS Press, Inc. 1971.
- Schaik, L. 'Introduction.' *Architectural Design* 72 (2) (2002): 5-9.
- Ulrich, R. 'How design impacts wellness.' *The Healthcare Forum Journal*, 35(5) (1992): 20.
- Ulrich, R. 'Effects of Interior Design on Wellness: Theory and Recent Scientific Research.' *Journal of Healthcare Interior Design*, 3 (1991): 97-109.