Affect and materiality in therapeutic spaces. A contemporary archaeology of hospices.

John Harries

Department of Archaeology

Keble College

University of Oxford

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Abstract

Through a series of case studies I explore the affective impact of the therapeutic spaces of hospices on the communities they serve, their staff, volunteers and users. Hospices provide services for those with life-limiting conditions. Cure is not possible, the subjective wellbeing of patients and their loved ones is thus paramount. Hospices deliver a range of palliative care interventions but what distinguishes hospices is their buildings which have the potential to contribute to the enhancement of wellbeing. Drawing on Material Engagement Theory (MET), enactivist perspectives on affect, Heideggerian conceptions of dwelling, the philosophy of atmosphere, the theory of wellbeing and other resources I explore the therapeutic mechanism of hospice spaces. I argue that atmospheres are the affordances of Ingold's "weather world" and are at least as important as the affordances of the object world. Therapeutic spaces exercise their agency through permutations of affordance and atmosphere which facilitate or constrain forms of affect/movement of the material and felt bodies of those who use the buildings.

I argue that through mechanisms of "enactive signification" hospice buildings mobilise the support of the communities they serve and concretise their identity. I suggest that changing regimes of clinical care are in unrecognised conflict with some aspects of the original philosophy of hospice care, which was closely aligned with Heidegger's concept of "dwelling", and that this conflict threatens the identity and sustainability of the hospice movement. I provide a number of illustrations of the ways in which aspects of design contribute to the experience of

both hospice users and community and I make a number of suggestions as to how hospices could navigate the implications of changing regimes of care and how the differing functions of the hospice may be combined and facilitated by their design. This analysis of the relationship between mind and architecture opens an underexplored domain of research into MET, phenomenology, the extended mind and material agency with profound implications for the commissioners, designers and users of therapeutic spaces.

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1 Introduction

In this chapter I elaborate on the key terms in my title in order to explain the subject of this thesis. I set out my research questions and outline the kinds of people and problems which may benefit from the insights generated by my research. In section 1.2 I describe the structure of the thesis and in section 1.3 I provide some essential background on the history and possible future of the hospice movement.

1.1 An explication of the title

The word “affect” is intended to include “primordial affectivity” which Colombetti (2014, 1) describes as a broad “lack of indifference, and rather a sensibility or interest in one’s existence”. This level of affect means that “cognition is always already affective”. The term also includes moods and emotions, the former being longer lasting and predisposing to different forms of the latter. The term “materiality” and “material culture” with which it is often bracketed are contentious (Hicks 2010, 77-80). Ingold (2011, 165) has asserted that they depend on “the Cartesian ontology…that divorces the activity of the mind from that of the body in the world”. This is the opposite of my intent. Pragmatically I side with Tilley (2007) in considering “materiality” a useful term which addresses the meaningful relationship between the material world (in particular the cultural domain in which people are engaged with material in the creation and use of things) and people who are part of it. Going beyond the “brute” consideration of material to its social

and psychological significance. For Malafouris (2019, 13) the relationality inherent in the term materiality "refers to the constitutive intertwining of mind with matter".

The term "space" and its relation to place has been the subject of much academic interest (e.g. Tuan 1977; Lefebvre 1991; Bachelard 1994; Casey 1998; Massey 2005; Creswell 2015). Tuan (1974a, 4) coined the word "topophilia" to describe "the affective bond between people and place…..diffuse as concept, vivid and concrete as personal experience". For Tuan (1974b) places are synonymous with fields of care, networks of interpersonal concern which are anchored by familiarity to delineated locales. As Creswell (2015, 35) describes, Tuan develops his ideas of space as "an open area of action and movement while place is about resting and becoming involved". This distinction between movement in space and stasis in place is resonant of that between mobility and Heidegger's concept of dwelling as modes of wellbeing which I discuss later. From Tuan's perspective it may have been more appropriate to use the term "place" in my title. Whilst it is reasonable to think of places as being located within undifferentiated space, for Heidegger it is places which create space. I describe (p.132) Heidegger's (1993) example of the building of a bridge as the creation of a place, a locale for dwelling. As Casey (1998, 281) highlights the building of the bridge gathers the landscape to it, creates a locale and a seat for the fourfold[1] and "makes room for space itself". As Heidegger says of the bridge "space is in essence that for which room has been

[1] Heidegger's indivisible cosmology of earth, sky, divinities and mortals discussed section 5.2.

made, that which is let into its bounds". Therefore when I speak of "therapeutic space" in the context of hospices I am aligning myself with Heidegger in conceiving of the building of the hospice as the creation of a place which gathers and makes room for space which is therapeutic.

Smyth (2005) makes a useful distinction between specific therapeutic places purported to promote health and wellbeing such as Epidauros, Lourdes and Bath and the therapeutic spaces of built healthcare institutions which facilitate particular therapeutic functions. I am interested in the latter but it is important to recognise the ways in which such spaces can be therapeutic. At the extremes of the operating theatre or intensive care such spaces are optimised to house technologies and professionals conducting therapeutic interventions on patients who are often not conscious. In contrast, this thesis deals with hospices which care for those with life limiting conditions as both outpatients and inpatients. Where cure is not anticipated the quality of life and subjective wellbeing of patients and their loved ones is of paramount interest. As I discuss, quality of life and subjective wellbeing are inherently affective. For such patients/families the space of the hospice is the location where therapeutic interventions take place but it is also a space which itself directly contributes to the wellbeing of those who use it. It is also possible, as I suggest, (Ch.7) that the evolution of regimes of care may necessitate changes in the materiality of the space which sets up tensions between therapy conducted in the space and therapy conducted by the space.

In chapter 4 I discuss the case study of the attempted closure of an inpatient facility in Kent. This move entailed a political redefinition of hospice care and a separation of the "philosophy of care" from its practice in the hospice buildings. The closure's proponents defended their position with the mantra "it's not about bricks and mortar". The community disagreed for reasons I explicate. In my view the history and current practice of much hospice care and the identity of the institution does rely on "bricks and mortar". By which I mean hospice buildings and their grounds/gardens; architected, interior designed, built, maintained, curated and evolving, all largely funded by the community and sustained by volunteers drawn from that community. I argue that buildings have a significant role to play in managing the affective state of hospice staff, volunteers and users and thus their wellbeing and that it is the buildings which differentiate hospice care from palliative care more generally.

What is "contemporary archaeology" and why is it an appropriate discipline to apply to the content of this research? Buchli and Lucas (2001) trace the extension of archaeology's interest in contemporary material culture to a statement by Rathje (1981, 52) that archaeology could no longer be defined by digging and a preoccupation with the old but is "…a focus on the interaction between material culture and human behaviour regardless of space or time". The authors of the "Oxford handbook of the archaeology of the contemporary world" (Graves-Brown, Harrison 2013, 11) assert that "the archaeology of the present comes to encompass not only the study of contemporary material cultures, but also the past and futures which they embody and evoke". As Buchli & Lucas (2001, 16)

observe, archaeology does not “suffer” from the lack of discursive/textual evidence but has developed techniques to enable the understanding of human behaviour grounded in “critical empiricism where discursive evidence is lacking” or is partial or one sided and can creatively generate new objects of discourse that were hitherto absent. For Lucas (2005, 120) archaeology is distinguished from anthropology by its “primary orientation” to material culture rather than to people and “can apply to objects and contexts a few hours old just as usefully as those a few thousand years old”. The primary orientation for my own work is the relationship between the material culture of the hospice and the affect of those who occupy it.

Rathje (2001) derives his investigative method of “integrative archaeology” from Webb’s (1966) “unobtrusive measures: non-reactive research in the social sciences” which advocates the use of observation, interviews and “material trace measures” with the “triangulation” of mental, behavioural and material records into a multi-dimensional perspective of the social systems under study. As I discuss below my own integrative approach uses a number of methods but material culture is not just another source to be “triangulated” but is entwined with cognition/affect. It is this relationship which is my focus.

Finally, what are hospices? The primary function of hospices is to care for those with life limiting conditions. Wellbeing, comfort, emotional support, spiritual, social and psychological care rather than cure are the objectives of hospices . As such I hypothesised that the affective impact of the built environment would be an

important component of both care and of the identity of the organisation. Below I outline a brief history of the “modern hospice movement”.

In summary, the focus of my research is the affective relationship between the material culture of the therapeutic space of hospices and the users of those spaces taking the perspective of contemporary archaeology.

My research questions are:

1) What aspects of design/décor/curation of the building have positive or negative emotional impact on its users and what is the nature and possible mechanism of that affect?
2) What design options have been chosen or have emerged in hospices with the intent/effect of influencing emotional states?
3) What the building means to the community it serves and what role it plays in the mobilisation of commissioning, volunteering and charitable donation?
4) How this meaning affects service design options?

I believe that this research may provide a richer picture of the significance of hospices and other therapeutic spaces as material centres of care. This insight may be of value to those who:

- seek to optimise the therapeutic role of hospice buildings and other therapeutic spaces focused on enhancing wellbeing;

- need to mobilise community support for their institution;
- commission, design and manage hospice buildings and hospice organisations;
- attempt to reconfigure wider processes of end of life care in a variety of settings and who close, develop and repurpose hospice buildings.

1.2 Structure of this thesis

This thesis consists of 10 chapters. This first chapter defines the terms of my title and sets out my research questions. In section 1.3 I provide a short history and current context of the hospice movement. In the second chapter I describe the theoretical background of my research and some of the key elements of my method. In section 2.1 I set out the major theoretical considerations which stimulated my interest in the topic and from which I derive a number of critical assumptions which underpinned my research. I also describe the mechanism of abduction derived from Peirce and how this process led to additional sources of theoretical insight as my research developed. In section 2.2 I describe my method and its justification. Chapter 3 is devoted to major programmes of work which have aimed to enhance the environment for care at end of life and the related literature on this topic. At the conclusion of this chapter I propose an explanation of why these programmes may have been successful despite the banality of their design solutions.

Chapters 4 to 10 are divided into four main sections.

1) Chapter 4 is a case study of the attempted closure of a Pilgrims Hospice in-patient unit (IPU) in Kent. It describes the impassioned community backlash

which followed this attempt and the way the building mobilised its supporters to successfully defend it. It puts forward a number of theories which may explain the strength of the local communities affective commitment to the building.

2) In Chapters 5, 6 and 7 I discuss Heidegger's concept of dwelling and its relationship to wellbeing. I propose that hospices, as conceived by the movements founder Dame Cicely Saunders, focused on providing a Heideggerian dwelling, a homecoming, for those near the end of their life. This is not to imply that Saunders was directly influenced by Heidegger but that her thinking had notable parallels with his. I point out some of the shortcoming of hospices in delivering on this vision and the challenge which this vision faces from more dynamic, "mobility" and "re-enablement" related regimes of care and metrics of performance promoted in the wider health care system. I believe that these unresolved tensions in the hospice movement call into question the role of hospice buildings and the identity and sustainability of hospices in the future.

3) In Chapters 8 I discuss the "atmosphere" of hospice buildings because:
   a) the term atmosphere was emphasised so frequently by my informants and
   b) care for the dying, beyond pain control and physical comfort, is, as Saunders described, psychological, spiritual and social, in short "affective". Wellbeing of the dying is defined by affective tone and environmental "atmosphere" is, I argue, one of the most therapeutically powerful

influences on the affective state of patients, visitors and staff. What fundamentally differentiates good hospice care from good palliative care is the hospice building and its atmosphere.

4) In Chapter 9 I discuss some important themes in architectural design by reference to a subset of the hospices I visited but which I consider to be significant for all hospices.

In Chapter 10 I summarise some of the main points of my thesis and make some practical suggestions for hospices in terms of strategy, building design and "philosophy of care".

1.3 A very brief introduction to the modern hospice

The "modern hospice movement" started with the opening of St. Christopher's in Sydenham in 1967, founded by Saunders, embodying her vision of palliative care and therapeutic community. During the decade long gestation of St. Christopher's Saunders acknowledged the legacy of St. Joseph's hospice at which she had worked. "In many ways my plan is based upon St Joseph's Hospice, and that has been evolved over about fifty years" (Saunders 1960 in Clark 1998, 58).

Her international reputation in the burgeoning field of palliative care was already well established by 1967 as she pursued her passion and, as she saw it, her Christian calling, to care for the dying. In a 1967 (Clark 1998, 128) article she declared that St Christopher's would "try to fill the gap which exists in both

research and teaching concerning the care of patients dying with cancer and those needing skilled relief for other long term illnesses and their relatives". In addition to this commitment to research and teaching St. Christopher's manifest a number of key principles. Other hospices in the UK and elsewhere which were developed after 1967, inspired by Saunders' vision, adhered to these.

- Hospices are partially funded by the NHS, patients are referred from the NHS and a close liaison is maintained with hospitals and GPs. However, Saunders explained, "We want to be independent because we need freedom of thought and action; we want to be an interdenominational but a religious foundation, and we want freedom to develop and expand as we are led to do so" (du Boulay 1984, 64).
- Cure is not expected or worked towards so in comparison to acute hospitals elaborate equipment is not required and money is spent on time. "The staff will not have acute emergencies to cope with, nor complicated treatments to prepare or carry out, but can spend their time making their patients comfortable" (du Boulay 1984, 64).
- The hospice addressed the concept of "total pain" which Saunders had formulated and which incorporated "a wide-ranging definition of suffering, taking into account physical, emotional, psychological, social and spiritual elements" (Clark 2006, 112).
- As envisaged in Saunders' seminal document "The Scheme" of 1959 (ten typed pages she disseminated to colleagues) domiciliary visits to patients would be made by staff to assess their need and prioritise admission. A full

domiciliary service was initiated in 1969 as part of the St. Christopher's portfolio of services.

Saunders' vision continues to be a touchstone for the movement. The first paragraph of the latest five year strategy (2017-2022) from Hospice UK, the charity representing the hospice sector, includes a declaration of belief that their "ambitious new direction carries forward Dame Cicely's original focus on the ill, the dying and the bereaved". The charity now supports 220 hospices in the UK providing care for about 200,000 dying patients annually and bereavement support for 41,000. Many hospices have more than one therapeutic building delivering in-patient and day-patient care and most hospices include domiciliary "hospice at home services" ("home" including hospital and care-home visits) with a few only delivering this service. This ambiguity of the word hospice being organisation, building and service creates rich opportunities for misunderstanding. As I will discuss, hospice organisations are often ambivalent, sometimes exploiting the ambiguity of the word when raising funds whilst also seeking to communicate to their charitable donor and user base the breadth of services they offer. This ambiguity is expressed in the current marketing tag line of St. Christopher's

Fig.1. St. Christopher's logo.



Hospice UK estimate that 14% of people who receive hospice care do so as inpatients, 45% receive community based care at home and 25% make visits to the hospice for day or outpatient care (the balance receive care from Hospice personnel in hospitals and care homes). There is significant unmet need. An estimated 100,000 die annually who could have benefited from hospice care but did not receive it (The Times August 19th 2017). On average 32% of funding for hospices comes from public funding via NHS contracts, although there are wide disparities. The balance is from charitable donations from individuals and businesses in the community including charity shops, sponsored events and bequests amounting to approximately £1billion per annum (http://www.hospiceuk.org/media-centre/facts-and-figures). Nationally hospices are supported by 125,000 volunteers working in hospices and shops, visiting patients at home and providing transportation.

1.3.1 The Future of Hospice Care in the UK

The hospice sector does not currently meet the needs of the dying in the UK. In a 2014 survey (The National Survey of Bereaved People (VOICES)) 82% of respondents said they wanted to die at home and 3% said they wanted to die in hospital. Despite the fact that 90% of hospice care is delivered in people's homes or in day centres 50% of deaths currently occur in hospital.

A 2013 Hospice UK report entitled is "Current and Future Needs for Hospice Based Care: an evidence-based report" (Calanzani 2013) remains the most authoritative statement on the future needs for palliative care in the UK. This

report describes a number of demographic and epidemiological factors which will influence the future needs for palliative care. In 2010 1.4 million people were aged 85 or older and 36% of all deaths occurred in this group. By 2035 there will be 3.5 million people over 85 accounting for half of all UK deaths. Between 2021 and 2025 annual deaths will increase by 4000 and by over 8000 between 2031 and 2035.

The aging population will be suffering with increasing levels of chronic disease including cancer and dementia. Deaths caused by cancer are expected to increase by 30% for men and 12% for women in the period 2013 to 2023 and the number living with dementia will increase to one million by 2025 (currently 850,000) and two million by 2051 (https://www.alzheimers.org.uk/info/20027/news_and_media/541/facts_for_the_media). Although cancer and dementia together account for more than a third of all deaths in the UK anyone with a life limiting illness can benefit from hospice care (Calananzi 2013, 6.1). Increasing levels of chronic disease and comorbidity will increase the complexity and duration of care required and extend and make less predictable the process of dying. It is no longer the case that inpatient beds can be predictably reserved for the final week or two of life. Many patients now go home after a period in a hospice bed. There will be significantly increased demand for hospice services delivered in a variety of settings, most particularly at home.

In their 2017 strategy Hospice UK provide a definition of hospice care which assiduously avoids reference to hospice buildings but does refer to the patient's

loved ones and the community and echoes the elements of Saunders' "total pain" concept.

> "Hospice care aims to affirm life and death. It means working with and within local communities to tailor palliative care around the needs of each adult and child with a terminal or life shortening condition, whatever that may be, and extends to supporting the carers, friends and family before and after bereavement. Hospice….places equal emphasis on someone's clinical, physical, emotional and spiritual needs with the understanding that everyone will be different"

The first objective of this strategy is to "extend our reach and enable hospice quality care to be delivered in any setting" asserting that "It is vital that we help to increase capacity and the style of care beyond the walls of the hospice" and that "sustainable partnerships between hospice care and care homes, social care, sheltered accommodation, housing associations, acute hospitals and other charities will enable this to happen".

The contested role of hospice buildings in the delivery of palliative care was also attested by one of my preliminary interviewees, the co-founder of a very positively evaluated Macmillan domiciliary palliative care service in Hampshire (a service delivered exclusively in people's homes by visiting nurses and volunteers). She was quite scathing of traditional hospices. She considered their agenda, energy, time and money to be dominated by the maintenance of their buildings which she did not consider as essential to effective compassionate care of the dying. It is clear that there is an active debate between professionals on the purpose and value of hospice buildings.

Hospices are largely funded through the precarious mechanism of charitable donations from their local community. They are facing rising demand and pressures to change their models of care to meet it. It is clear from my informants, from recent hospice closures and from the public pronouncements of Tracey Bleakley the CEO of Hospice UK that hospices are experiencing an emerging crisis as a result of increasing demand, under funding, changing regimes of care and concerns about the long term sustainability of the sector.

2 Theoretical background and method

In this chapter I start by describing the theoretical foundations of my research, Material Engagement Theory (MET) and enactivist perspectives on affect. In sections 2.1.1 to 2.1.4 I elaborate on aspects of this theory which underpin four sets of assumptions which shaped my approach to the research. In section 2.1.5 I introduce another four additional theoretical areas which arose abductively as a result of surprises encountered in my fieldwork. In section 2.2 I describe my method, its theoretical justifications and limitations.

2.1 Theoretical Assumptions – Sensitisation & Analytical Abduction

Prior to commencing fieldwork I focused on two theoretical domains which addressed my interest in the affective relationship between people and the material culture of the built environment in which they worked and were cared for. The first was MET developed initially by Renfrew (2004, 23-32) and Malafouris (2004, 53-62) and described in depth in Malafouris 2013. The second was an enactivist perspective on affect in which my principal guide was Colombetti (2014). Enactivism, with its commitment to cognition being spread out across brain-body-environment and the world becoming meaningful in action (Gallagher 2017, 6) is foundational to both MET and Colombetti's analysis of affect and both draw on the insights of phenomenology and pragmatism (Iliopoulos 2018; Gallagher 2018b)

MET consists of three inter-related hypotheses formulated (Malafouris 2018, 757) as follows.

- Extended Mind. “Things are co-substantial, continuous and co-extensive parts of minds in action”.
- Material agency. “Things have a causal efficacy in human thought and action”. The key question being not “what is an agent” but “when is an agent” (Malafouris 2013, 51).
- The enactive sign. “Things as material signs bring forth rather than simply represent as signifiers of a signified”.

As Malafouris (2013, 51) explains “taken together, these hypotheses provide a unit of analysis that allows us to view the mind as situated within and constituted by the material world rather than merely being *about* it”. Malafouris coins the term “thinging” (not to be confused with Heidegger’s use of the same term) to describe the ways in which humans, in material engagement, think with and through things not just about them and that this mode of thinking is locationally neutral and primarily involves feeling and affect. For Malafouris (2019a) the paradigm case of material engagement which demonstrates thinking as thinging is the making of clay vessels on the potter’s wheel. In a sentence which captures the essence of extended mind and material agency, he describes (Gosden, Malafouris, 2015, 706) the process at the potter’s wheel. “It is as if the potters intentions inhabit the clay and the affordances[2] of clay bring forth the potter’s intentions”. Generalising

[2] The term “affordances” (Gibson 1979) refers to the relational possibilities for action which arise from a match between attributes of the environment and the sensorimotor capabilities of the organism (and as I argue its motivational and affective states). Rietveld

the same point Iliopoulos (2018, 53) states that “for the proponents of MET, intentionality and affordance are not respectively exclusive to humans and things: they are instead constitutively entwined products of situated material engagement”. I believe that one of the reasons why the potter’s wheel is a favoured exemplar of MET (apart from the significance of ceramics in the archaeological record) is the clarity with which it demonstrates the breakdown of the subject/object divide, person and material inhabiting each other. I believe that this breakdown is facilitated by the combination of dynamic movement, with its inherent affectivity, and the intimacy of body/material engagement. Brinck & Reddy (2019, 41) describe the human/clay relationship as “dialogic”, in which “throwing emerges from moving with the clay and therefor being moved emotionally”.

Whilst many of Malafouris’ examples of MET use processes of making he has also fruitfully applied the approach to architecture and wellbeing e.g. “Understanding the effects of materiality on mental health” (Malafouris 2019b) and I believe the experience of architecture is also paradigmatic for similar reasons to pottery. As Robinson (2012) and Pallasmaa (2012) observe (p.248) the experience of architecture is both dynamic and intimate, a synesthetic experience in which we move within the building enveloped in, and guided by, its affordances, atmospheres and constraints. In his discussion of the philosophical relationship of MET to pragmatism and enactivism Iliopoulos (2018) cites Mead’s (1938) notion of

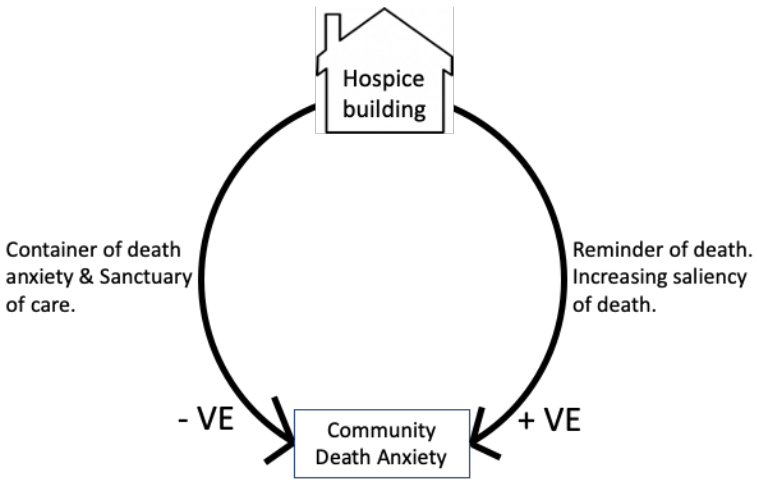
& Kiverstein (2014, 325) have usefully elaborated the definition to apply to “relations between aspects of a material environment and abilities available to a form of life”.

the “manipulatory area” which Iliopoulos (2018, 53) describes as “the reachable peripersonal space within which material agency emerges”. However when occupying buildings people don’t need to reach and grasp to fully experience; the “manipulatory area” is the space of the building, material agency emerging when the person is in the grasp of the architecture. In this sense I believe that the affordances and atmospheres of architecture and their affective impact are clear demonstrations of the extended mind and material agency opening up a relatively unexplored domain of MET worthy of continued research.

I discuss the extended mind and material agency later in this chapter but a brief word on “enactive signification” is due here. Malafouris (2013, 94) provides a nice example of enactive signification in the case of an official letter which can’t be written on a Post-it note, not because that would not be possible but because, even though the signified message of language may be explicit, its import would be comprehensively trumped by the material signifier of the little ephemeral piece of yellow paper. “The relationship between the signified and the signifier in the context of material semiosis is far from arbitrary” and material signifiers can convey a range of meanings. They don’t stand for concepts they instantiate them, “bringing forth the concept as a concrete exemplar and a substantiating instance”. I give a number of examples of enactive signification in this thesis. The interpretive flexibility of material signs is, for example, demonstrated by the role of the hospice building in managing the death anxieties of the community it serves. The building functions as a valued and trusted symbol of care and sanctuary which will be there when needed by the dying in that community. The building signifies/instantiates

the whole organisation and its services, “invisible” community services and “philosophies of care” are backgrounded. The building signifies death in the community and increases the saliency of death with its attendant anxieties but simultaneously “contains” that anxiety protecting the community from these fears. The dynamics of this relationship are shown in Fig. 2.

Fig. 2. Enactive signification of hospice buildings



The theoretical tenets of MET and an enactivist analysis of affect were the foundations of my research. Based principally on this theory I have outlined below the main considerations which sensitised my observation and analysis and I have distilled them into four guiding principles/assumptions. I won’t pretend that these principles were clearly formulated before my research began but with hindsight I think they accurately reflect my going-in assumptions.

2.1.1 Holism, systems, emergence, boundaries.

In his introduction to “Enactivist Interventions” Gallagher (2017, 22) suggests that enactivism, dealing with the rich and dynamic interplay of brain, body and environment, is inherently holistic and that “it is difficult to operationalise holism”. Holism refers to the idea that the whole (the system under investigation) is more than the sum of its parts. Such a view resists Cartesian reductionism which distinguishes between “simple natures” and “composite nature” and shows “how the latter could be reduced to the former” (Checkland 1984, 46). I take the term “operationalise” to be used in the philosophical sense which intuits “that we do not know the meaning of a concept unless we have a method of measurement for it” (Chang 2019).

Discussion of “holism” and “dynamic interplay” invoke Dynamic Systems Theory (DST) which has been integral to enactivism since its inception (Varela, Thompson, Rosch 1991, 85-103) and which is used by Colombetti (2014, 54) to explicate the genesis of the patterns of “emotional forms”. The mechanisms of DST are not important for my argument but a brief outline of the critical systems concept of “emergence” is worthwhile. Emergence was defined by Checkland (1984, 314) as “ the principle that whole entities exhibit properties which are meaningful only when attributed to the whole not to its parts” e.g. the smell of ammonia or the wetness of water. Explanations of behaviours and properties at higher levels of complexity may not be reduced to the properties of lower level entities. The notion of “emergent properties” implies an ontology in which at higher

levels new entities with intrinsic properties arise which are not explicable by their constituents. This may or may not be the case. What is certainly the case is that new and interesting phenomena can appear at certain levels of complexity and dynamism which are not manifest at the level of component parts, a process termed “epistemic emergence” by Bitbol (2007). Clark (2014, 133) explores a taxonomy of emergence but favours a view of emergence as interactive complexity, “the process by which complex cyclic interactions give rise to stable and salient patterns of systemic behaviour”. By stressing complexity Clark allows emergence “to come (obtain) by degrees”.

Enactivism and two foundational hypotheses of MET, the “extended mind” and “material agency”, redraw the boundary of the mind and the origins of agency to encompass the situated person in their environment. In systems thinking terms the boundary is “a distinction made by an observer which marks the difference between an entity he takes to be a system and its environment” (Checkland 1984, 312). By extending the boundaries of the system under examination what was “environment” has become part of mind, complexity is increased, new phenomena emerge and operationalisation becomes more problematic. For these reasons Gallagher suggests that enactivism be thought of as a “philosophy of nature” rather than a scientific research programme although it needs to remain consistent with the findings of science and has the capacity to generate novel scientific questions. Malafouris (2013, 51) makes a similar point in asserting that MET is not a positivistic scientific theory. It may underpin testable hypotheses but its value is

primarily in the “explanatory insights which the perspective yields” and it is better conceptualised as a “research programme” based on a series of exploratory postulates focusing on the “intersection of people and things”.

A commitment to holism calls in to question all boundaries starting with the Cartesian split of mind and body described by Sheets-Johnstone (2011, 375) as a “350 year old wound” and by Searle (2015, 10) as “one of the biggest mistakes in philosophy in the last several centuries”. This notion of a disembodied mind lay behind the metaphorical equivalence of mind and software programme in the mid 20th century and in a modified sense supports a neurocentric view of the mind being contained only in/by our brains (e.g. Swaab 2014) “leaving by the wayside the rest of the organism and the surrounding physical and social environment” (Damasio 2006, 251). The extended mind and material agency break down the boundary between cognition/affect inside the body and in the world rendering mind a “between” rather than “within” property (Malafouris 2013).

I discuss in chapter 8 the ways in which the subject/object divide is questioned by Ingold’s (2015) concept of a “weather world”, Merleau-Ponty’s (1968) “chiasm” and “flesh” and Gallagher’s (1986) “absently available; lived body-environment”. These ideas align with the speculative proposition by Gosden and Malafouris (2015, 903) that “the universe and everything in it is in motion; there is no such thing as inert, timeless, mindless or formless matter” which draws on a “Peircean synechist ontology of mind and matter”. This also resonates with Bateson’s (1973, 434) version of the extended mind in which the mind is “synonymous with a cybernetic

system – the relevant total information processing, trial and error completing unit" whose pathways move through the world and constitute a larger mind. The dissolution of the subject object divide leaves open the possibility of the conscious and unconscious flow of feeling and affect through the world of which we are a part. When we perceive it in ourselves and other animals we call it affect, when we perceive it in our conception of the environment we call it atmosphere. Both affect and atmosphere lie between person and environment. If the person environment distinction is dissolved they lie within the person/environment nexus. Compared to the potentially clear "solicitations" (Rietveld, Kiverstein 2014) of Gibsonian (1997) "affordances", the confidence of Husserl's (1989) "I can" and the reliability of Heidegger's (1962) "ready to hand" atmospheres are vague but this does not mean that they are not powerful modes of "material engagement" and manifestations of "material agency". Malafouris (2015, 351) describes "the plasticity of the mind, embedded and inextricably enfolded with the plasticity of culture" as "metaplasticity". The things, institutions and practices which we create in turn make us. I believe that atmospheres demonstrate this "metaplastic" (Malafouris 2013, 45) process resulting from the constitutive intertwining of persons and material culture over time. The history of architecture is characterised in part by the quest to optimise atmosphere for a variety of purposes, including therapeutic ones.

The holistic commitments of enactivism and MET and the recognition of the limitations of methodological reductionism and neurocentrism led to the following principles in my own research.

A commitment to holism. Whilst principally interested in the affective-mind/body/hospice-building nexus I would not exclude wider systems perspectives e.g. including the community in which the hospice was located and the community of practice of palliative care. I would also be sceptical (but certainly not dismissive) of theoretical insights which drew on or reinforced seemingly arbitrary boundaries around systems of potential interest.

2.1.2 Material Agency & Methodological Fetishism

Malafouris (2013, 45) gives a very useful methodological pointer when examining the intersection of people and things. I discuss fetishism as defined by Roy Ellen (1988) in section 4.4.2 but Malafouris uses this analysis to define a fundamental precautionary principle when investigating material agency. He endorses Ellen's attributes of fetishism: concretisation of the abstract; anthropomorphisation of the object; conflation of signifier and signified and an ambiguation of power such that agency may be attributable to the power of the object over the person as much as vice versa. Projecting these attributes on to the question of material agency results in a radical version of "methodological fetishism" (Appadurai 1986, 5) in which, as Malafouris notes, "it is more sensible and productive to treat material things as agents (and be wrong) than to deny their agency (and be wrong)". There are some proviso's to this principle, recognising that humans and things are not agential in the same way. The default assumption is thus that agency is an emergent property of the interaction between people and things, of material engagement, rather than being an innate property of either. I take Malafouris

reference to “productive” in the above recommendation to mean more likely to result in interesting and useful insights into the “intersection of people and things”. Using the stance of “methodological fetishism” as a guiding principle for my research has thus been to assume that:

For good or ill the environment in which care is delivered (the material things with which patients and carers engage) will have an effect on those caring and being cared for and will influence their wellbeing.

2.1.3 Enactivism, Affect and The Extended Mind

Enactivism (Varela, Thompson, Rosch 1991, 173) has its roots in phenomenology, pragmatism and ecological psychology and in its original formulation holds that “1) perception consists in perceptually guided action and 2) cognitive structures emerge from the recurrent sensorimotor patterns that enable action to be perceptually guided”. Chemero (2009, 185) explains that all animals have finite perceptual apparatus, they can only react in certain ways to certain kinds of stimulation and are in this sense “closed”. Animals are structurally coupled to the world in that animal and world are mutually specifying. The animal’s senses and capacity for action determine or “bring forth” its world which in turn determines the significance of the environment and what the animal does. Cognition is embodied action. In outlining enactivism Colombetti (2014, XIV) has singled out the following central tenets as critical to her argument and therefore of most interest to me.

- The interaction of the embodied organism and the world is what enacts mind. Colombetti emphasises that the body here includes the “wetter and bloodier self-regulatory dimensions” of physiology such as circulatory, immune and endocrine systems.
- Enactivism, with its roots in phenomenology takes the “lived experience” seriously and integrates phenomenological analysis with other methods of investigating the mind.
- Enactivism endorses the “deep continuity of life and mind” a principle which applies all the way down to single celled organisms with minds, all be it very simple ones. “Mind” embraces both cognition and affect including emotion all of which are “instances of relentless sense making”.

Early formulations of the Extended Mind hypothesis (Clark, Chalmers 1998) focus on the functional role of external objects in cognitive processes and draw a boundary of the “mind” to incorporate these objects when they satisfy a “parity principle” that is when their function, were it to be conducted in the brain, would be regarded as cognitive. In this approach a notebook can become part of the mind if it is trusted to reliably hold information which its owner accesses to solve cognitive problems. An objection to this approach was described by Adams and Aizawa (2010) as the “coupling constitution fallacy” which states that just because two processes are coupled or causally linked does not mean that they are constitutive of the same entity. Piredda (2017) observes that far from being a “fallacy” the assertion of constitution arises from principled opposition to “methodological individualism” which makes an unwarranted, prima facie, assumption that

cognitive process are confined to the boundary of the body. Malafouris (2013, 81) counters the supposed fallacy by giving examples of the ways in which external resources “reorganise the cognitive system” and thus co-constitute it. According to Malafouris “cognition is not a “within” property; it is a “between” property, hence his “hypothesis of the constitutive intertwining of cognition with material culture”.

Part of the problem of the extended mind is extension from what? As Malafouris observed it seems intrinsically “I-centric”. The mind extends out from the brains of individuals into the body and world. The brain and its functions thus become the benchmark of what constitutes mind and the progenitor of wider mindful systems. It is more productive, to think of mind is an emergent property of a relational system of brains, bodies and salient environmental things. To use Dewey’s concept of “situation” (Gallagher 2017, 56), the coupled organism-environment which constitutes the “situation” is where/when the mind emerges and this interrelationship between the organism and environment means that “any adjustment one makes to objects, artefacts, tools, practices, social relations, or institutions is equally an adjustment of oneself”. Gallagher considers Dewey’s notion of “situation” and the coupling of organism-environment to provide an enactivist rather than functionalist basis for the extended mind hypothesis, a position with which Colombetti (2015) agrees. I think it is more productive to think of the mind as “situational” in Dewey’s sense than extended.

Colombetti (2014) describes how enactivism holds that all living organisms as autonomous and adaptive are sense making systems and as such are cognitive but they are "simultaneously affective also". Autonomy implies "operational closure" of the organism (but not isolation from the environment which can influence it and be influenced by it) combined with "precariousness" (Jonas 1966) which entails a constant "restless" search of the environment for resources to maintain its internal processes which are always in danger of running down. The survival of precariously autonomous organisms requires constant evaluation and sensemaking of the environment and the constitution of the environment into an "Umwelt", a world of meaning. According to Colombetti (2014, 1) this process is intrinsically affective because it entails "a lack of indifference, and rather a sensibility of interest for one's existence". This "lack of indifference" applies to the "simplest living systems (which) have a capacity to be sensitive to what matters to them and in this sense are affective".

The Umwelt is a 'landscape"[3] of affordances (Rietveld, Kiverstein 2014)
As Colombetti describes by reference to Jonas (1966) and Lewin (1935) the needs of the organism drive an "emotional intent" and affordances don't just invite motor action but affective states of attraction and repulsion. I don't believe it is fanciful to regard those who know they will soon die as self-consciously aware of

[3] Landscape of affordances in defined by Ramstead et al. (2016, 3) as "The total ensemble of available affordances for a population in a given environment. This landscape corresponds to what evolutionary theorists in biology and anthropology call a 'niche'". (Rietveld, 2008; Rietveld et al., 2013; Bruineberg and Rietveld, 2014; Rietveld and Kiverstein, 2014).

their precarious autonomy, possessed of a sensibility for their own existence and restless in their sensemaking endeavours on a temporal scale ranging from what has my life meant; to what is going to happen to me in the next few seconds; to what will happen when I die? If the mind emerges in the "situation" then "subjective wellbeing" is perforce situational. As Paul Marsh[4] observed during a discussion of mental health and material culture "if we take the extended mind seriously where is the focus of therapeutic intervention?". My answer would be in line with Dewey's that it should be the person in their social/material environmental situation. The principle arising from these considerations is straightforward.

The mind is extended/situational. The therapeutic environment is not just the environment in which therapy is conducted but is itself therapeutic or co-constitutive of therapy or possible antagonistic to therapy.

2.1.4 The temporality of affect and the role of the built environment.

Colombetti (2014, 71) draws on dynamical systems theory (according to Clark (1999) an essential tool to understand the interplay of brain-body-world) to explain the highly variable and context dependent nature of emotions which she sees as neither "outputs of genetically determined programmes or acts of categorisation driven by linguistic concepts unrelated to our biological organisation". The dynamical patterns (in Colombetti's terms "emotion forms") of emotion occur "as

[4] (personal communication) 2019.

coherent patterns of an organism that is always already affective in virtue of its being a sense making system" (Colombetti 2014, 77). Emotions emerge from, and are shaped by, this background affective state which in turn is shaped by recurring patterns of emotion.

I know that initial exposure to new environments can trigger powerful emotional responses (I give an example from my own experience in 8) or that a change of circumstances can affect ones response to a familiar environment as I found recently when seeing rain pouring through the ceiling of my apartment. However my expectation was always that hospice buildings would operate affectively in the domains of mood, background bodily feelings and atmosphere. In explicating both mood and bodily feelings Colombetti makes use of powerful metaphors. She distinguishes between mood and emotion as between climate and weather. Climate zones are longer lasting than weather patterns but set up the conditions for certain kinds of weather. The north Atlantic in winter is more likely to experience weather episodes of cold and high winds and as Colombetti (2014, 79) describes "a bout of enthusiasm typically takes place in a cheerful rather than grumpy mood". Conversely recurrent weather patterns can shift climate zones as we are currently experiencing with climate change.

Discussing the relatively unspecific intentionality of mood Colombetti (2014, 80) suggests that moods are characterised as "involving a specific mode of experiencing the world", being in a cheerful mood and bathing in the cheerful aspects of the world. The primordial affectivity of sense making is the foundation

of mood which becomes further differentiated into emotional episodes. I agree with Heidegger that, by virtue of being we are always in a mood and on page 222 I reference the way in which optimists glide easily through the world. Perhaps the word “glide” is a clue to the animated and frictional nature of our being in the world which sense making illuminates and which gives rise to mood. We “rub along” with varying degrees of ease. In discussing Heidegger’s view of mood Weinpahl (1959, 59-74) emphasises that “according to Heidegger we experience what-is-in-totality in a mood or a feeling and not conceptually”.

In her discussion of “background bodily feeling” Colombetti (2014, 122-123) distinguishes between bodily feelings which are the subject of attention in themselves and those *through which* one experiences the world (see also my discussion of Slaby’s (2008) view of intentionality and the feeling body p.210). She expands on the idea (Legrand 2005) of the body as a medium of experiencing the world analogous to a transparent window. She suggests that this window could be made of coloured glass which affectively tones the experience of the world. Different bodily feelings create different coloured glass and thus different tones or affective qualities of the external world. I think this metaphor can be pushed a bit further. The coloured glass not only casts the world in an affective light but also reflects the viewer, creating a simultaneous coloured view of oneself and the “how is it going for me, in this place, now?” appraisal. The affective tone, the tint of the glass, is the relational medium created by an interaction of world and person the “between” domain in which the extended mind and material agency operate.

Bodily feelings are obviously of great importance to the terminally ill who can be hypervigilant to the progress of their disease and many therapeutic interventions by hospice staff are aimed at modifying distressing bodily feelings e.g. managing pain and improving comfort (with its inherent physical/affective conflation). The bodily feelings which constitute the symptoms of illness are intentional but background bodily feelings are pre-reflective, “it is a specific way of experiencing one’s body as a subject, through which something else is experienced” (Colombetti 2014, 117). For my purposes background bodily feelings and moods are largely indistinguishable. In section 7.4 I discuss the different modes of wellbeing in dwelling and movement and in my discussion of atmosphere I discuss the role of the “felt body” and Slaby’s (2008) repertoire of movement engendered by affect.

Colombetti draws attention to Sheets-Johnstone’s (1999) work on the relationship between movement and affect. Sheets-Johnstone (2009, 375) describes animation as “the foundational dimension of the living” and echoes Colombetti’s description of primordial affectivity as a reactivity to the environment which “motivates creatures to approach or avoid”. She (2009, 376) describes a “dynamic congruency of affectivity and movement in the everyday lives of animate forms”. Her linkage of movement to affect is not confined to voluntary muscle movement and locomotion but includes Colombetti’s “wetter and bloodier” body through which emotions move. She describes the movement entailed by emotions themselves which “run their course, waxing and waning, exploding, attenuating,

constricting, expanding, bubbling and reverberating…emotions move through the body at the same time as they move us to move". She (2009, 395) gives examples of specific emotions moving through the body.

> "The qualitative affective-kinetic dynamics of grief that folds the body inward in spatially contorted and rhythmically writhing ways contrast strikingly with the qualitative affective kinetic dynamics of joy, that spatially expand the body outwards and infuse a lightness and buoyancy that are spatially and temporally open ended".

A description resonant of the "felt body" phenomenology of Schmitz, Slaby and others discussed below. For Sheets-Johnstone the essential means by which animals and humans pursue Colombetti's "relentless sense making" is through the movement of "our affective/tactile-kinaesthetic bodies".

Sheets-Johnstone rejects much of the terminology of enactivism whilst seemingly endorsing many of its precepts. She describes "embodiment" as a "lexical band aid" on the "350 year old wound inflicted by the Cartesian split of mind and body" and prefers to speak of "mindful bodies" rather than embodied minds (2011, 521). Similarly she (2009, 386) believes that humans languish "ensnared in a subject/world divide" created by philosophers and cognitive scientists and that attempts to break this divide by "embedding" humans back in the world generally fail to recognise that it is their animation which links them "inseparably to and within a spatio-temporal world distinctive to their ways of living, i.e. to an Umwelt". The emotional valency of movement is illustrated (Sheets-Johnstone 1999) by reference to Darwin's (1872, 58) view that for all animals "the acquirement of all their pleasures, with the exception of those of warmth and rest, are associated

with active movements" and that for humans "vivid pleasure" shows itself in active movement. I discuss the distinction between: a) the wellbeing of rest and containment in dwelling and b) that of mobility and eudaimonia in Chapter 7. Along with Schmitz and Sheets-Johnstone I would conceive of both entailing movements of the material and felt body. In tiredness and ill health rest/stasis never involves the cessation of movement which only happens when we die. The relative quiescence of dwelling is as engaging of the "affective/tactile-kinaesthetic body" as gross movement and will certainly continue to engage Schmitz "felt-body" dynamic.

Sheets-Johnstone (1999) also references De Rivera's discussion of "being moved" emotionally. The paradox for De Rivera (1977, 12) is that "we are passively being moved rather than acting and yet this movement seems to be coming from *within us"* (original emphasis) a description which resonates with that of Schmitz and Menninghaus et al. (2015) which I discuss below. De Rivera's (1977, 41) "geometry of emotions" asserts that "*all emotions resolve themselves in extensional or contractive movement*, movement that goes either toward or against or away from an object, including the object that is oneself" (original emphasis). For me De Rivera (1977, 40) provides a powerful illustration of this assertion and the ways in which the performance of movement can engender emotional states. He describes a bodily exercise which captures the dynamic of four key affective relations as follows (my parenthesis).

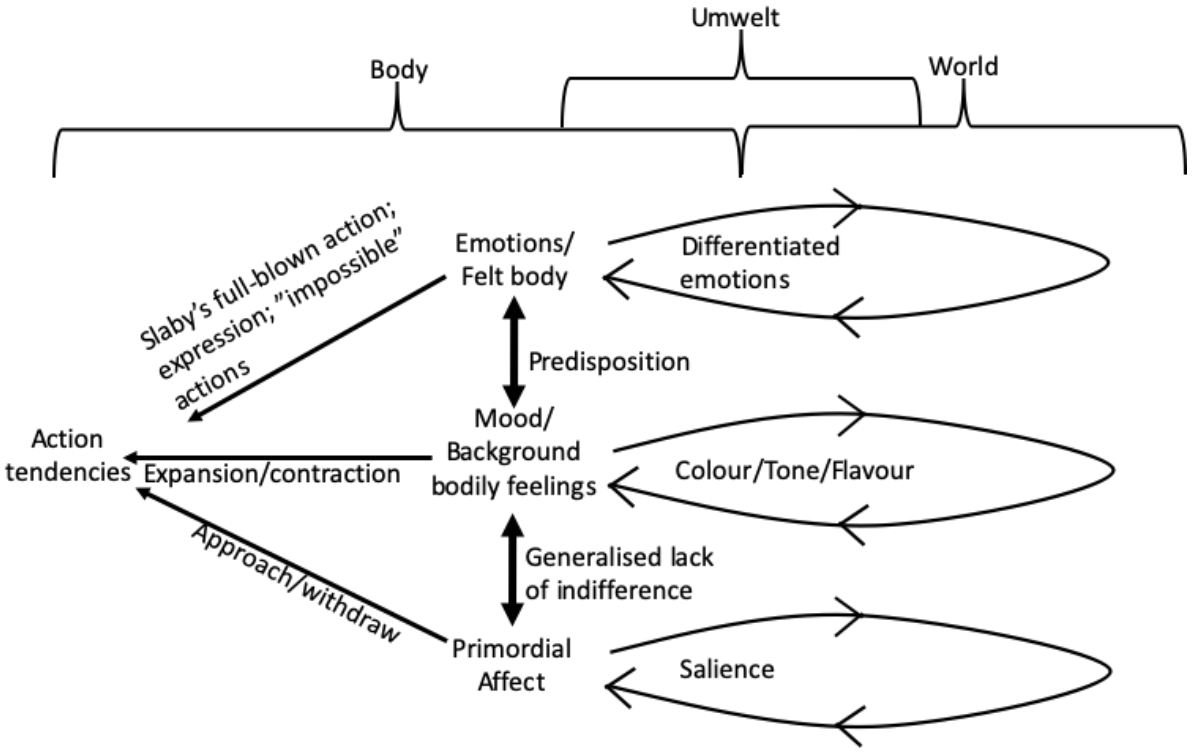
> "If the arms are held out in a circle so that the fingertips almost touch, they may either be brought toward the body, a movement of contraction or

> moved out in an extension. The entire trunk, legs and thus one's whole body may follow these movements. Now if the palms are facing in, the extension movement corresponds to a moving toward the other – a giving – as in tenderness, (love, openness, generosity, welcoming etc.) while a contraction movement suggests a movement towards the self – a getting – as in longing (cradling, hugging, caring, embracing, nurturing, containment). If the palms are rotated out, the extension movement corresponds to the thrusting against of anger while the contraction intimates the withdrawal away of fear…If one allows oneself to become involved in the movement and imagines an object, one may experience the corresponding emotion"

For Sheets-Johnstone (2011, 504) the final sentence of this passage is a demonstration of the "dynamic concordance of feeling in an emotional sense and feeling in a kinesthetic sense". In my view the affective tone and impact of De Rivera's "palms facing in" movements correspond to those of St. Wilfrid's hospice which I describe later. From the perspective of the "object", the person entering the building to which these architectural gestures are directed, the building feels like it is performing as De Rivera describes. The expansive light openness of the entrance way, the high ceilings, the absence of reception desks, the buzz of the "street" all speak of openness and welcome. The design cues which mark the transition to inpatients all speak to the "contracting" gesture of embrace, containment and care.

I have attempted to capture some of the relationships described above in the following diagram.

Fig.3.



As I will explain in this thesis I believe that the principal therapeutic mechanism of action of hospices is through permutations of affordance and atmosphere which facilitate or constrain forms of affect/movement of the material and felt bodies of those who use the buildings. This thesis includes explorations of the following manifestations of this process.

- The hospice as a locale for Heideggerian dwelling characterised by homecoming, acceptance, passivity, sedentarism, quietude, ease of movement and containment. An environment whose homelike aspirations are sometimes subverted.

- The hospice as a locale for re-enablement and the wellbeing attendant on mobility. Maximising the potential for living fully until death by creating an affordance landscape conducive to movement.

- The creation of a range of affordances which enable approach and withdrawal and liminal threshold spaces which allow for flexibility.

- The creation of atmospheres which impact the felt body in expansive and contractive ways; the light airy open welcome and the holding, nurturing, containing touch.

- The hospice as a reconfigurable space which can accommodate activities ranging from the homelike to the eudemonic; contained to expansive; passive to active, private to social.

Given these considerations I expect hospice buildings to provide a broadly positive sense of a "good" environment; to positively colour the mood of those who inhabit them and to increase the possibility of experiencing positive emotions. In all of these effects a more positive answer is provided to the "how is it going for me?" question.

2.1.5 Other sources of theory – Abduction.

I went into the research process sensitised by the theories of enactivism, MET and Colombetti's enactivist oriented approach to affect but my research was not

structured to deductively substantiate hypotheses derived from these theories and these theories were not the only ones I make use of in this thesis. So where did other theories come from? I believe this question is best answered by reference to Peirce's (2009, 171) notion of abduction which he described as "the process of forming an explanatory hypothesis" when "confronted with a set of unexplainable observations" (Tavory, Timmermans 2014, 36). According to Peirce this is the only logical operation by which new ideas are introduced and discoveries are made. As Douven (2017) explains abduction is a form of logic which can be given the following schematic characterisation:

> "The surprising fact, C, is observed.
> But if A were true, C would be a matter of course
> Hence there is a reason to suspect that A is true"

Douven observes that making a given fact a matter of course is equivalent to giving a satisfactory explanation for that fact. There may be thousands of competing explanations which is why only the muted claim of "reason to suspect" is made in the final clause. Douven draws attention to the view of Frankfurt (1958) that abduction is less about inventing hypotheses than adopting them as being worthy candidates for further exploration.

Tavory and Timmermans (2014, 40) discuss the role of the researchers background, their "positionality", in shaping their predisposition to find certain facts surprising and certain theories apposite. They observe that "abduction depends on the interplay of observations (the sign object) and the way the researchers socially cultivated position – habits of thought and action – helps shape the interpretant".

For this researcher my major autobiographical influences were organisational psychology, process and strategy; Information Technology; health care; philosophy of mind and cognitive archaeology as well as the theories described above .

With hindsight I think there were are four main abductive leaps in this thesis.

1. In chapter 3 I describe the surprising banality of a variety of schemes for enhancing the environment of care at end of life and draw on theories of homeliness, dignity and “care respect” to explain why, despite their apparent mediocrity, they may be effective.

2. In chapter 4 I try to explain the surprisingly strong public reaction to the attempted closure of one of three buildings by a hospice in Kent drawing on a number of theories including psychodynamic theories of “terror management”, “melancholy objects” and the containment of anxiety.

3. In chapters 5-7 the surprise which started the abductive process was the one word answer from an expert on hospice design (Ken Worpole) to my question “what are hospice buildings for?”. His response was “dwelling”, which turned out to be an intentional reference to Heidegger. In this case the surprise came packaged with its own theoretical justification. On further examination it seemed to me that historically the hospice movement could be seen as (unconsciously) rooted in Heideggerian notions of dwelling but that the

philosophy was now changing and this change was resulting in unarticulated tensions, a sense of crisis in the hospice movement and a fear of “throwing the baby out with the bathwater”.

4. In chapter 8 I try to explain the very frequent references to the atmosphere of hospices by staff, volunteers and patients. I suggest why atmosphere may be so important in its effect on subjective wellbeing whilst being difficult to describe and to attribute cause.

2.2 Method

My research method was informed by my archaeological focus on material culture, my research questions and the principles/assumptions derived from theoretical considerations described in sections 2.1.1. to 2.1.4 above. I was also able to build on a knowledge of the hospice sector I had started to acquire in Autumn 2016 when I began to work with some ex-colleagues from the health think-tank the King’s Fund (hereafter Fund) on the delivery of a “Strategic Leadership Programme” (SLP) sponsored by Hospice UK (a programme which won the European Palliative Care Academy leadership award for 2019). The SLP was critical to my research for three reasons. Firstly it was an opportunity to discuss with authoritative insiders the changing landscape of palliative care in the UK, the increasing demand for services, the sustainability of the hospice model of care and the culture of the hospice movement. At various points in this thesis I make reference to “class room” conversations with delegates which brought useful

insights into the hospice world. Secondly it introduced me to Hospice UK and to some key personnel in hospices in which I would later carry out research. Finally it introduced me to the case study of the closure of Pilgrims Hospice Canterbury which I explore in depth in chapter 4.

I was committed to the concept of holism and recognised the difficulty of its operationalisation. Despite this I hoped that my research into the affective therapeutic nature of hospice space would lead to some ability to generalise, to draw attention to phenomena common across different hospices and to make some recommendations regarding policy and design which could apply to hospices in general and indeed to other therapeutic spaces. Generalisation from qualitative research is problematic in part because it is highly sensitive to context (Yardley 2000). The hospices I visited and the people I interviewed were not selected through some probabilistic procedure. As Bryman (2016, 399) observes “a case study is not a sample of one drawn from a known population”. However, my research entailed visits to multiple hospices and interviews with 180 people. I therefore had many case studies and Williams (2000, 215) asserts that such qualitative research enables “moderatum generalization” in which observed aspects of the cases “can be seen to be instances of a broader set of recognisable features”. The degree to which generalisation is legitimate is in part dependent on the research design and “crucially on the similarities of the research sites to the sites to which generalisation is to be attempted” (Payne, Williams 2005, 305). There is an alternative type of generalisation described by Bryman

(2001, 314) which draws on Mitchell's (1983, 207) concept of "theoretical generalisation" and Yin's (2009, 43) "analytic generalisation" to assert that "it is the quality of the theoretical inferences that are made out of qualitative data that is crucial to the assessment of generalisation". Yin (2013, 325) describes analytic generalisation as "the extraction of a more abstract level of ideas from a set of case study findings – ideas that nevertheless can pertain to newer situations other than the cases in the original case study". This was my objective.

A third reason to hope that I could sustain a holistic perspective and generalise from my findings is described by Ingold (2008a, 80). Having referenced pioneers of the extended/situated mind thesis Ingold invokes "the word "social" to signify this understanding of the interpenetrability or commingling of mind and world". For Ingold the ontology of the "social" world is "implicate" (Bohm 1980) and "any particular phenomenon on which we may choose to focus our attention enfolds within its constitution the totality of relations of which, in their unfolding, it is the momentary outcome". A statement resonant with the first line of Blake's "Auguries of innocence"; "to see a world in a grain of sand".

Ingold (2008a, 81) advocates a "descriptive" approach to holism which "seeks to apprehend the relational coherence of the world itself, as it is given to immediate experience, by homing in on particulars, each of which brings into focus and momentarily condenses, the very process that brought it into being". For Ingold acts of description entail interpretation and a view of the world analogous to that of a painter who "takes in the landscape that surrounds him from the position at

which he has planted his easel". In a passage very reminiscent of Malafouris' "thinging" Ingold (2008a, 83) characterises the approach of anthropology (and I would argue contemporary archaeology, dealing as it does with living people and their material culture) as one in which the "world is not just what we think *about* but what we think *with* and in its thinking the mind wanders along pathways extending far beyond the envelope of the skin"….this is what makes "the enterprise anthropological and, by the same token, radically different from positivist science….the world and its inhabitants, human and non-human, are our teachers, mentors and interlocutors".

In summary my claims to the generalisability of my findings are based on: the nature of my purposeful sample (see below); the range of my information sources, the coherence of the theory invoked by the case studies and the "implicate" nature of the things I observed.

2.2.1 Sources of insight in the present study

In Ingold's terms I decided to "plant my easel" in a number of places to increase the chances of legitimate generalisation. The study design which emerged resulted from a combination of serendipity and negotiation of the constraints of access to study sites and informants. This thesis makes reference to insights gained from the following sources.

1. The SLP referenced above. We worked with each cohort of about 20 for fifteen days in three sessions over a nine month period. This programme dealt with

strategic organisational issues of relevance to the delegates drawn from hospices across the UK and gave considerable opportunity for delegate reflection and discussion. At the time of writing the 6th cohort has been cancelled because of the Covid-19 lockdown.

2. The case study of the closure of Pilgrims Hospice described in chapter 4. This was reinforced by a 2019 campaign, including websites and public consultation meetings on YouTube, addressing the closure of St. Margaret's Hospice in Somerset.
3. Hospice UK annual conference presentations.
4. Working as a volunteer at St. Christopher's Hospice (the original "modern hospice" founded by Saunders) one afternoon a week for eighteen months. Principally serving in the Anniversary Centre (described p.248) but also helping in the wards during meal times, supporting patients participating in art therapy, helping at evening concerts and escorting day patients in the ambulance or on external trips.
5. Working with Dr Sarah Russell then Head of Research at Hospice UK we developed a purposeful sample of fifteen UK hospices. The selection criteria related to the design and location of the building and were: a mix of old and new; purpose built and repurposed buildings; urban and rural. Russell personally wrote to the head of research or the CEO of each of the hospices, indicating her support for my research and asking them if they would agree to participate. She set expectations that I would be with them for about two days (her recommendation for what they were likely to accommodate) and that I

would like to interview a cross section of people. Of the original 15 hospices fourteen responded positively and I finally visited 13. I also visited a number of other hospices in the course of the SLP.

Prior to starting the visits I read a number of biographies of Cicely Saunders and histories of the hospice movement (e.g. Du Boulay 1984.; Stoddard 1992.; Clark 2016.; Clark 2018.;) Prior to each visit I conducted online research into the hospice including their website, photos, histories, strategies, CQC evaluations and virtual tours. During each visit, which lasted between two and three days, I conducted the following activities:

- Semi-structured recorded interviews, either by appointment or opportunistically, of a cross section of staff, volunteers, patients and their visitors. Expectations were set that scheduled interviews would take between 45mins and an hour but ad hoc interviews were often quite short as interviewees had duties to perform or because I did not want to impose on them for too long. Interviews lasted on average 45 minutes. Most were conducted sitting down in a quiet area but several entailed walking round the building discussing the various parts as we reached them.
- Guided tour of the hospice by my host which was the first activity arranged for the schedule. Sometimes this included a walking interview. This was sometimes supplemented by additional guided tours of particular areas,

especially gardens and art therapy rooms, by volunteers or staff with a special interest.

- Photographing and occasionally drawing the building and gardens.
- Participating in various patient group activities in particular art therapy and gardening.
- Sitting down in various parts of the building or its grounds where I did not feel too obtrusive watching what was happening and getting the "feel" of the place.

  In total I conducted 160 semi-structured interviews (180 people) i.e. about 120 hours of interviews.

6. Interview architects and designers of hospices to try and understand how they interpreted their brief and what they thought they were doing when they made their design decisions. I eventually had very productive interviews with three Architects, three interior designers and an architectural critic Worpole, author of "Modern Hospice Design" (2009) who I interviewed twice.

2.2.2 What kind of method is this and is it appropriate?

Hockey (2002, 209) observes a reluctance by postgraduate students to label their research "ethnography" in case it is not deemed sufficiently rigorous to warrant the term. However if, as Hammersley and Atkinson (2007, 2) describe, ethnography entails "watching what happens, listening to what is said, and/or asking questions through informal and formal interviews" then that more or less describes what I was doing. Hockey & Forsey (2012, 69) assert that just as "anthropology is not ethnography" (Ingold 2008a) "ethnography is not participant observation".

However Forsey's (2010) review of the actual practice of "participant observation" would suggest it is not participant observation either with 45% of published data derived from formal interviews and informal discussion and only 7% from observation. For this reason Hockey and Forsey prefer to describe ethnography as "engaged listening".

A good deal of my research entailed observation of the buildings and the way people used them along with recording this appearance but the majority of my "data" came from interviews and ad hoc conversations. I share my fellow students reluctance to call my research "ethnography" or even my sustained period at St. Christopher's "participant observation" because I think both terms remain in thrall to the fieldwork of Malinowski and other ethnographic pioneers which entailed years of deep immersion in a culture. I do however think that "case studies" is a reasonable description of what I was collecting and encapsulates the method I used.

Yin (1981, 98) recommends the use of a case study approach when "an empirical inquiry must examine a contemporary phenomenon in its real-life context, especially when the boundaries between phenomenon and context are not clearly evident". This was of course the case with my research where boundaries between user and building, building and service/organisation and building and community were all permeable and arguably non-existent. Yin (2003) advocates a case study approach when a focus of the study is to include "how" and "why" questions and Baxter and Jack (2008) when the behavioural manipulation of those

involved in the study is impossible. Both conditions are relevant to my study. Hartley (2004) emphasises the importance of a theoretical orientation for case study research. Theory may precede the study or emerge in parallel with it or, as in the present research, do both.

Case studies have also been used successfully in programme evaluation (Yin 2013) which is relevant to my research. I argue below that Saunders had a clear vision of the role of the hospice building which has been eroded over the decades by a number of factors including a changing case mix in palliative care, new regimes of care oriented towards re-enablement, the development of a pluralistic, multi-faith society and the relative decline of the Christian faith. However her "vision" is still held up as a touchstone for the hospice movement. Part of my interest was to evaluate what happened to Saunders' vision over the last 53 years.

Opinions vary as to what case study research is. Stake (2005, 443-466) considers it to be simply the choice of what is to be studied; a system, bounded by time and space. Yin (2009) and Hartley (2004) view case study as a design strategy and Merriam (1998) and Creswell (2013) view it as a methodology. I adopt this latter position. Creswell (2013, 97) defines case study research as follows.

> "A qualitative approach in which the investigator explores a real life contemporary bounded system (a case) or multiple systems (cases) over time through detailed in-depth data collection involving multiple sources of information e.g. observations, interviews, audio-visual material, documents and reports… the unit of analysis of the case study may be multiple cases (a multisite study) or a single case (a within-site study)"

In keeping with this definition I used multiple sources of information but the "engaged listening" of interviews and conversations in the hospices was probably the most important data source. My interviews were semi-structured and I had developed a topic list for each of my categories of informant. I intentionally framed the interactions as conversation rather than interview and was happy for this conversation to stray from my topics if I judged that it was still relevant to my broader concerns and reflected what was important to my informant. I reasoned that if the conversation was led by them I would not be causing them distress and breaching my ethical commitments. A side effect of this conversational style was that I received a lot of feedback that my informants had really enjoyed our meetings and found the topic interesting. That said, interviews are not normal conversations and I align with Rapport's (2012. 55) definition.

> "An interview is a nonroutine conversation, with a purpose or design which at least one of the talking-partners has previously determined and which need not be repeated (the talking partnership can extend to this one exchange alone)".

Although I explored the phenomenology of my informants experience of the hospices my interviews cannot be characterised as phenomenological for three reasons. I made no attempt to "bracket" my own experiences and reflections, on the contrary I often used some interview time to subject these to critical review by informants. Access time limitations prevented the focused in-depth elicitation of experience required of phenomenological interviewing (Pettitmengin 2005) and even if this had been possible the emotional impact of eliciting the experience of the hospice could well have breached the ethical commitments of my research to not cause distress to vulnerable adults.

Madill et al. (2000) place qualitative methods on a “realist” to ”radical-constructionist” dimension. “Realist” approaches “assume that the accounts participants produce in interviews bear a direct relationship to their real experiences beyond the interview situation” (King 2004, 12) whilst “radical-constructionist” approaches assume that language does not “reflect the nature of individuals, of relationships and of the world but is actively constructing these domains” (Dick 2004, 203). On Madill et al.’s spectrum my working assumptions are towards the “realist” end and I believe that the limitations of interviews don’t result from the discursive strategies of my informants but from the limitations of language itself and of accessing language. In section 5.1 I discuss these limitations referencing Bollas (1987) concept of the “unthought known” and Heidegger’s (1971, 96) “thought worthy matter for which the fitting mode of thinking is still lacking”. Rapport (2012, 55) recognises my experience of informants often limiting their discussion (in my case of the environment) to “catchwords and clichés” but he believes, as do I, that they “serve as short-hands: incomplete pronouncements which stand for but disguise more expansive expression and verbal associations being deployed at the same time…individuals talk clichés but think and feel illimitable things”. He summarises with a quote from Shelley (1954, 281) which is sympathetic with the Blake line I quoted above to illustrate the Ingold/Bohm “implicate” thesis “a single word even may be a spark of inextinguishable thought” a sentiment with which Heidegger would have agreed.

Colombetti (2009, 17) in her discussion of the ways in which language can influence emotion, also observes on the compression of complex feelings into a word; “complex feelings, once labelled are more visible and more readily accessible than in the absence of the word”. She (2009, 7) is clear that in many cases “language will be poorer than the experience” and that there is clear evidence that humans and other animals “can realise various patterns of (affective) activity before or without linguistic expression”. Colombetti references Petitmengin’s (2007, 58) observation that “it is when we do not find the words to describe it that this pre-reflective affective dimension of experience is most apparent; it is not reflective yet, but it is clearly present to one’s awareness as something meaningful but still nebulous”. Nebulous here does not mean meaningless or lacking in power or specificity but does imply that it is difficult to label. Emotions can exist without language, language can simply report on experienced emotion and language can change, clarify or enhance emotion. The implication of this is that even if one adopts a “realist” stance to evaluating interviews they are likely to capture a quite narrow slice of the affective domain.

I would not characterise my research as ethnographic and neither is it autoethnography even though it conformed in many respects to the five definitional principles of “analytic autoethnography” described by Anderson (2006). This was especially true of my time spent volunteering at St. Christopher’s. I certainly brought a degree of reflexivity to my research particularly with regard to recognising and articulating my own responses to the different hospices I visited,

my first impressions of them and specific locations within them. I usually audio recorded these impressions in quiet times between interviews or when I had time to sit and take in the atmosphere and I kept a small notebook to jot down interesting observation whilst still fresh in my mind. Within this thesis I make several references to my own perceptions of, and reactions to, the hospice spaces in which I spent time.

2.2.3 Process, analysis.

My research dealt with “vulnerable adults” which constituted “complex ethical issues” requiring the University’s CUREC 2 process. As part of this process I developed:

- an information leaflet on my research for potential informants
- an interview topic list for each category of informant
- letters describing my research intent and request for access for CEO’s and heads of research and for architects and designers.

St. Christopher’s and each of the hospices I visited required their own research approval process entailing the completion of forms, in some cases the adaptation or rebranding of information leaflets and the response to further questions from research committees. At the suggestion of St. Christopher’s CEO I was positioned as “researcher in residence” whilst volunteering and posters and leaflets were produced with the assistance of the in-house marketing team. This publicity led to very little proactive contact from users of the hospice (five contacts leading to

interview) but made life easier when explaining to my fellow volunteers what I was doing there beyond volunteering.

In his discussion of participant observation Waddington (2004, 156) observes that "it is common for observers to devote up to six hours of writing up for every hour in the field" but my note taking was never this comprehensive and tended to focus on small incidents or surprises rather than exhaustive descriptions together with some transcription from the reflective recordings I made during visits when time allowed. During my visits I took over a thousand photographs but, with the exception of general exterior shots, these were always taken in the presence of a member of staff and with their express permission. I avoided taking recognisable photos of people and took no photos of patients.

At each of the hospices I visited there was a liaison person who organised my visit and using my information leaflet recruited interviewees from staff and volunteers. At my request these interviews were across the professional and status spectrum from CEO's and clinical directors to care assistants, fund raisers and volunteers. Interviews of patients and visitors were opportunistic, guided by nurses who suggested that a person was well enough to have a few minutes conversation. I also had some informal conversations with day patients and their families at breakfast and lunchtime in hospice cafes and had several such meetings during my St. Christopher's volunteering.

I did not transcribe my interviews. Over a period of two months I listened to them all again and made mind-maps with interview time stamps so that I could listen to relevant parts again and quote verbatim if necessary. The mind maps were a way of capturing themes but as my analysis progressed they became increasingly shaped by the background and abductive theories described above.

3 Therapeutic environments at end of life - “We thought about this and care about you”.

In this chapter I will discuss recent attempts to improve the quality of the environment for care at end of life and what they tell us about making a difference to the experience of patients and their loved ones. I will concentrate on a programme of work conducted by the Fund entitled “Enhancing the healing environment” (EHE), in particular a subset of this programme called “Improving environments for care at end of life” (ECEL). I adopt this focus for five reasons. The Fund is the leading health “think-tank” in the UK; the programme is the largest systematic attempt in the UK to intervene in the design of therapeutic spaces across the domain of health care; several of my informants referenced the programme as being influential in the field of palliative care; programme reports included literature searches on the impact of the physical environment for palliative care; I was able to interview two of the programme leads/authors one of whom is an active consultant in the commissioning and refurbishment of hospices.

The Fund’s programme is typical of research in this field. It is consistent with a tradition in health sciences going back to the foundation of the “Empirics”, a physician sect founded by Heraclides of Tarentum (fl. 80 B.C.). The Empirics set themselves up in opposition to the “rationalists” the oldest of the medical sects founded by the sons of Hippocrates about 400 B.C. who are quoted by Newton (2001, 300) as expressing the doctrine that “where observation failed reason might surprise”. The focus of rationalist practice was an attempt to understand the

hidden causes of disease. As Newton (2001, 301) describes “the empiricists rejected abstraction and general medical theories in favour of observation”. Porter (1997, 68) observes that “what mattered, Empirics claimed, was not cause but cure and so they collected case histories and remedies. Knowledge they held could be better gained at the bedside than by dissection; what counted was which drugs (or other interventions) worked. Hence theory must bow to experience*”* . This dialectic continues to the present day with empiricism underpinning the influential “Evidence Based Medicine” movement tending to focus on the meta-analysis of therapeutic interventions and their outcomes. It continues to be criticised by those with a more “rationalist” bent (e.g. Charlton, Miles 1998). Cochrane (https://www.cochrane.org) the leading advocate of randomised control trials in medicine and inspiration for the Cochrane Centre in Oxford and the Cochrane Collaboration focused on the indices of efficiency and effectiveness of therapeutic interventions (Cochrane 1972) He recognised the limitations of the approach when he wrote:

> “I see health services, rather crudely, as supplying on the one hand therapy, and on the other board and lodging and tender loving are. *My two indices are very relevant to the former, but only of limited extent to the latter”.* (Dingwall et al. 1998, 167)

However, the evidence based approach has now extended into the “board and lodging” domains. “Evidence based design” of health care facilities in the USA is accredited by the “Evidence-based Design Accreditation and Certification” (EDAC) regime through the “Centre for Health Design” (Marcus, Sachs 2014, 16). This organisation was set up by Ulrich whose short (two page)1984 paper on the beneficial impact of a view of nature through the hospital window for the comfort

and recovery rate of surgical patients has been cited over 5000 times.[5] It remains the poster-child for empiricist research on therapeutic environments being extremely influential but devoid of any theory of the mechanisms by which views of nature exercise their effect.

The Fund's EHE programme was launched in 2000. A series of capital grants were issued to bidding teams for projects which "promote service user wellbeing and foster a healing environment…..and that exemplify good design principles" (Waller, Finn 2011, 9). The ECEL sub-programme was launched in 2006 with initial pilots in two hospices and six hospitals. An evaluation report (Waller et al.) on these pilot sites was issued in 2008. This included a literature review the main findings of which were (5-8):

- Benefits of creating a home-like, domestic, "human scale", peaceful environment, allowing patients to bring in personal possessions and individualise their space. Allowing patients control over their immediate environment such as lighting, television, artwork, music, visiting hours, visits from pets.
- A default of private rooms for patients but with the option to share if so wished.
- Family spaces with chairs/sofa-beds, fridges, refreshment areas, private, sound proofed with suitable seating (such as recliner chairs) for patients.
- Views of nature and/or gardens and access to outside space for patients and visitors.

[5] Google Scholar 5349 times 21st Nov 2019

- “Get it right” and art can reduce stress, anxiety and pain and increase satisfaction. Conversely it can invoke negative reactions. Although representational art depicting nature is likely to be relaxing, art aficionados may want more challenging subjects.
- Sound proofing, soothing colours, natural light and access to music and other “soothing” or “pleasant” sounds such as rain, wind, sea, songbirds, bees.
- The journey to the mortuary, the location of the mortuary, bereavement suites, viewing rooms (to spend time with the deceased) all influence the survivors immediate experience and the unfolding of the bereavement process.

Eight pilot projects were reviewed, two involved the redesign of patients rooms, one the redesign of relatives rooms and five the redesign of bereavement suites and/or viewing rooms. Evaluation focused on the organisational benefits of the programme such as “engaging and involving the patients and service users”; “engaging and involving staff” and “managing cultural change” (28).

With the aid of a £1m. grant from the Department of Health and additional support from the Fund the programme was extended in 2007 to include 25 additional projects which again bid for capital grants and the process support of the Fund’s consultants. This phase of the programme reported in 2011 and, like the pilots, discussed the organisational development impact of these projects. I will focus on the substantive findings of both the pilots and the main project schemes regarding the impact of the environments they created. What struck me about these

schemes and the findings was their banality but as I discuss that may be precisely the point and the highest aspiration for the environment at end of life.

3.1 Findings

“They (i.e. patients and their loved ones) wanted an environment that gave them the feelings of quiet and safety etc. rather than a particular colour…they wanted to feel cared for and safe” (Waller et al. 2008, 28)

“Overall patients weren’t really concerned about colours; it was more about how the room would make them feel”. They wanted “..something beautiful in the room, like a fruit bowl” and said “the atmosphere should be of belonging to a kind, caring community with the sanctity of your own room””.

With regards to a project which refurbished a viewing suite, an interviewee is quoted; “we remember so clearly those last things…it makes a huge impact those last impressions they feature in your dreams…it has to be nice not frightening”.

Waller et. al. (2008, 53) draw attention to the repeated use of the same words by interviewees focusing less on design specifics than on the feelings engendered by the space, a mixture of affective and material descriptors. “Homely, natural, comforting, practical, safe and warm”. As the authors describe “most of the teams were expressly aiming to create beautiful spaces that would make the people using them feel cared for”. They quote (2008, 33) one informant’s

summary…."fantastic, whether you go Scandinavian or are into chintz is neither here nor there to me as long as it looks nice and is practical. Needs to give the message "we thought about this and care about you".."

There were examples of the projects focus on atmosphere and feeling rippling out beyond the initial scope. "The lighting of the whole new build has been changed and as a result has gone from utility to ambience". There was a consensus across the teams that patients should have the option for single rooms designed "so as to engender a feeling of homeliness where patients retain bedside control over aspects of their environment such as heating and lighting" (2008, viii). There was a recurring emphasis on access to privacy for "confidential discussions" and informal gathering spaces.

The majority of the findings of the final 2011 report relate to attitudinal and organisational impact of engaging in the projects rather than evaluation of material results. These latter are confined to anecdotal observations such as the increase in positive comments and "compliments' particularly on the "sense of peace that users experienced, often in marked contrast to the wider hospital in which the facility was based" (2011, 30). Anecdotal evidence was supplemented by "ASPECT" (Dept. of Health environment calibration toolkit 2008). ASPECT describes a data collection method and provides a questionnaire for assessors to complete. ASPECT scores for the spaces delivered by the projects were higher than base line although there is no indication of statistical significance. ASPECT covers eight areas:

- **Privacy, company and dignity** asks about patients availability of visual privacy, private conversations, being alone or with others and toilets and bathrooms which are “located logically, conveniently and discretely”.
- **Views** addresses patients and staff access to windows, seeing the sky and the ground and outside views which are calming and interesting.
- **Nature and outdoors.** Facility for patients to get outside and staff and patients to access “usable landscape areas” and to see “plants, vegetation and nature”
- **Comfort and control.** This relates to patients and staff control of: varied artificial lighting patterns, exclusion of daylight, temperature control, opening of windows and doors and minimal noise.
- **Legibility of place** relates to the navigability of the building
- **Interior appearance** starts with a requirement that “patients spaces feel homely”. Other questions relate to the interior feeling light and airy, having a variety of colours, textures and views, looking clean tidy and cared for, provision for art, plants and flowers, patients can display personal items in their own space, ceilings are “interesting” and floors are covered with “suitable material”
- **Facilities** relates to bathroom layout, vending machines, drink making facilities, easy chairs, places for relatives to stay overnight etc,
- **Staff** relates to the convenience, comfort and functionality of facilities for staff.

A spinoff from the Fund's ECEL programme was a hospice design competition jointly managed by the Fund and the Prince's Trust. The joint report which emerged from this competition was promisingly entitled "Principles of Hospice Design" (undated). In this report the literature was referenced along similar lines to that outlined above and particular emphasis was given to the importance of "non-clinical homely surroundings with a relaxed and informal atmosphere" and to the following attributes: contact with nature e.g. gardens and raised flower beds; natural light; domestic rather than institutional scale and feel; configuration of furniture in small clusters and quiet spaces for consultation (7). An accompanying document, the "Environmental Design Audit Tool" made some attempt to operationalise design principles in a section called "Design Application". I will list the design principle headings, give a flavour of the tone and focus on one of the principles which I think is of particular interest; "dignity".

There are ten design principles (11): natural environment; natural materials; the elements (the access to and control of natural lighting and ventilation, moving water and "the ability to light a fire and observe flame even if through glass"); arts and crafts; legibility; respecting time, "…all elements of the building should respect the way people may perceive time when relating to them and try to deal positively and appropriately with a sense of scale and detail to enhance the human experience"; comfort; dignity; beauty and robustness and economy. Two brief examples will suffice. The first, which could be taken from the pages of Vetruvius "De architectura", on beauty.

> “The building and its relationship with nature must be beautiful. While many aspects of beauty are subjective, others are objective. Fine proportions and the relationship between detailed parts of the building and the whole should be created through simple harmonic relationships and proportioning systems”

Wisely the authors of the Audit Tool don’t attempt a “design application” of this principle. Neither do they grapple with “respecting time” or the “arts and crafts” principle which includes this injunction.

> “It is important in a place of caring that the building elements and details demonstrate love and caring in the making. Selective elements of craft and carefully placed works of art that tell a story can lift the spirits and create moments of delight and interest”

As with much of the work described above including the ASPECT evaluation tool these principles don’t seem intrinsically wrong but they do seem to encapsulate the architecturally conservative notions of homeliness for which Prince Charles, the Trust’s founder, is famous. They could be equally useful to the designer of any decent country house hotel as exemplified by Fig. 4. below a proposed “concept for an entrance lobby” of a hospice which appears on the frontispiece of the report. Fig.4.



Concept for an Entrance Lobby

Of more interest is the design principle for “dignity” a word which occurs frequently in the Fund’s reports and on which subject there is a considerable literature in relation to palliative care. The dignity principle reads as follows.

> “The building itself should be dignified and be designed to allow for patients dignity. This relates closely to public and private organising of the building but also requires the architect to trace a series of patient journeys that may be undertaken through the building with patient dignity clearly in mind.”

Clearly there is a need for privacy and it is possible that the patient’s journeys referenced include the final one to the mortuary/viewing room and thence to the undertakers, but who knows? The authors of the “design application” struggle to operationalise this principle.

In a systematic review (Virdun et al. 2015, 792) of the elements of care prioritised by end-of-life patients and their families an “adequate environment for care” was rated equal to the minimisation of being a “physical or emotional burden to loved ones” and below the top four: (1) effective communication and shared decision making, (2) expert care, (3) respectful and compassionate care and (4) trust and confidence in clinicians (N.B. this was a review of studies in hospitals where environmental expectations are likely to be low). The authors noted the frequent references by both patients and relatives to the importance of the preservation of dignity which in the most recent study they reviewed was considered the most important element of care. They clustered preservation of dignity in category 3 “respectful and compassionate care” but it could equally feature in effective

communication and shared decision making which also manifests respect and asserts the patient's dignity or, as I will argue, as an aspect of an "adequate environment for care".

In a recent qualitative study (Bainbridge et al. 2018) of the experiences of those dying in hospices the elements of respect (with its associated concept dignity) and compassion were also prioritised along with the nature of the physical environment, especially when contrast with other health care settings, in particular hospitals. This may explain the relief many patients and carers express when they first enter hospices especially when they have come from hospitals. The authors (428) described the main differentiation of hospices as follows.

> "What hospices appeared to excel at were the psychosocial elements of care in the delivery of services that were patient and family centric, compassionate and respectful, in a physical setting that, in itself, was comforting, peaceful and fostered privacy"

3.2 Respect & Dignity

Studies conducted in Oregon and the Netherlands where assisted suicide has been decriminalised report that "many of the people requesting to die do so because of the loss of autonomy or control over their lives and a loss of their perception of dignity" (Rodríguez-Prat, Escribano 2019, 283). In their systematic review and meta-ethnography of qualitative studies of dignity at end of life the authors identified three main themes: dignity mediated by loss of functionality; dignity understood as identity and thirdly, autonomy, the desire for self-determination and control over the dying process. They observed that across the

studies they reviewed “the loss of physical function linked to perceived dependency is the strongest mediator of a loss of perceived dignity” (292)

The authors of this study assert that loss of dignity is not an inevitability tied to loss of function and increased dependence…

> “this is because the value judgement comes later, and it is then in their a posteriori attributions that patients may come to feel that they have lost something of their dignity, or, on the contrary consider that despite their illness they can continue to live with a degree of normality or give meaning to their new situation” (286)

This possibility of maintaining dignity despite diminished function and increased dependency is illustrated by the principal informant of a study conducted by Chochinov (2002, 2257).

> “If somebody has to go and wipe off my private parts, well, that is what they do and I am sorry, I didn’t do it on purpose but that is their job and I can allow them to do it. I don’t see that as having anything to do with my dignity”

This quote also underlines the profound difference between care delivered by a professional who is compassionately doing their “job” and care delivered by loved ones and relatives. Numerous informants in the studies quoted in this section did not want their relatives or other visitors to witness their perceived loss of dignity and if they did witness it dignity was further undermined in a vicious downward spiral . Chochinov (2002, 2259) concludes his report by asserting that dignity can be maintained by an approach to care that is as much to do with the attitudes of the carer and how they see the patient as what care actions they perform.

> “Affirmation can remind the dying of their dignity which is precisely what it means to comfort the dying. When dying patients are seen, and know that

> they are seen, as being worthy of honour and esteem (of respect) by those who care for them, dignity is more likely to be maintained" (my parenthesis)

Many of my clinical informants emphasised the dynamic nature of palliative care and the changing needs and expectations of patients as they approached death. This observation is reinforced by another meta-analysis of palliative care patients conducted by Guo and Jacelon (2014, 938).

> "As dying patients move towards death increasing dependence and loss of autonomy, intrinsic dignity may begin to give way to extrinsic dignity increasingly becoming a construct dependent on others".

The same study identifies the importance of an environment at end of life characterised by calm, safety and privacy. Although the authors do not spell this out I would argue that the very useful notion of "extrinsic dignity" is a good example of the extended mind in action. The affective burden of maintaining dignity in the face of the challenges of progressive functional disability and "leaky bodies" (a term used by a number of nurses I interviewed) is born by patients, their carers and the environment of care. Together these three elements co-constitute the emergent affective state of dignity possessed by patients, carers and the environment. Dignity becomes an attribute of the system.

Rodríguez-Prat & Escribano (2019, 293) discuss the distinction between the lived and the biological body and the way illness is experienced as "the disintegrating world of a particular person" and advocate interventions that seek to address "the sense of lost identity, disintegration and loss of self or essence that some patients report". I argue below that the needs for containment and the reinforcement of

identity are supported by homelike environments. They (2019, 293) also emphasise that the nature of the care patients receive, and the patients awareness of their carers empathy and concern, is a determinant of their maintenance of dignity.

> "The recognition and understanding by others of their (the patient's) physical symptoms suffering and pain could help to generate new attitudes and strategies for coping with illness from a more positive perspective"

In her essay on respect Dillon (2018) describes Kant as the most influential philosopher on the subject. According to Dillon "Kant's ethical theory is the claim that all persons are owed respect just because they are persons, that is, free rational beings. To be a person is to have a status and worth that is unlike that of any other kind of being: it is to be an end in itself with dignity" . Treating persons as ends in themselves means not treating them instrumentally as mere means to the ends of others.

Elsewhere Dillon (1992, 70) describes respect as something that we render, which is focused on objects and which involves "acknowledging and answering an objects claim to be entitled to or deserving our attention and some further appropriate response". Dillon describes the Kantian view that persons "capacity for rationally autonomous moral agency" makes them matter morally. The respectful stance towards others involves stepping back to allow them to exercise their rational moral agency and achieve their ends unfettered. However there are other more engaged modes of respect which recognise persons as specific individuals rather than generic examples of dignified personhood. Dillon (1992, 73)

describes these as “care respect” which acknowledge individuals concrete particularity and self-definitions and which recognises that “we cannot be entirely independent and self-sufficient for we have needs and wants that we cannot satisfy on our own. So respecting persons involves more than refraining from interference it requires caring for them in the sense of helping them to pursue their ends and satisfy their wants and needs”. I think this notion of “care respect” when directed at very ill patients, with severe dignity-threatening functional deficits, or at the bereaved, overwhelmed by grief, is very similar to Guo and Jacelon’s “extrinsic dignity” and to Rodríguez-Prat & Escribano’s dignity enhancing empathic care.

There is a tension in “care respect” between treating all people the same by virtue of their common humanity and recognising and responding to their individual circumstances, needs and self-conception. We need to acknowledge that “each of us at some points in our lives, particularly at the end points, needs to be *cared for”* (Dillon 1992, 76). Dillon is realistic, admitting that “attention, understanding, responsiveness, promoting the other’s good and so on are all activities which admit of degree”. We cannot “pull out all the stops for every individual”.

3.3 Dramaturgy & Impression Management

A high proportion of the Fund’s ECEL projects addressed the emotional needs of the bereaved, entailing the creation or refurbishment of viewing rooms, in which to spend time with the deceased, and bereavement suites. The beneficiaries of these projects are the people who survive, whose abiding memory of their loved one’s

death and the treatment of their remains is the legacy of the hospice's or hospital's care. More cynically these are the people who will register compliments or complaints of their and their loved ones experience or who may become donors to the charity.

These viewing room and bereavement suite projects in particular have a dramaturgical aspect. Such spaces can be thought of as stage sets on which is played out the drama of bereavement and for which a certain atmosphere needs to be created. The desire for a particular atmosphere also extends to the facilities for the living patient as the Fund's informant quoted above says "the atmosphere should be of belonging to a kind, caring community with the sanctity of your own room".

I discuss the issue of atmosphere in more detail later but it is worth noting here that Böhme, a leading theorist of atmosphere, entitled the third chapter of his book (Böhme 2017, 28) "the art of the stage set as a paradigm for the aesthetics of atmosphere". For Böhme the purpose of a stage set is to create an atmosphere that is conducive to the performance being staged and it does this by manipulating light, sound and objects in such a way as to create certain phenomena.

> "The manipulation of objects serves only to establish the conditions in which these phenomena can emerge. But this is not achieved without the active contribution of the subject, the onlooker" (Böhme 2017, 31)

Atmosphere "floats between things and perceiving subject" but the fact that "tuned spaces" or atmospheres can be produced by designers and engineers in this way "rids atmosphere of the odour of the irrational". Böhme (2017, 33) references

Schmitz (1999) discussion of Speer's "technology of impression" (Eindruckstechnik) deployed by the Nazis for propaganda purposes at events such as the Nuremburg rallies. In this example the purpose of the stage set was not only to generate an appropriate atmosphere for participants but was an exercise in "impression management" directed at both participants in the events and the wider world. The concept of "Impression management" has its roots in the sociology of Goffman (1959) which focused on individual's performative manipulation of the impression they give to others in social interaction but has been expanded (Rosenfeld, Giacalone, Riordan 1995) to address organisational endeavours to manage the impression they corporately create in the public domain.

Reference to the Nazi party and corporate impression management makes the process sound sinister and cynical but it need not be so and as Goffmann claims it is a ubiquitous aspect of social life. Böhme (2017, 33) also argues that "staging has become a basic feature of our society; the staging of politics, of sporting events, of cities, of commodities, of personalities, of ourselves" and Fuchs (Fuchs 2010 quoted in Turner 2015, 8) has asserted that the "theatrum mundi is the postmodern condition". I think that the projects described by the ECEL and related programmes demonstrate enhancements to the environment for care at end of life together with two modes of dramaturgical, impression management. In the next section I will briefly describe this model and some of the mechanisms I believe to be in play.

3.4 How improving environments for care at end of life work

The maintenance of patient dignity in palliative care is the most frequently cited intent for the enhancement projects cited, although the mechanisms are far from clear. Based on the nature of the schemes and the comments of informants quoted above I think these enhancements work something like this…

1. The environment is improved, generally by making it lighter, brighter, with better access to the outdoors, more "homely" and with greater control of the micro-environment of rooms (heating, lighting, privacy etc.). I discuss in chapter 6 the unpretentious, patinated nature of homelike environments and the therapeutic benefits of homeliness. None of these schemes is particularly noteworthy or inspiring but this is not intended as a criticism. As Dillon observed above, adaptation to individuals specific wants and needs is a matter of degree and when that adaptation involves rather inflexible capital programmes it may be safer to adopt an anodyne middle ground. As the above informants stated "colour doesn't matter" and "whether you go Scandinavian or are into chintz is neither here nor there". The highest aspiration seems to be to make it "nice not frightening" and not too "posh".

2. Home-like atmospheres and access to views and natural light etc. have benefits in terms of wellbeing but the philosophy of dignity and respect points to another more beneficial mechanism at play. As one of the informants says, they wanted the scheme to show patients (and/or loved ones) that "we thought

about this and we care about you". Communicating this message through the quality of the environment is an exercise in dramaturgy, in impression management. I would argue that a significant therapeutic aspect of the environment is that it conveys, through this mechanism of impression management mediated by materiality, "care respect" or that it constitutes an aspect of "extrinsic dignity". It is an affirmation of the worth of the individual inhabiting the space. The enhanced environment does not just symbolise the same care respect as demonstrated by the staff, it enacts it and is an example of what Malafouris (2013) terms "enactive signification".

3. This demonstration of worth may also work to alleviate the patient's fear of being a burden to their loved ones. By enacting care respect the environment reassures relatives that the patient is in good hands. This relieves their concerns and in turn relieves the concerns of the patient for their loved ones concerns. I discussed this positive feedback loop with a number of my informants for whom it seemed accurate as many patients are very concerned for those they are leaving behind and are anxious not to be a worrisome burden to them. From personal experience I have seen the negative impact of poor environment on relatives. My partner's father was sectioned to a decaying 19th century asylum for an episode of acute depression. For her the greatest distress was having to "leave him in that place". In any "how are things going for me?" self-appraisal the environment could only have contributed to the conclusion "not well".

4. I argue that there is another dimension to the dramaturgy of the projects in the role they serve for the impression management of the host organisation. Not only do the schemes declare “we thought about this and we care about you” but they also declare “we are the kind of organisation which thinks about these things and cares about you, we are also worthy of respect”. This message is communicated to the users of the space who are the potential leavers of reviews and financial legacies and to the wider “marketplace” of competing charities and NHS quality assessment and procurement.

I suggested earlier that descriptive terms such as banal, anodyne and nice, which could very well be applied to the schemes sponsored by the Fund and The Prince’s Trust, may not be criticisms. It could be argued that by nodding to homeliness and by delivering a quality environment relatively free of the professional imperatives of clinical practice these schemes are material instantiations of “care respect” and “extrinsic dignity”. Pérez-Gómez (2016, 180) in his discussion of the relationship between architecture and poetry quotes from the poet Keats (1818 in O’Donohue 2004, 80) that “poetry should be great and unobtrusive, a thing which enters into one’s soul, and does not startle or amaze it with itself, but with its subject”. Pérez-Gómez goes on to say that “it could be argued that in architecture the subject is not a building, but the meaningful event made present: life itself. This immediately points to the limitations of any position that regards architecture’s aims as that of “aesthetic” object”. This suggests that

even the most impressive stage sets (think “Oliver!” or “Phantom of the Opera”) should be there to complement the mood of the piece. Conversely the most modest, understated design may be critical to the creation of the required mood. Samuel Beckett, famous for his obsessive control of all aspects of the production of his plays, wrote in outrage in 1984 before suing the theatre company.

> “Any production of Endgame which ignores my stage directions is completely unacceptable to me. My play requires an empty room and two small windows. The American Repertory Theatre production which dismisses my directions is a complete parody of the play as conceived by me. Anybody who cares for the work couldn’t fail to be disgusted by this.” (Badham 2015)

A minimalist, unobtrusive but atmospheric setting was not marginal or optional. Without the complementary environment, actors, script, plot etc. were rendered a “complete parody”. Agency and aesthetics are different things. As I discuss below Heidegger’s farmhouse and a rural stone bridge may have the same agential capacities as a Greek temple.

A frequently cited rationale for these schemes is to enhance the dignity of the patient. Care respect and extrinsic dignity are performative. Dignity is performed in these spaces and by these spaces. As Pallasmaa (2016, 7) observes.

> “Architectural spaces are not just lifeless stages for our activities. They guide choreograph and stimulate actions, interests or moods…..Every space, place and situation is tuned in a specific way, and it projects atmospheres that promote distinct moods and feelings. We live in resonance with our world and architecture mediates and maintains that very resonance”.

These enhancement schemes are not mere symbols of respect, they enact respect and are an integral part of an ecology of dignity created through, and co-

constituted by, the actants:[6] patient, loved ones, professional carers and building. An ecology which benefits loved ones, care staff and the community almost as much as the patient.

Kreuger and Colombetti (2018) discuss the relationship between affective states and the material environment and the ways in which these relationships are disrupted by psychopathologies such as depression and schizophrenia. They outline the ways in which individuals curate the "affordance spaces" they occupy in order to regulate their affective states through the mechanisms of niche construction and scaffolding which I discuss in section 4.4.3. There key assertion is that:

> "Experiencing reliable (i.e. trustworthy) access to things and spaces around us – the constituents of our material environment – is crucial for our ability to stabilise and regulate our affective life on a day to day basis. These things and spaces often play an ineliminable role in shaping both what we feel and how we feel it; when we interact with them they contribute ongoing feedback that "scaffolds" the character and temporal development of our affective experiences like mood and emotions" (Kreuger and Colombetti 2018, 222)

Those who control their personal environments at home and work can curate them as they wish within the constraints of cost and availability. The occupants of institutions, especially those lacking physical capacity, don't have that freedom. For them the dwelling environment is largely, to use Pallasmaa's (2016, 12) term, a "gift, in the sense that the designer has given birth to the other's home as a

[6] A term coined by Latour (e.g. 2005) to emphasise the symmetry between social and non-social (e.g. technologies) agential elements of a network.

surrogate mother gives birth to the child of someone who is not biologically capable of doing so herself". As Kreuger and Colombetti emphasise, and as was emphasised by Clark and Chalmers in their original formulation of the extended mind hypothesis, for the affordance space to do its job, reliable access needs to be guaranteed. If it is not trustworthy, if it can be denied at any moment, it ceases to exercise its regulatory role and becomes a source of anxiety in itself. "We thought about this and care about you….*for a little while*" is a very different message and demonstrates that regimes of care and protocols of access control may be antagonistic to the dignity and wellbeing-enhancing aspirations of the kinds of environmental schemes discussed. The tension between modes of wellbeing and time bounded regimes of care is discussed more fully in section 7.5.1.

4 The building's defence: lessons from the attempted closure of Pilgrims Hospice

This case study describes a failed attempt to close a hospice in-patient facility in Canterbury which was part of the Pilgrims Hospice in Kent. I first describe how I came to access this data and then briefly set out the sequence of events focusing particularly on the reaction of the community served by the hospice building. I believe that this case study constitutes a powerful example of the emotional relationship between the community and the building and that the events and the rhetoric deployed during the debate on the future of the hospice can be illuminated by archaeological, philosophical and psychological theories which I will then outline.

4.1 Background

As a contribution to Hospice UK's SLP my colleague Steve Dewar developed a case study based on his experience of working as a consultant for Pilgrims Hospice helping them to explore strategic options. This project was known within Pilgrims as "The Future Hospice Programme" (FHP). I interviewed Dewar about the project and he agreed to share the relevant files. These consisted of: a substantial folder of press cuttings referencing the Canterbury building closure proposed by the FHP; an hour and twenty minute recording of the first (and last) public meeting called to discuss the closure; 20 spiral bound volumes with plastic covers totalling 3136 pages. These volumes included: all of the Facebook

postings to the “save Pilgrims Hospice Canterbury” page; all of the “reasons for signing” the www.change.org petition set up to stop the closure plans for the Pilgrims Canterbury building; progress reports; external communications; working papers of the subgroups; internal communications and papers prepared for the trustees.

Reviewing this pile of documents two things struck me regarding contents and form. Firstly this was a comprehensive record of a very thorough project. It provided a detailed analysis of the economic and service implications of the proposed closure and its strategic rationale and recorded the elaborate process of wide internal and external engagement in options formulation and analysis. Secondly, these documents were not a tatty pile left over from a failed project but were systematically and expensively curated. They were a record of, and memorial to, the project. I asked Dewar about the aesthetics of the documentation and the reasons for it. He said that after the difficulties of the CEO and Chair leaving (described below) he “felt emotional. I went back and felt quite lonely with it. My way of dealing with it was to collate. Something very interesting has happened here. I can’t look at it but I don’t want to lose it”.

4.2 The FHP and its backlash

Pilgrims Hospice Canterbury was founded in 1982 “as a result of five years of fundraising by a small but dedicated team led by hospice founder Ann Robertson, a former nurse and midwife” (http://www.pilgrimshospices.org/about-pilgrims-hospices/the-pilgrims-story/) In addition to this original and oldest building there

are new purpose built facilities in Ashford and Thanet. The Pilgrims website describes itself as “funded by the community for the community” with 75% of the organisation’s funding coming from donations amounting to approximately £11million per annum, the balance coming from the NHS.

Fig. 5. Pilgrims Hospice Canterbury (Photo – Google Images 5/10/17)



In the Summer of 2013 Pilgrims was facing an annual deficit of £1million and initiated the strategic review of their services. On May 7th 2014 they announced plans to close the Canterbury building and move services out into community settings by 2016.

The chief executive, making the case for this decision in the Kent Messenger newspaper stated that:

> “We know that whilst we have been able to provide this support for many it is still only a small proportion of those who need it, with the majority (almost 90%) dying in hospital, care homes or their own home….So we need to be

> responsive to these needs and change the way in which we deliver care to ensure that, while we have enough hospice beds to serve east Kent, which we are fully committed to providing, we also provide a greater level of hospice care out into the community….That is the challenge, which Pilgrims is taking up – to deliver the same care that a patient would receive in a hospice bed but out to a number of locations across the community when and where it is required".

On May 8th, the day after the announcement, a Facebook page "Save-Pilgrims-Hospice-Canterbury" had already been set up together with a www.change.org petition to keep Canterbury open. The protest movement received the support of both the Kent Messenger and the Canterbury Times. The Facebook page went on to rapidly garner 13000 "likes" and the petition collected 18000 signatures.

In defending the FHP and the closure of the Canterbury site the CEO repeatedly: acknowledged the emotional reaction to the closure; emphasised the logic of the plan and reinforced the de-materialisation message separating the hospice from the building. In the Canterbury Times Online of May 8th he said.

> "We still need peoples support to keep going even though we will be operating in a different way. It is an emotional time for everyone but the clarity of what we want to do in the future makes so much sense. *Hospice care is a philosophy of care*, it involves education, training and research. *Ultimately it's not about buildings it is about the quality of care* and we are still going to do that" (my emphasis).

In similar vein, at Kent Online (the web channel of the Kent Messenger) on May 12th he stated that

> "…we know the emotional attachment the Canterbury site has with local people. But of our three sites Canterbury is the oldest and would need considerable investment in the future. We have considered our future with all our staff who we know are saddened by it too. *But Hospice care is not*

> *about buildings and we believe we can reach more people who need us out in the community"*. (my emphasis)

In an email exchange between trustees on May 15th one of the trustees wrote the following.

> "..what this week has brought home to me is that whilst I, with our Founder (Ann Robertson) have always thought of "one Hospice" it appears that there is a very commonly held view that there are 3 separate entities. Supporters, volunteers, staff, and to my astonishment some senior health service folk actually firmly believe this. To an extent we may have unwittingly encouraged this idea…Separate local hospice boards, with attached Trustees, separate fundraising events, separate awards ceremonies, separate management (and clinical) arrangements and so on.…in this context the logic of closing Canterbury disappears as Canterbury folk do not see themselves as being part of either Ashford or Thanet and therefore beds in their locations are not acceptable".

For the governance group of the hospice, it came as a revelation that the Pilgrims organisation was a largely invisible abstraction. In the eyes of protestors the identity of the hospice was vested in the localities, the communities which supported the hospice and the buildings which served them. The trustee also points out that this identification and concretisation of Pilgrims in its individual localities and buildings had served the organisation well in terms of building community support, fundraising and providing a venue for symbolic events such as "awards ceremonies".

By this time this reality was being partially acknowledged publicly. Also on April 15th a healthcare assistant in the "Hospice at Home" team posted an article on the

Pilgrims website headlined “People are scared of being left unsupported – that’s not going to happen”. In the article she goes on to write.

> “Generally, what Pilgrims is doing is very positive. By increasing resources for us to nurse people at home…..but taking away the safety blanket of being able to see the hospice building has caused instant panic and people can’t understand what’s happening…..I think once people hear the full story it’s a little easier to accept. They are frightened of being left but that is not going to happen”.

This brief article points to a number of important issues in the dynamics of the protest. Firstly that the community don’t trust the invisible domiciliary service in the same was as they trust the building. Secondly that the existence of the building is a “safety blanket”. Thirdly that the “people” who are fearful of “being left unsupported” are not just existing patients (closure was scheduled for two years ahead) but those who believed that they may need the hospice in the future. The “safety blanket” role taken on by hospice buildings implies the provision of psychological and spiritual reassurance without which “panic” could ensue. Such reassurances are key ingredients of the service of the hospice as envisioned by Saunders but in this case they apply more to the wider community in an anticipated future rather than to patients and their loved ones in the present.

On May 30th an acrimonious public meeting to discuss the closure was attended by 500 people. Commenting on this meeting in his column in the Canterbury Times the local MP for Canterbury and Whitstable, Julian Brazier who chaired the meeting described it as “one of the most difficult meetings of my life”. He identified

the rhetoric of a management focus on service quality rather than buildings as being particularly problematic.

> "Points about the need to get good practice into hospitals, where most people die, rather than just focusing on those in the hospice itself (he means here the hospice building, again perpetuating the ambiguity of the term; building or organisation or service), cut no ice – partly because the panel kept using the phrase "stop spending on bricks and mortar". That was the slogan of the ghastly EKHA (East Kent Health Authority) bureaucrats who tried to close Kent and Canterbury (the local general hospital) ten years ago". (my parenthesis)

He went on to assert his belief that the hospice should maintain the full 16 bed inpatient unit in Canterbury and that there was a clear message that "shifting resources from hospice beds to outreach will not command public support for fundraising and that is the life-blood of this much loved service".

By early June of 2014 the closure plans had been abandoned and the Chief Executive had announced his resignation. This was followed shortly by the resignation of a the Chair of the Board of Trustees, a doctor who had been an advocate of the plans.

4.3 The Campaign Rhetoric

In reviewing the Facebook campaign, the reasons for signing the online petition and interviews with, and letters to, the local press, three characteristics seem worth highlighting. Firstly the highly emotional tone of moral outrage and incredulity combined with imputations of incompetence and immorality on the part of those proposing closure. Secondly arguments which bore no relation to the

current reality of death in the UK nor to the expressed wishes of the majority of citizens. The current “reality” according to a Marie Curie Trust report of 2014 is that about 4.5% of people die in hospice buildings whilst 54.8% die in hospital. When asked where they would prefer to die 63% say in their own homes (20.8% currently do so) (https://www.mariecurie.org.uk/globalassets/archive/www2/pdf/patient-choice-v-cost_graphics.pdf). The figures vary according to the survey but the pattern is consistent. The overwhelming majority of people declare a preference for dying in their own home (between about 63 and 82% in the papers referenced) and most hospice care is delivered in patients homes or in day care to which they travel from home. Despite this the majority continue to die in hospital. Thirdly, many of those protesting prefixed their objections with brief descriptions of the outstanding care delivered by the hospice to their loved ones in the past. Occasionally there was an explicit acknowledgment that the hospice building provided a memorial, a place of remembrance for the person who had died there.

Two distinct types of comment are distinguishable a) arguments mustered to counter those of Pilgrims management and b) appeals to the emotional needs fulfilled by the hospice, particularly as a place of safety (often with the implicit assumption that a local hospice bed would be available when needed for local citizens) and as a memorial for the bereaved. Many posts combined both elements. I took a random sample of two hundred “reasons for signing” the petition of which 49% made specific reference to relatives or friends who had died in the Canterbury hospice. The main categories of argument were that a) the

process of formulating the strategy was flawed, b) neither hospitals or home were places to die and c) buildings mobilised fund raising support without which the organisation would collapse. Emotional appeals focused on the building as a reliable place of safety should it be needed and as a memorial for those who had died there.

On July 31st 2019 St. Margaret's Hospice in Somerset announced the closure of its twelve bed inpatient facility in Yeovil due to "financial pressures and staff shortages". It plans to leave open its IPU in Taunton. Using the same strategies as the people of Kent local supporters immediately formed a "Save St. Margaret's Hospice Taunton" Facebook group which gained a membership of 13500 members and a change.org petition which garnered >36000 signatures. The arguments they mustered online and during the public meeting on August 14th 2019 (https://www.youtube.com/watch?v=eb313qe33mc) were virtually identical to those outlined above. Pilgrims was not a unique case. Despite the Somerset protestors efforts the Charity Commission found in favour of the trustees closure decision and the unit is to be closed.

Many of the arguments against closure of the Canterbury (and Somerset) buildings focused on matters of trust. One correspondent described the core purpose of the hospice as "providing dignity in death". Only when patients and carers were contained within the walls could patients be assured of the dedicated attention and care which would deliver against this core purpose. The chaotic,

multifunctional, overstretched hospital and the intangible, intermittent visit from the palliative care team at home were unable to provide the necessary level of focus, presence and therefore assurance. They were not trusted in the same way. It was claimed that they did not allay the anxieties of dying either for the patients and their loved ones or for the community and they therefore could not mobilise the financial and volunteering support of that community.

4.4 Summary of the Campaign – Sources of power.

The hospice building has profound significance for four groups of people. For thousands of people in the community who are looking back it is the locus of memories of the last days of loved ones and a memorial to them. For those working in hospices as employees or volunteers the building is the place of meaningful and fulfilling work. For those being treated in the hospice and for their loved ones it is a place of safety and companionship, of relief of suffering and, to some extent, fear. For those in the community living in “the shadow of the future” (Axelrod 1984) it holds out the prospect of sanctuary should they need it and alleviates anxieties about their own death.

The FHP failed to acknowledge the emotional needs of three key constituencies described above whose focus was the past and present. It was also unable to persuade the community that the greater good would be served by closing the building and increasing care in the community. I suggest that this was in part because it underestimated the power of the building’s presence to allay the community’s anxiety that care would be available if they needed it in the future.

In the remainder of this section I analyse several sources of the power of the building to defend itself against closure. I start by describing how the building achieved the status of a sacred space through attempts to desecrate it. With reference to theories of fetishisation I then outline the way in which the hospice building came to concretise its ethos and to stand in for the whole organisation. In 4.4.3 I return to the subject of the extended mind and its related concept “niche construction” (Sterelny 2010), in particular “affective niches”. By reference to Clark’s (2005) concept of “surrogate situations” I explain how the ineffability of death was given a “local habitation” in the building. I move on to discuss the closure from the perspective of three psychodynamic theories: Terror Management Theory (Becker 1973) linked to Malafouris’ (2013) concept of “enactive signification”; melancholy objects (Gibson 2004) derived from Winnicott’s (1953) concept of “transitional objects” and thirdly Kleinian concepts of anxiety containment (Obholzer, Roberts 1969). Finally I describe the relevance of Hodder’s (2012) notion of “entanglement” to explicate why management may have underestimated the complexity of closing one of its facilities.

4.4.1 Sacred Spaces

In my interview with Dewar he attributed the failure of the FHP as follows.

> “I and the executive team had not understood how the sense of place was so much part of peoples therapeutic experience of hospice and that formed such an important component of their attachment to the organisation even though the organisation had regularly exploited that in terms of pushing the identity of the separate places, holding fetes and events in the gardens, paying for paving stones in a memory walk in the grounds etc. So there had

> been a blind spot in recognising that this was going to grate no matter how rational. You were undermining and degrading a relationship with, I'm tempted to say, a sacred space."

Linenthal (2011, 278) mentions a remark by his co-editor of "American Sacred Space" (Chidester, Linenthal 1992) to the effect that "any place capable of suffering desecration must be by definition sacred. One cannot, after all, desecrate ordinary space". I would argue that if Pilgrims Canterbury was not recognised as a sacred space to begin with it became so during the attempted process of its desecration. In the introduction to their book (2) Chidester distinguishes between two types of desecration; defilement and dispossession. He describes the former as "a violation of the ritual order through which the purity of a sacred space is maintained" which is relatively easy to deal with by rites of purification or exclusion. Dispossession is more problematic because it involves struggle over the meaning of sites.

> "Who for example has the power to decide. Who is at the centre and the periphery of ritual expression?....Who, in other words, gets to publicly situate what a place means and for whom it is intended". (Chidester, Linenthal 1992, 2)

For five years before its founding and thirty two years after it opened the founders, governors, employees and volunteers of Pilgrims and the community of Canterbury had worked to craft the Canterbury Hospice and to create, perhaps unwittingly, a sacred space. They created a place of care which was also a memorial for to those who had died there and an "enactive sign" (Malafouris 2013) a promise of presence, commitment and care, an assurance that (with the continuing financial and volunteering support of the community) they would always

be there when needed. The sacralisation of the Canterbury building left it vulnerable to desecration. The protest movement described was mobilised to defend against the attempt at dispossession initiated by the management team and enacted in the FHP.

4.4.2 Fetishisation of the building

To understand why the management's health economics arguments and disparagement of bricks and mortar "cut no ice" a brief discussion of some elements of the theory of fetishes may be useful. Concretisation is one of the key processes in the creation of fetishes as described by Ellen (1988) in which the abstract becomes objectified and takes on material form. However, as Ellen (1988, 222-223) describes, concretisation comes at a price. "As society finds it necessary to deal with notions of increasing abstractedness by objectification there is a propensity to ignore the wider setting from which they are derived….Moreover fetishes are frequently metonymic in that one part of something substitutes for the whole. It is significant that is often "parts" of saints or holy things that are fetishes". I would suggest that this is what had happened in Canterbury. The building had become the hospice and in the process the relative abstractions of "philosophy" of care and the increasing delivery of virtualised hospice care in other settings had disappeared. Even when, in practice, most of the care was taking place somewhere else the Canterbury building had become the whole hospice. In the parlance of criminal justice Canterbury has "previous" for this kind of behaviour. In a discursion (223) Ellen observes that "In my own

Cathedral city - Canterbury - though the bones of Thomas Beckett were taken upstairs to a new shrine in 1220, pilgrims continued to venerate the empty tomb in the crypt"

Pels (2010) outlines Gell's (1998) discussion of Congolese nail fetishes the *nkisi.* These gain their power to arbitrate in tribal matters by a process which involves an occult expert helping a tree to ingest the power of the memory of a proficient hunter. The sculpture then made from the tree releases its power when a nail is driven into it. As Gell (1998, 62) describes the nail fetish becomes "the visible knot which ties together an invisible skein of relations….for these relations have produced this particular thing in its concrete factual presence; and it is because the relations existed that the fetish can exercise its judicial role".

As Pels (2010, 633) observes "it is the visible presence of the abductions of agency that give the nail fetish its power that allows it to be an agent". In Pels description the fetish, as with all "magical things" is an index of distributed agency put to "an explicitly acknowledged use". I believe that there are strong similarities between the nkisi and the Pilgrims Canterbury building. Both are indexical symbols, magical things, visible knots tying together an invisible skein of relations. In the case of the Canterbury building these include the founder and thousands of people dead and alive across Canterbury over a period of thirty seven years. Both are put to explicitly acknowledged use. In the case of Canterbury a locus of care, a memorial and an enactive signification of reliable care. Both also have agency.

In the case of Canterbury the agency of interest is its ability to mobilise the community in its own defence.

4.4.3 The Extended Mind in operation

I have discussed the extended mind and the notion of the “parity principle”. In MET Malafouris (2013, 76) is clear that a simplistic interpretation of the parity principle which appears to “be a mere functional isomorphic interpretation” is inadequate and that whilst MET “subscribes to a locationally neutral account of cognition it is not a substrate neutral account”. What minds are made of matters as much as how they are functionally organized.

Malafouris (2013, 77) introduces the “hypothesis of the constitutive intertwining of cognition with material culture” the main postulate of which is that “if we accept that the mind evolves and exists in the *relational domain* as our most fundamental means of *engaging* with the world, *then material culture is potentially co-extensive and consubstantial with the mind*.”(original emphasis). He summarizes that “thinking is not something that happens inside brains bodies and things; rather, it emerges from contextualized and culturally specific processes that take place “between” brains, bodies and things”.

Malafouris uses the creation of Mycenaean Linear B script on clay tablets as a case study to describe the culturally contextualized reconfiguration of the cognitive system substituting human reading for human memory and creating a new ecology of memory which cannot be accounted for by the properties of persons or

things but by their hybridization and synergy. “Cognition has no location. The active mind cannot be contained, cognition is not a “within” property, it is a “between” property”.

For my purposes there are important variants of the notion of the extended mind. The first is attributable to Sterelny (2010) who describes Clarke and Chalmers “active externalism” (the assertion that cognitive states and processes can be at least partially external to the body) as a special case of a more general phenomenon described as “scaffolding” which Sterelny relates to the evolutionary concept of “niche construction”. The archetype of niche construction is the Beaver whose dam building changes the ecology for the beaver creating a niche which enhances its chances of survival and reproduction. So much is the dam an extension of the beaver that Dawkins (1982) has described it as an integral element of an “extended phenotype” as are the nests of birds or the mounds of termites. Analogous to the beaver’s dam Sterelny (2010, 470) describes a process of “epistemic niche construction” in which humans use a variety of tools and technologies to “scaffold intelligent action, including written language, mathematical notation, calendars, watches, telescopes and computers” (Colometti, Keruger 2015, 1158). Such tools and their use are transmissible across generations through processes of social learning (Sterelny 2010).

Sterelny identifies a number of dimensions on which environmental cognitive scaffoldings vary. The most important for this argument is trust. “The more agents trust a resource the less they will see themselves as needing redundancy or other

insurances against failure" (Sterelny 2010, 473). There are a number of attributes which may be viewed as markers of trustworthiness and Sterelny identifies that shared informational resources may be trustworthy precisely because they are shared. Contributing to trust is the taken-for-granted "entrenched" nature of the resource particularly, as with hospices, where this resource has been collectively created and is collectively used. Entrenchment in the community and the community's continuing investment in the resource adds to its status as an environmental niche of psychological and cultural significance. The hospice physical presence, its maintenance within the community through donations, volunteers and supporting shops and events combined with their service delivery to generations of the community will contribute to their being trusted and culturally entrenched, collectively used and maintained.

Colombetti and Roberts (2014) further elaborate the notion of the extended mind to include affective states such as dispositions, moods and emotions. One of the logical foundations of this view is that it simply doesn't make sense to distinguish between archetypal cognitive activity such as "intelligent problem solving" and affect. This point has been well made by Damasio (1994) and others who cite considerable empirical evidence of the close coupling between emotion and decision making. Colombetti and Kreuger (2015, 1162) explore a variety of ways in which the external world can scaffold affective states and can be manipulated, consciously and unconsciously to create "affective niches". For example they describe the ways in which mobile technologies for playing music allow us to "delegate the task of regulating certain features of our emotions to music" or the

choice of clothing which can moderate our mood by for example choosing bright colours on a dull day or soft cosy fabrics denoting not just warmth but safety.

Colombetti and Kreuger (2015, 1172) also describe the affective impact of the design of religious and spiritual spaces citing for example changes in the configuration of churches within the Catholic faith. In the 1960s the celebration of the Eucharist changed, the priest started to face the congregation from across the alter and the alter often moved down from the elevated chancel into the nave surrounded by pews. These changes enabled a closer intimacy and sense of dialogue between the congregation, the priest and God. Not only did this rearrangement create a different kind of affective niche but it had intergenerational impact "influencing the experience and expectations of subsequent generations of worshippers inhabiting the space"

Day (2004) and Clark (2005, 9) also focus on the wealth of material culture related to religion by way of Clark's notion of "surrogate situations".

> "By a surrogate situation I mean any kind of real world structure that is used to stand in for or take the place of some aspect of a certain target situation. By target situation I mean any actual, possible or at least superficially possible real world event or structure that is the ultimate objective of my cognitive endeavour"

In Clark's (2010) view the more ineffable the target the more the need for surrogate situations. According to Day (2004) the material culture of religious practice anchors (or scaffolds) a reaching out "towards the realm of the invisible, untouchable and barely conceivable" (Clark 2010, 24). Quoting Boyer (2001, 4)

Day believes that this anchoring of religion by the material culture creates a cognitive/affective niche which “gives an airy nothing a local habitation”. I would suggest that the ineffable nature of the existential threats of illness and death is given a local habitation in the hospice building the “surrogate situation” which stands in for the contemplation of death.

The idea of the hospice as an affective niche fits with the declarations of “relief” in the Facebook and petition accounts of the admission of the terminally ill to Canterbury by their bereaved and is consistent with my recent experience as a volunteer working in St. Christopher’s. What may be less obvious is the affective impact of the presence of the hospice on the community it serves. I believe that the hospice is an affective extension of the minds of members of the community. An entrenched, collective niche, constructed by the community through donations and volunteering. It’s significance and the trust placed in it is reinforced by its physical presence and through the culturally transmitted experiences of those who have lived, died and worked there as patients, families, staff and volunteers. It is capable of mobilising resources in its own maintenance and, when threatened, in its own defence.

4.4.4 Psychodynamics and the Agency of Buildings

Managing disease and disability is the primary function of healthcare organisations and dying the raison d’être of hospices. These topics generate deep atavistic anxieties and unconscious defence mechanisms which have been usefully addressed by the psychodynamic theory of groups and institutions

(Jaques ,1955; Lyth, 1988). In this section I outline some of this theory and relate it to enactive signification and the material agency of hospice buildings. The three sets of theory I address are “Terror Management Theory”; “Melancholy Objects” and the containment of anxiety.

4.4.4.1 Terror Management Theory and Enactive Signification

Terror Management Theory (TMT) (Burke, Martens, Faucher 2010) was developed by Becker (1973) as an explanation for the prevalence of humans search for meaning and self-esteem. He saw this search as a response to mankind’s awareness of its own mortality and asserted that:

> “the fear of it (death) haunts the human animal like nothing else; it is a mainspring of human activity – activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny of man” (Becker 1973, xvii)

According to TMT people defend themselves against death anxiety by proximal defences which push back the imminence of death to the distant future. More significantly they defend against anxiety by believing in their own literal or symbolic immortality. Literally through resurrection after death and metaphorically through their continued existence in the legacy of their children, their achievements and in the memory of loved ones etc. To bolster these immortality defences people cultivate a) belief in the validity of a cultural world view and b) their belief that they are meeting or exceeding those standards and values i.e. their self- esteem.

In psychological investigations of TMT the variable which has most often been manipulated is “Mortality Salience”, that is increasing awareness of death. According to TMT a raising to consciousness of the prospect of death with its attendant anxieties will increase the need for protection provided by subjects world view. It will also negatively impact their response to others who may appear to undermine that world view or positively affect their response to those who support it. Experimentally this dynamic has been validated by Greenburg et al (1995, 1222) who proposed that what they termed “cultural icons”, reified abstract concepts of the world view, provided a “tangible focus for their (subjects) allegiance to the cultural precepts”. Thus these would be treated with greater reverence and defended more vigorously against attack in the presence of enhanced Mortality Salience. (I suggest that in the current (April 2020) Covid-19 pandemic the quasi-religious adulation of the NHS is a TMT response).

In their study Greenburg et al. used “cultural icons” such as Crucifixes and American Flags. A hospice building is also a sign but one which, within the Peirce’s semiotics would be described as “indexical” that is a sign which “signifies by being physically connected with the referent in some causal spatio-temporal sense of continuity” (Malafouris 2013, 96). Such a sign does not simply stand for something but instantiates it. In Malafouris’ terms it is an “enactive sign” and is a “constitutive part of what it expresses”. But what does it express? In two words: death and sanctuary. I discuss the impact of its signification of death below. As an “enactive sign” of sanctuary it promises relief from pain and to some extent from fear. A place of care and compassion endorsed and brought into being by the

"cultural world view" of the community in which it is located. Key to the power of the hospice as sign is not that it represents these culturally endorsed values but that it enacts them.

I believe that some of the power of the hospice building is that it simultaneously increases Mortality Salience whilst enactively signifying the cultural ideals of the community and enhancing the self-esteem of all its supporters (volunteers, donors, staff, shoppers in charity shops etc). By being an enactive sign of sanctuary and compassion It thus "boots up" the mechanisms of its own survival.

4.4.4.2 Melancholy Objects – the mourning of mourning & remembering to remember

Winnicott (1953) originally formulated the concept of "transitional objects" as things such as teddy bears and blankets which eased the child's progressive psychic and physical separation from the mother. Transitional objects are invested with magical qualities which support the child's transition processes of separation from the mother by enacting the comfort giving and protective properties of the mother. Turkle (2011, 314) comments on one of the stories in her book "Evocative Objects" about a toy rabbit called Murray belonging to a little girl called Shanya. When Shanya starts going to school she is required to leave the rabbit at home but she invents new powers for it. He becomes able to read her mind and intuit her emotions so that his presence can continue whilst she is at school. "Murray makes it possible for separation to be not quite separation. Transitional objects let us take things in stages".

Gibson (2004, 288) extended this concept to the realm of mourning by observing that “in grieving as in childhood, transitional objects are both a means of holding on and letting go”. In her interviews with the bereaved Gibson observed the changing nature of their relationship with transitional objects such as items of clothing or possessions of the deceased. As the pain of mourning declines such objects become in her terms “melancholy objects”. “The melancholy object is a double signifier. It is the object materialising and signifying the mourning of mourning and as such it is the memorialised object of mourning” (Gibson, 2004, 289).

I believe that for the network of friends and relatives of those who die in hospices the building becomes a melancholy object and therefore a memorial to be protected. The social media defences of the Canterbury site which confined themselves to recounting the good death of loved ones in the facility were making observations about the quality of care but they were also drawing attention to the “melancholy object” nature of the place. The acute pain of loss may have dissipated but the hospice remained a memorial to that mourning. The collective memory of the deceased is reified in the hospice as much as in the tombstone. Miller and Parrott (2009, 503) reference Watkins (2004, 7) observation that “memorialization creates a specific location for remembrance, and in some cases this assertive re-moulding of the physical world may be viewed as offsetting the decay and transience associated with death”. In the case of Pilgrims the FHP attempted its own “assertive re-moulding” in opposition to that of the bereaved, expediting decay and transience.

Peirce (1994, 241) famously observed that “the fact that every thought is a sign, taken in conjunction with the fact that life is a train of thought, proves that man is a sign” (Preucel 2006). Because in Peirce’s semiotics the interpretant themselves become a sign the pathos of melancholy objects ripples out across the world. Hospice building are not just private coded memorials but are shared with the community and promote a collective empathy.

The support of the hospice by the bereaved also has a future orientation. Those who donate their time and money to the maintenance or defence of the hospice may do so in memory of the deceased and in a spirit of reciprocity for the care they received. They also often describe their motivation as the sustaining of the hospice for future users including themselves. There is another sense in which their efforts may be future oriented which is analogous to the framing of photographs. Drazin and Frohlich (2007, 64). describe how the framing of photographs creates a material object which fulfills a social obligation. “The past and the intention to remember or share in future are co-represented” by the framed photo. As they assert “the act of remembering appears a future oriented, creative act, remembering to remember in the future” (ibid. 73). If this kind of mechanism is in play then a threat to the hospice threatens a future of remembering.

4.4.4.3 Containers of Anxiety

There is a considerable literature pioneered by the Tavistock Institute which draws on the psychodynamics of organisations and describes the ways in which institutions function as containers of social anxiety (Obholzer, Roberts 1969). Containment is a key psychodynamic concept particularly in Kleinian psychoanalysis. I don't intend to explore this literature here. Suffice it to say that death is a source of anxiety and in our attempts to manage this anxiety we use various unconscious defence mechanisms including the creation of social systems. The hospice is such a social system. I have already discussed the enactive signification of the Hospice building in relation to the cultural values of sanctuary and compassion and the self-esteem which goes with supporting those values instantiated in the hospice. The dark side of this mechanism is that the hospice building can also be experienced as a death fetish which concretises the abstraction of death, embodies death in the material building and through anthropomorphisation takes on the anxiety containment capacity of the institution it signifies.

If this mechanism is in play then a threat to the building is a threat to the containment of death anxiety. When the concrete physical container goes and is replaced by the virtual conceptual entity of a domiciliary care network death anxiety inhabits a relatively leaky container with a fragile intangibility and no obvious signification. Little wonder then that communities mobilise to protect themselves from the anxiety unleashed by the possible closure of the hospice building.

To summarise. The community, the hospice organisation and the hospice building are entangled to such a degree that for the community the building doesn't just represent the organisation it enacts it. The building works as a trusted and entrenched affective niche, a place of greater safety collectively constructed and maintained by the money and voluntary labour of the community. In exercising this maintenance the community bolsters its immortality defences against the terror of death whilst the building simultaneously raises the saliency of death. As a surrogate situation the building stands in for the ineffability of death, it functions as a memorial to mourning for all those touched by the death of its patients and as a container for anxiety in the face of mortality.

4.4.5 Entanglement

The governors of Pilgrims may have been more cautious in their approach to the closure of the Canterbury building if they had been familiar with the concept of "entanglement" propounded by Hodder (2014). Hodder summarises entanglement as a dialectic of dependence and dependency between humans and things. Dependence means here the kind of ready to hand usage of things but the key word is dependency which captures the notion of entrapment and the ways in which humans can become entrapped by things. As Hodder (2012, 88) describes "humans get caught in a double bind, depending on things that depend on humans". Hodder (2012, 96) gives an example which resonates with the Canterbury building dilemma and paints a scenario of buying a house which is a listed building. Maintaining the house and repairing the leaking roof entails human

to human entanglements of building regulations and the need to earn money and contract with qualified builders. The residents of the house are dependent on the house for habitation but the house is dependent on them for its maintenance. In maintaining the house the owners may incur negative equity, becoming dependent on the loan company which entraps them further into the fate of the building. It is the nature of entrapment that the story could continue. The house demands repair, the stress of debt, leaking roofs and disruption modifies the affective tone of its owners relationship and constrains numerous options in terms of the geography of home, schooling and work, earning capacity, child rearing or the possibility of separation. It is in the nature of entanglement that it often entails path dependency, a ratchet effect from which there is no backing out.

Pilgrims Canterbury is by far the oldest building in their portfolio. It is expensive to maintain and in many respects not fit for purpose. One of the manifestations of entanglements effect in hospice care is that whilst Saunders envisaged a relatively technology free zone of care because there was no need for complex procedure the changing clinical profile of patients, changes in health and safety legislation and burgeoning technology means that an inpatient hospice room or ward is no longer radically different from a hospital one. Edwardian family homes don't make good inpatient hospices.

One of the more frequent objections to closure of Canterbury was the observation that £260,000 had recently been spent on it. Dewar explained the this money was a "national capital expenditure freebee handed out to all hospices with no real

process for evaluating need. It happened in pretty much every hospice organisation. It didn't change the long view calculation but because the trustees had invested the grant in an education centre at the Canterbury site it made them look rich and undermined the message of being short of money". Not only were the management of Pilgrims entangled with the building, the changing demands for hospice care and the expectations of the community they were also entangled with the arbitrary largess of the Department of Health and its impact on public perception. Hodder (2012 123) observes that humans are entangled with things but also with their ideas about things "as they seek pattern and coherence at a higher level that crosses domains". We saw this earlier in the hospice as building v. hospice as philosophy debate in which management and the public resolutely talked past each other.

4.5 Conclusion

When threatened with closure hospices (and other centres of care and death, particularly hospitals – e.g. the above reference by Brazier to the attempted closure of Kent and Canterbury hospital) exercise agency in their own defence by mobilising the emotional energy of the community in which they are located. In this section I have tried to theorise some of the ways in which this happens.

During my conversations with hospice leaders whilst delivering the SLP I heard a number of anecdotes about the difficulties of making any changes to the fabric or topography of buildings, the uses of rooms or the routines of their use. One brief example is a story which one of the delegates named "biscuitgate" which involved

a new supervising nurse moving the location of a tin of biscuits within a room. The biscuits were primarily provided for patients and their visitors in a day centre but had been placed near a nursing station and were frequently eaten by nurses. The supervisor moved the tin to a more central and accessible point for patients and visitors. Moving the tin was interpreted as an aggressive act by staff and triggered a dispute which rumbled on for months. Such changes were often met with seemingly disproportionate resistance from staff. I hypothesise that this material conservatism had its roots in the same anxieties amongst the staff as motivated the defences I described above. Anxiety engendered by suffering and death was made more manageable by the material stability of the “entrenched” building. When the foundations of these defences were threatened by even trivial changes to the building the staff wobbled. Within that programme “biscuitgate” became shorthand for the difficulties management encountered in effecting any material reconfiguration of the buildings or their contents.

This case study clearly demonstrates that honourable motives, economic analysis and careful evaluation of options were readily trumped by a forceful emotional reaction to the possibility of closure of the Canterbury building. From the perspective of those seeking to close buildings in order to reconfigure care the above may seem a counsel of despair with emotionally charged community, staff and volunteer resistance inevitable. This may be so but I would tentatively suggest that some actions may ameliorate that resistance and I outline these in chapter 10 along with other recommendations.

5 Dwelling & wellbeing 1. – Heidegger's conception of dwelling

During my first interview with the architectural critic Worpole I asked him what he considered to be the purpose of hospices. He replied in one word – "dwelling". He later confirmed that this was a reference to Heidegger. A little later I read an essay, "Gardening with Heidegger – on creating a haven for healing" by King (2018) an existential psychotherapist. He described, through reference to "Building dwelling thinking" (Heidegger 1993) and other works of the "later" Heidegger, his own experience of cultivating a garden and its therapeutic impact in both the building and dwelling, the peace of the "clearing" and the development of a capacity for acceptance, quoting Heidegger (1971b, 151) that "dwelling itself is always a staying with things". These references to Heidegger and the single word "dwelling" led to my exploration of the late Heidegger, his relevance to the hospice movement and its therapeutic aims and to the crisis of identity which I believe it currently faces.

There are three chapters which cover this topic. The present chapter attempts to explain Heidegger's concept of dwelling. Chapter 6 explores the nature of home and its relationship to dwelling and hospices. Chapter 7 discusses the nature of wellbeing, its relationship to dwelling and alternative notions of wellbeing, currently being pursued by hospices. The dialectic between these different modes of wellbeing is described and its implications for hospice strategy and design is explored.

Jarzombek (2007) describes the enthusiasm expressed by architects including Scharoun, architect of the Berliner Philharmonie concert hall, to Heidegger's 1951 lecture "Building Dwelling Thinking" and the subsequent impact of this lecture when it was first published in an English translation in 1971. He attributes this excitement to "the rather simple historical fact that this was the first time in over a century that a major philosopher had expressed himself directly on the subject of architecture" (Jarzombek 2007, 31).

I will attempt to describe some key aspects of Heidegger's thoughts on dwelling mainly by reference to two lectures from 1951, "Building Dwelling Thinking" and its companion piece, "Poetically Man Dwells". These lectures form part of an oeuvre usually described as "the later Heidegger" to distinguish it from his earlier work and in particular the masterwork "Being and Time" (1962). Heidegger's self-identified "turning" was marked by a critique of Being and Time and a change of focus from Dasein, the being of a human being which is aware of its own being, to the question of Being itself. This focus on Being itself is marked by the adoption of an archaic spelling of Sein (German for being/essence) as Seyn or the words erasure with a horizontal line, a device which clearly demonstrates the limits of language but also the centrality of language to the issue of Being. Before discussing the two dwelling essays I need to outline some important aspects of Heidegger's thought on language because of its intimate connection with dwelling.

5.1 Heidegger and language

The “Letter on Humanism” (Heidegger 1998) is described by Pattison (2000, 11) as “the most rapidly disseminated testimony to Heidegger’s turning outside Germany”. It contains the assertion (Heidegger 1998, 239) that “language is the house of being. In its home man dwells” which, whilst being gnomic, encapsulates the intimate linkage between being, man and language and a nested relationship between house, home and dwelling. The relationship between thought, language and being seemed extremely relevant to my interviewees. Words often failed and subtle concepts were left unaddressed or dismissed in a cliché “it’s very relaxing” or “it’s a nice atmosphere”. I often felt in the presence of what Bollas (1987) termed the “unthought known” a pre-reflective state which may operationalise itself in our behaviour and relationships and be experienced somatically but which struggles to be articulated. Heidegger (1971, 59) described this mode in relation to the meaning of Being as “a thought-worthy matter for which the fitting mode of thinking is still lacking” for which the language with which to think is absent.

Heidegger (1977, 41) repeatedly warned against a dangerous process to which modern man is universally prone which he termed “enframing”. This involved an objectification of the world, ourselves and our experience as instrumental resources, or in Heidegger’s term, “standing reserve” to be exploited in pursuance of our goals and projects. This tendency to enframing is not confined to technology and science but can also be seen at work in the realms of culture, leisure and religion. “Enframing is the dominant mode of unconcealement or

representation" (Pattison 2000, 56). Heidegger's critique of utilitarian objectification also applies to the nature of language. According to Heidegger an understanding of language is not accessible in this manner "we cannot know the nature of language know it according to the traditional concept of knowledge defined in terms of cognition as representation" (Heidegger 1971, 134). Heidegger adopted a phenomenological approach to language, directing attention "to the thing's themselves" eschewing objective conceptual representation and focusing on the experience of language. One of Heidegger's (1971b, 215) most quoted sayings is "man acts as though he were the shaper and master of language, while in fact language remains the master of man." Heidegger often demonstrates the phenomena he is discussing by citing examples when the everyday world breaks down and gives us a fleeting insight into the way things really work as in the loss of the "readiness to hand" of broken tools. So it is with language when it fails to give itself to us.

> "We leave unspoken what we have in mind and, without rightly giving it thought, undergo moments in which language itself has distantly and fleeting, touched us with its essential being" (Heidegger 1971, 59).

Under such conditions we are motivated to speak because something has come to our attention and we seek to make it explicit both for ourselves and anyone listening (or reading) but if we can't find the right words it remains unsaid and essentially unthought. No words, no identification, no thing. As Owens (1987, 63) summarises "the self-giving of language is prior to the actuality of mind, not - as has often been assumed – the other way around."

The relationship between metaphysics, language and thought is the subject of another essay by Owens (1988) which uses two lectures given by Heidegger in 1957 and 1958, “The Nature of Language” and “Words”. Both lectures analyse a poem by Stefan George called “The Word”, first published in 1919. The “norn” of the poem is one of the three Fates of Norse mythology and the “bourn” is the well in which she searches for the names of things.

The Word

Wonder or dream from distant land
I carried to my country’s strand

And waited till the twilit norn
Had found the name within her bourn-

Then I could grasp it close and strong
It blooms and shines now the front along…

Once I returned from happy sail,
I had a prize so rich and frail,

She sought for long and tidings told:
“No like of this the depths enfold”

And straight it vanished from my hand’,
The treasure never graced my land…

So I renounced and sadly see:
Where words break off no things may be.

(George, S. quoted in Heidegger 1971, 140)

The traveller/poet makes two journeys returning with wonderous prizes. On the first occasion the norn is able to name the prize which then enhances the

travellers land. On the second occasion no word is found and with no word it cannot become a thing and vanishes. Thus, as Owens observes the traveller/poet learns two lessons. Firstly that language is not within his power and secondly that language brings things to presence. The norn's failure after the second voyage to name the treasure could be interpreted in a common sense manner as described by Heidegger (1971, 145-146; in Owens 1988, 137).

> "The names held in the depths of the well are taken as something slumbering which only need to be awakened in order to be used for the portrayal of things. The names and words are like a staple supply (a resource and standing reserve) coordinated with the things and retroactively given them for the portrayal". (my parenthesis)

Heidegger rejects this notion and emphasises the primacy of language, the way language takes a lead or constrains thought, especially when "it comes to saying something for the first time" (Owens 1988, 137) "the word makes the thing into a thing" (Heidegger 1971; quoted in Backman 2011). In this paper Owens (1988, 143) summarises the history of western metaphysical thought as the examination of beings, things, presencing in particular times, places and cultures. "But when the task is to talk explicitly about some non-thing like Being itself…language itself becomes a problem for the thinker". Owens goes on to summarise the key question for post metaphysical thought "How can language, which as metaphysical in character is more or less appropriate for talking about what already is, be made to speak about that which is pre-reflective, that which is not yet or that which is not in time in any sense?"

I recently facilitated a meeting between the executive board of a hospice and its trustees who collectively constitute the governance of the hospice as a charity. This was the first meeting since the appointment of a new CEO and the first ever to bring board and trustees together to discuss strategy. One of the board members was the Clinical Director who was also a consultant in palliative care at a local acute hospital. During the meeting the discussion turned to the unique offering of the hospice, in contrast to the palliative care services offered by local acute hospitals. It may have been that the conversation was inhibited by the presence of the Clinical Director who certainly bridled at the suggestion that the hospice delivered compassion in a way that the hospital did not. They toyed with ideas of more time (than the NHS) and expertise (ill defined) but the conversation petered out unresolved. They were unable to articulate their differentiated offering or competency which left them, like the traveller in George's poem, with a vanishing treasure. If there is no language to describe it then it doesn't exist. They experienced a "thought worthy matter for which the fitting mode of thinking is still lacking" (Heidegger 1971, 96). One of the most frequently used phrases in my discussions with hospice personnel on the future of the hospice movement is "we mustn't throw the baby out with the bathwater". This is difficult if the baby is unnameable and therefore unrecognised and if the bathwater itself, being also unrecognisable may turn out to be critical.

Words have the power to reveal. If things come into presence as attention is drawn to them by language and if language enables thought then it may be possible to understand the experience of language by plumbing the meanings of

words as they have evolved through history. Hence Heidegger's obsessions with etymology. A forensic excavation of the history of the meaning of words may reveal their power to evoke meaning beyond their current propositional content. Similarly if words are able to say more than we currently know they may do so through the veiled hints and allusions of poetry and the creation of experience rather than the explication of meaning. Constantly seeking after meaning then becomes not just fruitless but a mechanism for closing down the potential of poetry to evoke sensation. Keats (1817) warned against this tendency in a letter to his brother in which he extoled the virtues of Shakespeare as follows. "At once it struck me, what quality went to form a Man of Achievement, especially in literature, and which Shakespeare possessed so enormously - I mean Negative Capability, that is when man is capable of being in uncertainties. Mysteries, doubts, without any irritable reaching after fact and reason."

5.2 Building Dwelling Thinking

In this essay Heidegger analyses the etymological history of dwelling and building. As the usage of words changes "what they genuinely say easily falls into oblivion in favour of foreground meanings" (Heidegger 1993, 245). However the original meanings, whilst silent, have not disappeared and by listening to them we can begin to understand what we are speaking about (or rather what language speaks). The implication is that our speech is often more subtle and resonant than we know.

According to Heidegger the idea that there is a clear means, ends relationship between building and dwelling is partially correct but obscures the essential relationship. We build in order to create places in which to dwell. But dwelling places are not the only things we build and dwelling places are not the only places we call home ”the truck driver is at home on the highway but he does not have his lodgings there….the chief engineer is at home in the power station but he does not dwell there” (1993. 244). The word “home” used in this sense designates, inhabitation, familiarity and security. Stadiums, power stations and dams etc. are not dwelling places but they are in the domain of our dwelling. When we speak of the building of dwellings we are treating building and dwelling as distinct activities but “to build is in itself already to dwell”. Heidegger (244/245) makes this assertion on the basis of etymology, an analysis which not only picks up that “to build” (modern German bauen) and “to dwell” (Old High German baun) are synonymous but that these words have a number of related meanings which resonate with the concept of dwelling. Baun “signifies to remain, to stay in a place” and via its connection with the related Saxon word wunian means “to be at peace, to be brought to peace to remain in peace”. The German word for neighbour makes use of the bauen (build) root and literally means “near-dweller” and these current and old words for building and dwelling relate to the current word bin as in “ich bin” I am. Thus according to Heidegger “the way in which.. I am, the manner in which we humans are on earth, is *baun,* dwelling”. Bauen not only means to construct but also to cherish and protect, to preserve and care for, as in the cultivation of gardening or agriculture. Heidegger summarises as follows:

1. Building is really dwelling
2. Dwelling is the manner in which mortals are on the earth
3. Building as dwelling unfolds into the building that cultivates (cherishes, protects, cares for) growing things and the building that erects buildings (my parenthesis). (Heidegger 1993, 245)

To which I would add:

4. Dwelling is to remain and stay in place
5. Dwelling is to be brought to, to be and to remain at peace.
6. Dwellers accrue neighbours.

Via another etymological twist the old Saxon wuon and Gothic wunian like bauen mean to remain, to stay in place, but this staying has the specific quality of being at peace. The modern German for peace is Friede (peace/harmony) which has its roots in Fry meaning preserved from harm and danger, in a positive sense of safeguarding or sparing which "takes place when we leave something beforehand in its own essence…when we "free" it in the proper sense of the word into a preserve of peace" (Heidegger 1993, 246) In Heidegger's conclusion:

7. "To dwell, to be set at peace, means to remain at peace within the free, the preserve, the free sphere that safeguards each thing in its essence. *The fundamental character of dwelling is this sparing"*.

But sparing of what exactly? Heidegger's answer is the "fourfold". "Building Dwelling Thinking" is one of the essays in which Heidegger (246/247) discusses his concept of the fourfold constituted of mortals dwelling "on the earth" , "under the sky" and "before the divinities". In this essay he provides a brief poetic description of each element of the fourfold, being quite naturalistic in his account of the earth and the sky. (Weidler (2012) has pointed out that the word himmel in German forces English translators to choose between its two meanings of sky and heaven, an ambiguity which Heidegger frequently exploits). Each description concludes with the mantra "When we say earth (or sky, divinities, or mortals), we are already thinking of the other three along with it, but we give no thought for the simple oneness of the four". The fourfold could be treated as a synonym of the world, indeed in Building Dwelling Thinking Heidegger himself says that the fourfold is "what we call the world". The philosophy broadcaster Ebert (https://www.youtube.com/watch?v=o-zFYm6eDt0) has usefully likened the fourfold to a linguistic "mandala" a device for integrating diverse elements of a cosmology. Mortals are one element of the fourfold. "Mortals *are* in the fourfold by *dwelling* but the basic character of dwelling is safeguarding. Mortals dwell in the way they safeguard the fourfold in its essential unfolding" (1993, 247)

Young's (2006) analysis of the fourfold starts by using Heidegger's own etymological technique to dissect the German word "Geviert" used by Heidegger and translated as fourfold. This is an obscure word for square or courtyard, surrounded by buildings. Perhaps equivalent to the English word quadrangle, an

essentially spatial/architectural metaphor, an enclosed, safe space, a clearing, and a recurrent design motif in buildings dedicated to contemplation, care and sanctuary such as Oxford colleges, monasteries and Brunelleschi's 1419 L'Ospedale degli Innocenti held up by the architect Alison Killing (https://www.ted.com/talks/alison_killing_there_s_a_better_way_to_die_and_architecture_can_help?language=en#t-265857) as an exemplar of hospital design for wellbeing. Given Heidegger's naturalistic descriptions of earth and sky Young regards the two as an axis describing nature. From divinities and mortals Young constructs another axis. The divinities (die Göttlichen, "the godly ones") are interpreted by Young (via references in other works of Heidegger; "The Question Concerning Technology" (1977) and "Being and Time" (Heidegger 1962, 385)) as laws, edicts, heritage and most significantly "heroes" who function as "life models" who, as Young (2006, 375) says "give voice to that which is most sacred in us". Mortals are of course humans. The divinities/mortals axis Young terms "culture" so the fourfold becomes a quadrangular space of nature and culture.

There are strong parallels between Heidegger's fourfold and Saunders' world revealed in/by "total pain". She describes (Saunders 1964) a conversation with a Mrs Hinson in St. Joseph's Hospice which was critical to the development of her ideas. Hinson began by saying "well Doctor the pain began in my back but now it seems that all of me is wrong" (Clark 2018, 132). Saunders describes the conversation and concludes that Hinson had "talked of her mental as well as physical distress, of her social problems and her spiritual need for security". When she said that "all of me is wrong" she was describing her whole world. In

formulating the concept of “total pain” Saunders was also influenced by the work of a Dutch phenomenologist, biologist, anthropologist and Buytendijk’s whose book “Pain: its modes and functions” was published in English in 1961. Saunders communicated with Buytendijk and visited him in Amsterdam in 1963 (Clark 2018, 126). In “total pain” Saunders encapsulates a world composed of physical, psychological, social and spiritual dimensions (or to follow Young’s approach to synthesis a body/mind (nature) spiritual/social (culture) axes) any or all of which can be the cause of pain for the patient and all of which need addressing by those who care for the dying. Saunders’ cosmology, captured in the concept of “total pain” is not the only example of her Heideggerian stance. I describe (p.147/148) the relationship between Heidegger’s farmhouse and Saunders’ original instantiation of St. Christopher’s. It seems clear to me that Saunders intuitively understood the meaning of dwelling and was only then able to build St. Christopher’s.

For my purposes one of the most salient elements of the fourfold is mortals. Called mortals rather than human beings because “they can die. To die means to be capable of death as death. Only man dies, and indeed continually, as long as he remains on earth, under the sky before the divinities” (Heidegger 1993, 247). Animals perish but only humans live in the continuous knowledge of their death to come, the end of all their projects on earth. According to Heidegger mortals dwell in their relationship with the fourfold. They save the earth in the sense of sparing it and letting it be free. They receive the sky, accepting the weather, the seasons and diurnal rhythms. They await the divinities, they hope from the divinities what is

otherwise unhoped for, they don't despair at the non-appearance of the Gods or attempt to control or pre-empt the Gods through idolatry. Mortals dwell in relation to themselves by "initiating their own essential being – their being capable of death as death – into the use and practice of this capacity, so that there may be a good death." I interpret this "initiation" as a turning towards death, an acknowledgement of its inevitability, however, Heidegger goes on to qualify this dwelling in authentically facing death. It doesn't mean "to make death as the empty nothing the goal. Nor does it mean to darken dwelling by blindly staring toward the end" (ibid.). It is not clear to me if in this last injunction Heidegger means that we need to be wary of avoiding dwelling by closing our eyes to the inevitability of death or conversely that by focusing exclusively on the end of life we fail to dwell in the present. These two possible interpretations encapsulate the dialectic within the modern hospice movement which I discuss below.

In the light of these warnings I take a "good death" to mean one which brings to an end a life dwelling in frank acknowledgement and even celebration of its finitude, the certainty of death and the uncertainty of its timing. All these modes of dwelling described by Heidegger (saving, receiving, awaiting and initiating) seem to be characterised by an ethical posture which is mindful, attentive, accepting and nurturing almost a manifesto for Saunders' conception of Hospice care. As Braver (2009, 101) comments "every case of preserving (safeguarding/sparing) consists in letting be, allowing each dimension to present itself in its own way rather than steamrolling over its intrinsic tendencies to get what we want". In a similar vein Sharr (2007) observes that the values Heidegger advocates, saving, receiving,

awaiting, initiating are less about human will than a will-not-to-will, reminiscent of Keats “negative capability”.

In his essay “The Thing” Heidegger (1971b, 167) uses an example of a jug as an exemplar of a thing and states that “when we take the jug as a made vessel, then surely we are apprehending it – so it seems – as a thing and never a mere object”. Sharr (2007) observes that Heidegger gives primacy to the phenomenology of a jug in use rather than the flat description of a jug as an object with attributes. An object would be “mere” by virtue of our relative indifference to it as an abstract entity. We physically engage with the jug and as a result the jug has meaning. As Sharr (2007 28) says “Thinking about the thing only properly begins after the physical presence of the thinker and the presence of the jug together”. Material engagement is a prerequisite to thinking and meaning making, as Malafouris asserts thinking is a “between” phenomenon.

Heidegger’s concept of thing is crucial to his concept of dwelling. He asks how mortals are able to make their dwelling a preservation of the fourfold and asserts that they would not be capable of it without things. “Rather, dwelling itself is always a staying with things. Dwelling, as preserving, keeps the fourfold in that with which mortals stay: in things” (1993, 247). So things are important but what does Heidegger mean by thing and how do things relate to the fourfold. Towards the end of The Thing Heidegger (1971b, 180) provides a diverse list of examples of entities which have the capacity to be things including natural phenomena such as animals, trees and ponds as well as manmade objects such as the jug featured

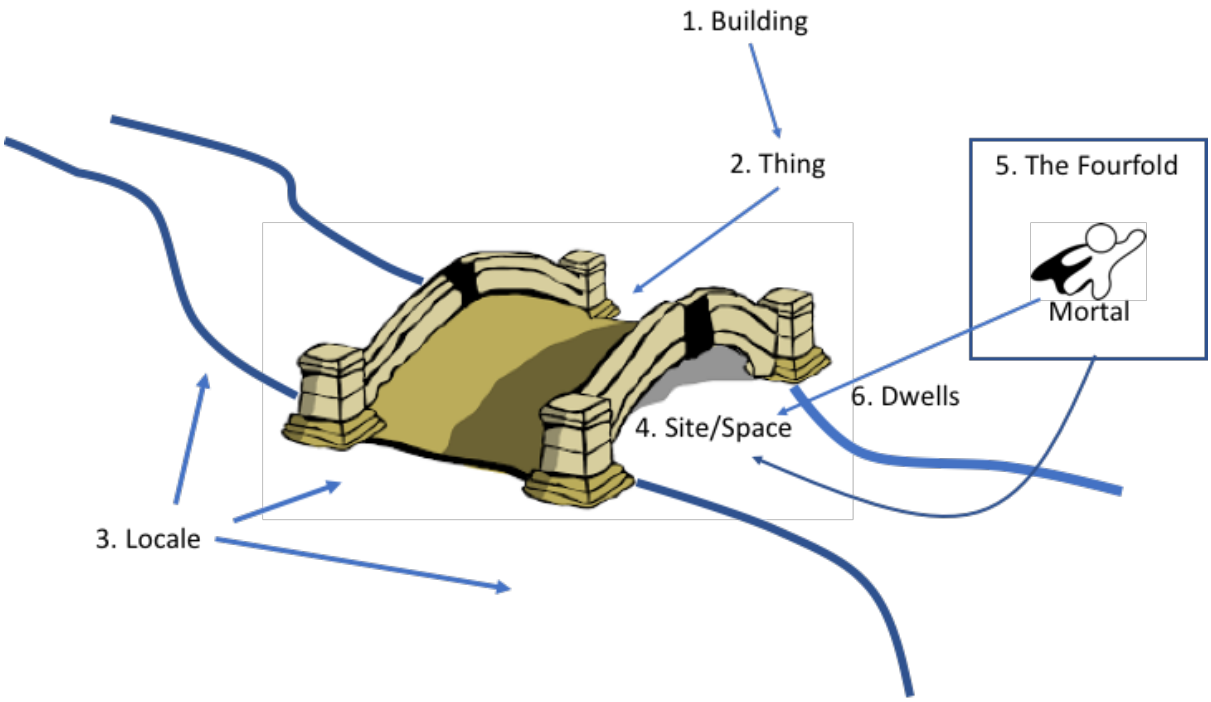
in the essay as well as books, bridges, ploughs and pictures. The key point here is that things are always “modest in number compared to countless objects everywhere of equal value , compared with the measureless mass of men as living beings”. Indeed Cerbone (2008, 164) quotes from Poetry Language Thought as follows: “the illusion that, notwithstanding the scientific investigations of reality, things could still be things, which would presuppose that they had once been in full possession of their thinghood” (Heidegger 1971b, 170). For Cerbone the implication of this and other hints in the essay is that “if we take these passages seriously, it is not clear that there really are any examples of things, but at best approximations”. This is so because things are only things by virtue of their thinging (a noun has become a verb) not stable entities but transient processes which may come suddenly and briefly into being and only appear thanks to the “vigilance of mortals” (Heidegger 1971b, 179). The presence, if not the vigilance, of mortals is guaranteed by their oneness in the fourfold.

So what is going on when things thing? In a word (which for Heidegger is often all that is needed) they *gather*. Heidegger (1993, 248) sets up his discussion of the gathering capacity of things when they are thinging by a summary which incorporates his four key terms in relation to dwelling in one sentence. “*Dwelling*, inasmuch as it keeps the fourfold in things, is, as this keeping, a *building*”

As an illustration of the capacity of a thing to gather Heidegger (1993, 248) focuses on a bridge crossing a stream and describes how it “brings stream and bank and land into each other’s neighbourhood”. Rooted in the earth, exposed to

the sky the bridge enables mortals to come and go from one side to the other before the divinities, either explicitly, in the image of Christ (a typical adornment to Bavarian bridges) or ignored and pushed to one side. So the thing in thinging reconfigures the world around it and gathers the fourfold. It creates by its presence a locale where none existed before and creates the space for a site in which to gather the fourfold because “only something *that is itself a locale* can make space for a site”. I have attempted a graphical representation of the relationship between these aspects.

Fig. 6.



1. The *building*, in this case in the sense of construction, but also nurturing and cultivation in the sense of maintenance,
2. creates a *thing*, in this case a building, specifically a bridge.
3. the bridge ties together the river banks and paths reconfiguring the landscape to create a *locale.* The locale allows for space to be made within the boundary of the locale. “Accordingly, spaces receive their essential being from locales and not from “space”” (Heidegger 1993, 250)
4. the space within the locale is a site for the fourfold which is gathered into it, which is “installed” in it.
5. man as one of/with the fourfold stays in the fourfold among things. Man dwells with the thing. “Things such as locales shelter or house men’s lives. Things of this sort are housings, though not necessarily dwelling-houses in the narrower sense” (Heidegger 1993, 252).

Heidegger (1993, 251) summarises as follows· “To say that mortals *are* is to say that in *dwelling* they persist through spaces by virtue of their stay among things and locales”

In a short but important digression Heidegger (251) describes the nature of spatial relations between man and things. When we relate to things which are not in reach we are still staying with things. Heidegger rejects the idea that this is just mental representation of distant things in our minds as a substitute for the real thing. He suggests thinking of the old bridge at Heidelberg (presumably a locale known well by his lecture audience) and asserts that….

> "this thinking towards that locale is not a mere experience inside the persons present here; rather it belongs to the essence of our thinking *of* that bridge *in itself* thinking *persists through* the distance to that locale. From this spot right here, we are there at the bridge – we are by no means at some representational content in our consciousness. From right here we may even be much nearer to the bridge and to what it makes room for than someone who uses it daily as an indifferent river crossing."(original emphasis)

I had a friend who lived in north London but who owned a small cottage in Boëge in the Auvergne. She rarely visited but dwelt there more than her home in London. When she was stressed she had only to think of it to immediately feel relaxed and at home and despite rarely visiting never begrudged the cost of its maintenance because she was, in Heidegger's very real sense, frequently there. The cottage in France made room for her world in a way her busy London never could.

Heidegger maintains that we are always staying constantly with near and remote locales and things and that even in states of depression, when we turn inwards we never abandon things even if they "fail to speak to us, fail to concern us any longer" (1993, 252). This staying with locales through thinking may explain the importance of hospices to the communities they serve despite, in the case of "introverted" (p.159) or remotely located buildings, being rarely seen or visited.

5.3 "Poetically Man Dwells"

Heidegger uses a number of made/built things to illustrate their capacity to facilitate an encounter with the fourfold. A Van Gogh painting of peasant shoes, a

Greek temple, a jug, a bridge and a Black Forest farmhouse. However, in its capacity to counter the effects of enframing and metaphysical language and enable dwelling, Heidegger (1971, 73) gives poetry a "privileged position in the domain of the arts". In his discussion of Heidegger's relationship with the poet Hölderlin, Pattison (2000, 160) quotes from Poetry Language Thought as follows "*All art*, as the letting happen of the advent of what is, is as such *essentially poetry"*. Note again in this quotation, the tone of passivity, patience, revealing and emergence. What will be will be in its own time, all art (and craft in the broadest sense) is essentially poetry. In this section I will use Heidegger's essay to explicate the analogies between poetry and dwelling.

Early in this essay Heidegger reasserts the mastery of language over man and makes a connection between poetry and building via his usual device of etymology. The Greek word for making is poiesis. The phrase "poetically man dwells" comes from a poem by Hölderlin (1984) entitled "In lovely blue". Heidegger (1971, 215) asserts that the phrase "says: poetry first causes dwelling to be dwelling. Poetry is what really lets us dwell". He then introduces building as the means by which we attain a dwelling place and observes that "poetic creation which lets us dwell is a kind of building….perhaps even the – distinctive kind of building". Heidegger discusses the kinds of merits which accrue from building in the sense of cultivation, construction and making but here claims that "man is capable of dwelling only if he has already built, is building and remains disposed to build, in another way". "Poetry is what first brings man onto the earth, making

him belong to it and thus brings him into dwelling". The reference to the earth is a denial of an airy or fanciful nature to poetry.

A central concept in Being and Time is "thrownness". Humans find themselves embedded in a pre-existing cultural tradition which constrains meaningful thought and action. They are thrown into this unchosen world already alienated. For humans "Unheimlichkeit (literally unhomelike) "uncanniness" and "not-being-at-homeness" is "an inescapable – "existential" – feature of the human condition. Homelessness is a shadow over being which we can "dim-down" in the inauthentic camaraderie of "the One" but never extinguish" (Heidegger 1962, 188-189, in Young 2000).[7] In Being and time the source of this homelessness is anxiety in the face of death, in the face of the nothing, the abyss. A state which Young describes as "radical "ontological" insecurity" to which an authentic response is a frank facing of death, a tolerance of the state of homelessness and a posture of "heroic nihilism". In the later Heidegger there is no longer an existential inevitability to homelessness which is why Mugerauer (2008) could title is 615 page opus "Heidegger and Homecoming – the leitmotif in the later writings". In the late Heidegger dwelling, and the sense of safety it brings, becomes a possibility although one which is undermined by modernity and our "failure "to experience and take over our dwelling" (Young 2000, 193). Hill (2014, 150) suggests that the difficulty of dwelling in modernity may result from the frenzied measuring of

[7] This inauthentic camaraderie is discussed more fully in relation to the "relentless jollity" of the hospice in section 7.6.2.

modern life which obscures its rhythms or more profoundly that the disruption of technological change results in an “endless need to relearn the ways we live…there is little opportunity to achieve a rhythm a habit of living that can be made the “ground plan” the measure of life”. Hill concludes this observation by quoting from Building Dwelling Thinking (254) ”that mortals ever search anew for the nature of dwelling, that they must ever learn to dwell”. Dwelling may be a natural capacity of humans but the modern enframed world is not natural and we must constantly relearn. As Buchli (2010, 506) underscores “rather than seeing this (dwelling) as a final description of the universal terms in which humans emerge within built forms Heidegger’s emphasis is upon the endless and continuous renegotiation of this problem not its resolution”.

According to Young (2000, 190) the key difference between Heidegger’s early and later work results from his “gradual but radical reappraisal of “the nothing””. Early Heidegger saw our existential plight as, at best, an authentic stoical facing of death as the nothing. Now he thinks of us existing in a clearing bounded by a horizon of disclosure beyond which is a plenitude, a “reservoir of the not yet uncovered” (Heidegger 1971b, 124) rather than the abyss. A flat earth where the horizon meets oblivion changes to a globe where the horizon ever recedes and as it does so reveals whilst continuing to conceal. This insight is the basis for ontological security and we are therefore able, in principle, to dwell in the clearing. However we usually fail to do so because the horizon becomes fixed by metaphysics within which everything is enframed and shows up as a resource. It

is not possible to dwell in an instrumental asset. To return to Heidegger's example of a bridge. If the bridge is thought of solely as an indifferent asset for crossing from one bank to another it is not a place to dwell. Similarly, as I explore later, if the modern hospice is used as a "fixed asset" to be "sweated" its capacity to support dwelling will be undermined.

In overcoming metaphysics, poetry is the key. The language of metaphysics is a tool for communication striving for logical clarity exemplified in the stripped down form of "structured English" and other proto-programming languages. "World-experience the richness of many faceted being is shut out by the cage of language, by an absolutized horizon of disclosure" (Young 2000, 196). Conversely the language of poetry is described by Young (2000, 196), quoting Heidegger as follows.

> "to every genuinely poetic word there corresponds an "inexhaustibly" large "space of (semantic) vibration (Schwingungsaum)" from which it follows that, unlike to the word of (at least ideal) information exchange, the poetic word has no "definition". It says, means, more than can even be captured in words".

So poets make it possible to name the unnameable and to receive intimations/hints of the "plenitude" beyond the horizon of the clearing. They thus banish "radical ontological insecurity" and make dwelling possible. Young concludes that "one dwells when ones world shows up poetically, when as Heidegger puts it, things "shine". (more accurately, one dwells when one lives a life informed by such an experience, the life of care and conservation (which

Heidegger (1971b, 149) describes as “the fundamental character of dwelling”))
(Young 2000, 94)

Moses (2018, 323) essay “Poetry and the Environmentally Extended Mind” describes how poetry more than other written media forces us “away from treating reading as disembodied information processing and instead reminds us of the act of reading as an embodied event” in which tensions characteristically arise between poetic lines and syntactic units creating ambiguity. Moses references Culler’s (2015, 14,35) observation that “poems make us aware of their status as distinctive ritual occasions, rather than merely representing one and making themselves into that occasion”. In this sense poems perform Malafouris' notion of “enactive signification”. They create what they represent. According to Moses poems may describe images from the real world but they do so in a ways which do not demand immediate response. This slows down the feedback loop which requires interpretation closely followed by intervention and engagement. “Our disengagement from the use-based activity frees us up to connect our memories, conviction, and thoughts in new ways” (Moses 2018, 324). It liberates us from enframing.

Moses (2018, 325) also discusses the aspects of poetic form such as prosody and line structure referenced by Hill (2014) which “give us a *feel* for its literal and implied environment in ways that are not exclusively based in semantic knowledge” (my emphasis). This potential richness of experience requires the reader, in their own individualised context, to “flesh them out”. “In this respect the

poems invitation to the future is as much affective as it is cognitive …it is also deeply individualised"

Meninghaus et. al. (2017, 48) provide empirical support for the affective impact of aspects of poetry which they label "parallelisms" defined as "all features of linguistically non-mandatory recurrence" whether this be alliteration, rhyme, meter, anaphora etc. In their study of responses to 40 "sad and joyful" poems they established that these parallelistic features intensified all emotional response dimensions (joy, sadness, being moved, intensity and positive affect) and all the aesthetic appreciation dimensions they measured (beauty, liking and melodiousness). Interestingly these parallelistic features enhanced apparently contradictory dimensions of emotional response. It would seem from this study (and similar studies e.g. Citron et al. 2016) that humans can be profoundly affected by features of the linguistic environment of which they may be aware but whose effects and mechanisms of effect are opaque. Furthermore these effects are not obviously consistent. Holding superficially inconsistent emotions with indeterminate causal attribution appears normal.

In a key passage Moses (2018, 328) likens poetic forms to Wittgenstein's duck-rabbit illusion, the images in a poem drawing attention to an aspect of the scene.

> "The poem thus allows us to dwell more fully in the congruent emotional states that bring those states into cognitive forms of awareness. The close link that poetry establishes between feeling and cognising forms of awareness makes it difficult to disentangle problem solving questions (e.g. to what does a line or image refer?) from the value-bearing, affect-laden mental states and dispositions that shape those questions. In this regard,

> studying poetry might help to prevent those who take an enactive or extended approach to cognition from neglecting emotion, as Malafouris (2013, 85) argues they do when they treat cognition merely as a functional matter."

Poetry reading takes time. Poems bear numerous readings. Poems are ambiguous, they are interpretively flexible. Poems free us up to connect memories and thoughts in new ways. The interpretation of poems is as much affective as cognitive and depends on the context the reader brings to the event of the ritual of reading and thus may change over time. The poem reader builds meaning as much as the writer. Poems disrupt the instrumental/functional goal directed reflexes of interpretation leading promptly to action. The form of poems is to be savoured. They have affective power of which we may be consciously aware but through mechanisms of which we are often unaware. The emotions elicited by poetry are often multiple and may appear inconsistent. In all these aspects poetry creates an environment of dwelling. It confers its essence on the act of dwelling and provides a model for all dwelling environments including architecture.

5.4 Tim Ingold's "Dwelling Perspective"

Ingold's (Ingold 2011, 153) "dwelling perspective…treats the immersion of the organism-person in an environment or lifeworld as an inescapable condition of existence". This may seem a rather banal observation, of course we are always surrounded by our environment but key to interpreting Ingold's definition are the words "lifeworld" and "immersion". "Lifeworld" in philosophy refers to "the already pregiven (and generally unreflected) intentional background" (Beyer 2018) and

was a key concept for Husserl. Gallagher (2012, 159-160) quoting from Husserl describes the lifeworld (Lebenswelt) as “the “world of immediate experience”, the world “already there”, “pre-given” the world as experienced in our everyday and natural attitude”….”the lifeworld involves our pre-theoretical attitude to life – our uncontemplated *life of action*” (my emphasis). As Ingold describes, in this immersion in the lifeworld its “manifold constituents take on significance through their incorporation into a regular pattern of life activity”. Ingold’s objective here is to distinguish this active immersion (engagement) which gives experience meaning from a constructivist stance which he describes as “a two stage phenomenon: the first involves the receipt by the individual organism of ephemeral and meaningless sense data; the second consists in the organisation of these data into collectively held (cultural/socially normative) and enduring representations”(my parenthesis) (Ingold 2011, 159). So it is as a result of, and during active engagement with, the world that meaning emerges rather than the imposition of culturally determined categories on meaningless perceptual data. This is a position echoed by Putnam (1999, 11) ‘the disaster is the idea that there has to be an interface between our cognitive powers and the external world”.

Ingold’s (2011, 185) essay “Building, dwelling, living” borrows its title from Heidegger’s essay and describes the “dwelling perspective” by reference to Heidegger’s essay. He covers the same etymological ground of “bauen” and “baun” etc. referenced above and observes that in Heidegger’s analysis ““I dwell, you dwell” is identical to “I am, you are”. He then goes on to point out that over time the fact that the modern senses of building as construction and cultivation

which were once subsumed within the concept of dwelling has been forgotten. Meaning has evolved over time to reverse the relationship and “modern thought then *rediscovers* dwelling as the occupation of a world already built” (original emphasis). Heidegger and Ingold are concerned with a return to the original relationship between these terms.

Ingold takes Heidegger’s assertion that “only if we are capable of dwelling, only then can we build” to be “the founding statement of the dwelling perspective” (Ingold 2011, 186). The dwelling nature of man, his immersion in the lifeworld, facilitates a direct perception and meaning making of the world by the engaged active human. Man’s building being contingent on his capacity to dwell results from the fact that dwelling is the means by which meaningful building is enabled. There is no dichotomy between some abstract intellectual design process outside dwelling which is imported into the lifeworld and instantiated in a physical structure. As Ingold describes it “the forms of building arise as a kind of crystallisation of human activity within an environment”, a position very sympathetic to MET. This crystallisation is not a one-off process, the dwellers in a building continue to act, modifying the structure in pursuit of their emerging projects. This process has been well illustrate by Brand (1995) in his book “How buildings learn, what happens after they’re built” and Ingold references Blier’s (1987) analysis of West African architecture which likens houses to living organisms in a dynamic relationship with their environment, including but not limited to, their human occupants.

At one point in his essay Ingold (2011, 153) quotes from Heidegger's essay as follows: "do houses in themselves hold any guarantee that dwelling occurs in them". He then reframes the question having clarified terms. "Let us call the physical structure the building itself the *house*; and the setting within which people dwell the *home*. Heidegger's question can then be rephrased as follows: what does it take for a house to be a home?" This is an excellent question, which he unfortunately fails to address simply using it as a device to highlight that there must be more to dwelling than occupation.

6 Dwelling and wellbeing 2. - what makes a home?

Ingold points to a partial answer to his question “what does it take for a house to be a home?”. He references “Nest and Home” by ethologist Hediger (1977, 174) in which she distinguishes between these categories in the habitation of animals including primates and humans. She describes home as “often the place where the animal withdraws in the face of danger, rests and sleeps, gives birth to the young and protects them early in life…a place of maximal security, goal of flight, shelter…a sleeping and sometimes a breeding place”. She elaborates (1977, 182) “fixed points of sleeping, eating, bathing, fireplace, toilet are concentrated in a small place. Together as a complex they build up a home, the place of maximal security, which is locked and when necessary defended”. The emphasis in this description is clearly on containment and security. Bachelard (1994) in chapter four of his book “the poetics of space” entitled “nests” also draws parallels between animal refuge and human well-being. He quotes (1994, 112) a passage by the fauvist painter Maurice de Vlaminck to the effect that “the well-being I feel, seated in front of my fire while bad weather rages out-of-doors, is entirely animal”. Bachelard asserts that “physically the creature endowed with a sense of refuge huddles up to itself, takes to cover, hides away, lies snug, concealed”. Verbs expressing the dynamics of retreat are often “based on animal movements of withdrawal, movements that are engraved in our muscles. How psychology would deepen if we could know the psychology of each muscle”. Bachelard returns to the “psychologically primitive” subject of refuge in his chapter entitled “corners”. “Every retreat on the part of the soul, possesses in my opinion, figures of

havens…the corner is a haven that ensures us one of the things we prize most highly – immobility" (1994, 136). He quotes from Noël Arnaud's "L'État d'ébauche" …"I am the space where I am" observing that "this is a great line but nowhere can it be better appreciated than in a corner". Sedentary, confined and secure refuge are among the homely themes of Hediger and Bachelard.

In "Building Dwelling Thinking" Heidegger (253) asks the reader to consider a two hundred year old farm house in the Black Forest built by the dwelling of peasants. "Here the self-sufficiency of the power to let earth and sky, divinities and mortals enter *in simple oneness* into things ordered the house" making it a family home. Heidegger's description focuses on the capacity of the house to gather the fourfold and be shaped by it. More prosaically he emphasises the security of its positioning in the landscape and its structure as a defence against the elements and the space made for children, adults and the dead, "designed for the different generations under one roof the character of their journey through time". Heidegger also describes the "alter corner" and its space for a coffin. As Braver (2009, 106) observes "hiding the dead, aged and infirm fosters the illusion of an indefinite extension of the present, while the peasant children see their destinies in the elders and the dead". If Heidegger's farmhouse is an archetype of home and place of dwelling the early St Christopher's Hospice conformed to the description in most particulars. Not only was it secure but the intergenerational care functions of the home which both Hediger and Heidegger describe were integral to its design which incorporated a creche, for the children of nursing staff and the neighbouring

community, as well as sheltered accommodation for the frail elderly and of course the dying in the wards and the dead in the morgue and the viewing room. Space was made for God in the chapel, initially a very large room on the ground floor of the building now devoted to the staff canteen and gym.

This intimacy of the generations and the dead within the home and the home as a gathering of the fourfold is not confined to the Black Forest and Sydenham. The anthropologist Blier (1987) in her book “The Anatomy of Architecture” describes the architectural practices of the Batammaliba peoples of Togo and Benin. Chapter five is entitled “At home: the complementarity of house, family and tomb”. She starts by using a Heideggerian etymological approach to explication. She quotes Mercier (1968, 140) to the effect that in the local Litammali language “takieta” “designates both the extended family and the house, suggesting…an ideal situation in which the latter will bring together the former in its entirety”. She goes on to explain that the root of “takieta” is “kien”, to grow, conveying the importance of continuity in both house and family, indeed one informant when asked about the meaning of house noted that “takieta” refers to “father and son”. Thus, akin to Heidegger, etymologically in the Litimmali language “house” relates to the continuous dwelling of family and to building in the sense of growth and cultivation. A family which has died out is called “takietayoute” “dead house”.

The architectural practices of the Batammaliba entail a continuous process of building and dwelling as houses are extended, adapted and abandoned and certain features of the house incorporate the dead and the divinities. Every house

is a resting place for the deceased family elders who are regarded as the principal owners of the house residing in the house “horns”, earthen structures above the entrance which are also the resting place for the divinities Kuiye (the solar and creator deity) and Butan (the earth and underworld deity). “Consequently it is in the horns that the deceased elders of the house are said to speak to Kuiye and Butan on their descendants behalf” (Blier 1987, 150) The horns of the house are the crossroads of a variant of the fourfold, mortals and the divinities *of* earth and sky. This linkage between the living and the dead demonstrated through material practice and etymologically is reinforced by the symbolism of the tomb in the house and of the house in the tomb. The word “liboli” translated as hole is the name for both door and tomb. The terrace of Batammaliba homes contains a ceremonial hole “associated with the life and vitality of the home” (Blier 1987, 207) the “tabote” which is normally closed by a round stone the “kubotan” or tombstone which is used as the main dining table of the house occupants. On the death of the house elder it is taken to the cemetery to serve as the closure of their tomb “underscoring the critical bond made between the living and the dead” and defining the family past, present and future. The stone has a dual role. It daily confronts the inevitability of death whilst simultaneously regenerating life. The Batammaliba house is an assemblage of motifs from the late Heidegger.

These practices in terms of continuity and the coexistence of the living and dead are not new. The extraordinary intimacy of the living and the dead has also been described at length by Hodder (e.g. 2012, 133) in the excavations of the Neolithic site of Çatalhöyük in Turkey occupied for nearly 2000 years from around 7500bc.

This community was characterised by houses which contain the dead interned in the clay fabric of the home within inches of the living and with body parts incorporated into the structure such as skulls on top of and beneath pillars.

In his 1919 essay “the Uncanny” Freud (2003, 124) suggests two approaches to defining his title. Firstly inferring the hidden nature underlying instance of experience of the uncanny and secondly to “investigate the semantic content which has accrued to the German word unheimlich” (usually translated in English to uncanny but literally “unhomely”). He asserts that taking either route leads to the same conclusion, that the uncanny is a “species of the frightening that goes back to what was once well known and had long been familiar”. Taking the etymological route he uses seven pages (2003, 126-134) to transcribe the entries for heimlich (homely) in two 19th century German dictionaries. One set of meanings clusters around “intimate, cosily homely; arousing a pleasant feeling of quiet contentment etc. of comfortable repose and secure protection, like the enclosed comfortable house”. Another set of meanings relates to “concealed, kept hidden, so others do not get to know of it or about it and it is hidden from them”. As Freud observes heimlich and unheimlich are antonyms only in the first sense. In the second sense unheimlich (uncanny) applies to everything that was intended to remain secret, hidden away, and has come into the open. In this latter sense homely and uncanny are opposite sides of the same coin and as Freud observed “heimlich is a word the meaning of which develops in the direction of ambivalence until it finally coincides with its opposite unheimlich” (ibid. 134). As Vidler (1992, 26) observes the aphorism, taken from the philosopher Schelling “unheimlich is

the name of everything that ought to have remained…secret but has come to light" recurs as a leitmotiv of the essay and is obviously of interest to Freud as it relates to his notions of repression.

Freud (2003, 150) asserts that "an uncanny effect often arises when the boundary between fantasy and reality is blurred, when we are faced with the reality of something that we have till now considered imaginary, *when a symbol takes on the full function and significance of what it symbolises".*(my emphasis) This conflation of symbol and symbolised resonates with Malafouris' notion of enactive signification. For the moment I will simply point out three things: an aspect of homeliness relates to the hidden and the private; from the eastern European Neolithic through to the Bavarian 20th century the private domain of homeliness included the presence of the dead; the hospice as a home for the dying and dead and as a publicly supported institution brings into contemporary light what was once very familiar, the intimate presence of death. In this sense its presence in the community has an uncanny aspect.

In his review of the history of anthropological thinking about domestic architecture Buchli (2002, 207) notes that in the eighteenth century in works such as those of Abbé Laugier notions of domestic architecture were closely tied to concepts of social progress "but more significantly moral states of being". Buchli claims that this anthropological linkage between buildings, social progress and ethical states reached its apotheosis in the work of Lewis Henry Morgan in "Ancient Society" (1878). Such linkages may have passed out of fashion in anthropology a long time

ago but they are alive and well in contemporary British culture as outlined by Chapman and Hockey (1999). They describe the principal exhibit of the Daily Mail Ideal Homes Exhibition of 1995 entitled “Yesterday’s Home” which included recreations of four 20th century suburban domestic buildings of varying degrees of age, inadequacy, squalor and poor taste replete with artefacts corresponding to the period (e.g. a partially deflated “space hopper” abandoned on a sad patch of mud which may once have been a lawn). They quote (2002, 2) from the sarcastic commentary of the show’s official guide book as follows: “the *charming* sideboard/drinks cabinet has pride of place in the living room. And the bathroom sports the very latest in sanitaryware – a *fetching* bath WC and pedestal basin, all finished in *tasteful* green” (original emphasis). This critical stance regarding the failure of taste of the owners of such houses and the short shelf life of their property is reminiscent of the vilification of “Chavs” described by Owen Jones in 2011.

Notions of what makes the home homely are obviously dynamic and dependent on culture and fashion. As Buchli (2010, 516) points out elsewhere the virtualisation of organisations through communications technology has blurred the distinction between office and home, the advent of 3D printing may bring the factory into the home and “surveillance devices, gated communities, computer regulated ‘smart-homes’ and anti-bacterial cleaning regimes merge hospital, laboratory and home”. All of this makes some normative description of the “homely” problematic. None the less my informants had some idea of what they meant when they described a hospice as homely as did the management of some

hospices who explicitly rejected any aspiration to be “homely”. A study by McCracken (1989) on the North American notion of “homeyness” is singled out by Buchli (2002, 211) as a problematic example of an unsustainable “utopian and moral economy of the home” but I found it a useful summary of exactly what the title describes a “constellation of consumer goods and meanings” of the home. A distillation of homeliness.

McCracken (https://www.acrwebsite.org/volumes/12183/volumes/sv07/SV%20-%2007) references a dictionary definition of “homey” as a vulgar term in North American English originating in 1885, meaning homelike. But it means a lot more than that. His paper outlines a qualitative study conducted in 1986 in an urban area of Ontario with forty interviewees all of whom were white, protestant, married Canadians. Homeyness was a quality enthusiastically embraced by McCracken’s informants and sought for in every aspect of the materiality of their homes. That said it was acknowledged to be difficult to define but when encountered was “immediately and intuitively obvious”. He quotes from one of his interviewees “I can go into a hundred homes and I can tell in a second whether it’s homey or it isn’t, just by the feel of it….”. I return to this issues of immediate intuitive attunement to atmosphere in chapter 8.

Despite the fact that homeyness can be anatomised in terms of the properties of the material culture of the home there is, according to McCracken, no simple formula for the creation of homeyness, it is emergent being “greater than the sum of its mechanically described parts”. Homeyness is difficult to pin down but

recognised as soon as seen. Words his informants used to describe homeyness included comfortable, cosy, relaxed, secure, old, rich, warm, humble, welcoming. Much as I imagine Heidegger's farmhouse.

Homey places "look as though someone lives there". Conversely the "enemies of homeyness were pretentious, formal, stark, elegant, daunting, sterile, showpiece, controlled, decorated, modern and even Scandinavian". Homey colours are warm, fabrics are natural fibres in floral prints, furniture is wooden. Objects on display have personal significance, including photographs or are playful and informal, paintings are sentimental treatments of landscapes or seascapes. There are diverse styles of furniture in a single room, asymmetrically arranged. Architectural features include bay windows, breakfast nooks, dens, snug rooms, low ceilings and fireplaces. Externally they are enclosed and protected by low slung roofs and well treed back yards, shrubs close to the ivy clad walls.

McCracken identified a cluster of "symbolic properties" of the homey environment. They have a diminutive aspect, architecture on a "human scale" with low ceilings and small doors and windows. "Homeyness cannot survive the bleak expanse of an off-white wall. It cannot tolerate sparse furnishings, clean uncluttered lines or "elegance" of any kind". Homeyness has variability, it eschews uniformity and consistency, it is "inconsistent with symmetry, balance and visibly premeditated order". There is an embracing quality to homeyness. McCracken describes the nested Russian-doll aspect working inwards from the neighbourhood, the back yard the walls, the books on the interior walls, the memory wall, the snug and the

den, nested rings of intimacy, the centre of the room has a “deeply embedded quality”. McCracken quotes from an earlier study by Creighton and Ford (1961, 219) in which residents of new modernist homes critique their cool “Scandinavian” design. “The major lack we have begun to feel is some place to retreat from the very openness we like so much. We need a small cosy den-like room to sit in sometimes as a change of pace”. Note the connection this informant makes between space and pace, between openness and momentum, between atmosphere and movement.

The homey house draws the visitor into an engagement. Chairs are arranged to welcome and draw in, artefacts are conversation pieces. The mnemonic properties of objects override aesthetic considerations, objects are viewed not just as a record of the past but as proof and enactment of it. For McCracken’s informants one of the principal objectives of homeyness is that it “puts people at ease” through an informality which seeks to “lower the tone” of human interaction. One of the “pragmatic properties” which McCracken attributes to homeyness is its capacity as a “status corrector”. High status groups avoid homeyness and mock it as “overstated, sentimental and “noisy””. In contrast McCracken’s informants embrace homeyness without reservation and describe homey places as “safe domains impervious to the demands (and taunts) of the status system”. Homeyness has “home-made” meaning in contrast to the market meaning making of the status game.

In the intervening period since McCracken's research, in part thanks to the efforts of Ikea, the reputation of "Scandinavian" design has modified. The Swedish Ikea's[8] "Let's Relax" and "The wonderful everyday" campaigns both emphasise informal, unpretentious, higgledy-piggledy family life whilst the popularity of Danish "hygge" (Newman 2017) has confirmed the Danes as masters of the cosy. Scandinavian design was explicitly referenced by some of my own informants. One hospice CEO I interviewed, who had been closely involved in the design of his hospice was, in keeping with the principles of homeyness, keen to avoid any trace of the "posh" whilst saying that the look he was going for was a mid-range, three star, Scandinavian hotel. Egalitarian but unfussy.

Ellsworth-Krebs et al. (2019) conducted a systematic review of the very limited literature of "home comfort" as a prelude to their qualitative study of 21 Scottish households. This review included Rybczynski's (1986) book "Home: a short history of an idea" which describes his "onion theory" of comfort. The idea of the metaphor is that over time concepts of domestic comfort change but one regime is not rendered completely redundant by a later one. They continue to coexist and like the transparent layers of an onion can be seen through so older regimes of comforts can be detected underlying the present dominant concept. As Zhao and Carter (2015. 122) observe Rybczynski's view was that "the appearance and arrangement of rooms in terms of layout, style furnishing and services etc. made sense during different periods of history as they contrived "a setting for a particular

[8] https://www.youtube.com/watch?v=2BXRGzjo1_Q #WonderfulEveryday

type of behaviour"". Occupants are not passive but are participants in the shaping of their environment and "achievement" of their own comfort. A view very sympathetic to Ingold's "dwelling perspective".

Ellsworth-Krebbs (2019) identified a number of recurring themes of physical and physiological comfort clustered around the senses (visual, auditory, olfactory and tactile) as well as "psychological comforts" such as privacy, personalisation and freedom of choice which also of course relate directly to the materiality of the domestic environment. Acknowledging the "false binary" between physical and psychological the dominant comfort themes identified in Ellsworth-Krebbs own research were relaxation (which was the "most common synonym for comfort" majoring in every interview) control, visual (mood lighting and views) and auditory comfort. Ideal rooms featured lots of seating and/or large tables inviting companionship and the accommodation of guests. "Familiarity" was also a recurring theme; described by one of Ellsworth-Krebbs (2019, 214) informants by distinction with a hotel which may have all the "home comforts" in terms of privacy, cosiness, warmth etc. but lacking familiar objects was "sterile, impersonal and anonymous". These themes of familiarity and relaxation were also expressed by Sixsmith's (1986, 290) informants one of whom explicitly linked the two. "It's comfortable, I'm relaxed, I feel relaxed in it because, I suppose, I'm familiar with it all and, I know what to expect"

6.1 The Dark Side of Home

Heidegger has been criticised for his romanticism in relation to dwelling and Bavarian mountain scenery, the peasant life and the country farmhouse. So too the middle income white Canadians and Scottish respondents in some of the above studies may well be influenced by romantic notions of home (although they don't carry the baggage of German romanticism which as Sharr (2007, 13) observes is tainted by Nazi invocations of 'Blut und Boden' ('blood and soil') or as Cloke and Jones (2001, 661) describe "sinister (nationalist) rustic romanticism"). Even Ingold (2005, 503) has declared second thoughts regarding his phrase "dwelling perspective"

> "The trouble with "dwelling" is that it sounds rather too cosy and comfortable, conjuring up a haven of rest where all tensions are resolved, and where the solitary inhabitant can be at peace with the world. This is not what I intended: for while we may acknowledge that dwelling is a way of being at home with the world, home is not necessarily a comfortable or pleasant place to be"

A potential source of unpleasantness in the home may result from the dynamics of power relating to age and gender. McCracken (2005, 32) describes the dark side of the "embrace" of homeyness as experienced, "acutely and consciously" by those returning home. The cosy can become claustrophobic, embraces can entrap.

> "Children who have recently moved away from home, sometimes complain, on their return, of the "stifling" and "infantilizing" quality of the home and its ability to reduce them to old patterns of dependency. This is homeyness at work."

The late 19th century social commentator Veblen (2007, 69) described the effect of increasing consumption in the home as a new stage in the enslavement of women in which the wife had evolved from “the drudge and chattel of man as a producer of goods for him to consume” into a “ceremonial consumer of what he produces, an unfree servant”. Trentman (2017, 228) quotes from the early 20th century feminist writer Perkins Gilman whose classic gothic tale “The Yellow Wallpaper” is a claustrophobic description of a woman trapped in her home by/with a pernicious combination of male domination and terrible interior décor. In her book (2002, 120) “the Home, its work and influence” she asserts that “playing house” is one of the few pursuits women are allowed to follow and that the home is a material monster of consumption which “grows by what it feeds on” through senseless extravagance only limited by the paying capacity of the man. Such entrapment would now be described as “controlling behaviour” (https://domesticviolenceuk.org/signs-controlling-behaviour/) a manifestation of “domestic abuse” usually directed by men against women forming a spectrum of homely violence culminating in murder. As Buchli (2010, 510) has observed the convergence of feminism, anthropological and sociological interest in domestic architectural forms has identified the home as a “site of oppression hindering the emancipation of women as fully enfranchised subjects and citizens of modern industrial societies both socialist and capitalist”.

One of my informants, an architect currently developing a new hospice building for an established charity described traditional hospice buildings as “introverted”. When asked to expand on the use of this word he said that they tended to present

a closed face to the world, they were often situated in difficult to reach locations and presented a hidden aspect, huddled and inward looking, a description which was accompanied by the rounding of shoulders, and the curving of the arms to form a circle with the finger tips almost touching. The homely nature of this architect's representation of a traditional hospice, inward looking, embracing, nested, secure and comfortable also presents a barrier to the world, particularly people from different cultures which may contribute to the under representation of ethnic minorities and young adults amongst hospice patients (Dixon et al. 2015, 7).

If hospices are places of dwelling and if they cultivate, through the process of dwelling, through their practices, policies and designs some aspects of homeliness does this mean that they are inevitably part of a Heideggerian "package deal" which also takes on the romantic idealisation of home and the taint of Vaterland, Heimat, Geist and Volk? Are they necessarily "introverted", static, quiescent, secure, intimate, monocultural and homogeneous or are there other interpretations of dwelling which could apply to them? Interpretations which are more expansive, kinetic, open and welcoming. In the next section I discuss the relationship of Heidegger's notion of dwelling with its reworking by the philosopher and Talmudic scholar Emmanuel Levinas (1969) in his major work "Totality and Infinity" which focuses on ethics and hospitality.

6.2 Dwelling, Heidegger and Levinas

The dwelling, the home, is fundamental to our engagement with the world. Its central orienting role is captured by the following quotations form Levinas, Buchli and Harrison.

- Levinas: (1969, 153) “Concretely speaking the dwelling is not situated in the objective world, but the objective world is situated by relation to my dwelling”.

- Buchli (2010, 503) “The home is typically how we know the world and know about people who inhabit the world. It is the key point of orientation for members of a given society as it is to its visitors and outsiders.”

- Harrison (2007, 627) “To invoke the concept of dwelling is always to attempt to re-call, to restate or rephrase an ur-concept; it is to describe an originary spacing. An originary and thus potentially immemorial spacing in that the knowing conscious subject will always constitute its distances, perspective, gaze, or narrative *from* the intimacy of dwelling”.

Dwelling is not just about the bounded place and space of dwelling but is crucially about the dwellers relationship to the outside world, how they relate to others. In this section I will try to outline some of the main differences between Heidegger and Levinas as regards dwelling initially using Harrison as a guide.

Harrison (2007, 630) points out that in Being and Time Heidegger is concerned with the constant danger faced by Dasein of becoming dispersed, scattered, strewn, disseminated or lost and thus is in need of protection against the "disorder of the everyday world" or, as he quotes Haar (1993, 27), to reinforce "the Self's resoluteness against the incontinency of dispersion". In the face of this danger and given the need of protection against the entropic tendencies of the world Heidegger's conception of space is a "movement of enclosure.. informed by a protective, preservative impulse" (Harrison 2007, 630) or as he quotes (Derrida, Stiegler 2002, 134) a "desire for the safe and sound, for the intact or immune (heilige), the pure, purified or purifying". Heidegger (1962, 140) insists that Dasein has an "essential tendency to closeness" by which he does not necessarily mean literal closeness but a proxemics "proper" to Dasein's "originary distances".

According to Harrison's account Levinas views this "tendency to closeness" as a negation of alterity a bringing close enough to be engulfed by ipseity. For Levinas, Heidegger's achievement of dwelling is the "assimilation of exteriority for-the-sake-of a unified subject" appropriating "exteriority into Dasein's immanence" (Harrison 2007, 637) For Levinas, Heidegger is continuing a philosophical tradition starting with Socrates which suppresses all forms of otherness by reducing them to the Same. "The ideal of Socratic truth rests on the essential self-sufficiency of the same, its identification in ipseity, its egotism. Philosophy is an egology" (Levinas, 1969, 44). The location of this process of transmutation of other to Same is the "knowing ego".

The “Other” (Levinas uses this capitalised word to denote another individual human) is a threat to the Heideggerian notion of dwelling. As Harrison (2007, 640) says..

> “the incessancy of alterity, the constantly disquieting incoming of the Other – the stranger, the alien – appears as a threat of inordinate spatiality, of dispersion and degeneration. Hence the tension between scattering and self-containment and the promise of one, of one alone, of indivisible brothers, who could pass through the world unaffected, untouched and unmoved”.

I believe that there is also a distinct difference between Heidegger and Levinas in terms of the dynamics of dwelling. Eubanks and Gauthier (2011, 145) consider it tempting although “a bit too simplistic” to think of “Heidegger as the representative of the ancient Greek affinity for home and of Levinas as representative of the ancient Hebrew affinity for journey”. Perhaps so but for me it is a useful characterisation. Nomadism and the wanderings of Abraham is a recurring motif in Levinas and I have already discussed the sedentarism and passivity inherent in Heidegger. Levinas contrasts the wandering of Abraham’s journey, leaving home never to return with Heidegger’s affinity with Greece and specifically Homer’s Odysseus whose tortuous journey is in pursuit of a return to home. For Levinas we are by nature homeless nomads, we occupy every kind of environment on earth and can make anywhere our home. Levinas Talmudic perspective makes him suspicious of sedentism and the attachment to place, soil and Heimat. In his view this tendency results in the kind of paganism described in the Bible when the Jews set up idols to Baal and worshiped them (Judges Ch8 v33). Tijmes (1998, 207) summarises the distinctive differences between Heidegger and Levinas as follows.

> “Levinas understands the world in terms of the other. The earth receives its meaning from human society, Levinas could be called an anthropocentrist in the sense that primacy is attributed to human beings, whereas Heidegger rejects every form of anthropocentrism as metaphysical. Heidegger emphatically does not want to be called a humanist”.

Levinas (1990) antipathy to an attachment to place is perhaps best expressed in his short essay “Heidegger, Gagarin and Us”. He (1990, 232) describes this as an attachment “without which the universe would become insignificant and would scarcely exist is the very splitting of humanity into natives and strangers” a splitting which he believes leads to the defensive corralling of the natives against the strangers. Levinas (1990, 232) extolls the courage of Gagarin’s first space flight. For him its real significance is that “he left the Place (original capitalisation). For one hour, man existed beyond any horizon – everything around him was sky or more exactly everything around him was geometrical space. A man existed in the absolute of homogeneous space”. In Levinas’ (1990, 233-234) analysis Heidegger’s attachment to place is a tradition with its roots in Christianity which assimilated pagan household deities into saints and local cults and continues to “give piety roots, nurturing itself on landscapes and memories culled from family, tribe and nation”. Conversely Judaism demands the destruction of idols and like the technology which propelled Gagarin in to space “demystified the universe” and “because of its abstract universalism, it runs up against imaginations and passions” (Levinas 1990, 234)

In summary for both Levinas and Heidegger dwelling is “an essential characteristic of being human” (Dekkers 2011, 297). For both, home is a retreat and a refuge. For Heidegger (Harrison 2007, 642) “dwelling is enclosure, dwelling is a limitation of the event of space through the insistence on holistic closure, autarchy and self-sufficiency” it is a defence against the danger of dispersal. For Levinas we are nomadic social creatures. If we choose to make a home somewhere then the proximate unknown Other whose arrival may occur at any time is not a threat to be defended against or assimilated but gives dwelling its orientation towards the threshold, responding to and welcoming the Other. It is far more dynamic and transient and enables an ethics of hospitality. A welcoming openness to whoever crosses the threshold not just another like oneself but a truly and fundamentally unknowable Other. As Eubanks and Gauthier (2011, 32) conclude, for Levinas “the home is not an ethically problematic entity per se: rather it is only when home becomes a pagan shrine to the self rather than an instrument of hospitality that it effectively forfeits its moral legitimacy”.

7 Dwelling and wellbeing 3. – the nature of wellbeing

In 1973 Dr. Balfour Mount instigated a small qualitative study investigating the experiences of patients dying in his hospital, Montreal's Royal Victoria. On viewing the results he said "It became clear to me that to die in the Royal Vic. was a catastrophe. And the Royal Vic., I would say is one of the flagship academic teaching hospitals in North America" (Duffy 2005). Research led to a visit to Saunders at St. Christopher's Hospice and the establishment of a new hospice-like ward at the Royal Victoria specialising in the care of the dying. Mount was unable to refer to his new facility as a hospice because Montreal is predominantly French speaking and the word is already used in French to refer to a care home. He is credited with coining the term "palliative" care to describe this specialism and facility. The word derives from palliate which the OED defines as "cloaked; having its real nature concealed" (from the Latin palliatus) or of a cure "superficial or temporary". With hindsight this seems an unfortunate choice of word from the point of view of the specialism's status in the medical hierarchy given that the core mission of most medical practice is to cure.

The definition of palliative care developed by the UK's National Institute for Health and Care Excellence (NICE) is substantively the same as that of the World Health Organisation and defines palliative care as follows.

> "Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their

families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.

Palliative care aims to:

- Affirm life and regard dying as a normal process
- Provide relief from pain and other distressing symptoms
- Integrate the psychological and spiritual aspects of patient care
- Offer a support system to help patients live as actively as possible until death
- Offer a support system to help the family cope during the patient's illness and in their own bereavement."

This definition harks back to Saunders' idea of "total pain". It makes the goal of care "quality of life" and brings families into the scope of that care. It also aims at living as "actively as possible until death". I will return to this last objective below.

Quality of life has become a more important issue in medicine, particularly as the burden of chronic conditions and co-morbidities has risen relative to acute conditions with more people living longer with more illnesses. In 1976 a search of PubMed revealed 229 articles listed under the term "quality of life" in 2006 it was 10,116 and in 2018 17,343. Other reasons which Watson et al. (2010) identify for this trend are increasing: challenges to the paternalism of the professions; need to demonstrate value for money and consumerism in relation to health care.

A number of instruments have now been developed to assess quality of life in a health care context. For my purposes the most interesting ones have been developed specifically for use in palliative care. Most of these cover psychological as well as physical dimensions but the most comprehensive in terms of scope are

the McGill Quality of Life Questionnaire (MQOL) and the Hospice Quality of Life Index both of which investigate elements of existential wellbeing in addition to physical, emotional and relational. In a study comparing the two the MQOL was preferred by nurses (Eischens et al. 1998).

The MQOL was originally published in 1996 and revised in 2017. The scale of course measures physical wellbeing but this measure does not predominate and the “scale generates scores in four subscales: physical symptoms, psychological symptoms, outlook on life and meaningful existence” (Watson et al. 2010, 55). The designers of the MQOL “define quality of life as subjective well-being” (Cohen et al. 1996, 576) and maintain that patients with advanced cancer define health as a sense of personal integrity and wholeness rather than normal physical, emotional and social functioning. The MQOL assesses wellbeing in the existential domain by which its designers mean concerns regarding death “existential obliteration”; freedom, the absence of external structure; isolation and the question of meaning. In the current questionnaire patients are asked to think about their experience over the *last two days* and to rate themselves on a scale of 0 to 10 some of the questions are reverse scored (low good high bad)

Table 1. MQOL – revised

Category	Proposition/question	Response range
Overall assessment	Considering all parts of my life – physical, emotional, social, spiritual and financial the quality of my life has been	Very Bad - Excellent
Physical	My physical symptoms (such as pain nausea tiredness and other) were	No problem – A tremendous problem
	Being physically unable to do the things I wanted was	No problem – a tremendous problem
	I felt	Physically terrible – physically well
Psychological	I was depressed	Not at all – Extremely
	I was nervous or worried	Not at all – Extremely
	I felt sad	Not at all - Extremely
	When I thought of the future I was	Not afraid - Terrified
Existential	My life was	Utterly meaningless and without purpose – Very purposeful and meaningful
	When I think about my whole life I feel that in achieving life goals I have	Made no progress whatsoever – Progressed to complete fulfilment
	I felt that the amount of control I have over my life was	Not a problem – A tremendous problem
	I felt good about myself as a person	Completely disagree – Completely agree
Social	Communication with the people I care about was	Difficult – Very easy
	I felt my relationships with the people I care about were	Very comfortable - stressful
	I felt supported	Not at all - completely

The existential questions are particularly important in determining overall subjective wellbeing in patients with advanced disease. Items related to physical symptoms, performance status and support have a much weaker relationship to overall wellbeing than existential, psychological and “general physical” wellbeing (Cohen et al. 1996).

To summarise, hospices deliver palliative care (although palliative care can be delivered by organisations other than hospices such as palliative care specialists in acute hospitals) and their objective is to “optimise quality of life” (Cohen et al. 2017). Quality of life has physical, psychological and social dimensions and is also significantly determined by existential issues. Quality of life is synonymous with subjective wellbeing on which subject there is a vast literature.

7.1 What is wellbeing?

The best known taxonomy of wellbeing theories is that developed by Parfit (1984) which identifies three main types. He summarises these as follows (1984, 493)

> “On hedonistic theories what would be best for someone is what would make his life happiest. On desire-fulfilment theories, what would be best for someone is what, throughout his life, would best fulfil his desires. On objective list theories certain things are good or bad for us whether or not we want to have the good things or to avoid the bad things.”

Clark (2018) identifies a number of issues with this approach. Firstly it is incomplete, omitting a number of reflexive theories which depend on some self-appraisal of one’s own life such as those itemised in the MQOL questionnaire above. Secondly the taxa are too broad, hedonism spans a tremendous range of types of happiness including tranquillity, the balance of pleasure over pain, life satisfaction or emotional stability. The objective list is an “incoherent everything else bin” with multiple meanings of “objective” including “not up to its subject, not a mental state, knowable by others and a proper matter for interference by others”. Thirdly the taxa are not mutually exclusive and some theories of wellbeing can cut

across categories. Clark suggests that instead of trying to refine categories of wellbeing we should accept that there will be multiple overlapping variants and instead would be better to identify some important dimensions on which theories vary.

To this end he identifies four. These are firstly Empirical v. Normative theories the former identifying some metric of wellbeing which can be assessed across people and time and which we can intervene to change such as items in the MQOL questionnaire. Normative theories offer goals to aim for, a guide to human action but may not lend themselves to assessment and quantification. The second dimension is Descriptive v. Revisionary. The former simply make explicit the status quo whilst the latter offer some alternative analysis which seeks to demonstrate that we have been wrong in our beliefs about what enhances our wellbeing. For example we may have been persuaded to believe that material possessions of particular kinds will make us happy. Another reason for revision may be to facilitate measurement and interventions to enhance wellbeing. The third dimension is Reflexive v. non-reflexive theories. The former such as life satisfaction theories or positive narrative theories rely on us making a positive judgement or having a positive feeling about our lives and how well they are going. Non-reflexive theories are indifferent to this reflexive process for example desire-fulfilment theories simply require that our desires are met for things to be going well regardless of our reflections on that achievement. Finally Compositional v. Additive theories distinguish between the latter which simply involves the

relative balance of good and bad aspects of life whilst the former introduces a temporal sequencing in which a lifetime narrative arc from e.g. misery and constraint to happiness and fulfilment is more conducive to wellbeing than the reverse even if in both cases the sum of good and bad is the same.

In addition to these theoretical dimensions Clark (2018, 79) discusses the multiple meanings of the terms “subjective” and “objective” in relation to wellbeing. He describes a spectrum of epistemic authority from extreme “transparency” which claims that the individual is the only person who can know their own wellbeing, they are the only authority to extreme “opacity” where only others can know an individual’s wellbeing “as though wellbeing were a paint spot on my forehead”. Neither of these extremes are likely to be true so Clark advocates dropping the subjective/objective distinction especially as there is a dangerous tendency to conflate epistemic authority with political authority. If you don’t know what is best for you it is legitimate for me to paternalistically manipulate you and your environment in your interests. Another related example of conflation is given by Kagan (1994). On the standard view of wellbeing “how well are you doing” and “how well is your life going for you” are asking essentially the same question. However Kagan distinguishes between the first question which essentially addresses wellbeing and the second which addresses the goodness of one’s life. In his example a man dies in a happy state despite the fact that, unknown to him, his wife is about to leave him, his children despise him and his business is about to go bankrupt. In this case the individuals “wellbeing” (high) and “the goodness of

his life" (poor) separate leaving potential for confusion by conflating the concepts under one wellbeing umbrella.

I think abandoning the subjective/objective distinction would be unwise. Clearly some supposedly transparent beliefs which individuals may hold about their wellbeing and the conditions for its achievement may be truth claims which are open to refutation. For example, "Drinking alcohol relieves my depression". During my volunteering I got to know a patient with advanced motor neurone disease who, during her weekly visits was fed by a specific volunteer, with extreme care and attention. The patient hated pureed food so, with the permission of the nursing staff was fed meals as they came from the kitchen. One day she nearly choked to death. The trauma was such that the volunteer, supported by the nurses, refused to feed her anything other than pureed food from then on. The "subjective" wellbeing enhanced by solid food was trumped by the "objective" wellbeing risk of choking. This "trumping" does not logically follow from the details of the case, it is an ethical issue. I believe there are some aspects of an individual's wellbeing to which only they have access but that it is also possible to make some objective statements about what promotes the wellbeing of individuals, groups and populations. The design, curation and practices of the hospice needs to pragmatically navigate these perspectives.

My focus is on the ways in which hospice buildings contribute to the hospice mission of optimising the well-being of those who use them. Hospices are public

buildings with a regular turnover of patients and relatives and to a lesser extent staff and volunteers. Designing and curating them relies on some objective assessment of what wellbeing means and how it may be promoted. For some patients these “theories in practice” many turn out to be wrong and for all patients there will be degrees of transparency in relation to their own wellbeing which requires that those patients articulate their needs and that the organisation crafts individualised responses if these specific contributions to wellbeing are to be satisfactory. Factors influencing design and curation of space are likely to be determined by views on the nature of wellbeing, the means by which it could be assessed (how would we know?) the mechanisms of its promotion and the costs of its delivery.

Such theories may of course be wrong. Given the complexity and variability of the person/environment system the wellbeing of people using the building is likely to be an emergent property that may be largely unpredictable by the individuals themselves or the designers/curators. The design and curation may lead to all sorts of unintended consequences good or bad. That said it seems to me pragmatic to base design decisions on some combination of ideas about objective wellbeing, the nature of the evidence for wellbeing and the costs of flexibility. At one extreme, such as the orientation of the building to its environment, the street, the views, the trajectory of the sun and the prevailing wind etc. the decision is very high cost low flexibility. When it’s done its done and should be based on the best population level evidence. How an individual likes their tea or the presentation of their food or discourse with volunteers or staff is at the other extreme.

Having discussed some general principles of wellbeing I will now briefly describe three specific aspects of wellbeing which are particularly relevant to hospice care and to some current issues in the hospice movement. The first is Gilbert's (2018) exploration of the nature of "feeling at home" and why this relates to wellbeing. The second is the concept of eudemonism which I link to the philosophy of life of Helmuth Plessner and to the ambitions of palliative care. The third is the modes of existential wellbeing influenced by Heidegger and described as "dwelling-mobility" a dialectic playing out in contemporary hospice policy.

7.2 Feeling at Home

As Heidegger observed feeling at home does not depend on being at home in one's own residence. We can feel at home in other people's homes and in particular localities, with some people and in some place. Gilbert (2018, 17) emphasises that feeling at home is usually indexical "I feel it here in this place with these people … engaged in this activity" and is not dependent on some particularly agreeable sensation. Indeed it is the absence of sensation which is characteristic of feeling at home. It may be agreeable to feel at home or it may not be a conscious state. When we are reflectively aware of feeling at home this may be indexical or it may be conceptual and directed at some place with particular kinds of characteristics by virtue of which we feel at home or which conform to the kinds of characteristics of a place in which we think we could feel at home. Of course it is unfortunately possible that the belief we have that we would feel at home in a place is mistaken and sadly we may not feel at home in our own home.

Gilbert rejects the idea that feeling at home relates to notions of well-being which are end related such as hedonistic theories, the satisfaction of desires or objective list theories. For Gilbert (2018, 19) the essence of feeling at home is the ability to be able to move about it freely and unthinkingly and to “get on with activities there without difficulties occasioned by the place”. This taken-for-grantedness is similar to Heidegger’s “ready to hand” and relates to Merleau-Ponty’s (1962, 138) “motor intentionality” the object of which is “that highly specific thing towards which we project ourselves, near which we are in anticipation and which we haunt”. In feeling at home in a place, the building and its familiar locale, it is as Merleau-Ponty (1962, 144) says “the body which “understands” in the cultivation of habit”. For Gilbert (2018, 20) “being able to act (in relation to people and in a place) without a certain sort of reflection and self-appraisal is what enables one to feel at home” (my parenthesis). This is very reminiscent of the views of the Canadian home owners interviewed by McCracken. When the environment intrudes and impedes our habitual activities we notice them, they interrupt the flow and as Heidegger says they become “present at hand”, they become other, hostile and unhomely. Gilbert quotes Scarry (1985, 293) that “we have a habit of taking object awareness as the norm and object unawareness as an aberrant and unacceptable occurrence” we expect things to be aware of us and make themselves compliant, if they ignore us and don’t cooperate we are agitated. Neither Scarry or Gilbert use the language of affordances but that is what they are referring to. Our environment affords a set of habitual activities. If that affordance is withdrawn for

some reason we are shocked into a new kind of awareness. Gilbert emphasises, not the efficient achievement of goals as the source of wellbeing, but the “tone” of the activities we undertake as the key to feeling at home and the wellbeing which accrues from that state.

In addition to this taken for granted navigation of space and engagement in activity Gilbert also identifies security as the related key to feeling at home. Security in this sense is a feeling of safety not having to be on guard against disruptive “hostile” elements of an obtrusive environment. Gilbert references Carroll’s (2004, 90) example of the sense of security which is integral to feeling at home. “Standing barefoot amongst a silent arbour, softly carpeted with layers of decaying leaves, a sense of repose and homeyness may be aroused in us….such an emotional state may be aroused by our tacit recognition of its refuge potential”. This description is very reminiscent of Heidegger’s (1993, 178) “in the midst of being as a whole an open place occurs. There is a clearing” “such standing in the clearing of being I call the ek-sistence of man”. The security of being/dwelling.

As examples of obtrusiveness which undermines feeling at home Gilbert (2018, 21) mentions a number of seemingly trivial but in fact critical impediments. A glaring light in a room, having to mind our “P’s and Q’s” with fellow residents or be concerned that we are interrupting another person, “a dark ceiling that looms over one or a creaking chair”. These things interfere with “being able to get on with one’s life without a variety of factors which involve things or people making this more difficult and requiring of one greater *attention, circumspection or effort”.* (my

emphasis). This list certainly resonates with my experience as a hospice volunteer and with that of some of my informants.

Heller's novel of pervasive corporate and family angst "Something Happened" begins with the line "I get the willies when I see closed doors". I was reminded of it by my volunteering experience and I checked out with some of my informants to see if it was just me experiencing that feeling when confronted by a closed door in the hospice. The feeling seemed quite common. There was no way of knowing what was on the other side. A corpse, an intimate physical procedure, a weeping relative? Closed doors could not be easily opened. There was often a sense that one was trespassing, a tentative "creeping about", a heightened attention and circumspection. As Gilbert (2018, 21) observes certain modes of activity succeed or fail in inducing a sense of wellbeing "just because of the way the activity is engaged in – the tone it has". A few other short examples of what undermines or promotes feeling at home in hospices will suffice here.

- I got lost in every hospice I visited. This was partly because it was difficult (for the reasons discussed above) to explore by opening closed doors or using corridors I had not already been escorted down. It was also the case that most of them were extremely complex three dimensional jigsaws of old, new and repurposed building which had evolved over time in relation to changing needs.

- I met a volunteer in one of the hospices who had worked in the inpatient wing of the building for five years. I asked her about the day patient facilities. She wasn't able to answer my question because she had never been there.
- It only takes two people in a hospice room to fill the room and make it difficult to enter. They may just be talking about a football match but it is safer to assume that there conversation is intimate and not to be intruded upon.
- During a recent conversation with a hospice Chief Executive she said that she was embarking on an expensive and disruptive reconfiguration of the hospice the main purpose of which was to avoid having to get from A to B via a corridor beside the inpatient unit. Many visitors and day patients went outside the building and walked round to another entrance. It was worth the effort of the detour to avoid the discomfort caused by the intrusion into inpatients.
- Some hospices avoided the discomfort of having to move through/by inpatients by a clear distinction between them. From reception turn left for outpatients turn right for inpatients or in the case of St Christopher's take the lift up to inpatients. This made the turn left or right very loaded and created a wing or a floor which loomed. When inpatients occasionally emerged, sometimes in their wheelchairs or beds, for a cigarette in the garden or for a cup of tea in the café I experienced their arrival as something uncanny in the sense described earlier.
- One of my informants, the daughter of a regular outpatient, described how important his weekly visits to the hospice were for his wellbeing. He enjoyed them and because he had been coming a long time he knew lots of people, he

"knew the ropes" and felt comfortable there. I would see him regularly, usually chatting with other patients or volunteers and drinking his habitual glass of red wine (free to patients). It took time, an engaging and extrovert personality, "learning the ropes" and some alcohol but he eventually felt at home.

7.3 Eudaimonism

Eudaimonia is a form of wellbeing usually translated from the Greek as "happiness" but as Besser-Jones (2016, 188) has pointed out this doesn't capture the critical nature of the concept which is best thought of as "human flourishing" with two key attributes. Firstly it is a form of experiential wellbeing characterised by agency and on-going activity, it arises through "the *active exercise of agency"* (original emphasis). Secondly it is an instance of "objective" wellbeing which depends upon features of one's life rather than one's attitude towards one's life. Le Bar (2013, 69) describes it as emphasising that "our lives go well in virtue of what we do, not what happens to us". It is to be hoped that this active agential mode of living results in a positive mental state but it doesn't have this teleological nature. It is the mode of living itself which is important, the process is more important than the outcome.

Philosophical views of eudaimonia tend to adhere to the original Aristotelian concept that human flourishing arises from the exercise of the distinctive human capacity of practical reason. However, as Besser-Jones observes there is a significant accumulation of evidence in recent years (e.g. Kahneman & Tversky

1982; Doris 2009) that our actions are often not guided by reason and that our capacity for reasoning may not define us and may not therefore be an adequate basis of human fulfilment. She draws attention to the influential eudemonic psychological approach of Ryan and Deci (2000a. 2000b) known as “self-determination theory” (SDT) which posits that we have innate psychological needs to experience competency through the exercise of our skills in the environment, to experience belongingness through our relationships with others and to experience autonomy through the pursuit of our own goals. Deci and Ryan are doyen’s of the field of Positive Psychology and their theory is inherently optimistic. As Besser-Jones (2016, 191) quotes they view humans as “…curious, vital, self-motivated. At best agentic and inspired, striving to learn; extend themselves; master new skills and apply their talents responsibly”.

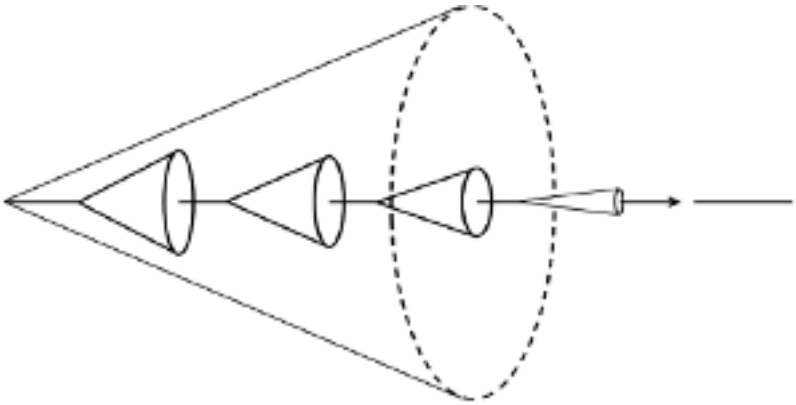
I believe that the concept of eudaimonia is very relevant to the therapeutic aims of the hospice but that the version proposed by Ryan and Deci needs expanding in the context of end of life care. Their theory has been usefully criticised by Pyszezynski et al (2000, 305) the founders of Terror Management Theory (TMT). TMT focuses on the impact of the existential dread of death which results from our self-awareness and as they and Heidegger have asserted is uniquely human. In their view existential anxiety in the face of death “is antithetical to open integrative processing and thus must be controlled in order for growth to occur”. The defence mechanism on which TMT focuses is the reinforcement of cultural values. They recognise that TMT is an essentially pessimistic defensive philosophy and that

SDT is expansive and growth oriented and they advocate a dialectic between the two to fully capture a theory of motivation and wellbeing. The outward going, engaging and adventurous spirit of SDT needs to work with the defensive, entrenching, security oriented aspects of TMT (a dialectic analogous to that between Levinas and Heidegger). I would argue that this is particularly true when the salience of death and its related anxiety is at its peak near death. Ryan and Deci (2000b, 320) paraphrase Freud to the effect that “the echo of death anxiety is relatively mute next to the deafening roar attending the struggles of life”. This is not necessarily so near the end of life when the “struggles of life” may be directed principally at simply maintaining life as the prerequisite for all other projects.

Another criticism of SDT, which like that of Pyszezynski et al is one of omission, comes from Andersen et al. (2000, 270) who argue that people have a fundamental need for meaning – that is to comprehend and make sense of their experiences, among them, the many difficulties and tragedies of life (analogous to Colombetti’s “relentless sense making”). “We believe that people have a fundamental need for security and safety – to believe one will be able to survive and thrive, physically and psychologically”. I agree with their views, particularly at end of life when difficulty and tragedy looms large and existential threat is at its greatest. As already discussed security is integral to dwelling and to being at home and the wellbeing attendant on that state.

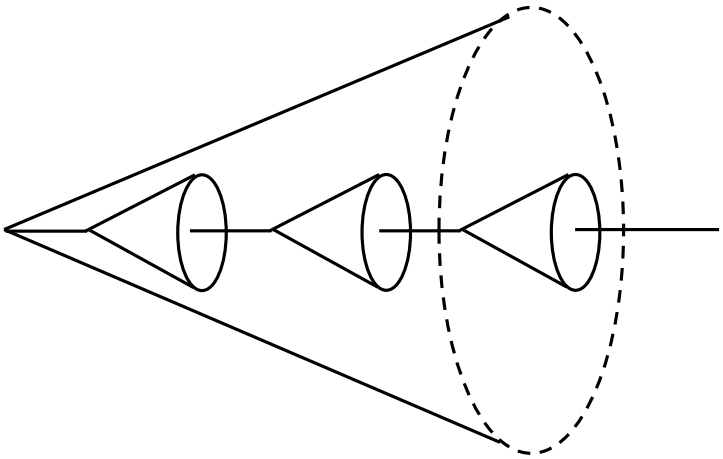
Bessner-Jones starts her essay on eudaimonism with the assertion that the term “holds that the best life is a life well lived, where a life well lived makes optimal use of one’s capacities”. Of course in order to make use of ones capacities one needs to be alive. Life is a kind of meta-capacity without which there is nothing. According to Chrobak (2015, 76) the philosopher Helmut Plessner viewed living beings as a “combination of what is actual and what is potential” and that the process of life was a gradual “exhausting of the amount of possibilities that are at a living being’s disposal”. Life progresses to the point when no more possibilities exist i.e. towards death beyond which no further development is possible. Grene (1966, 270) summarises Plessner’s position as follows. “The living thing is a nexus of possibilities. As each develops it is gone, and, when all possibilities which in their totality are the organism, have been exhausted, that is natural death. This is the limit of natural time, its absolute measure”. This narrowing of possibilities with time is represented in the figure below (Chrobak 2014). Time flows from left to right and the cones of possibility narrow until they become a line representing the ceasing of possibility with death.

Fig.7.



I would argue that much of the therapeutic regime of the modern hospice endorses the concept of wellbeing captured by eudaimonia. It acknowledges the dynamics of diminishing possibility as death approaches but does not passively accept it. As stated above the business of palliative care includes affirming life whilst regarding dying as a normal process offering “a support system to help patients live as actively as possible until death”. There is considerable evidence that the palliative care can extend the duration of life but this is not the main point. The point is to sustain capacity, to expand the cone of possibility to an optimal amount within the time available. The optimisation is between the variables of sustained, or indeed expanded possibility, and the energy which is available to the patient and those close to them to help sustain life. The figure which represents the aspirations of the modern hospice looks more like this.

Fig.8.



I think a good illustration of this is the presence in most modern hospices of a gym which is often a surprise to visitors to hospices. In a recent (Jan 2019) BBC documentary on death and hospices (https://ehospice.com/uk_posts/we-need-to-talk-about-death-says-bbc-documentary-filmed-at-hospice/) largely filmed at St.

Christopher's the Medical Director Rob George revealed the gym with a flourish in the clear expectation that the programme maker (a GP) would be surprised, as indeed he claimed to be. At St. Wilfred's in Eastbourne everyone arriving at the hospice walks past the window of the gym to get into the building. The gym, very much on public display, is part of the hospice's manifesto. Gyms support the adoption of a "rehabilitative" approach to palliative care discussed by one of my informants, a senior physiotherapist in one of the hospices. This is not rehabilitation with a view to cure but adopts the same techniques in order to develop and sustain capacity, a capacity which is physical and psychological, aiming to bolster motivation and wellbeing as predicted by SDT.

Affordances change when either the environment or the behavioural capacities of the person changes and it is of course the case that the capacities of the terminally ill have usually changed and continue to do so. Either by virtue of specific disability, lack of energy or feeling unwell patients repertoire in any given environment tends to fluctuate often for the worse. There are two ways in which things cease to be "ready to hand", the thing breaks or the person does.

Hospice gyms create affordances in relation to patients in three ways. The equipment of the gym and the therapists who work in them solicit the specific patient into physical exercise aimed at maintaining strength, flexibility and endurance. Secondly the, often surprising, presence of the gym is an invitation to the patient to at least contemplate engaging in exercise. Thirdly the presence of the gym changes the affordance landscape of the hospice to normalise a shared

expectation that exercise and rehabilitation are part of the repertoire of hospice care in which many patients are expected to engage. Movement is normalised. The presence of the gym is an important manifestation of the culture of the institution. Gallagher (2018, 721) gives a nice example of this collective, social aspect of affordance.

> "Even if I myself do not have the skill for cliff-climbing, the fact that there are people (sometimes organised in groups or clubs) who engage in cliff climbing, means that even for me, in some indirect way, the cliff affords climbing, and I may perceive it as such since I could obtain the skill or join the cliff climbing group. *The affordance exists independently of me as an individual, at least as it is available as a cultural practice in a form of life*" (my emphasis)

Gyms in hospices don't look much different from gyms in any town centre other than being a bit smaller. Patients who have never been to a gym none the less know what they are for and how they work. The shared expectations of a pattern of cultural practices related to gyms create what Ramstead et al (2016) refer to as "conventional" affordances.

In summary the gym is performing a number of functions. It is changing individual patient behaviour with a view to demonstrating to them that they continue to have capacities and in the process sustaining and even enhancing those capacities. In doing so it is promoting the eudaimonic wellbeing of the individual. It is creating an invitation to engage in agential activity to the wider patient group. It is resetting cultural expectations of the hospice as an institution in which the active pursuit of rehabilitation and the exercise of capacity is the norm and in doing so it is

reshaping the “conventional” affordance landscape, not just for the institution but for the community it serves.

7.4 Existential Wellbeing – Dwelling-Mobility

The final aspect of wellbeing I want to explore draws on a series of papers by Dahlberg, Todres and Galvin. I will focus on two. The first is entitled “Lifeworld-led healthcare is more than patient-led care: an existential view of well-being” (2009). This paper is a reaction to the discourse of patient led care within the NHS and Scandinavian health care systems which the authors view as driven by a view of patients as consumers, emphasising economics or as citizens, emphasising the political. For my purpose their most important contributions are their views on lifeworld led care and their existential analysis of being human and of wellbeing. The authors use Husserl’s concept of lifeworld, the “experienced world of meaning” and in an earlier article (Todres et al. 2007) describe the implications of the lifeworld constituents of temporality, spatiality, intersubjectivity, embodiment and mood and their implications for health, care and wellbeing. In the present article they build on this analysis to describe an existential view of both being human and of wellbeing.

Being human entails living in a “situated freedom” which recognises the ongoing “not finished” aspect of living. The freedoms but also the limitations and vulnerabilities inherent in our bodies and the time and place in which we live of which the most salient is our own finitude. They quote Heidegger (1962, 435) as follows “Once one has grasped the finitude of one’s existence it snatches one

back from the endless multiplicity of possibilities which offer themselves as closest to one". This view of being human entails a view of wellbeing which is sensitive to both the limitations and possibilities of being human.

Their (2009, 267) existential and life-world oriented view of wellbeing "considers the inclusion of vitality, movement and peace as well as the idea of meaningful life projects". In this analysis movement and peace are not opposites but both stem from vitality expressed either in the dynamic pursuit of life projects, small and large, or peace in the form of stillness, "restfulness accepting what is present at hand, or an experience of "letting be"". In Poetry Language Thought Heidegger describes 'letting-be-ness" which Dahlberg et al. (2009, 268) interpret as the potential to "let go of our wilfulness and to reconcile ourselves with whatever life is possible in spite of its limits". Todres (2003, 202) describes a number of clients in psychotherapeutic encounters who were able to "settle down" into a realisation of their vulnerabilities and limitations. "A sense of peace and freedom was found…a feeling of acceptance of themselves and others as they are in the present. There was a "sigh of relief" in realising that wellbeing was possible by simply making peace with "what is"". Many of my informants also described the "sigh of relief" on being admitted to the hospice. Admission to hospice, even if it is planned as a temporary intervention to achieve pain control or symptom stabilisation, is a profound step. The acceptance of "what is" that comes with their admission may well be a source of relief.

The authors are keen to emphasise that movement and peace are intertwined, not mutually exclusive although they do acknowledge that at certain times one or the other may dominate. A vigorous energised pursuit of goals may preclude peace. Conversely tiredness and pain may only leave room for wellbeing which comes from peace. In their discussion of peace and movement they use the metaphors of “home” and “adventure”. Two of the authors elaborate this dialectic between peace/home and movement/adventure in a later paper entitled “”Dwelling-mobility”: an existential theory of wellbeing” (Todres, Galvin 2010) which draws on Heidegger’s notion of dwelling and existential themes from Being and Time.

An important topic in Being and Time is the tendency to fall into “das Man” which is a kind of voluntary immersion in the average, the norm of social behaviour or, given Heidegger’s obvious negative value judgement on das Man, (despite his assertions to the contrary) I think of it as an embrace of the mediocre and superficial. As Richardson (Richardson 2012, 134) describes it “My self is das Man insofar as I have my projects *because* they are “what one does”; I engage in them *so that* I can comport with the general practice. I pursue them as “norms””(original emphasis). I have effectively given over the choice of my projects to das Man and abdicated from my “ownmost ability to be”. Another aspect of the immersion into the average which Heidegger describes and which Richardson highlights is “chat” a mode of communication which contents itself with “average understandability” principally concerned with fitting in to a conversational situation whilst disclosing nothing. This immersion in das Man and chat has a tranquilising

effect but this tranquillity is not sustainable and is undermined by the anxiety which provoked it in the first place. What provokes this anxiety is death and guilt. My interest here is in death and the tendency of Dasein to flee before its "being-towards-death". The way we normally "chat" about death acknowledges it as inevitable but treats it as an event in some indeterminate future. Heidegger (1962, 302) wants us to recognise that "das Man covers up what is peculiar to death's certainty, *that it is possible at any moment.* With the certainty of death goes the *indefiniteness* of its when" (original emphasis)

Heidegger (1962, 302) observes that "One (das Man) says "Death certainly comes, but not right away". With this "but…" the "they" denies that death is certain" (my parenthesis). In fact, as Richardson summarises "By being the kind of possibility it is death is relevant in every moment". We are aware of this truth at some level but our anxiety pushes us into the tranquilising embrace of das Man into a state of inauthentic being at home or as Mugerauer (2008, 119) describes it "being at home that isn't". Like most defences against anxiety it doesn't work for long. Anxiety winkles us out of our inauthentic "at homeness" and makes us existentially homeless again. Todres and Galvin (2010, 3) believe that facing this not-being-at-home whilst further provoking anxiety "can also open up a path of movement…an energising potential which can be felt as wellbeing" with the potential for an authentic homecoming.

Todres and Galvin (2010, 3) elaborate their movement/adventure aspects of wellbeing as “existential mobility” born of homelessness which “carries with it a sense of unfinishedness that seeks future possibilities, people and projects”. A feeling of energy, flow and moving forward. Similarly they further describe their peace/home description of wellbeing as “existential dwelling”. Drawing on Heidegger they describe dwelling as coming “home to one’s situation, to hear what is there, to abide to linger and be gathered there with what belongs there….the essence of dwelling is simply the willingness to be there, whatever “being there” is like”. The feeling is one of acceptance, rootedness and peace. They emphasise that the peace of “letting-be-ness” is “*different from the kind of peace that depends on the eradication of limiting conditions*” (Todres, Galvin 2010, 4)

As with their earlier paper Todres and Galvin believe that wellbeing at its deepest consists of both dwelling and mobility “a capacity for movement and a capacity for settling” a description with strong eudaimonic resonance which also resonates with Levinas conception of dwelling and nomadism. They are also clear that this wellbeing is independent of health and illness. It can be found in illness and it is more than health. A nice description of wellbeing as dwelling-mobility and its relationship to environment comes from the publisher of the London Review of Books in an article (Spice 2019) in that magazine.

> “As a three-year-old, I got a special pleasure from curling up in a ball on the landing halfway up the stairs – a form of hiding in plain sight. It was the combination of the foetal position with the openness of the landing that comforted me, and I recognise the same pattern in the things that make me feel safe as an adult: tents, railway sleeping-cars, hotel bedrooms. They all

> furnish an ideal blend of the womb-like and the provisional; cosy, yet free and unconfined".

7.5 Dwelling, wellbeing and the modern hospice

In this section I want to address two issues. Firstly the shift in the trajectory of palliative care, the nature of the wellbeing this shift entails and the implications this shift has for the role and design of the hospice building. Secondly I want to touch briefly on the homeliness of the hospice and what kind of homecoming it offers.

7.5.1 The Shift

In late January 2018 I interviewed Ken Worpole for the second time. He thanked me for arranging a visit to St. Christopher's hospice. During this visit he had spent about an hour with Professor Rob George the Medical Director with whom he was very impressed. He contrast this meeting with his first visit to St Christopher's which was one of a regular series of tours of the hospice. The one he attended was hosted by one of my informants Dr. Mary Baines the then medical director who had been at the hospice since its foundation and was a direct appointee of Cicely Saunders. The following paragraph is an extract from my interview with Worpole.

> "When he (Rob George) started telling me of the philosophy (of St. Christopher's) it was absolutely 180 degrees different from what it was when I made my first visit about fifteen years ago during one of their Friday group visits. In two ways. One was that we were told that people came to St Christopher's to die usually in the last few days of a terminal illness when pain relief was needed. And the second thing was that there was no medical intervention whatsoever they wouldn't even take temperatures or blood pressures or anything; it was a last sanctuary for a dying body that was going to be treated with respect but no intrusion. In the course of the

> hour he said two things. One is that people don't come here to die we want to get them home and now we are very keen on medical intervention because our task is to (pause) not rehabilitate but re-enable, that was his phrase, people to summon up their bodily and emotional strengths and, this was really important, coming to an understanding and accepting that they are near the end of their life and saying goodbye to life, it was really very moving, and then we hope to send them home or to wherever, may be a care home or a prison or an asylum…where they came from. That was so so different. I think it's very interesting it's what sociologists call "goal displacement".[9] You start "this is what we are going to do" and ten years later you are doing something completely different but only because you are responding to changing circumstances".

I would like to put this piece of evidence together with eight other observations drawn from my hospice visits and interviews and conversations with hospice staff during my delivery of Hospice UK's SLP.

1. Mega-trends in western healthcare.
    a. In advanced western societies there are an increasing number of elderly patients with multiple conditions living for longer. In Saunders day palliative care was almost entirely devoted to cancer patients which now comprise about 75% (Dixon et al. 2015, 7) of the hospice case load but, according to Hospice UK, this still means that non cancer patients are significantly underrepresented.
    b. As health care becomes progressively more complex as a result of advances in medical science and technology there is a migration downwards in terms of location of care. What was once only possible in

[9] For a short discussion of Goal Displacement and the related (in this context) concept of colonisation of the Lifeworld see Appendix 1.

advanced tertiary care centres is now done in General Practice. What was once only possible in hospital can now be done in the home.

c. The practice of medicine tends to follow a logic of: if it can be done it should be done (Plamping 1998). A tendency which drives healthcare inflation and which health care funders in advanced societies try to constrain through evaluative rationing mechanisms such as NICE in the UK.
d. The net result of this is that hospices are dealing with progressively more complex cases requiring more medical intervention and technology, with patients who are living longer and for whom it is increasingly difficult to predict date of death.

2. Technology in the hospice.

   This change in case load has seen a change in the inpatient units of hospices. In Saunders' day patients rooms and wards were quite domestic and virtually devoid or medical equipment. Now, to the lay eye, they are often almost indistinguishable from hospitals in terms of the intrusion of technology.

3. Hospice's revolving door.

   The greater part of hospice care is now delivered in patient's homes be that their own home or care homes or hospitals. There are also a considerable number of day patients at the hospice. Patients who are admitted as inpatients may well go home as the purpose for admission may be a planned period for pain control or symptom stabilisation.

4. Gyms, rehabilitation and re-enablement. As discussed above.

5. Timetables, goals and “active interventions”.
    a. Hospices are decreasing their provision of “day centres” and “respite care” which are therapeutically relatively unfocused. One of the hospices I visited had recently changed the focus of their day centre, tying it much more closely to therapeutic goals with the result that several social groups of patients and volunteers which met at the centre were prevented from doing so. Several of the volunteers resigned as a result.

    b. Packages of care are much less open ended than they use to be. They are often now delivered as a 12 week package with a defined set of goals. One hospice I visited which was making these types of changes had changed the name of its day centre three times in a year ending up with “Active Intervention Centre”. They were not happy with the name but it did emphasise that this was not a place to “hang out” but a place in which active, goal directed interventions occurred.

    Regimes of care are much more clearly defined, goals are specified, care is timetabled and of finite duration.

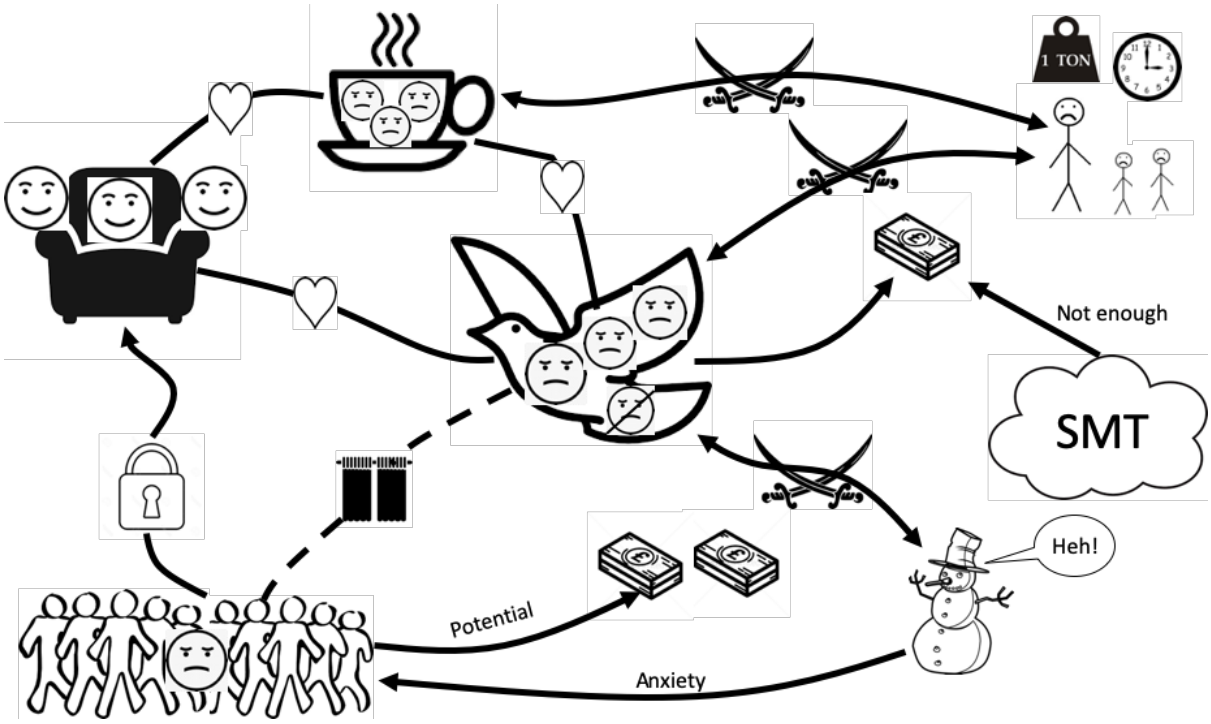
6. The spa v. the shower.

   During my visits to hospices I came to realise how important baths are to those who are seriously ill and disabled. Several nurses told me about patients who had not had a bath for years (they may have had access to showers at home) and those who cried when they were helped into the hospice bath. Many hospices had invested in spa baths and bathrooms with patient controlled mood lighting and music. Baths are not just about hygiene. When St. Christopher's recently refurbished their out-patient bathrooms they replaced the baths with showers. In terms of hygiene they work at least as well and they are cheaper to install and run and more efficient in terms of facility and nursing time. In terms of comfort they are completely different.

7. A Hospice Case Study

   During a teaching session on the SLP I introduced the technique of developing rich pictures of "problem situations" take from the method of Soft Systems Analysis (Checkland 1984). One group experimented using this technique and produced a rich picture of their hospice. Because this was drawn in pencil and could not be photographed clearly I have replicated it in PowerPoint preserving the relationship of the parts, the symbolism and words of the original.

Fig.9. Hospice rich picture.



The principal author of the picture who is tasked with addressing this “problem situation” in their hospice (represented by the unhappy figure in the top right of the picture with her team. The ton weight is the pressure to reform the day centre and the clock is ticking) explained the picture as follows:

- Problematic relations between stakeholder groups are represented by crossed swords.
- The dove in the centre is a symbol of the hospice. The unhappy faces are some of the day centre staff who care for small cohorts of day patients. Each cohort attends for one day a week. One of the staff has recently been made redundant and the group recognise that their current role and way of running the day centre is in jeopardy.

- The tea cup is a symbol of the volunteers who look after the day centre patients. They are also unhappy as they recognise that the hospice management want to introduce a new regime in the day centre aimed at more time limited, focused interventions. They know their role and relationships will be disrupted.
- The arm chair is the symbol of the day centre patients. The same groups attend on the same days every week. They look forward to it, to the company, the conversation, the food and care they receive represented by the hearts. Because they keep coming they unwittingly “lock out” a very large group of potential patients who could benefit from the services of the hospice but for whom there is no space or staff time available. This group, who are denied access, are therefore unhappy.
- The staff of the day centre are oblivious to this unmet need. The curtains have been closed and the potential patients can’t be seen.
- The day centre generates funds but in the view of the SMT (senior management team) this is not enough and is considerably less than could be generated by addressing the mass of unmet need.
- The snowman frozen out in the cold is the community staff who are separated from the organisational core and are anxious about their role and their inability to access the hospice services for their patients in the community.

After walking through this picture its author went on to describe a recent visit to the day centre.

> “And I looked around and all the chairs were full and most of the people in them were asleep and there were two volunteers. One strumming a guitar and one waving a tambourine (mimes playing tambourine with raised left hand, head on one side and a little flourish) and I thought “really!?… is this it? Is this a modern hospice?”

8. The NHS.

As discussed in section 1.3 hospices are charities with the majority of their income from charitable giving in various forms. A relatively small amount of hospice income comes via the NHS through contracts for care. However hospices are part of a system of care and are influenced significantly by NHS quality and contracting processes. Saunders was clear she wanted her hospice to be separate from the NHS. They still are but are very much part of the system and its regimes of control such as the CQC (Care Quality Commission).

I believe that Worpole’s interview and the above eight observations constitute a body of evidence for trends in hospice regimes of care. To summarise. The system of care for the elderly and dying in the UK is under increasing pressure from demographic and epidemiological trends. Hospices are taking on progressively more complex cases, patients who are living longer with more conditions and with more unpredictable end of life. The wider system of care is expecting more care to be delivered in non-acute and community settings. In order to manage increased demand considerations of clarity of purpose, contractual specificity and the ability to demonstrate effectiveness through metrics have become much more significant. Care is more goal oriented and time limited and

the focus of care is shifting from dwelling to mobility. From homeliness, comfort and sociality to the agential, eudaimonic exercise of capacity and re-enablement.

Of course this is not happening uniformly across all hospices. It could very reasonably be argued that a) those hospices who are changing most vigorously in this direction (such as St. Christopher's) are progressive and better attuned to the realities of their environment and b) that hospices which are not responding with the same alacrity are suffering from "strategic drift" in failing to adapt their behaviour to a changing environment. Nor do I want to try and paint a picture in which all hospices were once havens of Heideggerian dwelling perfectly attuned to facilitate their users authentic being-towards-death in an atmosphere of comfort, peace and containment. In the next section I touch on some ways in which the hospice as a place for dwelling was often undermined by its material design and its culture.

7.6 Homeliness and Authentic Homecoming

During my first interview with Worpole he maintained that the prime function of hospices was dwelling. I have described Heidegger's meaning of dwelling to which Worpole was alluding and I subscribe to the view that dwelling is a key aspect of wellbeing. If hospices exist (at least in part) to facilitate an authentic homecoming in which patients and their loved ones can dwell how are they doing? What kind of homes are they? To address this question I will briefly touch on two key areas. How hospices can subvert their own attempts at "homeyness" and how authentic homecoming is undermined by the "chat" of "das Man".

7.6.1 Feeling at home - or not

I have described Gilbert's view of what it takes to feel at home. The unobtrusive taken-for-grantedness and sense of security and I have mentioned a few ways in which hospices fail to deliver this. There is a need for circumspection in a hospice as there is an any public building or any healthcare facility. Some areas are out of bounds, the privacy of others is to be respected. Ps & Qs are to be watched. This is exacerbated when a regime of time management and therapy is also introduced. Appointments to be kept, programmes of care to be completed. When "hanging out" and socialising or coming and going at leisure is not an option. One of the problems as described by the manager of the Anniversary Centre in St Christopher's is that it serves too many functions and falls between too many stools. These functional regimented requirements confuse attempts at informality and McCracken style "homeyness".

7.6.2 "Chat"

One of the modules of the SLP addresses the issue of organisational anxiety and makes some use of the classic work of Menzies Lyth (1960) on organisational defences against anxiety. The following passage from her seminal paper describes the nature of the task confronted by nurses in palliative care.

> "Nursing patients with incurable diseases is one of the nurse's most distressing tasks. Nurses face the reality of suffering and death as few lay people do. Their work involves carrying out tasks which, by ordinary standards, are distasteful, disgusting and frightening. … The work arouses strong and conflicting feelings: pity, compassion and love; guilt and anxiety;

> hatred and resentment of the patients who arouse these feelings; envy of the care they receive." (1960, 440)

This extract always sparks a vigorous discussion among the nurses some of whom recognise the reality of this description, others vehemently reject the possibility of their disgust, anxiety and resentment. Lyth's thesis is that these kinds of pressures entailed by the nature of work with the dying are defended against at both an individual and institutional level. The details of Lyth's argument don't matter here. My interest is in the direction taken by the discussion in the classroom and in particular the issue of "relentless jollity" which has come up several times. Many of the nurses recognise this as a real phenomenon. Some attribute it to the anxiety created by the immanence of death but also believe it to be congruent with the aim of maximising the value of the life which is left, the mobility dimension of wellbeing.

Several of my informants said that visitors to their hospice and patients and relatives arriving for the first time were always surprised. "It's not like I imagined" was their first reaction. Informants usually went on to say "it's not all doom and gloom, there is a lot of laughter here". This sense of levity, normalcy and life-carrying-on were features of hospices which I recognised. Here are two very brief examples, one from my own experience.

- On my first visit to the inpatient facility as a volunteer to help out at mealtimes I was with a very experienced and compassionate volunteer who introduced me

to the patients she was covering. We went in to one room where the conversation opened as follows.

> Volunteer - Hello X how are you today?
> Patient – Well I'm dying love
> Volunteer – (laughs) Well apart from that.

- The mother of a friend of mine died in one of the hospices I subsequently visited. My friend kept a diary of her time with her mother and subsequently wrote an essay on the experience. The following paragraph is an extract.

> "It snowed one day which was unusual for April and it therefore provided a talking point in the hospice. When I visited her in the afternoon she asked me exasperatedly why I thought all the nurses kept talking to her about the snow. She was dying and she wanted to engage in every awful moment of it. She didn't want to make small talk."

For Heidegger "Unheimlichkeit (literally unhomelike) "uncanniness" and "not-being-at-homeness" is "an inescapable – "existential" – feature of the human condition. Homelessness is a shadow over being which we can "dim-down" in the inauthentic camaraderie of "the One" but never extinguish" (Young 2000, 189). I think this "relentless jollity", laughter and normalcy is exactly the kind of inauthentic, self-limiting camaraderie and homecoming against which Heidegger warned and which Mugerauer described as "being at home that isn't". A tranquilising immersion in das Man and "chat". The avoidance of this inauthentic "chat" was what Cicely Saunders had in mind when she asked hospice staff to practice "being with" patients, "bearing witness to their "total pain", facing potentially uncomfortable feelings and painful thoughts reminding them of their own mortality" (Speakman 2018). In an ethnographic study conducted by Haraldsdottir (2011, 245) in a Scottish hospice she described Saunders 'being

with' as “a specific moment of engagement between a health professional and a patient whereby the patient has the opportunity to examine and express their thoughts and feelings relating to their imminent death”. In Haraldsdottir’s study it seemed that nurses avoided such discussion. “If a patient expressed negative thoughts, nurses often changed the subject or put a positive spin on the situation” (ibid. 248). They organised the regime of the hospice to provide “a light, cheery atmosphere (which) protected nurses and patients from addressing the anxieties caused by death and dying. The nurses ensured patients were not left alone to die or were not socially isolated, but did not create opportunities for ‘being with’ them” (ibid. 249).

It often seemed to me that hospices were not very good at dealing with their core business, death, a point of view which one of the spiritual advisors I interviewed shared. Of course this may be a dangerous generalisation. When I asked her what differentiated the hospice from a hospital one of my nurse informants said “we are not afraid of death”. I believed her but I doubt this is the case with all hospice staff and it certainly is not the case for all volunteers. I suspect there may be several kinds of laughter in the hospice with different relationships to death. Laughter as a tranquilising distraction, laughter as defiance and perhaps my nurse informant’s laughter, in spite of.

In this chapter I have discussed the increasing importance of “quality of life” in modern medicine and the critical focus on “wellbeing” within palliative care. I have

outlined theories of wellbeing and the importance of its existential dimensions and focused on three aspects of it which I believe are particularly relevant to hospice care. Wellbeing which results from “feeling at home”, eudaimonia and the existential spectrum of dwelling-mobility. I have described my perception of a shift of focus in the hospice movement from dwelling to mobility and have touched on some aspects of the material environment and culture which tend to undermine the possibility of dwelling even if the regimes of care were not already doing so.

As discussed in section 5.1 above Heidegger described the pernicious mechanisms of “enframing” and the pursuit of instrumental, utilitarian goals and metrics in which the world shows up as a “standing reserve” to be exploited for our projects. Such a stance which conceives of hospice buildings as assets to be sweated is antithetical to the notion of dwelling. As already discussed in relation to Heidegger’s bridge, if the bridge is thought of solely as an indifferent asset for crossing from one bank to another it is not a place to dwell. Humans can’t dwell in a standing reserve. In line with Rybczynski’s “onion theory” of comfort hospices which have grown and adapted over time bear the traces of their attempts to create an environment for dwelling and a shift towards mobility.

8 Atmosphere

I have argued that buildings are what differentiate hospice care from palliative care more generally. In this chapter I explore the nature and importance of the atmosphere of hospice buildings and I assert that it is their atmosphere which has the greatest potential to enhance wellbeing. Atmosphere has an overlapping relationship to the affordances of the building but it has greater impact and more therapeutic significance.

My central argument is as follows.

> The atmosphere of buildings has direct affective impact on those who occupy them. Atmosphere is not entirely determinative but predisposes to certain moods or existential feelings (Ratcliffe 2010, 17) which as Colombetti (2014, 79) has discussed predisposes to a certain range of emotions experienced by the users of the space. Atmospheres are relational and like affordances they tend to be perceived in similar ways by those sharing a “form of life” (i.e. humans with shared cultural norms). This predictability of effect gives atmospheres an objective quality and like affordances they can be designed and curated in to a space (Norman 1988, 2005). Such design efforts can create a range of affectively appropriate spaces and thus enhance the subjective wellbeing of occupants.

Atmospheres work through the effect of the environment on the felt (Schmitz (2012, 3) see below) and material body acting with varying degrees of attraction and repulsion. Because emotions are relatively short lived emotional responses to environmental atmospheres may be quite volatile. What was cosy a few minutes ago may now be claustrophobic. What constituted welcome privacy is now experienced as isolation. What was initially open, fresh and light may now feel exposing, vulnerable and agoraphobic like the “stonking great spaces” of the Anniversary Centre (p.255). It is thus necessary for hospice buildings to provide a range of spaces facilitating different moods and emotional ranges to accommodate, enhance or modulate the fluctuating affective states of the occupants, preoccupied as they are by their or their loved ones impending death. We may not be able to identify or articulate a number of aspects of atmosphere. What causes it, how exactly it makes us feel or how, if at all, we should respond to it. This makes atmosphere vague but does not reduce its power, which can be overwhelming for good or ill. Atmosphere impinges on the affective state of occupants and thus their wellbeing, alerting them to what is important in the environment and signalling an answer to the question “how is it going for me in this place now?”.

Ingold (2008b) has argued against a “logic of inversion” which conceptualises living things occupying a world of pre-existing objects and concentrates instead on the processes of becoming (see also Gosden and

Malafouris 2015 and Whitehead 1978) in a world in constant flux. Ingold's notion of the "weather world" draws together the weather and affect asserting that "the unison of the affective and the cosmic is crucial to our understanding of atmosphere". Humans and other animals cannot navigate the dynamic complexities of the "weather world" without the elimination of extraneous data (Sanders 1993) which occurs with: a) the direct perception of objects with their affordances and b) atmospheres from which emerge attractions and repulsions, incitements and warnings, invitations and rejections. Atmospheres are the affordances of the weather world which we inhabit and which flows through us. I believe that the experience of atmosphere exemplifies the material agency, extended mind and enactive signification of MET as strongly as the potters intimate engagement with clay and opens up a domain of material engagement worthy of further research.

8.1 Structure of this chapter

In the next section I describe how atmosphere is consistently referenced by my informants and why I believe it to be the most therapeutically significant attribute of hospice buildings. In section 8.3 I explore the implications of the two meanings of the word atmosphere and the correspondences between these meanings. I explore Ingold's conception of the "weather world" which problematises the distinction between person and environment and I outline related philosophical questioning of the subject object divide. By doing so such positions open the

possibility of ontological unity of, and uninterrupted affective flow through, an undifferentiated person/world. In section 8.4 I discuss the experience of atmosphere starting with my own feelings of a particularly powerful atmosphere. I discuss a number of related perspectives on the corporeal nature of response to atmosphere and then devote section 8.4.2 to the particular impact of atmospheric "first impressions". In section 8.5 I explore the locational origin of atmosphere. My informants had mixed views on this topic. Some emphasising attributes of built space others focused on people; the staff, volunteers and patients. I summarise the views of a number of key theorists of atmosphere. I conclude the chapter with section 8.6 which speculates on the survival value conferred by our attunement to atmosphere and the interplay between atmosphere and affordance by which hospices enhance wellbeing for the dying.

8.2 Why is atmosphere important

Most of my informants referenced the "atmosphere" when describing their hospice to such an extent that I started asking a standard question about how they would characterise the atmosphere. They struggled with this request generally using words which clustered, in differing permutations, into three sets.

- Descriptions of their own affective response to the space: relaxing, calm, relief.
- Emphasis on the social aspects of the space and positive behaviours of the people who occupied it: laughter, friendly, welcoming, cheerful.
- Attributes of the physical space: Light, views, beauty, airy, bright.

I return to the last two of these categories in 8.5 below when I discuss the origins of atmosphere in the materiality of space or the occupants of that space but my informants frequently cited both. In section 8.4 I describe my own experience of a powerful atmosphere and the difficulty in articulating that experience. My informants also struggled to define their experience beyond one word descriptions even when directly prompted to do so.

The effect I experienced in all the hospices I visited was a sense of calm which made it very easy to just sit down and do nothing. The kind of passivity, acceptance and “homecoming” discussed earlier in relation to dwelling. A friend whose wife is dying of cancer and now regularly visits their local hospice said “I know what you mean now when you were talking about hospices, it is so calm”.

Atmosphere is an affective quality and affect is the means by which we know what is important. Affect is the “lack of indifference” (Colombetti 2014) the “giving a damn” which Slaby (2014, 34) describes as “having things matter to you… an intrinsically “hot” phenomenal, hedonic and action oriented way of relating to the world”. Slaby’s (2008, 429) concept of “affective intentionality” asserts that our minds direction towards the world is “not a cold, detached purely cognitive affair but rather constitutively feelings-involved” and that the object of intentionality and the affective state are reciprocally related. If one changes, so does the other (cc. Dewey’s “situation” p.37). Affective intentionality directs attention to what is

significant in the world but, being hedonically valenced, also highlights the goodness or badness of an emotional experience and highlights “how things are going for us” (Slaby 2008, 438) an appraisal of subjective wellbeing. Atmosphere and subjective wellbeing are thus directly linked.

A person in a space may sense the atmosphere and be in an affective state and both may be emergent properties of the “situation” of person-in-environment or, as Riedel (2020) describes they are “two sides of the same coin”. However, a common property of atmosphere is that different people experiencing the same space may report feeling the same atmosphere even though they entered the space in different affective states and may, under the influence of atmosphere, still maintain different affects. Atmosphere is not entirely deterministic of affective state just as affordances do not dictate behaviour. How forms of life respond to both affordances and atmospheres is influenced by their own receptivity, motivations and affective states (Ratcliffe 2010, 15) but a key difference between them is that the origin of atmosphere is more difficult to identify, its effects more difficult to articulate and the appropriate behavioural response less prescriptive. The psycho-physiological impact of atmosphere may be very strong, as in the unattributable terror of a gloomy corridor, but what exactly is to be done?

Theorists of atmosphere tend to hedge their ontological bets by referring to them as “half things” (Schmitz see below) or “quasi things” (Griffero 2017) but I consider them to be, like affordances, relational, being determined in part by the attributes of the environment which are amenable to design and curation. If atmospheres

can be changed by changing properties of the environment they can, like affordances, be manipulated in the interests of the wellbeing of its inhabitants. Being affective such manipulation of environmental atmosphere directs itself to the core existential feelings of the users of the building. It has the potential to literally change their world.

The reason why atmosphere always comes up in descriptions of the hospice is because, being affective, it is quintessentially salient, and arguably the most important agential aspect of the material environment. The literature of atmosphere generally acknowledges that atmosphere is inherently conceptually vague but as Massumi (2014, 290) puts it "An atmosphere may be ambiguous…but this makes it *the truth of an ambiguity not an ambiguity about truth"*.

8.3 The two meanings of "Atmosphere"

"Atmosphere" has two meanings. S1 is atmosphere as the gaseous envelope of the Earth, it is the weather including the microclimates of enclosed spaces. S2 is atmosphere as the affective impact of the material and social environment on individual or collective humans. Exploring the relationship between the relatively well understood S1 and the more mysterious S2 may provide insights into the nature of S2. Malafouris (2013, 102/3) believes that humans have a "pervasive and (in most cases) unconscious capacity…to establish direct implicit *ontological correspondences* between domains of experience" (my emphasis). Such blended

“mental” spaces are not confined to the human but as Malafouris (2013, 104) describes they can extend into the world through mechanisms such as the “surrogate situations” described by Clark (2010) and referenced in section 4.4.3. “Surrogate situations work to “highlight important features by suppressing concrete detail and.. relax temporal constraints on reasoning”. By doing so they “make it possible for the human mind to believe things that it would never otherwise come to believe or imagine”.

An S1 to S2 projection works on the relationship between the “experiential gestalt” (Lakoff & Johnson 2003, 215) of weather/air and environmental elements with affective impact. Both are: immersive; boundaryless, we move in it, it moves in us; slippery and difficult to pin down often being vague and difficult to describe; extremely variable in intensity from overpowering to below the threshold of attention; ongoing but ever changing, no state lasts for ever. The source and causal mechanisms of both may be uncertain. Both can impose themselves on our mood. Both are receptive to our influence, we can change the atmosphere of a room in both S1 and S2 senses. I would provisionally suggest that the following kinds of weather/affect elements are likely to be included in the blended space (Fauconnier & Turner 1998) created by their mutual projection.

- Indeterminacy in terms of consciousness, intensity, source, duration, qualitative nature - Am I aware of it? Is it nameable? Can it be characterised? What is its energy state? Where did it come from? How long will it last?

- Experiential gestalts such as being lost in fog, in the teeth of a gale, frozen stiff.
- Moods and emotions projected on weather phenomena and vice versa. Fierce storms, the frigid atmosphere of a meeting, a sunny disposition.
- Parameters of weather such as temperature, intensity, humidity, pressure, and strength.
- Causal relations of folk psychology in terms of the impact of weather on mood and the impact of affect on the environment and the people in it.
- The two way relationship between breath and affective states
- Our immersion in atmosphere and its fluid two way exchange between body and environment.

8.3.1 Ingold's Weather World

Ingold has lamented the lack of attention paid by anthropologists and philosophers to the weather which exemplifies the behaviour of (following Mol & Law (1994)) "fluid space". In fluid space there are no well-defined objects "there are rather substances that flow, mix and mutate as they pass through the medium sometimes congealing into more or less ephemeral forms that can nevertheless dissolve or reform without breach or continuity" (Ingold 2008b, 11). In this world reciprocity of mood between people and their environment (e.g. Bollnow's 2011, 134) doesn't make sense because they are not distinguishable boundaried entities but all the same fluid process from which "half things" (see Schmitz below) may briefly congeal.

Ingold's "lineology" is a kind of non-object-oriented ontology which focuses on "lines of becoming", process, fluidity and intermingling rather than delineated finished objects. Ingold summarises the "logic of inversion" as one which turns:

> "the pathways along which life is lived into the boundaries within which life is contained. Life according to this logic is reduced to an internal property of things that *occupy* the world but do not properly *inhabit* it. A world that is occupied ..is furnished with already-existing things. But one that is inhabited is woven from strands of their continual coming into being".

Ingold's ontology is of a "meshwork" of processes of formation and transformation rather than of objects. Such a perspective undermines a view of the world as populated by objects including that category of objects called "place". Ingold summarises his position as follows. "Instead of saying that living beings exist in places I would prefer to say that places occur along the life paths of beings" a position which resonates with Heidegger's dynamic of place and its capacity to gather in his discussion of the rural bridge, Bavarian farmhouse and other "things".

In his 2015 book "The Life of Lines" Ingold devotes a section to "Weathering" aiming to unite the meteorological and affective/aesthetic (S1 & S2) meanings of the word atmosphere. He (2015, 68) points out that the transparent medium of air enables us live, to move and touch, and to see, smell and hear. "All perception depends on it….our very existence as sentient beings is predicated on our immersion in a world without objects, a weather world". Ingold takes a Heideggerian, etymological route to unpick words with the Latin root temperare "to mix". These include a range of weather and affect related words. He cites

temperature, temperate, temper and temperament. For Ingold (2015, 72) this interchangeability of weather and affect words “amply demonstrates that weather and mood are not just analogous but, more fundamentally, one and the same.”

8.3.2 The Homogeneity of person in environment

Ingold is not alone in seeking to overcome the “logic of inversion” and to break down the subject object divide. Bollnow’s (2011, 134) “Human Space” draws on the psychiatrist Binswanger’s (1933) concept of “mood space”, space looked at in terms of its mood characteristics. “Mood is not something subjective “in” an individual and not something objective that could be found “outside” in his surrounding but it concerns the individual in his still undivided unity with his surroundings”.

Late in his career Merleau-Ponty’s (1968) outlined his ontology of flesh in a short chapter “the intertwining – the chiasm” in the “Visible and Invisible”. “Flesh” is his attempt to create a phenomenological ontology which breaks down the division between subjective consciousness and the objective world of things. As Carman (2008, 132) expresses it Merleau-Ponty’s “radical ontological claim that organisms, conscious or not, just by being alive, are already woven into their environments, not as minds, or even pre-minds or proto-minds, but as flesh, as both sense and sensibility”. Such an ontology would enable affective atmosphere to move in mutual exchanges between people and between people and things because people and the environment cease to be separated, everything is the same stuff. If the world, including humans as sentient seers, is all one flesh “where

are we to put the limit between the body and the world?" (Merleau-Ponty 1969, 182).

Gallagher (1986) equates Flesh with the "absently available; lived body-environment". Gallagher follows Merleau-Ponty in considering the lived body as experientially absent, "pre-egological and unowned" asserting that the absence of the body is its fundamental norm. Of course the body can appear but it usually does so in particular circumstances such as fatigue, sport, sex or illness. The more ill we become the more corporeal, the more the body becomes a thing-like focus of attention. Under such circumstance we tend not to differentiate which bodily functions are disturbed but like Cicely Saunders' patient to complain that "all of me is wrong". When things are working well, when we are consciously focused on a task and in tune with our environment our bodies are consciously absent but available and operative as required. "Thus, as absently available, the body is there, at "our" disposal in an unowned and general way, and is the necessary condition for any claim to ownership, which is always a secondary or reflective step" (Gallagher 1986, 153). The absently available lived body is "prior to any reflexivity and prior to any subject object dualism", it is "both and at once physiological and psychological".

Gallagher follows Dewey, von Uexkull and Merleau-Ponty in recognising that the stimulus response relationship between the environment and the organism is determined reciprocally by the value the stimulus has for the organism. The poles

are best thought of as one entity the “organism-environment” with a very high degree of “proximity” such that the boundary between organism and environment cannot be determined, hence Gallagher’s conflation “lived body-environment”. The environment may be objectively distinguishable from the lived body but “phenomenally or experientially, the environment is an indefinite extension of the lived body” (ibid. 163). As Carman (2008, 133) concludes “as bodily perceivers, we are necessarily part of the perceptible world we perceive; we are not just in the world but of it”.

In illness, pain and discomfort the body may be neither absent or available. Our body, coming in to presence in illness, pulls the flesh apart setting up a clearer demarcation between the flesh of the body and the flesh of the world. This demarcation results from, and adds to, discomfort. The therapeutic aim would be to rebuild the flesh and background the body, re-establishing its absence by “taking me out of myself”. In the therapeutic arsenal used to achieve this objective are of course the technologies of pain and symptom control but there is also art, social life, chats, laughter and an environment amenable to being taken-for-granted.

Architect Peter Zumthor winner of the 2013 RIBA Gold Medal and the 2009 Pritzker Prize is creator of famously atmospheric buildings such as the Therme Vals spa in Switzerland and the Topography of Terror museum in Berlin. He (2005, 23) describes the corporeal nature of architecture, a description echoing

the notion of flesh. “It’s like our own bodies with their anatomy and things we can’t see and skin covering us – that’s what architecture means to me and that’s how I think about it. As a bodily mass, a membrane, a fabric, a kind of covering, cloth, velvet, silk, all around me. The body! Not the idea of the body – the body itself! A body that can touch me”.

8.4 How is atmosphere experienced?

At 9.30 in the morning on a summer Sunday in 2018 my partner and I paid our first visit to King’s College Chapel Cambridge. We entered the North door into the empty space of the ante-chapel. A few seconds after entering we looked at each other and we had tears in our eyes. What was the nature of the effect we both felt and which affected us so much? Like my informants we were unable to say, other than referencing the “atmosphere”. Despite the ubiquity and power of the atmosphere, discussion of it seems inevitably vague. As I discussed above Heidegger (Heidegger 1971, quoted in Backman 2011, 64) observed that “it is the word that makes a thing into a thing”. If you can’t find the words the existence of what the words would have described, if found, is questionable.

Peirce warns against mistaking our own unclearness of thought with a mystery inherent in what we are thinking about. He (1878, 293) asserts a law of clarity which is a pragmatist’s mantra. “Consider what effects, that might conceivably have practical bearings, we conceive the object to have. Then, our conception of these effects is the whole conception of the object”. On this Pragmatic/Peircian

account my partner and I experienced no vague mystery in King's College Chapel. We experienced an atmosphere and everything there is to say about that atmosphere is encapsulated in a description of its effects. We both had similar and simultaneous experiences. We stopped in our tracks, looked up, felt an expansion of our chests and a sense of our bodies expanding into the space and tears welled up in our eyes. Real and specifiable in terms of some corporeal sensations but indeterminate in terms of affective specifics and causality. Powerful though it was we couldn't label our affective state and we couldn't attribute a cause other than citing the "atmosphere".

The role of the body in the affective response to, and genesis of, atmosphere is a critical issue which I explore in the next section.

8.4.1 Corporeal theories of atmosphere

The "felt body" is a critical concept for Schmitz (2012, 3) one of the key theorists of atmosphere. Defined as "the epitome of everything that he himself can see as belonging to himself in the vicinity - not always within the boundaries – of his material body without making use of the five senses…and of the perceptive material body schema."

Schmitz focuses on "affective involvement" which Slaby and Müllan (2011, 245) describe as the conscious subject constantly being affected by and involved with what goes on in the environment through the mediation of corporeal feelings.

Affective involvement is “an immediate, pre-reflective, not yet articulated self-consciousness …the irrevocable “mineness” of every experience”. The apotheosis of mineness, is what Schmitz (Wirth 2018) calls the “primitive present” a rare occurrence which fuses the existential dimensions of *here, now, being, this* and *I* most acutely experienced in moments of shame, shock, fear and pain. In Colombetti’s terms an acute “lack of indifference”, the hallmark of affect.

According to Schmitz one cannot perceive any areas on the felt body only on the material body. The felt body is a “surging of blurred islands” such as the stomach, the soles of the feet and most significantly the expansion and contraction of breathing in the region of the chest and abdomen. A more diffusely experienced rhythmic dialogical expansion and contraction of the felt body is described by Schmitz as the “vital drive”. The felt body constantly oscillates between the contractions associated with the “primitive present” or conversely the widening expansion related to falling asleep, deep relaxation or the aftermath of orgasm. “In these conditions the identity flows out and becomes wider, allowing for contraction later on” (Wirth 2018, 3). My image of Schmitz “felt body” is of a shape-shifting, affective amoeboid blob centred in the vicinity of the material body’s thorax but immersed in the world. Through the dynamics of the vital drive sometimes expanding to extend well beyond the boundaries of the material body sometimes contracting, shrinking within it. Always with permeable boundaries absorbing emotional and other atmospheres and as Schmitz asserts (see below) pouring them out into the world.

The expansion and contraction of the felt body results in shifting spatial preferences for the narrow or the expanded which depend on what Bollnow (2011, 216) describes as a person's psychological state, Schmitz their felt body and Ratcliffe (see below) their existential feelings. Bollnow describes how the melancholy seek out the narrowness of a cave whilst in high spirits they need a free and open expanse. Quoting Goethe "Oh God, how world and heaven shrink when our hearts become anxious within their bounds" Bollnow unifies materiality with affect and is at pains not to ascribe a subject/object cause and effect relationship, the world does not shrink because we have an "anxious heart". Anxiety of the heart and constriction of the world *are the same thing*. Several hospice nurses told me of some patients who could not be persuaded out of this narrow/contracted state and resolutely "turn their face to the wall".

Bollnow (1961, 38) referencing Schiller describes how in depression "things jostle each other hard in space" in contrast he also describes the widening expanse of "euphoric space" with its attributes of "easy, smooth, soft, workable" and the optimist's "ease of movement which simply retreats "gives space" when man tries to penetrate it". He describes the optimist's floating/flying/swimming ease of movement through the world which gives way before them.

Atmospheres of emotion are not "locked inside souls" rather they can exist apart from the subject, for example within a landscape, the weather conditions or in

certain rooms (Wirth 2018). This independent quality of atmospheres maintains, contra Ingold et. al., a subject object divide but leads Schmitz to refer to them as "half things" which whilst being objective can appear, disappear and be interrupted in the way in which things can't. The ephemeral but objective nature of atmospheres is also shared by other half-things such as "a wind, a voice, pain, a melody and a noise" (Schmitz 2011, 246). They may be sensed optically or acoustically but the felt body does not rely on the senses. Atmospheres of emotion may not be perceived but none the less may have the capacity to move one in corporeally tangible ways "such as when without any discernible cause one is overcome by a sense of happiness or sinks into melancholy or despair" (Schmitz 2012, 9).

Wirth, quoting from Schmitz, defines atmospheres as "moods with spatial influence". They affect people corporeally with varying degrees of power, they can be affirmed or rejected. In the hierarchy of emotional atmospheres grief and mourning have a particular power to assert themselves. As Schmitz (2011, 258) observes:

> "The radiance of the atmosphere is particularly impressive in the case of grief….A sensitive person feeling joy will curb their expression of joy, e.g. fall silent, if they unexpectedly encounter a group of grief stricken people…the atmosphere of grief…is felt as an authority filling the space of the present that demands that the less weighty emotion of joy be curbed".

I observed this process in operation a number of times during my volunteering when the day centre was occupied by a family group gathered in anticipation of their loved one's death and/or immediately following it. The authority of their grief

suppressed chatter and laughter in the room. Volunteers would be alert to any help they may need such as finding chairs or getting drinks but would otherwise keep their distance and, like other occupants of the room, muffle their speech and refrain from laughter. In one hospice I visited reception staff, acting as monitors of the atmosphere of grief, placed a small fluffy toy on the reception desk when someone had died and relatives were in the building which was a signal, like a smoke alarm, to ambulance drivers and porters to “keep it down” when they entered the building so that they didn’t transgress the authority of grief before they had a chance to feel it.

Slaby follows Helm (2002) in regarding emotions as “species of pleasures and pains” which are intentional feelings of motivational significance which convey the goodness or badness of an emotional experience. Slaby (2008, 434) discusses the role of the felt body in affective intentionality initially echoing Schmitz in describing its diffuse location, vaguely centring on the chest and stomach with “breathing functioning as a kind of resonance field for the feelings in question”. Slaby describes three key aspects of the felt body in affective intentionality of particular relevance.

- Affective intentionality directs attention to what is significant in the world but also highlights “how things are going for us” (2008, 438). Affective intentionality is characterised by outward directed attention and by self-consciousness the two being (echoing Riedel) “two sides of the same coin”. You fear something

which is dangerous in the world but also feel consequently vulnerable and this "feeling of yourself" is a "bodily feeling of being positively or negatively affected by something out there" which is the core of emotional experience. Slaby uses the term "feeling body" to highlight the role of the felt body as being the "prime channel of affective experience". If the source of fear is personal illness then the world of significance may be the material body and its "sounding board" (James 1884) the felt/feeling body. Slaby's "two sides of the same coin" resonate with Malafouris' (2013, 77) "co-constitution of minds and things" and with Merleau-Ponty's flesh. The felt-body/world nexus is the locus of both making meaning of the environment and of self-awareness, the "how things are going for me" appraisal.

- The motivational force of affect working through the felt body seeks to express itself in movement, the "emotions set us in motion". He (2008, 439) describes three categories of the urge to movement stimulated by affect. "Full-blown action tendencies, a bodily urge to run away; tendencies to the expression of emotion, crying out in sorrow and "impossible movement" impulses, wanting to "sink into the ground" in shame or "explode" in anger. One of the recurring themes in my interviews was the apparent tension between containment and escape, between "sticking with it" and "running away" experienced by both patients and visiting loved ones. Many of the hospices I visited provided a range of affordances and atmospheres for the urge to movement, escape or relief driven by affect.

- The seating areas in niches in the corridors allowed for leaving the patient's room but remaining close.
- Gardens provided an expansive relief from the building for both patients and visitors. Some inpatients I met at St. Christopher's had to be persuaded out of the garden when the weather turned nasty.
- A variety of liminal spaces, in particular conservatories seemed to be favourite locations allowing for a retreat to containment or an escape to the outdoors. Similarly, the seats near the garden window were always the most popular in the conservatory-like Anniversary Centre.

As described above my own experience of hospices, as a relatively dispassionate observer, was that the action tendency was to sit down and do nothing.

- Slaby (2008, 436) picks up Schmitz view that "emotional feelings are a bodily sensitivity to what is significant in the world" and illustrates the felt body's dynamics of expansion and contraction in Schmitz vital drive. In fear, shock or surprise.

> "we feel as if pushed down by a threatening external force…a kind of sudden narrowing; we feel as if the volume of our body is shrinking as effected by the working of an external force. An opposing tendency…is a characteristic widening experience that we have in states of extreme joy, well-being or pride. Here, we might feel a kind of inner widening, an extension of our body volume, which is felt as something thoroughly positive and lets us feel quite "*at home*" in our current surroundings. In cases like this, it is our grasp of our current positive situation that consists in part in this widening of the felt body" (my emphasis)

It is possible that the contracting and expanding felt body in negative and positive states of wellbeing may be afforded or counteracted by the design of the hospice. Slaby's use of "at home" as an expansive state of contentment and positive affect is interesting. Of course, as discussed in relation to Heidegger "at homeness" can have exactly this quality. However, the transient nature of half-things means that affective/felt body states can and do change necessitating compensatory changes in the environment.

Most of the hospices I visited had the capacity to accommodate these shifts through attributes of the design described above combined with movable beds which could be pushed outside on to patios, wheelchairs, walking aids and helping volunteers. In St. Christopher's a habitual task for volunteers was to be alert to patients need to move and be on hand to help. This probably explains why I felt so uncomfortable when I visited a hospice located in an old repurposed country house. The lifts and doorways couldn't accommodate beds or wheelchairs. If you were unable to walk there was no way out of the room and although the house was located in stunning scenery the windows were narrow with little access to the view. Knowing it was there but out of sight and, imagining being an immobile patient, made being indoors, for me, on that occasion, even more oppressive. The limited affordances of the building to counter compression or facilitate expansion or to lend itself to affect driven urges to movement made it feel like a prison. At the opposite extreme my experience of the garden at Royal Trinity Hospice in Clapham delivered a range of affordances and a variety of impacts on my "felt

body". The garden is huge, especially given its urban setting, but its most important feature is the range of spaces from expansive open lawns to small "hidey holes" affording privacy and quiet. The range of spaces are navigated by serpentine paths which lead and invite exploration.

Fig.10. Small part of the gardens of Royal Trinity Hospice Clapham, original hospice building in distance. Photo https://ngs.org.uk



Ratcliffe (2010) also discusses bodily feelings and their relationship with affect. He distinguishes between intentional feelings which he associates with emotion and pre-intentional feelings which are what constitute moods by which we "experience the meaningfulness of the world" (2010, 2). For Ratcliffe the distinction between mood and emotions is that the latter are experienced as occurring within the world whilst the former constitute a sense of belonging to a meaningful world, they constitute nothing less than the meaning of life. Böhme (2017, 137) also identifies mood as the means by which we experience connection to the world the sense of

“being-in-something”. “A mood contributes to sensing where we are. By feeling our own presence, we feel the space in which we are present”

Ratcliff (2010, 6) underscores the distinction between emotion and mood by reference to Heidegger’s conception of mood and our “purposeful entanglement” in a world of “ready to hand” things which are experienced “in terms of what they offer in relation to our various projects”. Moods give us the sense of being there in the world not just as disinterested spectators but there are a variety of ways in which people, objects, events and situations matter which go beyond mere utility. They may be “threatening, dangerous, exciting, relevant to you me us or them, fascinating, boring, expected or unexpected, comforting, reassuring safe or unsafe” (Ratcliffe 2010, 7).

For Heidegger and Ratcliffe mood determines the ways in which things can possibly matter and “we are always in a mood even when we don’t realise it”. Ratcliffe’s quote from Heidegger describes the indeterminacy of location and origin of mood. Moods are not constrained by the boundary of the human. “A mood assails us. It comes neither from “outside” or “inside”. But arises as a way of Being-in-the-world, as a way of such Being” (Heidegger 1962, 176). As Ratcliffe (2010, 13) observes “when we experience something as a state of ourselves or as a state of the world, we are already *in* a mood”.

In a way very sympathetic to Schmitz distinction between the material and felt body Ratcliffe describes the role of bodily feeling in emotions and moods. He

makes an important phenomenological distinction between bodily feelings as an object of experience and bodily feelings through which we experience something else i.e. bodily feelings may be “agents of perception rather than objects of perception” (cc. Colombetti’s “background bodily feeling”, Merleau-Ponty’s flesh and Slaby’s “how is it going for me?”) Furthermore, as Ratcliffe (2010, 15) observes “we do not experience our bodies as sealed containers with some experiences falling clearly on the inside and others wholly on the outside”. I think that Schmitz (Gallagher, Heidegger, Merleau-Ponty, Colombetti & Slaby) would agree with the truth of this statement and ascribe it to the nature of the felt body and the reciprocity of felt body and world. Bodily feelings tell me about what matters in the world but also about how I am in the world.

Ratcliffe (2010, 17) prefers the term “existential feelings” to mood and describes “a feeling as “existential” in so far as it constitutes a sense of belonging to a significant world” Existential feelings are wholly pre-intentional and non-conceptual. They are “a space of possibilities within which we experience, think and act as opposed to being an experience or thought content”. Ratcliffe draws attention to a two way relationship between existential feelings and emotion. Mood is the ground from which intentional emotions arise but as Colombetti discusses (p.40) there is mood/emotion reciprocity and “sudden change in deep mood is often brought about by an intense emotion or series of interrelated emotions”.

In a brief aside in his “Phenomenology of mood” Ratcliffe touches on Gibsonian affordances. He states (2010, 15) that “although I endorse the view that we

experience things in terms of significant possibilities I also think that enactive approaches generally fail to appreciate the wide range of different ways in which things and people are perceived as significant". For me this is of crucial importance for hospices and wellbeing. An affordance entails an invitation or a possibility of meaningful engagement but what is meaningful or significant will depend on mood and emotion (and of course physical capacity).

There are many different ways in which things can matter or have significance (or not matter and have no significance). Affordances and the landscape of affordances (Rietveld, Kiverstein 2014) of a hospice are a flutter of invitations thrown out into a space occupied by people with an overriding preoccupation, their own or their loved one's declining health and impending death. I quoted Varela el al.'s (1991) definition of affordances as consisting "in the opportunities for interaction that things in the environment possess relative to the sensorimotor capacities of the animal". Ratcliffe is pointing out a shortcoming in this definition, at least for humans. If affordances are relational a dimension of this relationality is meaning/significance/valence determined by mood and emotion.

During my hospice volunteering I regularly supported a patient with advanced motor neurone disease who attended a weekly art class at the hospice. Given her very limited mobility and dexterity I acted as a spare pair of hands on various art and craft projects. I also attended a number of art therapy classes in the hospices I visited as art/craft spaces were a feature of most of them. In one case, as with the gym at St. Wildfrid's Eastbourne, on prominent display behind a glass wall

clearly visible to all entering the building, functioning as a manifesto for the regime of the hospice. What really surprised me was how much patients engaged with the process of making art and how much working together with others in a shared space created a sense of camaraderie and an ease of being together. Sometimes talking, sometimes listening to music, engagement with the craft also created the opportunity for comfortable silences. Some of the patients themselves were surprised by their own level of engagement and the ability of this collective art endeavour to take them “out of themselves”. The same was true for some recently bereaved people I interviewed who were attending an art/craft class at one of the hospices, surprising themselves that they can, even briefly, be engaged in a creative process and not be thinking about death and loss.

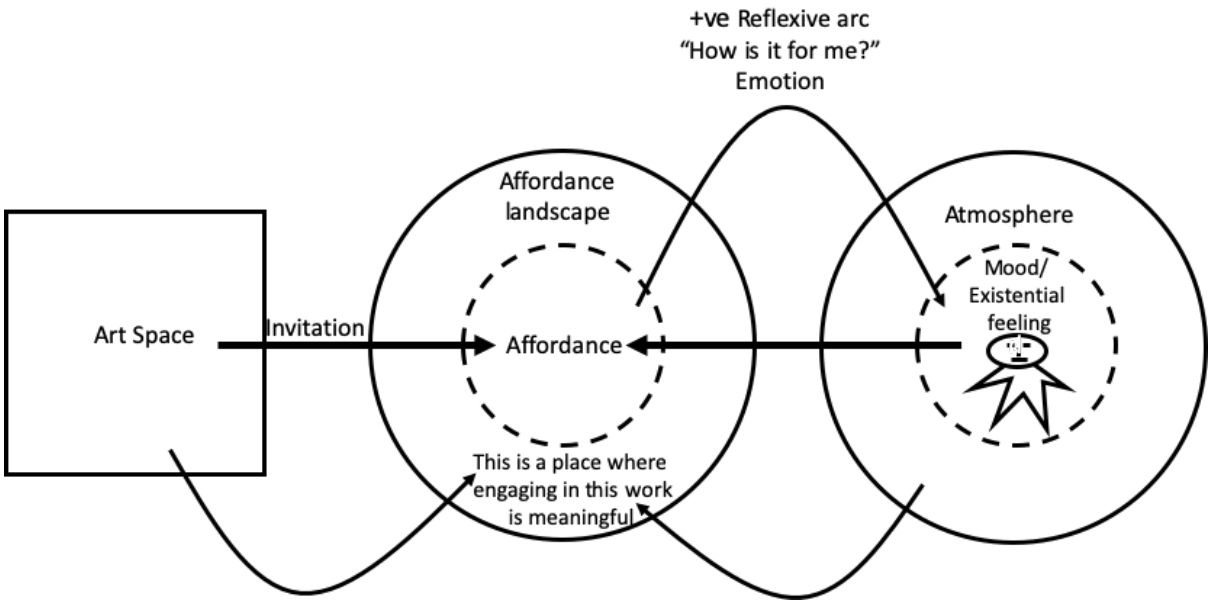
As discussed in relation to gyms the presence of art/craft rooms changes the landscape of affordances normalising the possibility of engaging in this activity in the hospice. But affordances only work when seen as meaningful by the recipients of the invitation. In my limited experience patients, loved ones and the bereaved often needed to be persuaded to engage. Only having been persuaded to participate did some of them surprise themselves by their degree of engagement. By how much they enjoyed and were challenged by the process, cared about the outcome of their efforts and the pleasures of a different way of being with others.

Affordances are relational. The art room, the therapists and the patient in a mood create the affordance together if the mood allows. If it does allow then the emotional impact of the work, the existential feelings generated show up a novel

answer to the question “how is it for me?”. The answer is now someone for whom this creative work is meaningful. Recognising this, being taken by surprise that this is the case, can generate emotions which shift the mood as Ratcliffe suggests and if mood and atmosphere are essentially the same the atmosphere of the hospice also shifts. The affordance landscape has the potential to change the atmosphere and the place becomes one in which engaging in this work is meaningful because atmosphere, mood and affordance are tied together.

The diagram below is an attempt to capture some of these relationships.

Fig. 11. Art space/affordance/affect



The experience of atmosphere can be particularly salient on first exposure. In the next section I highlight the power of atmospheric “first impressions”.

8.4.2 First Impressions

Many of my informants cited their first impressions of the hospices to such an extent that I incorporated a question on first impressions into my interviews. Alberto Pêrez-Gómez (2016, 21) in discussing first impressions draws attention to Zumthor's "Atmospheres" (2005) and his "valorising the pre-reflective knowledge of the embodied mind as it acts in perception". Zumthor equates architectural quality with its ability to engender an emotional response. "Quality architecture for me is when a building manages to move me. What on earth is it that moves me?...one word for it is atmosphere". Zumthor (2005, 13) goes on to describe his own sensitivity to first impressions and to speculate on their survival value (note the similarity to McKraken's (1989) informant's description of their immediate recognition of "homeyness" on entering a dwelling).

> "I enter a building, see a room, and – in the fraction of a second – have this feeling about it….We perceive atmosphere through our emotional sensibility – a form of perception that works incredibly quickly, and which we humans evidently need to help us survive….*Something inside tells us an enormous amount straight away*. We are capable of immediate appreciation, of a spontaneous emotional response, of rejecting things in a flash"

The seriousness with which some health care organisations take first impressions (and by implication intuition and atmosphere) is demonstrated by "The Fifteen Steps Challenge" initiated by the NHS in 2012, refreshed in 2017 and published as a "tool kit". The story is that "it was a mother's comment at a patient and family involvement workshop that kick-started the 15 Steps Challenge. She told us about her daughter, whose condition needed frequent inpatient stays. She said, "I can

tell what kind of care my daughter is going to get within 15 steps of walking onto every new ward"" (this is another example of the enactive signification of "care respect" discussed above p.79). The method entails the formation of a group of professionals, patients and visitors walking together round the building under review. There is a checklist of questions which the team are encouraged to explore. The first three focus on immediate perception, the felt body and atmosphere. "Using my senses – what can I hear, smell, see, feel, touch? How does this ward make me feel? What is the atmosphere like?".

One of my informants described arriving at St Christopher's hospice for her job interview…

> "The first thing that hit me was the openness, the space the reception the glass walls that you have towards the Anniversary Centre. I could see the whole room through the glass. Then going into the staff restaurant and seeing the relaxed atmosphere. It wasn't anything like what I imagined a hospice would be. I don't know, I didn't even, I haven't seen one before but I had a really grim, you know idea of how it should look like. And seeing people coming into the canteen, where I was, seeming happy like a really normal working environment…" Specifically of the Anniversary Centre "The openness and the light and the fact that you could see the garden beyond the room.."

The professor of architecture Leatherbarrow (2015, 86) addresses the temporal arc of the impact of atmosphere recognising that on first exposure it is a global gestalt, "apparent all at once as soon as a situation is encountered, unified and comprehensive as when we say "something is in the air"". However he claims that atmosphere becomes background as soon as the building gets used.

> "when one takes a seat in a lawyer's office, or asks the price of goods at a market the atmosphere recedes in favour of the opportunities of a specific situation, articulated in anticipation of typical patterns of movement and occupation……..when it withdraws the atmosphere does not disappear, it lingers still, qualifying the setting, with no expectation of attention, only awareness".

Atmosphere's impact shifts "*initial global* then *marginal and tacit"* . In Leadbarrow's view the speed with which atmosphere recedes and becomes "marginal" depends on the cultural habits and embodied predispositions of the users of the space and their expectations and recognition of the space as "like or unlike others in mood and purpose". In "Atmospheres" Zumthor eulogises the feel which exudes from photographs of the imposing classical interior of Broad Street Station Richmond VA but for someone running for a train or working in the ticket office the atmosphere may be marginal.

I suggest that spaces which don't have any clear purpose, where attention to transactional business cannot cause atmosphere to recede, are relatively immune to this process. In 2003 I visited the Tate Modern to see Olafur Eliasson's installation "the Weather Project" a paradigm of atmospheric production, changing the quality of the air in the turbine hall (by jets of water vapour) as well as "sunlight" and the dimensions of perceived space (by mirrors on the ceiling). This installation, judging by my reaction and the behaviour of other visitors elicited a sense of awe, joy, hedonism, reverence and languid playfulness turning the turbine hall into a blend of tropical temple to the sun and beach.

Fig.12. Olafur Eliason - The Weather Project Tate Modern 2003
Photo: Tate Photography © Olafur Eliasson



There was nothing to be done other than just be and feel. The atmosphere lasts as long as you are there and can be vividly remembered seventeen years later. Similarly places which are novel, where there are no established habits or expectations are likely to generate a) more impactful initial atmospheres, particularly for anxious, sensitised, meaning-seeking visitors and b) more sustained attention-grabbing atmospheres because there are no established transactional habits to override the atmosphere. I think this is one reason why the word atmosphere and its synonyms gets used so frequently in relation to hospices. The initial impact is greater for those entering it, and the novelty of the experience means that there are no expectations of what happens and what the business is. Atmosphere, for good or ill, figures more prominently and is sustained for longer.

8.5 Where do atmospheres come from?

I told one of my informants, a day patient and participant in art therapy, that I was researching the effects of hospice buildings to which he replied. “I’m not really interested in the building. I come here for the people”. Similarly many informants emphasised the human/social, “laughter”, “welcoming” and the hospice not being “all doom and gloom”. There were also numerous references to aspects of the building, grounds, gardens and views and the sensations they evoked; peace, relaxation, light, space and beauty. If, as so many informants claimed, hospices had an atmosphere where did it come from, the people or the space? For many theorists this is the wrong question for one of two reasons. Either

1. because people and place cannot be distinguished. Gallagher’s “absently available lived body-environment”, Merleau-Ponty’s “flesh” and Ingold’s swirling dynamic “weather-world” or “meshwork” from which objects fleetingly congeal all call in to question the ontological distinction of person and environment and therefor the locational origin of atmosphere. Or
2. because, although people and place are distinguishable, atmosphere, like affordance, is relational. As Böhme (2017,1) describes “what mediates objective factors of the environment with aesthetic feelings of a human being is what we call atmosphere. The atmosphere of a certain environment is responsible for the way we feel about ourselves in that environment……Atmosphere is what *relates* objective factors and constellations of the environment with my bodily feelings in that environment”.

(my emphasis). As discussed above (p80) Böhme demonstrates, by reference to the stage set, the ability of talented designers to shape atmosphere.

Schmitz (2011, 247) however appears unequivocal in asserting "emotions are atmospheres poured out spatially that move the felt not the material body". This description implies a kind of incontinence and uncontrollability of emotions. However, according to Schmitz they can be corralled and curated within locational space in a process which he describes as "Dwelling". For Schmitz (2012, 9) dwelling is the "cultivation of emotion in an enclosed space" (echoing Heidegger's conflation of building as cultivation and dwelling) which by delimitation provides the person with the ability to control emotion and direct attention to it. Schmitz suggests that the shaping of emotions in an enclosed space "takes place through movement suggestions and synesthetic characteristics". I interpret these movement suggestions to be affordances which together with other sensory characteristics are amenable to curation by the "designing occupant" or dweller creating a receptacle which contains, focuses and amplifies the spatial impact of emotion. Schmitz describes these spatially influential emotions as "bridge qualities" which can be sensed in the felt body and perceived in the enclosed space and its content. These things/spaces become the bearers of atmospheres of emotion which can, through incorporation, become the emotions of those who occupy the space. By manipulating these affordances of "movement suggestion" and "synesthetic qualities" the designer can create "an emotional climate of the desired type".

Dreyfus (2012, 24) distinguishes between the mood *in* and *of* a room but is quite unambiguous about the primary influence of the design of space. “Politicians, preachers and masters of ceremonies understand and *manipulate* the mood *in the room.* Architects however do something more basic and more powerful. They *produce* the mood *of the room* itself. The mood of the space trumps what is going on in the space”. For Dreyfus the mood of the people in a room is a function of how people are responding to one another but all of this interaction “is shaped by the more basic subtle pressures of the room itself”. He (2012, 34) goes on to reference Heidegger by asserting that the “mood of a space is ontological and governs the possibility of the ontic moods of the individuals in that shared space”. This of course means that architects have real, in Borch’s terms, “sensory power”. Borch (2014, 85) quotes Foucault (2001, 342) that the exercise of power “is a “conduct of conducts” and a management of possibilities”. Power is a way to “structure the possible field of action of others”. This conscious exercise of power over affective states and actions often works on those in the space at an unconscious level and can be used in commercial settings (malls, night clubs, race tracks etc.) to influence purchasing behaviour. Atmospheres may be emergent phenomena but that does not mean that they can’t be consciously produced particularly by architects of atmosphere such as Zumthor, Libeskind and Eliasson.

Dreyfus assertion that “the mood of the space trumps what is going on in the space” and that the mood of a room, being built in, can’t change doesn’t mean that a particular space may not be able to sustain a range of moods. The mood in the room may always be shaped by the mood of the room but the power of different spaces varies. Even spaces architected with a mood in mind may facilitate a range of moods. The louring solemnity of a cathedral may be transformed by a visiting Gospel choir or the arrival of a group of school children. Dreyfus suggests that there is a possibility of designing and building spaces which support and encourage a specific range of moods and points to desirable “self-contained local worlds” which gather around things (including architectural spaces) when, in Heidegger’s terms, “things thing”. Dreyfus draws on Albert Borgman’s (1992) idea of “focal practices” and their related affect as exemplars of the kinds of meaningful behaviour and moods which architecture should focus on accommodating and which “bring out things, events and people at their best”. He gives an example of a family meal, a central concept in the design of Maggie’s cancer centres, which always feature a “kitchen” table and chairs as central to the focal practice of eating together.

Such focal practices “bring us in touch with a power we cannot control and that calls forth and rewards our efforts – a power that we therefore recognise as sacred”. As Dreyfus explains in most cultures throughout history moods have been conceived as gifts from Gods and other powers outside our control. Our modern conception of moods as fleeting and private is an aberration.

In short, “atmosphere forms” (following Colombetti) may emerge from the dynamical system of persons-in-environment, the flux of the weather-world. They may be relational properties of person-in-environment. They may have their origin in moods or emotions influencing space. They may be inherent in the design of spaces. In any event it is clear that the design and curation of space has a significant effect on the intensity and range of atmospheres within it.

8.6 Speculation on the value of atmosphere

I subscribe to an ontology akin to that described by Ingold’s “weather-world/meshwork” but such a view is in tension with notions such as “forms of life”, “niche construction” and Gibsonian affordances which entail a relationship between distinct organisms and their environments and the carving out by the organism of a world of significance and things from within the flux. The pragmatic need for such a differentiation is well expressed by Sanders (1993, 289).

> “In the end it is largely because organisms need to *suppress* information that worlds are cast….Organisms need to suppress information because they need to act and they need to be able to perceive the opportunities for action in their environment without having to sort through limitless arrays of insignificant data. What is significant in turn depends as much upon features of the organism in question as it does upon features of the organism’s environment”.

Sanders’ action-oriented suppression of information freezes the processes of *the world* into the significant objects and affordances of *our world.* As Liberman (https://www.youtube.com/watch?v=q9oQPUxzFDQ) observes “we like to pin things down. Taxidermy is our favourite strategy”. The “object-world” is a

pragmatically simplified/information-suppressed phenomenological sub-set of the "weather-world" but it is not all there is. I suggest that our corporeal attunement to atmosphere tells us about those aspects of the weather-world which continue in flux once objects have fleetingly congealed out. Zumthor intimated in the quote on page 234, that our instantaneous perception of atmosphere, its goodness or badness and its implications for "me-now-here" confers survival advantage on us. Likewise McCraken's informants instantaneous recognition of homeyness told them most of what they needed to know about culturally specific domestic spaces and their owners.

Most of the time we seem able to move smoothly through a world consciously unaware, or minimally aware, of either the environment or ourselves. I have described how we seem to be oblivious to the world by reference for example to: Bollnow's description of the optimist's ease of movement through a world which gives way before them; Gilbert's homeliness defined by its lack of sensation its total taken-for-grantedness and Heidegger's description of the instrumental tools of the world, ready-to-hand and not the subject of conscious awareness until they break. Similarly the body is usually invisible or at most peripheral to our attention. Gallagher describes the "absently available; lived body-environment". James (1884) notion of the "obscurely felt" body cited by Colombetti (2014, 122) and her own conception of "background bodily feelings". Even in the conduct of demanding skilled tasks as described by Csikszentmihalyi's (1992) "flow states" body awareness is backgrounded. It may not be invisible but as Colombetti (2014,

131) describes is a “dynamical interplay of pre-reflective bodily feelings with their different degrees of self-luminosity, interspersed with occasional feelings of the body where the body is intended (as either a marginal or peripheral object)”.

I am suggesting that atmospheres are to the “weather-world” what affordances are to the object world. Slaby (2014, 44) describes them as “tools for feeling” and asserts that atmospheres “might provide some or most of the emotional quality and dynamics in a given situation” but they are not entirely deterministic. We may be dispassionately aware of them rather than swept up by them.

The term atmospheres describes both the phenomenological emergent property of the persons immersion in the “weather-world” and the objective affective tone of an environment. The former is an example of the extended mind in action the latter is better thought of as mind-in-environment. In the case of cultural environments, designed, built and curated through the material engagement of humans, atmospheres could also be thought of as the mind-temporally-extended-and-environmentally-embedded.

We navigate the world by simultaneous attunement to both atmosphere and objects and the affordances they present. Like affordances, atmosphere is directly perceived and pre-reflective. However, atmosphere is paradoxically both objective and relatively vague. Vague in terms of causality, spatial location, specifiability and, being synesthetic, sensory origins. Atmosphere, relative to affordance, is resistant to post hoc description and analysis because, as I and my informants

demonstrated, we lack the vocabulary to describe it and because the meaning which emerges from atmosphere is less precisely behaviourally prescriptive than that invited by affordance.

We may be generally unaware of both ourselves and our environment but things change when the world becomes un-homely, novel or threatening and when we become aware of our bodies through illness and/or disability. The experience and impact of atmosphere emerges relationally from the person(s) in their environment. It thus depends on both the state of the person, in terms of attributes such as mood, bodily capability and cultural expectations and on the state of the environment. In the case of the built environment I have discussed the possibility that it can be designed and curated to facilitate a specific atmosphere or range of atmospheres with impacts varying from the powerful dramaturgical spaces of the stage set to the bland refurbishments of the Fund's ECEL projects. The implication of designing for atmosphere is that the designer can facilitate a delimited range of atmospheres and that these, as Dreyfus indicates, will be a permanent feature of the designed space capable of trumping what goes on in the room

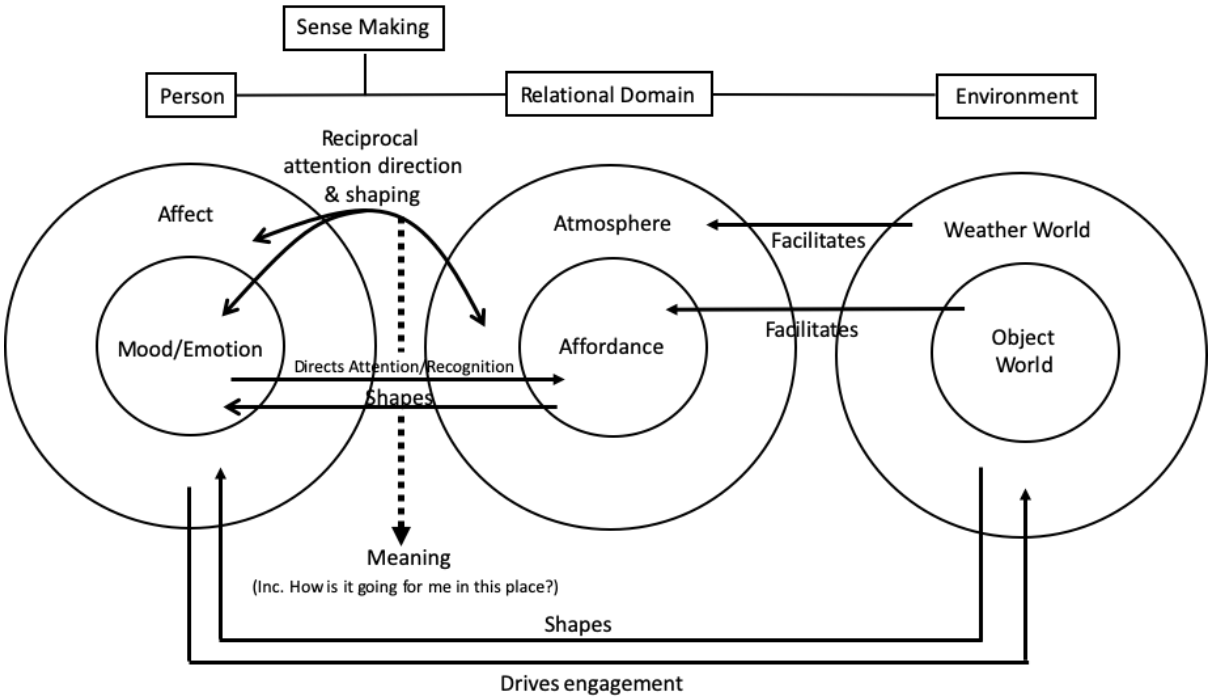
The hospice needs to accommodate the regulation of our affect, accommodating different bodily states and it does this through affordances and atmospheres. The former, operating through the "material body" but affecting the "felt body", include containment, escape routes and liminality, a threshold which keeps our behavioural options open. The latter, operating directly through the "felt body" include homeliness, safety, calm, caring, expansive lightness and muted

containment. If as Schmitz, Dreyfus, Pallassma, Zumthor and others suggest, atmosphere can be designed into a space, what is its mechanism of action? I would tentatively suggest that it works through Schmitz “movement suggestions and synesthetic characteristics” Todres and Galvin’s “existential mobility” and Slaby’s and Schmitz compression and widening all operating on the felt body.

The design of the space has directly perceived effects on the movement of the material and the felt body with the profound affective implications which Sheets-Johnstone predicts. When going out for a walk or to the pub, working in the garden or playing dominos with friends is not an option the hospice needs to stand in for the whole world. It needs to facilitate a wide behavioural and social repertoire, to enable the regulation of a range of affective, felt-body states and to provide a more positive and trusted answer to the question “how is it going for me?”.

I have attempted to capture a version of some of the relationships described above in the diagram below.

Fig.13.



This is just one version and has a number of problems. It gives the false impression that there is a clear delineation between e.g. affect and mood/emotion and between the weather-world and the world of things/objects, not true. Schmitz and others would argue that there is a false distinction between atmosphere and affective states and Ingold and Merleau-Ponty and others would argue that there is a false distinction between person and environment. Meaning which emerges from the interplay of a person's affective states and the atmosphere and affordances generated by them-in-their-environment ranges from vague bodily feelings to propositional statements.

9 Some architectural themes and their implications.

In this section I will describe some important architectural themes I encountered in my hospice visits and interviews. I have focused on topics which I believe are relevant to all the hospices I visited but I have concentrated on the design solutions of two particular hospices. The first is St. Christopher's in Sydenham where I volunteered in the Anniversary Centre, a significant redevelopment dating from 2009. It is a large open room on the ground floor of the building serving multiple functions as a day centre, café and public space. The second is St. Wilfrid's in Eastbourne, the most modern and striking of the hospices I visited and the one most referenced by my informants from other hospices as an exemplar of excellence. At the end of each section I have inserted a text box which highlights the relevance of each example to some of the key theoretical issues discussed in this thesis.

Before describing these themes I will touch on the nature of architectural experience as addressed by the philosopher Robinson (2012) and the architect and theorist Pallasmaa (2012). Robinson endorses Pallasmaa's (2012, 13) view that architecture is experienced "in its full and integrated material, embodied and spiritual essence". He promotes architectural experience through occupation, bodily feeling, movement and the engagement of all the senses. "Many years ago when visiting the D.L. James house in Carmel…I felt compelled to kneel and touch the delicate shining white marble threshold of the front door with my tongue" (2012, 63). Robinson focuses on the experience of architecture through the bodily

movements afforded by it and the bodily emotional feelings thus induced. Contra Goethe, who described architecture as “frozen music”, Robinson (2012, 337) asserts that the experience of both music and architecture unfold temporally and “require movement, actual or in imagination”. In Robinson’s (2012, 339) view “many of the most important aesthetic qualities are available only to those who occupy and move about the building, feeling its surfaces, hearing its echoes and noticing the bodily feeling it evokes”. This reference to movement and its invocation of bodily feelings parallels Sheets-Johnstone, De Rivera, Schmiitz and Slaby’s discussion of movement and affect. In his book on “predictive processing” Clark (2016, 122) reinforces the view that the environment is fully experienced through movement not just by passive viewing. He quotes from Adams et. al. (2013) as follows.

> “The perceptual and motor system should not be regarded as separate but instead as a single active inference machine that tries to predict its sensory input in all domains: visual, auditory, somatosensory, interoceptive and in the case of the motor system, proprioceptive.”

They should of course have added smell, taste and texture to the list.

9.1 The world’s access to the hospice – Transparency, light and space

The first interview of my field work was with Nigel the CEO of Mountbatten hospice on the Isle of Wight. He had held a senior position at St. Christopher’s and had been responsible for the reconfiguration of the building, including a new reception area and the Anniversary Centre. This was a rare opportunity to hear

first-hand from the person who conceptualised the redesign, describing their rationale and priorities.

Nigel had two preoccupations. Space and transparency. Through the various configurations considered he was concerned to make it as big as possible “the bigger the space the more you can grow”. Given the nature of the site this expansion was constrained by the garden. The previous year it had been redeveloped at the expense of the Rotary Club so that area was sacrosanct and they were also reluctant to incur the cost of moving the pond. Nigel lamented that they had “not had the balls” to go out further and make it bigger.

Entering St. Christopher’s from Lawrie Park Road it is possible to see though five layers of glass towards the garden at the rear of the Anniversary Centre. Reception is entered via two glass automatic doors. In theory it is possible to walk straight past the reception desk (although I never did in my early visits and neither do other new visitors) across a glass walled corridor and into the Anniversary Centre. Nigel rationalised this openness to the street and being able to see right through the building as follows.

> “Well you know we didn’t want anything to be hidden and there was this sense you know in the old St Christopher’s you never saw a patient and there was always this underlying tension of what’s really going on behind that door. Where are the people? There are people here somewhere dying in this building. ….it was quite sinister. I think hospices are really bad at showing people. They take away peoples independence because they hide everyone away because that is what they think people want. In my experience they only want that some of the time, we all do. You can go home and close the door and hide away but you don’t do that all the time.…dying people are living….

> Busting that open. You know what? We are not going to hide anything here and I think that is really important for hospice design. Hospices have created these buildings where death is taken away from the community…we say to the community this is the community we are not separate we want the to-and-fro. We wanted to be able to see right through the building to the other side and hide nothing away that was the psychological reasoning."

In their essay "Transparency: Literal and Phenomenal" (1963, 45) the architect Rowe and artist Slutzky define transparency as "both a material condition – that of being pervious to light and air – and the result of an intellectual imperative, of our inherent demand for that which should be easily detected, perfectly evident and free of dissimulation". Transparency was described by Rowe as a "sacred cow" for architects such as Walter Gropius (founder of the Bauhaus movement) and Meis van der Rohe. As Vidler (2003, 6) describes, the glass curtain wall became the emblem of corporate modernism, "transparency was seen largely as a literal, visual, attribute of the modern, a virtue, equivalent to social democracy, displaying the "open society" from outside to in." McQuire (2003) quotes from Benjamin (1985, 228) to the effect that living in a glass house is a "virtue par excellence…a moral exhibitionism that we badly need". Benjamin went on to assert that "discretion concerning one's own existence, once an aristocratic virtue, has become more and more an affair of petit bourgeois parvenus".

I assume that the artists Lyonel Feininger and Wassily Kandinsky, close associates of the Bauhaus movement, were not considered "petit bourgeois parvenus". When they moved into the studio houses provided for Bauhaus

“masters” by Walter Gropius they both bridled at the forced transparency created by the glass curtain walls facing the street. As Whiteley (2003, 10) quotes Feininger objected that “from every vehicle....heads pop out, people crook their necks to get a good eyeful” and as Wassily’s wife Nona described “Gropius had made one large wall of the entrance hall transparent glass so that anyone could look into the house from the street. This bothered Kandinsky...right away he painted the glass wall white on the inside”. Transparency works both ways and it made these occupants uncomfortable. Kandinsky of course had the cachet to get away with subverting the purity of the design by modifying his house and he and his wife were the only occupants. Hospice residents don’t have that power.

In Vidler’s (1992, 217) essay on transparency he quotes from Benjamin’s (1972, 168) commentary on the architectural transparency of Giedion, Mendelssohn and Le Corbusier who “have made the place of abode of men above all the transitory space of the imaginable forces and waves of air and light. What is being prepared is found under the sign of transparency”. For Benjamin such architecture sounded the knell “for the dwelling in its old sense, dwelling in which security prevailed”. Earlier I explored “dwelling in which security prevailed” from the perspective of late Heidegger and connected such dwelling to particular modes of existential wellbeing. Benjamin’s observation points to a clear tension between transparency as a mechanism of integration with the community and transparency as the knell of security based dwelling. According to Vidler whilst modernism was equated with transparency, post modernism, with its critique of the universal subject in both

politics and psychoanalysis, reasserted “opacity, both literal and phenomenal” opacity “became the watchword of the postmodern appeal to roots, to tradition, to local and regional specificity, to a renewed sense of domestic security”.

As Nigel asserted “the dying are living” and as the hospice philosophy espouses “dying is part of life” and promotes “living fully until you die”. In this paradigm death should not be removed from the community, the dying sequestered behind closed doors and opaque walls. The dying are of the community and hospices should be integrated with that community allowing for to-and-fro across their boundaries. However this social and political porosity comes at the expense of potentially uncomfortable exposure, as Kandinsky experienced, and the erosion of dwelling characterised by security.

The transparency of St Christopher’s which Nigel aspired to was limited by the topography of the site and its location. Although located in suburbia on a bus route the street is actually quite quiet with few pedestrians. The building’s entrance, which is lower than street level, is set back from the street and separated from it by a strip of garden and the entrance driveway used by visitors and ambulances. Seeing right through the building and getting “a good eyeful” is only possible from immediately outside the entrance. However, the design plays out a dialectic between the old St Christopher’s of opacity and security based dwelling with its concomitant “sinister…what’s really going on” and the new openness, the normalisation of death and integration of/with the community. In reality Nigel had

to work very hard to “give people reasons to come in to the hospice” including concerts, festive meals, choirs, art participation and school visits.

Fig.14. Part of the Anniversary Centre (author’s photo)



Fig.15. A “public” event at the Anniversary Centre (St. Christopher’s website)



One my informants Elaine, who worked at St. Christopher's for 23 years and managed the Anniversary Centre outlined some of the disbenefits of the size and openness of the Centre. She described the initial reactions of day care patients when their meetings were first moved to the new "stonking great open space".

> "Interestingly when the patients from the old day centre (on the first floor) came down they didn't like it. "It's too big, it's too noisy, it's too open". They had moved from a little hexagonal room upstairs where it was all very cosy and exclusive to "we are out in the open now"".

Elaine summarised the issues with the Centre as follows:

> "It's a brilliant and unique space but the drawback is because it's used for so many things it has to be turned around very quickly because it's multifunctional every day. To try to make it softer or more therapeutic is actually very difficult….If I walked in and I had never been in before you don't know what the space is for….You don't know what the protocol is, do you have to be invited? Where should I sit where am I allowed to sit?

This reflected with my own experience on initial visits to the Hospice when the Anniversary Centre, clearly visible was none the less seemingly "out of bounds" and intimidating if you didn't know the "protocol".

Elaine discussed the difficulty of the multifunctional space which "tried to do everything", where nursing and other intimate care such as the feeding of patients took place "in full view of everyone" and where there was lack of privacy of "hidey holes". The practical difficulties of breaking the space up through the use of planters or other partitions. The incompatibility of certain combinations of occupants such as the boisterous dominoes group which met one morning every week and the recently bereaved who may come down from the wards. Regular

groups of patients often created a kind of psychological partitioning by appropriating the same spaces and chairs every week and froze out other occupants who had inadvertently “trespassed” a process Elaine described as “cringe worthy”.

My architect informant, who described hospices as typically “introverted”, observed that many of them were in remote, difficult to access, locations and this was certainly true of several of the hospices I visited. This often gave them extensive grounds and in some cases beautiful views of the surrounding countryside but of course it made them difficult to access, in some cases impossible without a car. Such locations made transparency to the community and functioning as an effective community resource, café or meeting space impossible.

- The Anniversary Centre enactively signifies openness. It recognises the “what’s going on behind the door” anxiety I described (p.178). Openness, inclusivity and sociality are prioritised over privacy and “security”.
- Wanting to hide away may only be a temporary state. The Centre recognises that moods change requiring different expansive spaces.
- The Centre created a new atmosphere with light and space for expansion of the felt body, movement and the favouring of mobility over dwelling.

9.2 The hospice access to the world - Transplantation

When Saunders was considering the location of St Christopher’s she recalled that “We wanted to be somewhere where there were stations at each end of the road and buses going up and down. Patients want to see that not lovely green fields”

(du Boulay 1994, 124). This assertion of patient preferences may be unsubstantiated but it demonstrates Saunders' belief that seeing and hearing everyday life outside the hospice was important to the wellbeing of the dying within it. When Nigel led the reconfiguration of St. Christopher's it was, in part, to ensure that this transparency worked both ways with the community looking and coming in.

There are a cluster of issues in hospice design which relate to boundaries and their permeability. Firstly, since there has been a progressive move towards single occupancy in-patient rooms at what point does privacy turn in to isolation and how can this be avoided? Secondly, having, as Nigel described, separated the dying from the community how does the hospice a) reintroduce "normal life" in to the hospice and b) reintegrate the community with the dying and the reality and process of death?

I have discussed transparency in relation to some of these issues but there is another approach. The transplantation of "normal life" or its simulacra into the building. Degrémont (1998, 128) describes the space outside the patients room as being "a place for walking and gathering, which would then take on the function of an urban street providing the missing link between the patient and society". An aspiration along these lines was described by a number of my informants. Worpole (2009, 76) interviewed the CEO of Trinity Hospice at the time their new inpatient wing was being built. Patients rooms were entered from a very wide, irregularly shaped and light filled space which avoided any hint of a sinister

corridor effect and had meeting spaces at either end. As Worpole reports, the chief executive expressed the view that “if the doors of the patients rooms are closed and if there is nobody and no activity in the open plan areas then this ambitious design will have failed”. I don’t think any visitor to Trinity would consider the IPU a failure but during my visit, by the criteria of the previous CEO, it was, being a beautiful but largely empty expanse with patients doors closed.

Fig.16. Main corridor IPU Royal Trinity (author’s photo)



The most effective and explicit adoption of the approach of transplanting normal life into the hospice which I experienced was at St. Wilfrid’s in Eastbourne designed by the architect Nic Hoar (RH Partnership) and interior designer Tommy Cairns (Three Percent Ltd.). This building is located on the outskirts of Eastbourne in a cul-de-sac in its own grounds, set back from the main road, the nearest neighbour a Sainsbury superstore across the road. There is no traffic or

pedestrians other than visitors to the hospice and no passers-by to look in. There is however the noise of passing traffic on the A2280. During the preparation of an architects brief for the new hospice the governance team prepared a one page document called “critical success factors” which gave primacy to atmosphere. The five mandatory requirements were:

1. Provide easy access from bedrooms into garden and provide a sense of green connection between the landscape and the building
2. A solution that minimises the impact of traffic noise in patient areas (i.e. noise from the nearby A2280)
3. Gardens that encourage a feeling of peaceful sanctuary
4. Reception that encourages a sense of life going on “buzz” “vibrant”
5. A solution that enables inpatient expansion with minimal disruption.

The first four of these relate to the required atmosphere of the building. Requirement four (and to some degree requirement one) is addressed by the central spine of the building leading from the entrance to a T junction with one of the gardens and the IPU. (see Fig.20 & Fig.21). This space is referred to as “the street” and includes an extensive “pavement” café, a shop, the hairdressers, the entrance to the “retreat” (a multifaith quiet room) receptionist/hosts and a “family area”. The name “street” tells all you need to know about the intended atmosphere. The buzz, vibrancy and a sense of street life in a pedestrian precinct. It was also intended to provide a reason for casual visitors to enter the building and to be a meeting place for all those in the community and those involved in

hospice life including staff normally referred to as “back office”. The “street” transplanted “normal life” into the building (but not, notably, into the IPU).

Fig.17. “Street” from entrance looking towards garden and T junction with IPU.

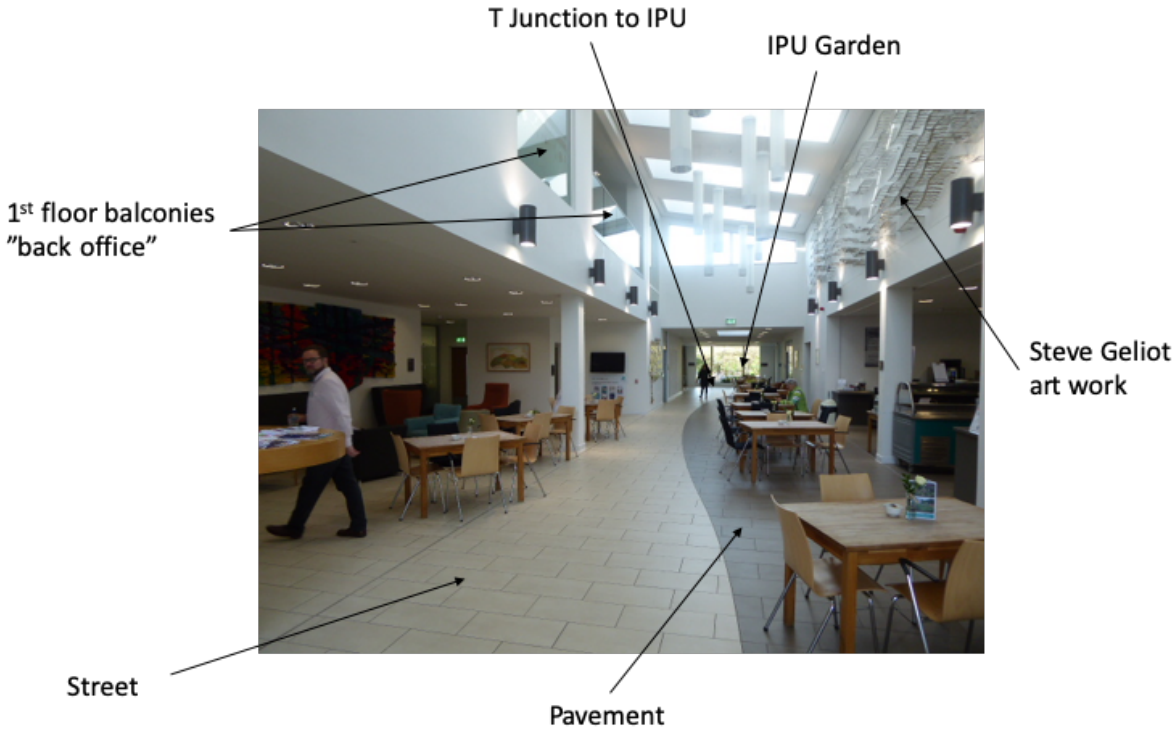


Fig.18. Street & café looking towards entrance (St. Wilfrid's website)



This section describes two attempts to create an "urban street providing the missing link between the patient and society". I discussed (p.179) the separation of inpatients and outpatients in most hospices. They have, and depending on the therapeutic regime, may require, different atmospheres. St. Wilfrid's "street" is clearly atmospherically demarcated from the IPU (see "design cues" p.270 below) and delivers the buzz required by its "critical success factors". Creating street life in the IPU at Trinity seems more problematic. The atmospheres may be incompatible and there is no incentive to just "hang out" in Trinity's IPU corridor.

9.3 "It's not what I expected"

My visits to several hospices before St. Wilfrid's did not prepare me for my first impression on entering the building. It was "not what I expected", the phrase used most frequently by my informants to describe their first impressions of entering a hospice. As an experienced hospice visitor I was not expecting it to be cramped, dark and gloomy but I was struck immediately by the size and lightness (in all

senses of the word, bright and weightless) of the space when I opened the front door, its length stretching in front of me and especially the height. There is some empirical support (Meyers-Levy, Zhu 2007) for the intuition that high ceilings activate “freedom-related concepts” whilst low ceilings activate “confinement-related concepts”. The American architects Moore, Allen & Lynden (Benzel 1998, 242) observed that:

> “Small variations in the height of a ceiling seem to have the power of altering a space much more than small variations applied to the width and length of rooms…the vertical dimensions of rooms, since they are relatively free of “functional” imperatives are able to carry more than their share of emotional content”

I experienced an immediate bodily feeling of expansion similar to that experienced in King’s College chapel and this positive first impression, as would be predicted by Zumthor and others, never left me. For those entering the hospice with anticipatory dread of gloom or confinement the immediate expansive “freedom-related” response to the space would, I imagine, instantly counter the desire to escape.

My earlier discussion of the work of Schmitz and Slaby suggested that the felt-body/world nexus is the locus of both making meaning of the environment and of self-awareness, the “how things are going for me” appraisal a view which is congruent with Clark’s (Clark 2016, 235) predictive processing model. This integrates the James-Lang theory of emotion (“the idea that interoceptive self-monitoring is a key component in the construction of emotional experience”) with context and expectations. “The relevant aspects of felt emotion…depend upon the

combination of our own interoceptive and exteroceptive expectations and the incoming interoceptive and exteroceptive sensory streams" (Clark 2016, 237). This continuously revised intertwining of prediction and experience of both the felt body and the environment occurs "within an economy that is fundamentally action oriented, involving estimations of multiple probabilistic affordances". As Clark (2016, 235) describes:

> "The claim is that a single, highly flexible process fluidly combines top-down predictions with all manner of bottom up sensory information and that subjective feeling states (along with a full range of exteroceptive perceptual experiences) are determined by the ongoing unfolding of this single process….."

Without either direct or vicarious experience of hospices on what basis are probabilistic predictions of the hospice based? I assume that they are framed by popular cultural images around death, dying, grief and bereavement and projections driven by death anxiety. The attributes of an environment congruent with such cultural norms would entail darkness, confinement and hushed tones. This would explain why predictions of what hospices are like are so rapidly undermined by first exposure to them. Light, space, smiles, laughter and "buzz" disconfirm the gloomy and it takes one only experiment to disprove a hypothesis (Popper 2005). Furthermore, the power of the lesson is particularly profound if, rather than a dispassionate cognitive reappraisal, it is experienced as powerful, expansive, embodied, emotional relief. The environment and the felt bodily response disconfirm prior predictions and flood the inexperienced visitor with an entirely new and more positive "how things are going for me" appraisal.

In summary I would suggest that the frequently reported “it’s not what I expected” sensation and the relief expressed by those entering the hospice as patients or visitors results from a mismatch between top down culturally mediated expectation of places of death and dying and the immediately perceived impact of the first impressions. Anticipatory interoceptive tension, protective mechanisms, escape-from-confinement related action tendencies are all put on hold on entering the space because the mismatch is so profound. This sudden relaxation is experienced bodily as an expansion and relaxation and psychologically is described as “relief”. Nico Frijda (2007, 7) asserted that “emotions exist for the sake of signalling states of the world that need to be responded to” but I suggest that the emotional impact of entering a hospice may manifest as a result of not needing to respond. A relief from anticipatory fear, tension and action readiness, a blissful surrender. This is certainly congruent with my own recurring experience of wanting to just sit quietly.

The hospice may separate death from the community as Nigel asserts but I have suggested that it functions as an “enactive sign” of death to that community. It is understandable that the hospice movement, eager to change public attitudes towards death and dying, is keen to get the public into the building. The more widespread this experience of prediction error, and relief, the greater the change in prevailing attitudes to the subject of death and dying. The more that positive emotions are poured out into the environment of the hospice the more positive the atmosphere.

I have discussed the initial impact and lasting power of first impressions of atmospheric spaces. St. Wilfrid's is a prime example of the direct effect of the space on the felt body and the ways in which this serves to counteract the anxiety of anticipated experience shaped by cultural norms.

9.4 Time/Space Generosity

I earlier outlined Saunders' argument for keeping hospices separate from the NHS. One manifestation of this is the very high staff to patient ratio in hospices which allows much more time to care for patients. She described (Ryder, Ross 1978, 170) the roots and meaning of the name hospice as follows:

> "The name hospice, "a resting place for travellers or pilgrims' was chosen because this will be somewhere between a hospital and a home with the skills of the one and the hospitality, warmth and the time available of the other and *the beds without invisible parking meters beside them*" (my emphasis).

Amin (https://cicelysaundersarchive.wordpress.com/tag/modern-hospice/#_ftnref29) elaborated on Saunders' view of time in the hospice in the Cicely Saunders' Archive blog. This passage has strong Heideggerian echoes with its reference to "homecoming" and poetry.

> "In the article celebrating the opening of this new hospice (St. Christopher's), the subtitle is 'Time to Die' and it is the atmosphere of "leisurely time"; time to talk, carry out nursing tasks unhurriedly and time for the patient to exercise independence, that is emphasised. Saunders wanted to alleviate the crisis of the last stages of life, for this to be a "time of real living, held in the context of the life that both reaches beyond and envelops the everyday world". The purpose-built hospice sought to change the experience of the time close to death – "distress, fear and loneliness will disappear" and a time that can be "so hard or so dreary" would be transformed into one of "peace, security and meaning, a sort of

> homecoming." Time was given for patients to explore their own feelings through various methods – talking to staff, the Chaplain and even through creative means, such as poetry".

For Saunders, charitable giving bought the time to give care generously to the dying. I would argue that whilst generosity of time has come under pressure, as described earlier the spirit of generosity has progressively extended into the dimension of space since the founding of St. Christopher's. Single rooms have become the norm in modern hospices as well as dedicated spaces for activities such as art, exercise, physio, hair dressing, family rooms, spa bathrooms, education centres, complementary therapy suites and "stonking great" spaces such as the Anniversary Centre at St Christopher's. One of the most striking example of this trend was the St. Wilfrid's "street".

A solution which delivered both time and space generosity was the Coates Centre a volunteer run annex to Oakhaven Hospice in the New Forrest. A separate building complex in the grounds of the hospice devoted to "anyone who has been touched by death" regardless of being, or being associated with, a patient at Oakhaven. The timbered room to the left of Fig.22 is an open space for meetings, exercise classes, meditation, complementary therapy etc. To the right is a lounge/dining room and kitchen. It was there that I interviewed a group of widowers who had met at a cookery class run at Coates. They continued to meet up socially every week. Access criteria were broad, space generous and time unlimited. It's only disadvantage was that Oakhaven is difficult to get to, being in the countryside and not on any bus route.

Fig.19. Oakhaven – Coates Centre (website)



Fig.20. Oakhaven – Coates centre, dining/meeting area (author's photo)



- The Heideggerian "homecoming" described by Amin is enabled by the privacy afforded by single rooms creating a "clearing" and by the domesticity of spaces such as the Coates Centre especially when combined with a declaration of "no parking meters".
- The diversity of spaces delivers a whole world and a range of atmospheres from the expansive and eudemonic to the contained, private, protective dwelling.
- The generosity of space enactively signifies generosity of care and respect and the feedback mechanisms I describe above (p.83)

9.5 Boundaries, Movement, Security

St. Wilfrid's describes itself as "without boundaries" and this principle is instantiated by design. It is the only hospice I visited which did not have a reception. As a new visitor this is slightly disconcerting and makes significant demands on the volunteers tasked with welcoming arrivals. From my experience they did an exemplary job in presenting themselves as available whilst avoiding "pouncing" on visitors who were looking lost. Several of my informants discussed the subtlety of this task and the loss of volunteers who didn't like this arrangement. One of the cues that a visitor didn't know their way around was that they looked up at the space above when they entered.

Reception desks perform two main functions. To provide a way-finding point for those unfamiliar with the building or those with appointments who want to communicate their arrival and to function as a vetting point, checking validity and giving permission to enter. All the hospices I visited had welcoming reception staff/volunteers although they were variable in terms of formalities such as requiring sign-in and/or badges for visitors. Regardless of friendliness or sign-in procedures the tacit role of reception in "checking out" new arrivals was always present. If the hospice is encouraging the community in to the building and has a public café then reception and signing in are not congruent with that intent. As one informant said 'you don't sign in to Starbucks". When I arrived one of the volunteer "hosts" caught my eye within a few seconds and approached me asking if she

could help. She had been notified of my appointment and I felt “expected” and welcomed rather than vetted.

The architect explained that the decision to eliminate reception drew on the experience of Maggie’s Centres. Whilst these aspired to domesticity and St. Wilfrid’s to the “street” for neither was a reception appropriate. The role of free-floating, multi-tasking “hosts” rather than a fixed counter was informed by experience in Apple stores. This boundaryless principle continued at two other key junctions, those between the street and clinical areas, the “wellness centre” and the IPU. The latter was particularly striking because there was nothing to stop the curious visitor walking down the street and straight into the IPU. The nursing station, which in most hospices acts as a kind of reception/waypoint into the domain of inpatients, was at the far end of IPU. Barriers to entry for the casual visitor were entirely the design cues but throughout its operation the hospice had never experienced any concerns with privacy or security through inappropriate entry to the IPU from the morbidly curious or those with ill intent. This invisible barrier worked in both directions as IPU patients almost never left the IPU to make use of the street.

The architect itemised the cues which marked the transition from movement to dwelling. “A T junction between the street and the entrance corridor to IPU, lower ceilings, becoming more domestic, cosier, warmer, carpets where we can (i.e. where they don’t present a hygiene risk), the acoustics change, corridor becomes smaller, people are looking through (windows and corridors) rather than up.

- The “without boundaries” policy of St. Wilfrid’s is enactively signified by the ease of public access without reception or sign-in; the spatial connection between the street and the “back office” and the absence of barriers between the street and therapeutic areas, particularly the IPU. In the latter case however barriers of a different kind are present and highly effective.
- The power of atmospheric design is amply demonstrated by the T junction divide between the IPU and the street which is rarely crossed in either direction except in the course of business.

9.6 Buzz, Openness and Privacy

An important driver of traffic in the street is the café which serves various kinds of food including roast lunch on Sunday. I noted that it has a five star rating on Trip Advisor and is in the top quartile of cafes and restaurants in Eastbourne. A typical review (Sept. 3rd 2019) started with that phrase.

> “Not what I expected. I have to admit to being rather a squeamish soul who thought I was being taken to a depressing building. Not a bit of it, well lit, cheerful colours and modern furniture turned my ideas upside down. Although most tables were in use it was not too noisy and service was efficient”

In addition to visitors, patients and community groups such as a local running club, the café is widely used by the staff. The architect attributed this partly to the deliberate shortage of meeting rooms meaning that staff meetings were often held in the street with confidentiality assured not by walls but by ambient noise. The choice of ceramic floor tiles was also made with acoustics in mind. As the interior designer observed, wincing, “you don’t want it to be deathly quiet”. Commenting on the staff’s use of the street the clinical director said that “the street is the heart of the hospice where as previously (in the old hospice) the IPU was. The street is

a great leveller, there is much more interaction between clinical and non-clinical staff."

Two other design decisions contribute to a greater organisational cohesion and inter-departmental communication further undermining "boundaries". Firstly office staff from multiple departments including the fundraising team now occupy open plan offices on the first floor. This integration of fundraising is surprising unusual. Fundraising is often located in separate offices and one of my fundraiser informants described herself as being "on the dark side" as though raising the money on which the entire enterprise relied was somehow an evil process. The recognition of the hospice as a charity dependent on giving was reinforced by more recent changes to the "street" as described in the next section. Secondly the height of the street enables the first floor "back offices" and break-out meeting spaces to open out onto the space of the street at first floor level. This means that the buzz of the street can be heard and seen from the office area. As the architect described, this was intended to keep everyone in touch with the core of both the building and the business of the hospice "it's important that people remember what we (St. Wilfrid's) do".

Luckhurst (2019, 15), in his cultural history of corridors describes how they persist in the cultural imagination "as a space of either monotonous bureaucratic uniformity or of Gothic unease and dread". The first plate in his book is of Danny tricycling down the corridors of the Overlook hotel in Kubrick's 1980 horror film The Shining. Hoare the architect of St. Wilfrid's agrees that they can be "nasty

spaces” as well as being very expensive and describes how they “eked out” the corridors of the IPU to create seating areas set slightly back from the thoroughfare (Fig.24) which several informants observed were frequently used by visitors to get out of the patients room but remain close. Similar to privacy afforded by the buzz in the street the corridor “pods” also provided privacy because the space was transitional, people talking there could not be overheard except fleetingly by passers-by. The potential for gothic dread is obviated by the floor to ceiling windows looking out on gardens and parks and by roof lights. Institutional monotony avoided by the use of colour which delineated the walls and floors, carving out nonlinear, enfolding, seating areas and by the choice of furnishing fabrics.

Patients had their own rooms and many of them left the door open. A curtain a few feet inside the door could be pulled partly across so that the bed could not be seen from the corridor. In this way patients could maintain privacy through analogue gradations rather than the binary open or closed door whilst being connected to the sounds and smells of life outside their room.

Fig.21. IPU corridor St. Wilfrid's



- The allocation of space pushing transactional business and interdepartmental sociality into the street increasing the buzz. The acoustic properties of the flooring and openness of "back office" to the street putting all employees in touch with the core of the building and the core of the business of the hospice. The street thus enactively signifying the whole enterprise.
- Designs which avoid the gothic atmosphere of "nasty spaces" in the corridor and which facilitate movement and escape for visitors whilst remaining close.
- Curtains which allow visual privacy whilst being connected by sound and smell to the outside world.
- The visitors first impressions of material (light, colour, modern) and affective (cheerful) attributes which "turned my ideas upside down".

9.7 Tokens of homeliness

At one of the hospices I visited an interior designer who had worked pro bono on another part of the building pointed out a public area which was in her view "a real

mess” (Fig.25). In the corner of the room was a hoist attached to the ceiling and a screen around some medical equipment. A TV was against the wall but there was no obvious place to sit and watch it. There are two sofas with pastel knitted throws and an armchair clustered around a coffee table, there are some abandoned toys indicating that the last occupants were probably a visiting family. The furniture is arranged around a mantlepiece on which are some pot plants and above which is a mirror. There is no fireplace, just the surround. It seems to me that this is some gesture toward McCraken style “homeyness” but I wonder how minimal or incongruous it could be. Would a trompe l'oeil fireplace painted on the wall do the trick?

Fig.22. “Homey space”



In St. Wilfrid’s at the junction of the “street” and the corridor leading to IPU is a “family area”. There is a fireplace there but the architect regretted that it could not

be used because of health and safety reasons (it is now behind the book case beneath the TV). Other gestures to the home are the informal collections of furniture arranged around coffee tables, a book case, TV and painting on the wall. There is a grandfather clock, a piano and toys. Again in McCraken style it “looks lived in” but being in the location it is, two sides of the “room” are missing, so instead of being homely it looks more like an exhibit in a museum of homeliness. This did not seem to put off visitors as I saw several groups with young children using the facility.

It may be that, as I argued in section chapter 3 in relation to the Fund’s ECEL programme, the gestures to normality and homeliness, no matter how superficial or surreal, may be enough to communicate something about care-respect, or making yourself at home in an unfussy, higgledy-piggledy way. As McCraken describes such devices may “put people at ease” through an informality which seeks to “lower the tone” of human interaction. Perhaps the incongruous “mess” around the faux fireplace gives permission to relax?

Fig.23. St. Wilfrid's "Family area".



- Enactive signification of "we thought about this and care about you" (p.70).
- McCraken homeyness affording relaxation, ease of movement and mess.
- Tokens of the cosy and domestic, a different atmosphere from the institutional.

9.8 "Spiritual" Spaces

When Saunders founded St. Christopher's she stated that she wanted it to be "interdenominational but a religious foundation". By "religious" she meant Christian. She was a committed Christian and St. Christopher's had a very large chapel on the ground floor in which there were daily services for staff and patients. The majority of hospices were founded as Christian institutions on the model of St. Christopher's, most of them have saint's names and contained a chapel. Some

still do have spaces for religious services and contemplation designated as chapels. However, many of the hospices I visited had some relatively vestigial space called a “quiet”, or “multi-faith” or “meditation” room. This reflected the hospices intent to be open to other faiths (and none) and the decline in the percentage of the population self-identifying as Christian. In his book, “The religious crisis of the 1960’s” McLeod (2007, 265) tracing “the final crisis” of Christendom in the long sixties from 1958 to 1975 stated that “if one year is to be selected as marking the turning-point it should be 1967” the year in which St. Christopher’s opened.

The Christian status of many hospices is ambivalent. Some “chaplains” still exist and most “spiritual advisors” are Christian ministers but the ambivalence is best expressed in the design of the “quiet” rooms. At St Christopher’s this room is known as the “Pilgrim Room” (Fig.27). In a short video on the hospice website the “spiritual care lead” describes it as a “non-religious space” despite its name, library of religious texts, stained glass windows, candles and a centrally placed table with all the hallmarks of an altar on which usually rests a book of remembrance. Altar-like tables and stained glass featured in many of the “quiet rooms” I visited. As already discussed I found it impossible to enter a quiet room if it was occupied although I can’t explain why. Entering a church in which people are praying is not a problem, perhaps it was their relatively small size and intimacy?

Fig.24. Pilgrims Room (St. Christopher's web site)



Not all hospices have a book of remembrance in their "quiet" rooms but for those that do it seemed to be a very important object for the engagement of the bereaved and the memorialisation of those they had lost. People wrote messages of remembrance to and about their loved ones when they died and often returned on anniversaries or after important life events to communicate once more with the beloved dead. In one book a newly pregnant woman had pasted in the ultrasound scan of her baby and a message to her deceased mother. Some "quiet" rooms contained items of non-representational art and were clearly designed more on the lines of a meditation room. The "Retreat" at St. Wilfrid's is a good example.

Fig.25. “The Retreat” (Author’s photo)



> “Quiet rooms” draw on the design tropes of chapels and Buddhist meditation rooms to engender a “spiritual” atmosphere in continued recognition of this element of Saunders’ ‘total pain”. These rooms also serve to signify the relevance of this dimension to the mission of the hospice. However in a multi/no-faith society hospices struggle to describe the role of such spaces. Perhaps, through design and curation the creation of an appropriate atmosphere in an enclosed space is enough to enact this aspect of care?

9.9 Design Purity and the pragmatics of hospices

The spiritual advisor at St. Wilfrid’s responded to my question about first impressions as follows.

> "I thought it was a real statement about power relationships who was in charge of the space… here there is clearly a design vision but I wasn't sure about relative power of patients in the space. That was my first impression. I was a strong institutional statement and a weak human statement."

The previous CEO of St. Wilfrid's had overseen the commissioning of the new hospice and was cited by a number of informants as the guardian of the vision. Her husband, a competent DIY enthusiast, would regularly come in to the hospice at weekends to make good any incidental chips or scuffs which had appeared through use. She would not allow any modifications to the building, for example the display of patient art or the accumulation of anything which could be characterised as "clutter". There were some anomalies in the CEO's zero-tolerance of mess. "Crafty Friday" a community craft group which meets weekly in the street near the entrance to carry out craft projects, facilitated by a member of the "wellbeing" team. It is impossible to do craft work without making a mess but the trade-off was a contribution to "buzz" and commitment to clean up after the activity.

As a result of her leadership "the protectiveness of the vision was endemic". Although several informants concurred that "the reins have been loosened somewhat" since she left there was still a frequently expressed view that the building could be: "humanised more", "less ascetic", "less clinical", "warmed up". In the old building there had been "clutter and art work everywhere, the new building had gone too far in the opposite direction". The spiritual advisor went on to say that his opinion of the building had changed as he had become familiar with it and as it had acquired a "patina". I made a joke about fighting the forces of entropy to

which he responded; “human patina is not always about entropy it can move the vision forward”. Exploring his use of the word he described it, again with echoes of Heidegger, as “what makes something homely, hard to predict and design for”. In her book entitled Patina, Dawdy (2016, 16) explores the “ambivalence about patina that highlights it as a process of both accumulation and decay that must be kept in a cared-for balance”.

There is good and bad patina. The bad was illustrated by Nigel when he first visited Mountbatten before becoming CEO. On entering reception the first thing he saw was a commode and oxygen tanks. These had been used out in the community and returned to the hospice but as the store room was full they had been left in reception. By any criteria of dwelling and any care for first impressions this was corrosive patina. At St Wilfrid’s examples of more positive patina were given by a number of my informants.

- The current CEO was keen to publicly acknowledge that the organisation was a charity dependent on giving and to optimise the opportunities for revenue generation within the building. He therefore introduced four features, all near the entrance to the street which were aimed at raising revenue and reminding visitors that the organisation is a charity. These were: the silver “Enduring Legacy” leaves on the wall acknowledging money left in bequests; the wall mounted memory tree with copper, silver and gold leaves paid for annually to commemorate loved ones, the colour of the leaves relating to cost of purchase

(Fig.29); a shop in a small room off the street which sold premium items donated to the network of shops; a collection box.

Fig.26. Memory tree. (Author's photo)



- All the hospices I visited had art facilities of some description sometimes managed by professional art therapists, sometimes by volunteer artists. The display of patient art was a problem to which hospices had different solutions. After the previous chief executive had left the ban on patient artwork on the walls was lifted and an elegant solution introduced to display work in the corridor near the wellness centre. This involved the work being exhibited on wires in the corridor, a solution which respected the work but was at the same time clearly temporary and curated. This avoided the sad patina of forgotten pieces of work blue tacked to walls and left indefinitely, a fate of patient art in some hospices I visited.

Gumbrecht (2004) attempts to rebalance western “meaning culture” which he considers to be dominated by constructivism and hermeneutics. In his view our dominant self-image, derived from Cartesian science, is of “a spectator standing in front of a world that presents itself as a picture”. A position resonant with: Rosen’s (Orion 2009) critique of a trichotomous ontology of “object-in-space-before-subject”; Putnam’s (1999, 11) lament that “the disaster is the idea that there has to be an interface between our cognitive powers and the external world” and with Pallasmaa’s critique of architecture as just a “series of retinal images”.

Following Heidegger’s concept of Being, Gibson’s notion of “direct perception” and I think Malafouris’ “enactive signification” Gumbrecht (2004, 81) enjoins us “to imagine that “knowledge” revealed or unconcealed can be substance that appears, that presents itself to us (even with its inherent meaning), without requiring interpretation as its transformation into meaning”. I think the experience of walking in to St. Wilfrid’s is so impactful on the “felt body” because it is an exemplar of what Gumbrecht refers to as a “moment of intensity” which is the essence of aesthetic experience, “substance presenting itself” overwhelmingly to the felt body.

Gumbrecht (2004, 102) asserts that ethical norms “are and should be part of historically specific everyday worlds” whilst aesthetic experience is characterised by intensity and separation from everyday life. In his view this tension means that “the projection of ethical norms on to the potential objects of aesthetic experience

will inevitably lead to the erosion of the potential intensity of the latter". I think a recognition of this danger is why such care was taken in the aesthetics of some of the tokens of charitable giving (ethical norms) such as the tree in Fig.29. By making them beautiful objects in themselves they avoid undermining the aesthetics of the overall space which would otherwise occur through the inherent conflict of ethical norms and aesthetics. I would argue that this process of erosion could work in both directions with aesthetic objects being potentially antagonistic to the ethical stance of the everyday life around them. This may explain the concerns expressed by Nigel below and by my St. Wilfrid's informants desire for the space to be "humanised more", "less ascetic" (and perhaps less aesthetic?) and "warmed up".

At Mountbatten and St. Christopher's Nigel (echoing McCraken's informants on "homeyness") was keen to avoid any taint of the "posh" which could alienate some of the users of the building and imply profligate spending of charitable funds. At St. Wilfrid's several informants observed that some people take one look at the building and, in the CEO's words, "think you guys must have loads of money" but as he wryly elaborated "we don't, we spent it all on the building". One arguably extravagant aesthetic object which was commissioned at the time of the building's construction was a sculpture by a local Sussex artist Steve Geliot high on the wall of the street (Figs.20/21). This cost fifteen thousand pounds but because the cost was absorbed in the new build it did not become a source of contention unlike the paintings in the chapel of another hospice I visited which had been commissioned

at a cost of eighteen thousand pounds and became the focus of outraged commentary in the local press and social media. As described by St. Wilfrid's spiritual advisor and other informants the power of the aesthetic experience may be seen as antipathetic to the ethical stance of the organisation in a variety of ways including power dynamics, class and financial governance. Conversely the acquisition of a homely patina such as patient art and tokens of appeal to charitable giving could all serve to dilute the aesthetic intensity.

A number of my informants at St. Wilfrids' alluded to this tension between aesthetics and the ethics of hospices and community giving. In my view this is a tension which can be maintained and managed. It can be lived with because in this case it is not fatal to either aesthetics or ethics. For the broader hospice movement I think Gumbrecht's view of the power of "substance presenting itself" is a useful corrective to the assertion that hospice care is "a philosophy it's not about bricks and mortar". In my view it is definitely both and it is the "bricks and mortar" which differentiate palliative care from hospice care. As Gumbrecht (2004, 106) questions.

> "Are we not precisely longing for presence, is our desire for tangibility not so intense – because our everyday environment is so almost insuperably consciousness-centered? Rather than having to think, always and endlessly, what else could there be, we sometimes seem to connect with a layer of our existence that simply wants the things of the world close to our skin"

I will conclude this section by returning to Geliot's artwork on the wall of the street. My informants were divided on the merits of the piece but most of them were

aware that it drew inspiration from the South Downs surrounding Eastbourne. This was common in much of the commissioned hospice art work I saw which often alluded to the local topography and beauty spots. I assume in recognition and reinforcement of the hospices rootedness in place and community. The artists website describes the genesis of the work and the walks he made in the Downs in preparation of the piece. I think his description (http://www.stevegeliot.com) of the area perfectly encapsulates the intended range of bodily feelings conferred by the totality of the hospice.

> "There is something wonderful about the way the South Downs soft curves hold you in a kind of intimacy, and yet at the same time open out to give a sensation of expansiveness and open experience. Your eye is taken from the far horizon and the scudding clouds, right down to individual drops of dew, wild flowers, and butterflies flitting around your feet".

- The pristine and fastidiously maintained aesthetic vision may convey care respect but it was bought at the expense of humanity and warmth and may have been antagonistic to the ethical stance of the organisation.
- Patina acquired with the change of CEO allowed for the accumulation of things such as art work which conveyed a more home like atmosphere but needed to be maintained in "cared-for balance".
- There may be a tension between the management vision of the building and that of its users such that the building takes on the enactive signification of managerial power.
- Geliot captures the expansion and contraction of the felt body in response to both the landscape and the atmosphere of the building.

10 Conclusion and recommendations

In this chapter I will summarise some of the main arguments of my thesis and draw on these arguments to make some practical recommendations for policy and design within the hospice movement.

10.1 Summary of the arguments

Only 14% of hospice patients are inpatients. The great majority of patients declare a preference to die at home but several of my informants advised that this often changes as death approaches. Distressing symptoms become too much for the patient and their carer at home and the arrival of essential equipment in the home, in particular a large hospital bed which usually needs to be installed in a down stairs living area, renders the home unhomely for all who live in it. There is significant unmet need for palliative care, an increasing number and clinical complexity of cases and recognition of the benefits of early delivery of palliative care in sustaining quality of life for the dying. All these factors drive demand.

Shockwaves went through the hospice movement in 2019 when, for the first time, a hospice (St. Clare's in Jarrow) was closed for financial and related quality reasons. David Clark,[10] Chair of Hospice UK, indicated that another 50 hospices were threatened by financial pressures. The sustainability of the sector is in doubt and there are authoritative voices, including Clark's, who suggest that hospice

[10] https://www.independent.co.uk/news/health/hospice-end-life-care-medicine-hospital-doctor-treatment-a8773831.html

inpatient facilities are not essential for satisfactory and sustainable services. However, new hospice buildings with inpatients are being developed such as The Prince and Princess of Wales hospice in Glasgow costing £21m opened in Oct. 2018 and St. Wilfrid's Hospice Bosham opened Feb. 2019 costing £16m.

The raison d'être of hospice buildings is to provide an environment for care at end of life. In looking at practical attempts to improve the environment for such patients I focused on the ECEL projects of the King's Fund and related charities and the literature they drew on to shape these efforts. The list of significant environmental parameters is unsurprising, including access to views and the outdoors, a home like ambience, patient's control of parameters of comfort such as air, temperature and light, privacy without isolation etc. The most interesting aspiration of these design efforts was to facilitate the maintenance of patient dignity, arguably the primary objective of palliative care beyond pain control. By drawing on concepts such as "care respect" and "extrinsic dignity" I argue that the seemly modest designs of the ECEL constitute, together with the carers, an ecology of respect and dignity, an "enactive signification" of these values, which reinforces the message, "we care about you", you are worthy of respect. In doing so they deliver the maintenance of dignity which is key to the wellbeing of patients and their loved ones.

Such schemes also contribute to the impression management of the hospice in relation to: the community it serves; the wider system of care, funding and quality

control, especially the NHS; donors; friends, relatives and the bereaved. The impact on this latter group feeds back to further relieve the concerns of the dying for those who love them and who they are leaving behind. I argue that a critical requirement enabling such spaces to “scaffold” the affective “subjective wellbeing” of its users is its reliability and trustworthiness. That it will be there and that once access is provided it will not be withdrawn.

The value of the buildings to the therapeutic regime of the hospice is contested. Despite this, I use the example of the intended closure of Pilgrims Hospice to indicate the intensity of the affective commitment of the community to the building. About two thirds of the funding of hospices comes from their local community. Clearly that they cannot afford to alienate this constituency if they are to survive. I describe the arguments put forward by management for the closure of the Canterbury site, emphasising that hospice care is “not about bricks and mortar” but is a philosophy of care which can be better promulgated across the wider care system unencumbered by redundant fixed assets.

However Pilgrims’ management recognised that there was a strong community attachment to their *local* building and that the proposed dematerialisation of the service removed a “safety blanket” leaving “people scared of being unsupported”. Having analysed the impassioned rhetoric of the campaign to keep the building open I put forward a number of theoretical explanations of the building’s power to engender such loyalty. These include: a recognition of the building as a sacred

space in response to its attempted desecration through dispossession; the fetishization of the building, concretising the institution, standing in for the whole organisation and, like the Congolese nkisi, “a visible knot which ties together an invisible skein of relations” and which possesses agency to defend itself; the entrenched and trusted nature of the building which scaffolds an “affective niche” and functions as a surrogate situation which gives ineffable concepts such as death and loss a “local habitation”; a number of psychodynamic concepts including Terror Management Theory, “Melancholy Objects” and the containment of anxiety.

I think the relationship of the building to its community, its historical role in reinforcing the institutions identity and the positioning of the building as an “enactive sign” of trusted care all led to an “entanglement” of management, community and building from which extrication proved impossible.

Worpole asserted that the purpose of hospice buildings was “dwelling” He formed this opinion whilst researching his book on hospice design published in 2009. Over a decade later he revisited St. Christopher’s and was amazed by the change of care regime. I think his insights accurately reflect changes in the hospice policy which have generated tensions within the movement and an unresolved identity crisis. I think Worpole was correct when he asserted an original single purpose of the hospice building to provide dwelling in a Heideggerian sense and I think that the founder of the movement was a Heideggerian whether she knew it or not.

At a number of points in this thesis I have made reference to the Heideggerian tone of some of Saunders' writings. I describe parallels between her concept of "total pain", the four elements of a world in which "all of me is wrong" and Heidegger's cosmology of the fourfold. I also reference her notion of holistic care enabling the dying to "come home" and draw parallels between her design of St. Christopher's and Heidegger's description of his archetypal dwelling, a Bavarian farmhouse. I have also pointed out the relationship between Heidegger's "das Man" and "chat" and Saunders' injunction regarding "being with" the dying. In the biographies of Saunders I read there is no reference to her being directly influenced by Heidegger although, given her wide philosophical reading and international networks, she was possibly aware of Heidegger's work. Being and Time was published in English in 1962 (five years before the founding of St. Christopher's) and Buytendijk, who she visited when formulating her "total pain" concept was a contemporary of Heidegger's, a phenomenological philosopher and a close friend of Plessner, editor of the influential German journal "Philosophischer Anzeiger" in which Heidegger published (http://helmuth-plessner.de/en/helmuth-plessner/biographie/).

I believe that Saunders would have found much of Svenaeus (2011) article "Illness as unhomelike being-in-the-world: Heidegger and the phenomenology of medicine" both familiar and convincing. For example Svenaeus (2011, 337) stresses that "the unhomelike being-in-the-word of illness….is characterised by a

fatal change in the meaning structures, not only of the world but of the self". Saunders (1988, 29) writes of the realisation of imminent death. "There may be bitter anger at the unfairness of what is happening, and at much of what has gone before, and above all a desolate feeling of meaninglessness. Here lies, I believe, the essence of spiritual pain".

Ingold asserts that the "founding statement of the dwelling perspective" is Heidegger's view that "only if we are capable of dwelling only then can we build". I believe that Saunders was able to build St. Christopher's because she understood the resonances of Heidegger's "dwelling". Acceptance, passivity, sedentarism, quietude, homecoming, containment, the gathering of the fourfold in the locale of the building and the ability to dwell poetically with all the uncertainty and potential meaning this has.

Ingold, following Heidegger, asks what it takes for a house to be a home? By reference to Bachelard, Heidegger, Blier, Freud and others I build up a picture of homeliness characterised by security and confinement, the niche, but also by continuity and the coexistence of the living and the dead, the hidden and the private. This latter characteristic leaves open the possibility that "that which was secret can come to light" in an uncanny way, much as I experienced when inpatients made their way in to the hospice garden and day centre or perhaps when the community were exposed to a "transparent" hospice.

The concept of the “homely” may be dynamic and dependent on culture but my informants knew what it meant as did those of McCracken when they strove for “homeyness” in their own dwelling and recognised it in the dwellings of others. Homeyness abhors elegance and “cannot survive the bleak expanse of an off-white wall”. Homeyness is absolutely not “posh”, rather it is comfortable, personalised, and needs to “look as though someone lives there”. There is a potential dark side to the home as a place of claustrophobia and oppression. The homelike hospice may be “introverted” a haven for those within it but turning its back to the world particularly those from other cultures. It is this tendency of dwelling to entail containment of those within but also protection from those without, the Other, which Levinas opposed. The home as dwelling should be in his view not a “pagan shrine to the self” but be oriented to the threshold to hospitality and welcome. This Levinasian interpretation of dwelling runs through much discussion within the hospice movement which recognises the elderly white middle class cultural homogeneity of many hospices and their underutilisation by ethnic minorities and young adults with life limiting conditions.

One of the main objectives of hospice care is to optimise the quality of life of patients using the facility. The most significant predictors of subjective wellbeing are the existential. The meaningfulness and achievements of one’s life a self-assessment which I would argue will be influenced by the “care respect” one receives, by the quality of the environment deemed appropriate for one’s care and

by the degree to which one can dwell in the environment. The extent to which it is in any sense a homecoming.

I concur with Gilbert that the essence of being at home is it's taken-for-grantedness, the "tone" of activities undertaken there and the security it affords. I point out a number of ways in which being in hospices demands attention, circumspection and effort all of which are anathema to homeliness but, to a degree, inevitable in any institution. The hospice is not the patients home but in illness neither is their home. Part of the aim of the hospice is to create a secure environment which accommodates to the patients abilities and can be navigated and taken for granted as far as they are able. I argue that hospices subvert their attempts at delivering an authentic homecoming by their "chat" and that in many ways they are not very good at directly addressing their core topic; death.

There is a new wind blowing through the hospice movement which embraces concepts of wellbeing such as eudemonia and existential "mobility" and looks to "help patients live as fully as possible until death". The affordance landscape of the hospice is thus evolving with the appearance of gyms in most hospices being emblematic of this change where sustaining capacity for as long as possible is the objective. Wellbeing consists in both mobility and dwelling "a capacity for movement and a capacity for settling". The use of the techniques of rehabilitation to "reenable" or sustain enablement is now integral to the therapeutic regime. This change in approach combines with, and partly responds to, increasing demand,

the necessity to “sweat the assets” of the hospice building, virtualise services where possible and put time limits on planned interventions with specified objectives. All of which may undermine a sense of certainty and trust that care will be accessibility when needed. I discuss the mechanisms of this progressive “goal displacement” which has occurred over the last decade in appendix 1. It seems to be at the heart of a crisis of identity in the hospice movement and behind often unarticulated conflicts of approach between traditionalist who focus on dwelling and reformers who focus on mobility. Between faithful adherents to Saunders’ original vision and more revisionary clinical interventionists. In reality both dwelling and mobility are aspects of wellbeing which can and should coexist for the individual but which seem destined to become mutually antagonistic in the hospice movement.

In any Peircian/Pragmatic sense there is no doubt that atmospheres exist because experience of them is commonplace. I have suggested that atmospheres are the affordances of the weather-world. Dependent on objective features of the material world, perceived directly and in similar ways by most of those sharing a space and a form of life and instantiated relationally in the “situation”. I believe that we navigate the complexities, potentials and dangers of the world aided by a combination of affordance and atmosphere. The former delivers meaning to the object world and enables navigation and utility to our form of life, within the constraints of our material body. The latter, by its direct effect on our felt body, is the fast-path to what we experience as our affective selves and it is our affective selves that tell us what is important in the environment and “how things are going

for me". To say that atmosphere impacts our affective experience is to say that it impacts our subjective wellbeing which influences our predisposition to avail ourselves of the affordances of our environment. Atmosphere is thus the most important attribute of the hospice building a kind of ur-predisposition. Atmosphere is vague but impactful and I would argue more critical an attribute of the hospice building than its affordances. If a case is to be made that hospice care is "not about bricks and mortar" then it needs to demonstrate that the same quality of palliative care can be delivered in other settings. Orchestrating the affordances of other settings is relatively straightforward, orchestrating atmosphere is entirely different and much more problematic.

Ratcliffe, Heidegger, Dreyfus and others don't think of moods coming from inside or outside but as a way of being in the world. In common parlance moods are seen as inner private psychic states and atmospheres as affective agents in the world but they are really the same thing. I have quoted Dreyfus to the effect that in most cultures through history moods have been conceived as "gifts from powers outside our control". Their location and origin is indeterminate but to the extent that they are engendered by attributes of the environment they can, as Zumthor, Schmitz, Dreyfus and others suggest, be shaped by design and curation. If this is so and if, as Ratcliffe asserts, moods are the "meaning of life" then the atmosphere of the environment is the existential gift delivered by the designer/curator to those meaning-seeking occupants nearing their end of life. This is a baby in danger of being lost with the bathwater.

De Haan et. al. (2013) describe the impact of pathological mood states on the experience of the field of affordances and illustrate the point that the salience of affordances, what makes them meaningful, is influenced by the mood of the perceiver. In depression none of the affordance are very salient and there is nothing to make one solicitation more attractive than another. In obsessive compulsive disorder one affordance may dominate the landscape. For individuals without overriding pathologies I would suggest that, in keeping with the theory of affordances and in line with my argument about the ontology of atmosphere the relationship is relational and two way. As moods change some affordances become more salient and some atmospheres more attractive. Conversely as movement changes the landscape of affordance and the atmosphere of the environment, mood may change in response. Bruineberg and Rietveld (2014, 12) assert that the "central way in which an organism relates to its environment is by the organism as a whole tending towards an optimal grip on the field of affordances". Again I would suggest that this is a two way process and involves atmosphere as well as affordance. I suggest that vulnerable occupants of a place, seeking to improve their wellbeing, will try to find spaces of optimal affordance and atmosphere which can *take a grip of them* and that they will do this in order to maintain an affective homeostasis. To help themselves to remain stable in the face of deeply affecting existential threat. For this reason I think that the material and felt-body movements associated with affordance and affect/atmosphere are critical to hospice design.

I have made a number of references to movement in relation to affect and atmosphere and action is central to the theory of affordance. I discussed Schmitz expansion and contraction of the “vital drive” and his suggestion that environment can be designed and curated to create certain atmospheres through “movement suggestions and synesthetic characteristics”. I have outlined Slaby’s range of movements in relation to affect; Todres and Galvin’s existential mobility as a mode of wellbeing and the stasis and containment described by “dwelling” and by Bachelard’s poetics. I discussed Robinson’s assertion that the aesthetics of architecture is available only to those who can move around the building and “notice the bodily feeling it evokes”. I discussed Bolnow’s ease of movement of the optimist and Gilbert’s taken-for-grantedness in navigating the environment. In short I am arguing that atmosphere is a critical therapeutic attribute of the hospice building and that it needs to accommodate the fluctuating affective states of its occupants by enabling their maintenance of a degree of homeostasis. Their need to: be held and contained; feel expansive; approach, withdraw and hover on the margins. Their need for: sociality and peace; privacy and “buzz”; dwelling and mobility.

Entering St. Wilfrid’s and looking down the “street” engenders an immediate shock of the “not what I expected” kind, an expansion of the felt body and accompanying relaxation. If arrival for the first time was with a sense of dread born of culturally determined expectations then this powerful disconfirmation will be even more

affective. The brightness and lightness of the space, the buzz of the café, with its mix of staff, clients and their associates and random visitors speaks to existential mobility and sociality, to life carrying on. The immaculate maintenance of the building conveys “care respect” and a “building” in the sense of care and maintenance. “We thought about this and we care about you”.

Being open to the public, highly rated on TripAdvisor and making such a positive statement constitutes exemplary impression management indicating to the public that this is an organisation delivering excellence, and worthy of support. Drawing people in through the café, events such as “Crafty Fridays” and functioning as a community resource entrenches the building and, through material scaffolding, the organisation, into the community. Exposing the reality of the hospice to the community changes public attitudes and orientation towards death. The placement of memory trees and their equivalent on prominent display memorialise the deceased and further entrenches the building as a melancholy object to be treasured. All this is made possible by a physical location which, whilst on the edge of town is still in town and accessible to the community unlike many remotely located “introverted” hospices.

The open space, as with the “stonking great space” of the Anniversary Centre, is low on “hidey-holes” and the transparency and openness sounds the “knell of security based dwelling”. The hidey-hole free open space can leave exposed what many would prefer to be private, the intimacy of being fed and cared for, the

intimacy of expressions of grief which will cast their powerful atmosphere over the space. There may be no reception in Starbucks but neither is their likely to be proximity to the dying and the painful resonant loss of the recently, or soon to be, bereaved. Although there are no barriers between the “street” and IPU the design cues itemised by the architect are as powerful as any closed door in preventing casual entry to the IPU, in stopping IPU patients from venturing on to the street and in keeping the “street life” buzz from entering the IPU. There is a sharp transition from mobility, eudomonia and sociality to containment, comfort and dwelling the latter being the domain of inpatients. In the Anniversary Centre this is a boundary inpatients are invited to breach, largely I suspect because the Anniversary Centre is the route to the gardens and escape from the confinement of the building. Volunteers regularly go up to the IPU to see if any patients want some “fresh air” or a smoke. The rooms of St. Wilfrid’s IPU provide visual and physical access to cloistered gardens with the potential to adjust bodily feelings in response to the contractions of anxiety but by the same token the incentive to “brave” the public world is reduced. The corridors described provide visitors the affordances of approach, flight and liminality, hovering on the threshold.

The impact of gyms and art therapy spaces on the affordance landscape, existential mobility and the “how things are going for me” appraisal have already been discussed. The more public their display (or in the case of art the display of their products) the more surprising for the visitor and the greater their impression management effect for both community and users. The inadequacy and

“messiness” of some of the tokens of homeliness may be exactly what is required to start taking the place for granted and forgetting to mind Ps and Qs, to be more homelike.

What is not visible, with the exception of facilities such as the Coates Centre, is the regime of care in terms of accessibility, duration and perceived trustworthiness. Cicely Saunders cited the important absence of “parking meters” but these now proliferate whilst being invisible.

10.2 Recommendations.

In chapter 4 I described the community backlash which resulted from the attempted closure of Pilgrims hospice and suggested that those attempting to close or repurpose hospice buildings could learn from this experience. The following actions may ameliorate community resistance.

- Slowing the process of disentanglement over a longer period with the gradual repurposing of the building as one component of an integrated care process occurring in multiple locations.
- Creating explicit monuments to the deceased which will remain when the building goes whilst also making sure that the building does go. An abandoned, decaying hospice building speaks of organisational indifference and lack of respect for the deceased.
- Increasing the material presence of the organisation in the community through the branding of vehicles, uniforms and other facilities in multiple locations.

- Sharing information resources about the real nature of hospice care rather than colluding with the fantasy that the organisation is the building. Using the internet to integrate the social media of patients and their loved ones with the performance reporting of the organisation.
- Using charity shops as information centres on the true nature of hospice services and making that nature explicit during fund raising so that such funds do not appear to be hypothecated for building maintenance.

I have outlined the ambiguity of the word hospice being an organisation, building and philosophy of care and described the ways in which the management of the hospice exploited the slipperiness of the word according to circumstances. According to circumstances: tying the organisational identity to the building situated in, and supported by, its local community; insisting that “it is not about bricks and mortar” but is a “philosophy of care” which can be abstracted and promulgated across the health care sector; treating the building as a fixed asset to be repurposed, sweated or decommissioned as necessitated by the strategic imperatives of the organisation.

One of my informants quoted from an article in the BMJ in which Douglas (1992, 579) described the hospice movement as “too good to be true and too small to be useful” and advocated the assimilation of hospices into the mainstream of NHS palliative care. In the 1960’s to 80’s they functioned as a corrective to the “lamentable” care of the dying in the NHS but now…”Well done, thanks and goodbye. The hospice movement - with all its paraphernalia of flower arrangers,

charity balls, committee loads of duchesses and agreeably secluded little places to die amid leafy glades – no longer has a useful role". A radically contrasting view was expressed in 2019 by one of my Clinical Director informants when asked about his view of the future of the hospice movement. He declared that, had I posed that question ten years ago, he would have predicted the end of the hospice movement by now as mainstream palliative care improved within the NHS and as better care was delivered by primary care, and in hospitals, homes and care homes. He said that inadequate NHS funding and the failure of General Practice to step up meant that in his view the hospice movement needed to "reclaim the territory" and lead palliative care across the health sector.

It seems to me that the key differentiation between hospice care and other providers of good palliative care is the buildings and that these are generally no longer just "secluded little places to die" but fulfil a variety of functions as described above. If the hospice movement is to continue to survive, let alone take the leadership of palliative care, it needs to be clear about what its buildings are for and how they should be used. I believe that the case studies of Pilgrims Kent and St. Margaret's Somerset demonstrate that hospice identity and local support is vested in the buildings and that this entanglement means that they are closed or significantly repurposed at peril. However this is not a counsel of despair and I have made some suggestions as to how community support may be sustained if such changes prove essential. It is important to note that there are a number of prima facie arguments in favour of the continuance of hospice buildings which

apply equally to other health care facilities like hospitals and clinics. These include:

- The concentration of scarce capital (medical equipment) and personnel resources (in late 2019 there were >10,500 full-time-equivalent unfilled nursing posts in the NHS) enabling higher utilisation of equipment, greater working efficiencies, easier quality control and training and the development of a more coherent community of practice.
- The provision of clinically appropriate spaces, hygiene and health and safety regimes.
- Patients time and expenditure taken in travel to the building and in waiting rather than transporting resources to the patient.
- Possibility of group clinics and therapies which may not only be more efficient but also more effective due to their social aspects.

Just as the stage set needs to serve the purpose of the play so the buildings need to serve the therapeutic aims of the hospice. I have described how these are changing, at a different pace in different hospices, but generally moving in the direction of more clinical intervention, re-enablement, time bound interventions with specified therapeutic goals etc. This shift favours mobility over dwelling but the material cultures required to foster these different modes of wellbeing don't sit easily together in the building's design or in the minds of professionals. When the creator of the case study on page 196 looked at the sleeping day care residents of the hospice and asked "really!?...is this it? Is this a modern hospice?" her own answer was clearly no, but falling asleep in the company of others is

quintessentially homely. For this manager such homeliness was an anachronism. I think this is a major strategic decision point for the sector. This aspect of care as originally conceived was critical. Is it now consciously deemed to be inappropriate and is it to be sacrificed in pursuit of reaching a larger number of patients and/or increasing sustainability? That seems like a defensible strategic decision but I believe it is a decision to be made rather than leaving it to an unconscious processes of emergent “goal displacement” which leaves staff and volunteers confused and buildings conflicted.

When Elaine, manager of the Anniversary Centre, described the frictions encountered in the management of the multifunctional space which “tried to do everything” she was describing the problems inherent across most hospices. The hospices I visited seemed to serve some or all of six main functions with varying degrees of natural fit. I will briefly outline what these functions are and provide a description of an archetypical space which would provide the affordances and atmosphere appropriate to that function. I will then make some suggestions regarding the ways in which these functions could be practically combined and the implications for the hospice mission.

1. *Therapeutic day care*. These spaces provide facilities for therapeutic interventions which are targeted and have defined therapeutic objectives and schedules. They include clinics (with related clinical equipment), dedicated spaces for counselling and complementary therapies, gyms, art/craft therapy

spaces, spa-baths/showers, group exercise classes, gardening, a catering and waiting area for those attending multiple sessions during the day.

The overriding atmosphere aims towards eudemonia and flourishing but there are two versions of this which can coexist as demonstrated by successful public gym/spa combinations. The first focuses on an atmosphere of mobility and expansiveness taking its design cues from gyms and clinics. Light, bright and buzzy with the affordances of exercise. High ceilings, expansive space, access to the outdoors and threshold spaces like conservatories. It also provides indoor and outdoor niches and “hidey-holes” affording privacy, intimate conversation and care activities such as feeding. The second takes its cues from spas and studios. Contained, holding, nurturing, fostering, comfortable but purposeful. Such spaces focus on containment and care. Relatively low ceilings, muted lighting, textured rather than clinical.

2. *Community Hub*. This space is the means by which the community accesses the hospice and experiences the “it’s not what I expected” and by which ‘normal life” is transplanted into the hospice. This implies that it cannot be standalone but must be an adjunct to at least part of the core business of the hospice. This space would have a licensed café and make itself available for community meetings and programmes of cultural activities including galleries and concerts which encourage the community into the space and which enable fund raising. The space needs to be easily reconfigurable for separate

meetings to run in parallel or for concerts, movies etc. The space would take its design cues from arts and community centres. It would be expansive, buzzy, light and open.

3. *Social day centre.* The purpose of this space is in line with the Coates Centre at Oakhaven for anyone who “has been touched by death” including people who are dying (perhaps regardless of being patients of the hospice), their loved ones and the bereaved. These are the spaces which have been squeezed out by more goal directed therapeutic regimes. The space is “owned” by its users and volunteer run. It incorporates a kitchen and multipurpose meeting space which could also be used for exercise classes, yoga etc. There would a variety of classes and events such as cookery, art, gardening, reading groups, support groups etc. but it is also available to anyone who just wanted to come along and sit. Attendance would not be time restricted in any way.

   It takes its design cues from Maggie’s Centres and the Coates Centre. Its atmosphere is domestic, homely, a place where the dying could feel at home, where using oxygen or falling asleep in a chair is unremarkable, where Ps and Qs could remain unwatched. There is access to a garden and a range of different kinds of seating and a large kitchen table. Users can help themselves to tea, coffee and biscuits paid for by an honesty box. Users organise their own get-togethers, quizzes, board games, birthday parties etc. Volunteers are

available to talk and “be with” users and to broker introductions but outside timetabled classes and events they are an unobtrusive presence.

During my visit to Mountbatten hospice they were embarking on an experiment to develop their “flagship” Ventnor charity shop into what they called a “hub” that as the website describes, “includes a large table area to sit at and have a coffee whilst chatting to our staff or browsing through our magazines and leaflets”. Reconfiguring shops to fulfil this purpose may be viable especially as they are likely to be accessible by public transport.

4/5 *Inpatients.* There has been a general convergence of design of inpatients. Most new hospices now have single rooms with large patio doors opening on to a garden enabling beds or wheelchairs to be pushed out onto a decking area, usually separated from the adjacent spaces by trellis and/or planting. There is usually some accommodation for loved ones to stay and sometimes self-contained apartments in which the patient and their family can reside. There is seating and catering areas for visitors affording a degree of socialisation and of privacy. Corridors often overlook green spaces and have the kinds of niches described above in St. Wilfrid’s. As I have described at St Wilfrid’s a different set of “homely”/dwelling design cues mark the transition to inpatients and usually there is clear demarcation between “turning left for day patients and right for inpatients”.

This design pattern, majoring as it does on an atmosphere conducive to dwelling, is well suited for patients who are there to die but perhaps not for those who are inpatients for a short time, who are there to stabilise symptoms and who are undergoing a programme of re-enablement. Both are inpatients but the required atmosphere for the two groups seems different. The sigh of relief of the temporary patient cannot be too deep and movement needs to dominate the atmosphere for them with access to opportunities for mobility in the garden and the kinds of affordances and atmosphere of re-enablement delivered by the “Therapeutic Day Centre”. Of course there are numerous practical constraints such as the availability of equipment and trained personnel which require these two kinds of inpatients to be co-located even if different atmospheres are required. It may be that this tension between temporary and final inpatient spaces means that inpatient facilities cannot be delivered sustainably as suggested by David Clark above or that, as Prof. George advised Worpole ,“people don’t come here to die we want to get them home”. If this is so then “homecoming” for the dying in the hospice will be relegated to history.

6. *Spiritual Spaces.* St. Christopher’s and its imitators were founded as overtly Christian institutions and their repositioning to more secular or multifaith entities seems difficult. I believe that the spiritual dimension of “total pain” is as relevant now as when Saunders conceived it so that “spiritual” advisors and spaces are equally relevant. However many of these spaces seem to be

uncomfortably stuck with Christian iconography which even Christian spiritual advisors disavow.

Spiritual support should be aimed at addressing the potential “desolate feeling of meaninglessness” which Saunders and Svenaeus describe at end of life. In pursuit of this end I think that Saunders’ practice of “being with” is key and that some nurses and volunteers, with the right training and help, can deliver this for individuals and groups. In helping them to do so spiritual advisors and counsellors are critical. It is in support of this practice that spiritual spaces come into their own but they need rethinking in the context of a wider strategy defining the hospice attitude to dying as “homecoming” and of course the location of death itself.

In terms of purpose, affordances and atmosphere the Therapeutic Day Centre, Community Hub and Temporary Inpatients facilities have the greatest affinity and all would benefit from being located in the heart of their communities and well served by public transport. Social day centres along the lines of the Coates centre have a very different feel and purpose. Again they need to be accessible and may, following Mountbatten’s Ventnor experiment, make some use of shop facilities. They may, as with the Coates centre, have their own sub-brand to differentiate their offering. Given the constraints of finance and staffing it is not realistic to advocate for a separate inpatients for those about to die and whether such facilities need to exist is a strategic decision which is partly determined by financial

viability. Currently hospices mainly deliver services free at the point of delivery or fulfil contracts with the NHS although some have domiciliary care services paid for by users. Different funding models e.g. for the provision of private services is outside the scope of this thesis.

I suggest that the following key strategic decisions need to be made by the sector and by individual hospices.

1. Is it realistic and desirable that the hospice movement “reclaim the territory” and lead palliative care in the UK?
2. Is the support of wellbeing of the dying, associated with dwelling and homecoming, still considered valuable?
3. If the answer to 2 is yes, can it be delivered in a sustainable way in the hospice building?
4. If the answer to 3 is no are there any other ways in which dwelling capability can be enhanced in other care settings?
5. Does the movement still adhere to Saunders’ concept of “total pain” and if so what is the best way to address spiritual pain?
6. Is the business of the hospice to deliver professional physical and psychological therapies or is there a role for the kinds of settings and services of the “social day centre” described above? The answer to this question will be influenced by the answer to question 2.

7. How honest are hospices going to be with the communities they serve as they try to address the above questions?

In this thesis I have argued that the therapeutic spaces of the hospice benefit as much from atmosphere as they do from affordances and that atmosphere, working as it does through the felt body and movement is essentially affective and can be built in. I think this principle applies to all aspects of the built environment including domestic, work, retail and social spaces which provide a rich arena for research informed by MET, enactivist approaches to affect and architecture.

Appendix 1 - Goal Displacement and Colonisation of the Lifeworld.

Worpole described the transformation of St Christopher's between 2004 and the present as it moved away from a place to spend the last few days and in which to die without "intrusion" toward much higher degrees of medical intervention and a focus on re-enablement and being able to send people home. He attributed this "180 degree" change to "what sociologists call "goal displacement"". The sociologist who coined the term was Michels (1962) in his analysis of the German Social Democratic Party in which he discussed the tendency for political parties with high minded abstract goals to substitute them over time by ones which were more concrete, served the interests of party leaders and were aimed at maintaining the party and consolidating power. He generalised this principle to cover means/ends reversals in general when high level goals are replaced by goals which are supposedly instrumental in moving towards the higher goals. The means become the goals and higher level, abstract goals are often forgotten or eroded.

Warner and Havens (1968) picked up the idea of Goal Displacement in a paper entitled "Goal displacement and the intangibility of organizational goals" in which they hypothesised that having high level goals with a degree of abstraction was very useful for organisations like public bodies and the 3rd sector in creating a broad church of support by "being all things to all people" but that:

H1. The greater the intangibility of the organisational goals the less the goal attainment.

H2. The greater the intangibility of the organisational goals the greater the tendency for the goals to be displaced.

H3. The more organisational events are tangible and measurable, the more frequently will they be used in organisational evaluation and sanctioning.

This 3rd hypothesis meant that intangible goals create a vacuum which is filled by tangible goals particularly if these were routinised sets of metrics such as quarterly results. Concrete planning goals tend to drive out higher level abstract goals which are actually a representation of the true purpose of the organisation.

If Ken was correct in his diagnosis then he is asserting that the hospice has become focused to some extent on the metrics of patient flow and procedures carried out at the expense of some aspects of its fundamental purpose of enhancing the wellbeing of patients and their loved ones and comforting them towards death. The hospice is responding to the changing environment of patient demand and of the health and care system. It is not suffering from strategic drift (in which strategy remains the same whilst the world changes and the organisation becomes increasing out of step and irrelevant) but it is experiencing goal displacement in order to sustain itself and quantify and validate its performance to stakeholders. The question then is how can it avoid both strategic drift and goal displacement?

Another theory which also speaks to the phenomenon Worpole described is the "colonisation of the lifeworld" by "the system" described by Habermas (1987). Habermas uses the term lifeworld somewhat differently from Husserl to describe the "informal and un-marketised domains of social life" (Finlayson 2005, 51) a shared repository of social meaning sustained by "communicative action" i.e. reasoned conversations between people which contain validity claims and which persuade others and coordinate social action. The main sub components of "the system" are money and power and the mechanism of colonisation is analogous to that by which European powers colonised the developing world. The behaviour of the system is instrumental and strategic and it pursues its own logic without the need to engage in communicative action. This means that agents within the system don't necessarily know the final objectives of the system, just the goals of their own transactions. The lifeworld becomes progressively eroded by the system as the need and capacity for communicative action is bypassed (Edgar 2006, 21). A number of pathologies result from this process of colonisation which is itself a kind of means/ends reversal as agents start pursuing the instrumental goals no longer really understanding where the wider system is going. Finlayson lists these pathologies including: decrease in shared meaning (anomie); erosion of social bonds (disintegration); increase in people's feelings of helplessness and lack of belonging (alienation).

It could be argued that the hospice movements historical approach was to promote wellbeing through dwelling and that it exemplified Todres et al's (2007.) notion of "lifeworld led care". It has become progressively vulnerable to several pressures from the system. Firstly the "mega-trends in Western healthcare" described above and secondly the recognition that it is part of the wider health and social care system with which it needs to integrate. The power and money of that system (principally the NHS) and its related mechanisms of control have colonised the hospice and resulted in some of the pathologies described above. These pathologies have become particularly obvious in the attitude of many of the volunteers who tend to be deeply conservative of the lifeworld and of the value of communicative action because this is why they decided to volunteer in the first place. They function as the canary in the coalmine, faltering on their perch as the system invades their dwelling.

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