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The last architecture: an exploration of architectural influence on the physiology and psychology of patients diagnosed with a terminal illness

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ABSTRACT

Our physical, mental and emotional response to architecture and the role these responses play in life has been an ongoing investigation; there is general consensus that architecture has an impact on the psychological state of an individual.

Studies range from the early developmental years of children, who at this early stage of their lives are absorbing information about their surroundings, learning from it and forming bonds with various architectural typologies/spaces ; to the architecture of our daily toil: office buildings and other public architectural typologies are being adjusted and designed to incorporate informants that relate to the psychological effects of architectural space.

This holds true for our health-care typologies; however the approach taken is clinically driven for efficient and protective care of the physically ailed individual. These spatial resolutions in turn form the perceived world for most of humanity; and it is possible that what is perceived takes the psyche further from its nature.

Collectively, these inspired inquiries into the depth of architectural potential to facilitate better living, gave rise to the notion that architectural intervention in the final stages of life can be just as significant to the human being as the medical advances that prolong their lives when they face death due to a terminal illness.

This thesis aims to explore modes of integrating a more comprehensive understanding of emotional healing processes into the related architectural typologies. Furthermore it will attempt to better expose the involvement of sensory stimuli in the overall perception of a space and the impact that has on the psyche.

The research is conducted to inform a design project which draws on and fuses historical precedents of health-care architecture, spiritual architecture and elements of biophilia to imagine a typology that supports the hopes and objectives of end-of-life care.

Additionally, various principles of what has been termed 'sustainable design' will be tested within the requirements of health-care facilities; this forms part of the response to reasonable pressure placed on the built environment to produce infrastructure that is less harmful to the environment with the possibility of a building healing what has been harmed i.e. Net Zero/Positive.

Sustainable buildings pose an opportunity for the built environment to take on new infrastructural roles, it also has the profound potential to alter human consciousness and guide human behaviour towards a more sustainable and ecological way of living and advancing.

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