On the affect of therapeutic spaces:

an autoethnographic study of affect
and architecture of therapy

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Figure I-1. A bookstore in Newtown, Wellington. Own photo. 2019.

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Abstract

The architect-self is inevitably expressed in the design process and architectural outcome; often, in more nuanced ways than is admitted. Whether it is a world-renowned architect (Pallasmaa, 2005, p. 73; Souto De Moura, 2019, p. 243-244; Zumthor, 1998, p. 9-10) or a student of architecture, designers intuitively draw on personal spatial experience and knowledge in their design decisions (Van Schaik, 2008). To further explore the architect-self in the design process and architectural outcome, this research focuses directly on autoethnography as a design research method. Through a series of personal design speculations into therapeutic space, architecture's reliance on the architect's self is revealed and intensified, posing questions about the connection between designer and space.

Autoethnography is “research, writing, story, and method that connects the autobiographical and personal to the cultural, social, and political” (Ellis, 2012, p. 49). It is a research method that uses the researcher's personal experience to describe and analyse social and cultural beliefs, practices, and experiences, and interrogates the intersections between the researcher-self and society through reflective practice. It carefully balances academic rigour, emotion and creativity, and strives for social justice (Denzin, 2014, p. 25). Also, the aspect that relates explicitly to architectural research is that autoethnography assumes a mutual relationship between the audience of stories/inhabitants of space and the researcher/designer that creates it, compelling a complex response.

The research sets a refined scope within the topic of ‘therapeutic architecture’ to investigate autoethnographic methodology in architecture research. The general aim of ‘therapeutic architecture’ is a promotion of one’s ‘health and wellbeing’, which is an extremely personal and private matter, yet socially determined. In this context, autoethnography provides a unique approach to the topic. This research addresses the underexplored personal and social aspects of architecture, using therapeutic space as a vehicle and autoethnography as a method.

The research methodology was adapted to include both autoethnography and “research by design” (Roggema, 2016, p. 3) methods. First, the author’s therapeutic and anti-therapeutic spatial experiences were collected as data. Reading Hermann Schmitz’s *New Phenomenology*, his central concept of the felt body, the ‘vital drive’, was applied to determine therapeutic (‘corporeal expansion’) and anti-therapeutic (‘corporeal contraction’) (Schmitz et al., 2011, p. 245-246) nature of experience. Expanding on the traditional autoethnographic method, in addition to written vignettes, data was collected in various modes including physical models, audio and video recordings, photo collages, found items, and more.

Following this, data analysis revealed themes and elements that composed therapeutic spatial affects as perceived by the author, bound into design experiments. Analyses were conducted through narrative and contextual investigations, locating the personal spatial experience in the broader local, social, cultural, and political frameworks. It was an important step where autobiography became autoethnography; it explained and critiqued the conceptual frameworks of the author’s experience. The generated insights became the basis of a series of therapeutic spatial design interventions. This methodology resulted in the design process and architectural outcomes being taken beyond their

inherent autobiographical nature and towards a close understanding of design's situated context.

The thesis is a proof-of-concept of employing a qualitative research method – autoethnography – within the discipline of architecture, where the method was previously unattempted. Using the objective of understanding therapeutic architecture and its affects to demonstrate the new, innovative methodology, it argues the need to reconsider the relationship between architectural design practice and therapeutic affects. Autoethnography in architecture compels the architect/researcher/author to acknowledge and investigate the architect-self earnestly, and subsequently, the architectural design process could become a lens to understand and critique its social and cultural context and produce design outcomes accordingly.

Keywords

research, qualitative; autoethnography; process, design; architecture, therapeutic; affect

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Declaration

This thesis includes published contents from the research conducted while I was enrolled in MArch(Prof).

I have contributed the majority of the content in the publication and is the “primary author”, i.e., the author primarily responsible for the planning, execution and preparation of the work for publication.

The publication reports on original research conducted by me during my enrolment.

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I couldn't have done any of this without you all.

For my beloved nana
사랑하는 나의 할머니에게

김점식 (1929 - 2019)

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Chapter One

Introduction

Architects interested in affect have been exploring 'affective architecture' often using phenomenology as an intellectual framework. This approach was encouraged by architecturally relevant themes embedded in the writings of many philosophers of phenomenology, such as Bachelard, Heidegger, Merleau-Ponty and Otto Bollnow. More recently, the atmosphere of the building has become a critical topic in the phenomenology of architecture (Böhme, 1993; Griffero, 2014; Pallasmaa, 2016; Pérez Gómez, 2016; Zumthor, 1998). A more recent definition by Janson and Tigges (2014, p. 26) explains atmosphere as "the expressive force through which a situation that has been engendered by architecture seizes us in affective terms all at once and as a totality." However, this definition stops short of explaining how, or why we are seized by "the expressive force" of architecture. Moreover, as we know from our personal experiences, "the expressive force" is not possessed by all architecture, but only by particular architecture and perhaps only under certain circumstances.

Interestingly, therapeutic or healing architecture is where the phenomena of the atmosphere have been considerably explored and debated – surveying the instrumental role of architecture to provide ‘therapy’. The field is also seeing a marked increase in attempts at more objective studies to uncover ‘evidence’ of the physical characteristics of ‘therapeutic’ space. Understandably, as the investigation of architecture moves into the domain of ‘therapy’ or human health, being able to assess and analyse the architectural outcome in terms of medical language and standards may seem desirable. However, the attempts to empiricise ‘therapeutic affect/effect’ severely limits the understanding of architecture that can be achieved, especially considering architecture’s intangible qualities are not easily measurable or explainable through language. Again, how do we explain and understand how and why of the intangible, expressive force of architecture that can positively affects one’s health and wellbeing?

This question is the point of departure for this research.

This chapter considers relevant concepts and frameworks, identifies a research gap, sets a refined scope to establish research questions and aims.

Figure 1-2.

Is it therapeutic space? The bay windows from the past home (own photo).

On affect

The study of affect and emotions has risen to prominence in past decades amongst many different fields: from political science to anthropology, from media studies to feminist theory, from human geography to literature studies, and from neuroscience to psychiatry, which Patricia Clough has defined as “the affective turn” (Clough, 2008, p. 1). The entire breadth of the literature on affect and emotions cannot be examined sufficiently within the scope of this thesis; instead, key affect theories and ideas are succinctly considered in this chapter.

Silvan Tomkins and Paul Ekman are often cited for their dominant paradigm in the field of emotions and affect theory with nine structured, evolved categories of prime affects. Their paradigm interprets affects as non-intentional, bodily reactions; it separates our emotions and our knowledge of what caused/maintained them (Leys, 2011). According to Tomkins (1962, p. 248), there is “radical dichotomy between the ‘real’ causes of affect and the individual’s own interpretation of these causes.” Tomkins and Ekman’s approach suggests that affects are blind to objects in the world or situations that trigger them, as they have no inherent knowledge of or relation to their triggering source (Leys, 2011). Such a view goes concurrently with a return to ‘hard’ science and commitment to understanding the affects in biological terms, in relationships with theories of neuroscience, evolutionary physiology, genetics, mathematics, quantum physics and more (Lara et al., 2017; Leys, 2011).

On the other hand, Massumi (1995) is credited with making a distinction between affect and emotion: affect as a non-signifying, non-conscious “intensity” (p. 88) disconnected from the subjective, signifying emotions. In agreement with Massumi, Shouse (2005) affirms that affect is not a feeling nor emotion (the projection or display of feeling): “Feelings are personal and biographical, emotions are social, and affects are pre-personal.” Moreover, Thrift (2004, p. 62) defines affect as “the property of the active outcome of an encounter, takes the form of an increase or decrease in the ability of the body and alike to act” and is “a sense of push in the world.” Thrift connotes the scale beyond personal when discussing affect as “something that is pushing, pulling or lifting us to feel, think, or act” (Kraftl & Adey, 2008, p. 215).

On the surface, Tomkins’ structured categories of affects and Massumi’s formless, unstructured, non-signifying affects or “intensity” seem incompatible. However, critics of both theories find the separation of affects and emotions/feelings (and their causes) problematic and argue otherwise. Leys (2011) remarks that Massumi’s Spinozist-Deleuzean definition of affect as a non-linguistic, bodily “intensity” led to an approach to the basic emotions that follows the Tomkins-Ekman paradigm strikingly close. Both approaches result in threats to reduce emotion to a solely cognitive function, which is too reductive for subjects in the humanities and social sciences (Lara et al., 2017; Leys, 2011).

at the church

at the zoo

at the retail store

on the bus

You go to a place together with someone; on the same day, at the same time. Then, for whatever reason, you end up having such different experience from the person next to you.

These are some places that I go together with my boyfriend. In some, we have very similar, almost identical, experiences; In others, we come out at the opposite ends of the spectrum.

Furthermore, their keen use of neuroscientific approaches to the emotions demonstrates the anti-intentionalism or the loss of subjective intent (Leys, 2011), which critics point out as another problem. Lara et al. (2017, p. 33) argue that this attitude could re-enact the Cartesian binary where subjectivity is considered as “a messy ‘feminized’ space of experience and emotion” and affect becomes “the ‘masculine’ space of the ontological objective real that much of feminist thought has tried to dismantle.” It undermines the idea of subjective action and encourages deemphasising of experience (Lara et al., 2017; Leys, 2011).

These criticisms of currently dominant theories of affect appear important to heed, especially when considering therapeutic spatial affects. The sensorial quality of a space is a particular way one perceives a space. While it refers to some physical states (stimulated tactile or olfactory senses), it can also refer to some mental states (calming or stressful emotions). One perceives a space “in virtue of having those states” (Clark, 1996, p. 2). Inherently, its perception is conditional to various internal states of the subject.

Similarly, affect in architecture can be understood as one’s subjective reaction to the environment, more or less. It seems improbable to reject or undermine subjectivity in deciding if the affect of architecture is therapeutic or not – especially when one’s health and wellbeing is understood at the personal, subjective dimension (i.e. What I consider to be healthy for myself and good for my wellbeing is different from what you consider to be healthy for you and good for your wellbeing).

Therefore, the process of delaminating which sensorial qualities or affects contribute to the composition of therapeutic architecture can heavily rely on one’s subjective perception of a space. In this sense, critical theorists seem to offer a more useful understanding of affect. Sara Ahmed (2010, p. 29) offers an explanation that affect is “sticky”, which sustains the connection between “ideas, values and objects.” Ahmed’s consideration of happiness in her essay, *Happy Objects*, provides an interesting and insightful perspective into a possible theorisation of therapeutic affect. In the Ahmed’s quote below, the word ‘happiness’/ ‘be happy’ is substituted with ‘therapy’/ ‘feel therapeutic’ (Ahmed, 2010, p. 29):

[...] I want to consider therapy
as a happening,

as involving **affect**
(to *feel therapeutic* is to be
affected by something),

intentionality
(to *feel therapeutic* is to *feel*
therapeutic about something),

and **evaluation or judgment**
(to *feel therapeutic* about
something makes something
good).

In particular, I will explore
how *therapy* functions as
a promise that directs us
toward certain objects, which
then circulate as social goods.

Such objects accumulate
positive affective value as
they are passed around.

Ahmed's critical studies' approach to affect – the inclusion of ideas and values or social goods – aligns closely with the understanding of health and wellbeing. While the perception of health and wellbeing can be subjective and personal, the powerful, most consistent and reproducible determinants of measurable outcomes of health are social – including cultural and socioeconomic – factors (Braveman & Gottlieb, 2014).¹ Hence, for spatial affect to be 'therapeutic' and positively affect both one's perceptions and health and wellbeing outcomes, it needs to be multifaceted. Therapeutic spatial affect can be understood as personal, individualised phenomenon, and at the same time, socially/culturally construed.

¹ The World Health Organization's Commission on *Social Determinants of Health* (2008, p. 26) has defined social determinants of health as "the conditions in which people are born, grow, live, work and age" and "the fundamental drivers of these conditions." It include factors such as health-related features of neighbourhoods and built environments (e.g., walkability, recreational areas, and house conditions), which can influence health-related behaviours (Braveman & Gottlieb, 2014).

On the architecture of therapy

There are currently two major theory and research method frameworks that are most commonly used for considering and designing therapeutic architecture and its affect (or effect): the phenomenological practice of architecture and evidence-based design of positivism. In light of the conclusion that therapeutic spatial affect can be understood as personal, individualised phenomenon – yet socially/culturally construed, these existing approaches are critically examined and evaluated to identify a knowledge gap in the way we understand and practice the design of therapeutic spaces.

Evidence-based design

Since the seminal work of Ulrich (1984), where he argued for a direct link between the quality of a patient's view through windows and post-operative patient outcome indicators, research in architecture's ability to influence therapy and healing has increased rapidly. In this context, evidence-based design research has gained popularity in recent years. Evidence-based design is derived from the framework of 'evidence-based medicine' or 'evidence-based practice', which originated from the healthcare disciplines. Evidence-based design looks at issues in healthcare facility planning and the relationship between the design of the physical environment and outcomes in health (Hamilton, 2003; Ulrich et al., 2008, p. 62). With a positivist approach, it relies primarily on quantifiable data and building performance, post-occupancy evaluations and measurable physical health outcomes; hence, it is unable to account for intangible, affective potentials in architecture.

Evidence-based design is based on the much longer tradition of 'evidence-based medicine' or 'evidence-based practice' of healthcare professions, which can be dated back to as early as the 1970s. The formalised approach developed in the early 1990s and it aimed to shift away from "intuition, unsystematic clinical experience, and pathophysiologic rationale" and towards more "scientific" practice decision-making by examining the evidence (Guyatt, 1992). Since then, Sackett, Rosenberg, Gray, Haynes, and Richardson (1996) further expanded the evidence-based practice model in clinical decision-making as a combination of research evidence, clinical expertise and patient preference. The triad model of evidence-based practice was advanced even further by Satterfield et al. (2009) to a comprehensive transdisciplinary practice model that included a broader environmental and organisational context, as a fourth element (see Figure 1-2).

Figure 1-3.

Transdisciplinary Model of Evidence-based Practice. Adapted from "Toward a transdisciplinary model of evidence-based practice," by J. M. Satterfield et al., 2009, *Millbank Quarterly*, 87(2), p. 382. Copyright 2009 by Wiley Periodicals Inc. CC BY 4.0.

Amidst the continued developments of its framework, evidence-based practice was quickly and widely accepted in medicine, nursing and allied health disciplines. It has been holding a prominent position in the healthcare professional practices and their strategic plans ever since. For example, various nursing organisations around the world support evidence-based practice as a core competency in nursing practice and a primary strategy for the development of policy and education (Jutel, 2008).

Interestingly, while the history of an evidence-based approach in the spatial design disciplines is short, similar developments in professional practice are already well established. The Design & Health Research Consortium was founded by The American Institute of Architects and Association of Collegiate Schools of Architecture in 2015. The consortium set out to develop evidence-based tools as one of three core competencies for its members (The American Institute of Architects, 2015). The Centre for Health Design, celebrating its twenty-fifth anniversary in 2019, provides Evidence-based Design and Accreditation and Certification program, which launched in 2008. The program's mission is to "develop a community of certified professionals through education and assessment of an evidence-based design process" (The Center for Health Design, 2019), and its vision is "a world where all healthcare environments are created using an evidence-based design process" (The Center for Health Design, 2019). In addition to producing design professionals with an evidence-based design certification, the industry is also relentlessly working towards generating evidence-based design guidelines; to implement proven design approach and decision-making in anticipation of constructing the consistent outcomes or performances in architectural practice (van Hoof, Rutten, Struck, Huisman, & Kort, 2015).

However, there is a missed opportunity for the spatial design disciplines amid incredibly rapid adoption of this borrowed framework. Currently, discourses on the limitation or reflexive criticism of evidence-based design are primarily occupied with the relatively low uptake in the practice setting, opposed to the research that is becoming abundant in number (Alfonsi, Capolongo, & Buffoli, 2014; O'Brien, 2019). Therefore, the focus is on addressing 'common myths and misconception' of evidence-based design to set the facts straight and encourage more active utilisation of evidence-based design in practice (Brandt, 2010; Verderber, Jiang, Hughes, & Xiao, 2014). Nevertheless, the most significant issues in the current evidence-based design approach are not based on misconceptions.

As discussed earlier, the evidence-based practice framework in healthcare disciplines has been developing over the past five decades, continuously evolving to suit each profession in healthcare disciplines, and the change continues even today. While becoming widely accepted across the board, the discussion on its limitation and criticism also has been active and rigorous. Particularly since the cultural turn resulting in an analytical shift in academia, the evidence-based practice framework has been facing a steep increase in criticism against its tendency to be overly reductionist in approach, and its inability to contextualise at the individual or social level (Jutel, 2008). The cultural turn introduced "a pathway to a clearer understanding of The Big Picture" (Jutel, 2008, p. 418). The new framework proposed by Satterfield et al. (2009) (Figure 1-2) reflects this shift in the context and demonstrates an acceptance that looking at evidence alone will not lead to the best decisions nor treat the patient.

Unfortunately, the same degree of reflexive and critical discourse on its episteme is hardly found in the currently available literature on evidence-based design. While evidence-based design successfully encourages designers to embrace the research, evidence-based design knowledge produced through current research remains fragmented and unreliable; studies are often based on non-representative, small samples, and do not clearly define stimulus variables (Ghamari & Amor, 2016; Tofle, Schwarz, Yoon, & Max-Royale, 2003). Psychosomatic surveys are commonly developed and used, but often not tested for their reliability and validity. Consequently, this leads to conclusions that are not sufficiently substantiated or too generalised to add value in the specific practice context. These problems, while more exacerbated in evidence-based design, have indeed been persisting in evidence-based practice in the healthcare disciplines; as the spatial design disciplines adopted the evidence-based design framework, they merely brought the problems along with the anticipated benefits.

Furthermore, Rogers (2004) highlights how the evidence-based medicine diverts our attention away from social and cultural factors that influence health, while still privileging outdated biomedical, individualistic models of health. In the process, vulnerable groups – including those disadvantaged by poverty, ethnicity, age, gender, disability, and mental health – are left disenfranchised due to the lack of research that is relevant to them.

“[...] we still need to ask whether EBM [evidence-based medicine] is intrinsically inimical to the interests of disadvantaged groups, or whether it is just that its potential is not being realised. This is a difficult question.

[...] It is possible that EBM could serve the interests of the disadvantaged, but this will only happen with a commitment to justice in health care at the highest possible levels, funded accordingly.”

(Rogers, 2004, p. 145)

The same critique and reflection should apply to the spatial design disciplines trying to adopt evidence-based design. Moreover, discipline-specific questions evaluating the evidence-based design framework should also be seriously considered. Should evidence-based design replace the ‘traditional’ architectural design process, where architects use their “analytical, historical, humanistic and formal approaches based on precedent and professional experience” (Adams, Theodore, Goldenberg, McLaren, & McKeever, 2010, p. 666)? Should the architects’ role be designing a ‘therapeutic’ space that leads to improved health outcomes measurable by the biomedical model of health? Other useful questions to ask are logical extremes: at which point should an evidence-based design intervention become a human ethics problem, as it becomes an imposed treatment without consent due to its impact on health outcomes? By merely taking the logical extreme as the theoretical ideal, the overreliance on evidence-based design immediately comes into questions.

Finding architecture for therapeutic affect

Blindly adopting a single tool of other disciplines as a dominant approach to how spatial design disciplines conduct the practice will inevitably leave a glaring gap in its epistemological framework. For healthcare disciplines, the evidence-based practice is merely a formalised approach to keep their practice in touch with up-to-date information from research. It is only one of many tools available to the practitioners of healthcare disciplines to achieve their primary objective; to provide healthcare. Architecture has had also kept its practice in touch with the evolving knowledge long before the term evidence-based design was first coined (this statement is further illustrated in the Context Chapter). However, the intense focus on evidence-based design of late has left a gap in the domain of therapeutic architecture. There is an unmet need to consider broad and diverse perspectives on the role of spatial design on health and wellbeing (Adams et al., 2010). Moreover, there is a need for means to fully engage affective potential of the architectural practice in the process of understanding and creating therapeutic affect of space.

What does a new design research process that allows considerations for both personal and social could look like? This thesis proposes autoethnography as a method. Autoethnography starts with reflecting on the researcher's personal experience, then connecting it to the broader conceptual frameworks. It is a research method that has a close relation to how a typical architect makes architectural design decisions. Architects intuitively employ the first part of autoethnography – recounting their spatial knowledge and experience – to make architectural design decisions (Van Schaik, 2008). The examples can be seen from world-renowned architects (Pallasmaa, 2005; Zumthor, 1998) to students of architecture; architecture as autobiography is not a new concept, and arguably, all architecture is autobiographical. Hence, autoethnography as a research method becomes a tool for architects using the intuitive, autobiographical architectural design decision-making process to engage in academic dialogues and pushes the process further to become a lens to understand and critique the conceptual frameworks it is a part of.

Figure 1-4.

Why is it a therapeutic space for me? The “Iglesia de la Medalla Milagrosa,” or Our Lady of the Miraculous Medal Church, designed by Felix Candala; completed in 1955.

© Lola Alvarez Bravo, 1954.

On the affect and architecture of therapy

Upon the evaluation of the current major approaches for therapeutic architecture, the need for more subjective understanding of affect and reflexive practice of architecture is indicated. However, this need cannot be addressed adequately by current approaches, especially when we consider therapeutic affect as a personal construct and socially determined. Therefore, to address an ostensibly blurry relationship between the personal and social aspects of therapeutic spatial affect, the research that investigates an alternative methodology seems timely and necessary.

The question posed by this thesis is not of ‘What’, but ‘How’ and ‘Why’ – the research method is *Autoethnography*, a novel research method within the spatial design disciplines.

Research question

How and why does one perceive a space as therapeutic?

Research aim

To explore a new method to investigate and understand the therapeutic affect of a space.

Research objectives

Data will be collected from the personal experience of the researcher herself using a new methodology (New Phenomenology and Autoethnography).

Data will be analysed to reveal underlying themes of therapeutic spatial affect.

Data will be synthesised to derive architectural design concepts for therapeutic spatial affect.

A 'proof-of-case' precedent of autoethnographic architecture research will be established.

Contributions

Autoethnography is previously untested research method within the discipline of architecture. Without a notable or working precedent of such research currently available,² the foremost contribution of this thesis is gained from pioneering autoethnography as a research method for the study of affect in architecture. From the understanding of the method and its application within the discipline to evaluating the spatial design responses, this thesis contributes by introducing a new methodology to the architecture discipline and demonstrating its adaptation and development of the process as a proof-of-concept research project.

The primary output of the research is an architectural vocabulary of therapeutic spatial affect and the knowledge of relevant themes on the architecture of therapy. Secondly, the conceptual architectural design interventions that can be perceived as therapeutic by the researcher herself is proposed and critically evaluated. Furthermore, by observing if the therapeutic spatial interventions informed by autoethnographic research process can resonate with other bodies, future research directions are indicated.

² However, the researcher is aware of two PhD theses in progress within the discipline of architecture that includes autoethnography; one of which the researcher was consulted on the use of autoethnography in architecture research. While the subject matters are unrelated and applications of the method are significantly different, we may be at the beginning of a rise in autoethnography within spatial studies as previously seen in social and cultural studies.

Thesis structure

In this chapter, the underlying theories and concepts of therapeutic spatial affect are explored, and the gap in the current literature is considered. Given that this research is implementing a previously untested methodology in architectural research, the emphasis is on justifying a strong case for such an exploratory approach. The rest of the thesis is structured as follows:

Chapter 2 – Methodology

This chapter will discuss the methodology of the research project comprehensively, considering the exploratory nature of employing previously untested research method within the architecture discipline.

Chapter 3 – Context

This chapter will investigate case studies in therapeutic architecture and the critical context of health and wellbeing. The need and role of potential ‘therapeutic’ architecture will be discussed with the focus on the Aotearoa New Zealand context.

Chapter 4 – Collected data

This chapter will present collected autoethnographic data. Data is collected in various modes, including written vignettes, physical and digital models, photographs, video and sound recordings, and found objects.

Chapter 5 – Analysis

This chapter approaches data with various analyses to reveal spatial themes that constitute the researcher's therapeutic spatial experience. It will also examine the particular needs for therapeutic space to inform the design response.

Chapter 6 – Design responses

This chapter presents four design concepts for spatial interventions, which resulted from letting therapeutic spatial experience respond to the brief derived from the analysis chapter. Four concepts for interventions are of distinct scales, and each concept addresses one or two major themes revealed in the analysis.

Chapter 7 – Discussion and conclusion

This chapter reflects on the research process and discusses key findings. Critical evaluation of the design process and outcomes will be considered in regard to therapeutic spatial experience and its context.

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Chapter Two

Methodology

This chapter describes the methodology of the thesis, which explores a new approach to therapeutic spatial affect within the discipline of architecture. The previous section underlined the limitations in current, dominant approaches to therapeutic architecture and its research. The lack of discourse on the philosophical and theoretical position and considerations for social and cultural implications highlight the gap in existing knowledge. Against this context, this section explicates the basic components that are integral to the research.

This research is situated between subjectivism and postmodernist constructivism paradigm; the reality of therapeutic architecture is subject to one's perception where one may see and experience the architecture differently from one another, in which the particular underlying socio-historical conditions can be analysed and interpreted. This section will discuss the theoretical framework based on the New Phenomenology and Autoethnography as a new research method for architecture. Then, it outlines the research strategy of this thesis: autoethnographic data collection, qualitative data analysis and synthesis of a series of spatial design interventions.

Die menschliche Seele ist kein von der Welt abgeschlossener Container.

The human soul is not
a container closed off
from the world.

New Phenomenology

Taking a new phenomenological approach – *die neue Phänomenologie*, founded by Hermann Schmitz (see Figure 2-1) – the felt body [*Leib*], and the personal situation [*personale Situation*] (Schmitz, Müllan, & Slaby, 2011, p. 242 & 253) are key components of the theoretical framework for this thesis.

Figure 2-1.

Professor Emeritus Hermann Schmitz - photo by
Isadora Tast. (2017). CC BY 4.0.

Professor Emeritus Hermann Schmitz is a living (born in 1928) German philosopher (see Figure 2-2) of Kiel University and the founder of New Phenomenology. He is yet to achieve a broad recognition in international academia. The limited international prominence of Schmitz and his New Phenomenology can be attributed partially to an insufficient number of English publications. There is only a handful of publications in English by Schmitz or secondary publications discussing his work, and the first English translation of the introduction to his work was only just published in October 2019 (Schmitz, 2019). However, he certainly has been an inspirational figure to several German philosophers including Gernot Böhme.¹ Schmitz also has a group of keen, active followers that established the Society for New Phenomenology [*Stiftung Neue Phänomenologie*] with regular symposiums and dissemination of the idea. Notably, his philosophy has often appealed to academics from disciplines other than philosophy such as sociology, cultural studies and the arts, as well as practitioners from musicology, psychiatry, medicine, economics, law, architecture and urban planning (Schmitz et al., 2011).

Schmitz' oeuvre is *System der Philosophie* [System of Philosophy] – 5,163-pages long divided into ten volumes – published between 1964 and 1980 in German. Schmitz' central claim is that a consequential historical process resulted in the contemporary view of the human subject, which he sharply criticises as a psychologistic - reductionist - introjectionist “objectification of lived experience” (Schmitz, 2002; Schmitz et al., p. 241) (see Table 2.1) and “‘grinding down’ of the world of lived experience to a meagre, value-neutral ‘objective reality’”² (Schmitz et al., p. 241). Schmitz argues that this intellectualist trend, stemming from as early as ancient Western philosophers such as Democritus and

1 Gernot Böhme is a more familiar philosopher within academic architecture. He authored a number of books on architectural atmosphere and aesthetics and collaborated with other familiar figures in architecture such as Tonino Griffero, Juhani Pallasmaa and Olafur Eliasson.

2 Schmitz' quote on aspects of life experience that have been overlooked or repressed by old phenomenology:

[...] the felt body – which would seem to have fallen through in between the (material) body and the soul – and embodied communication (in exchanging glances and several other occasions in daily life), emotions as atmospheres, significant situations and, amongst them, rich impressions, the surfaceless spaces (passed over by Greek Geometry) of weather, sound, posture, felt impulses, emotion etc.; also half-things: voice, wind, an overpowering sense of gravity, pain as an imposing opponent and not merely as a state of the soul, emotions as half-things moving the body (Schmitz, 2019, p. 53-54).

Table 2-1. Schmitz criticises three main elements of the leading philosophers (since Democritus) and their paradigm (Schmitz, 2002).

Psychologism	Everything a person experiences is moved to a closed private inner world (e.g., the soul) that is directed by some central power (e.g., reason, free will); consequently, in order to become aware of an object belonging to the outer world, there must exist a representative in the inner world.
Reductionism	The empirical outer world (i.e., the empirical world minus all inner worlds) is reduced to a small number of types of features suitable for statistical and experimental treatment (the so-called primary sensory qualities- even today the only data that physics draws from experience).
Introjection	What is leftover from the reduction process is deposited in the inner worlds.

Plato, leads to juxtapositions or dualism in humans (body and soul) and the world (an inner and outer world): the soul as a secluded inner world containing one's mind and personal experience that is detached from the outer world (Gugutzer, 2019). Schmitz points to Husserl's transcendental idealism for such dichotomies being intensified and resulting in a too high level of abstraction in phenomenology (Gugutzer, 2019). He criticises the traditional phenomenology for "losing sight of essential contents of one's involuntary experience of life" (Gugutzer, 2019) and breaks away from the traditional phenomenology and its core assumptions. Schmitz rejects the universality of phenomenological description (Schmitz et al., 2011).

This rejection of the tradition of 'old' phenomenology is the most apposite principle of New Phenomenology for architectural autoethnographic research. Also, Schmitz offers alternatives to the issues present in the current approaches to therapeutic architecture, as discussed in the previous section. Hence, New Phenomenology is adopted as the epistemological framework of this thesis that supports the choice of the autoethnographic design research method.

Figure 2-2.

Professor Emeritus Hermann Schmitz at his 90th birthday event held at the Kiel University, Germany [Online image]. (2018). CC BY 4.0.

Figure 2-3.
Diagrammatic abstraction of the felt body
framework used in the thesis.

The felt body and the personal situation

New Phenomenology is an approach to regain a sensibility for “the nuanced realities of lived experience” (Schmitz et al., 2011, p. 241), and Schmitz proposes the goal of New Phenomenology as to rediscover aspects of human life experience that have been previously neglected or dismissed by the old phenomenology that favoured high-level abstractions. Schmitz (2019, p. 41) further states that New Phenomenology aims:

[...] to make their actual lives comprehensible to humans, that is, to make accessible again spontaneous life experience in continuous contemplation after having cleared away artificial ideas prefigured in history. Spontaneous life experience is anything that happens to humans in a felt manner, without their having intentionally constructed it.

Here, ‘spontaneous life experiences’ refer to embodied experiences: phenomena such as hunger, joy, pain, pride, and lust, which one perceives ‘spontaneously’ or involuntarily and cannot be accessed arbitrarily (Gugutzer, 2019). These are experiences that affect the person concerned – the felt body, and it also applies to the context of experiencing ‘therapeutic spatial affect’ as discussed later. These experiences thoroughly grip the felt body, and New Phenomenology attempts to explore the richness of such human life experiences.

Hence, the felt body – *Leib*³, and its constitutive involvement in

3 The German language has two words that translate to “body” in English: *Körper* and *Leib*. *Körper* denotes body as in muscles, organs, bones etc. that makes up a human (or an animal). *Leib* is less colloquial and used more in religious or metaphysical context (i.e. *Der Leib Jesu Christi*).

Phenomenologists also made distinctions; Husserl and, later, Merleau-Ponty, identified *Körper* as the body-object, while *Leib* as the lived-living body. Schmitz also makes a clear distinction and further clarifies *Leib* in New Phenomenology: *Leib* is the starting point and reference point of our entire perception, our experience and feeling, all the movements we can feel around it. *Leib* transcends the limits of the biological body.

Schmitz gives an example of the comfortable body in the warm bathtub. The body, *Leib*, does not end with the skin, but rather blurs into the water. This is discussed further in the interview of Hermann Schmitz from *Philosophie Magazin*, issue No. 2/2017.

There are variations in English translation of *Leib* in New Phenomenology. In this thesis, “felt body” is used to indicate *Leib*.

human experience – is at the centre of Schmitz’ philosophy. The felt body is most well-defined by Schmitz’ own words:

The *felt body [Leib]* that is neither body nor soul, but an entity which is spatially extended in a way similar to sound (it is indivisible and pre-dimensional, yet differentiated in moving masses of diffuse “islands”); it features a specific dynamic structure that is built around the *vital drive* which itself consists of *narrowing* and *expanding* (Schmitz, 2002, p. 492).

Much rather, the felt body is a *feeling body*—its mode of existence cannot be separated from its becoming manifest to the conscious subject in specific kinds of corporeal feeling. These corporeal feelings are crucially distinct from what usually gets described under the term ‘bodily sensations’ (in psychology or the analytical philosophy of mind): the feeling body becomes manifest in holistic corporeal stirrings such as vigour and languidness, in one’s being corporeally gripped by emotions and room-filling atmospheres, and equally in one’s corporeal orientation in the world in contexts of perception, action and spatial navigation. Moreover, the feeling body presents an absolute location of subjective orientation and opens the dimension of a predimensional, surfaceless space (Schmitz et al., 2011, p. 244).

For a more defined characterisation of the felt body, Schmitz refined a category system involving ‘corporeal contraction’ [*Enge*] and ‘corporeal expansion’ [*Weite*] and relevant concepts such as the primitive present, personal emancipation/regression, personal situation, and half-things. These are essential parts of the everyday experience of life; analysing these components of normal experience allows further reflection (Schmitz, 2002). However, it is unmanageable to discuss all components of New Phenomenology thoroughly in relation to the subject matter of this thesis within the given scope. Therefore, this thesis will have a limited application of New Phenomenology and focus on the felt body [*Leib*] and personal situation [*personale Situation*] as a theoretical framework in the

context of identifying and understanding therapeutic spatial affect.

The basic pair of categories – ‘vital drives’ as Schmitz calls them – of the felt body and embodiment are the two poles of corporeal contraction and corporeal expansion (see Figure 2-3), and any perceptible embodied condition ranges in between these two tendencies (Gugutzer, 2019). Each is marked by the change in one’s felt space in the region of one’s body: contraction is characterised by narrowing or tension and expansion by widening or swelling. Some of the examples of vital drives include:

- **corporeal contraction:** trepidation, fright, burning shame, sudden pain, “in states of shock, in panic or moments of great focus and concentration” (Schmitz et al., 2011, p. 245);
- **corporeal expansion:** equanimity, bravery, calming down, before falling asleep, “the experience of beholding of a wide, beautiful landscape, the first breaths outside in fresh air after having been locked inside a cramped and stuffy room, or the pleasant relaxing of the felt body when gently gliding into a hot bathtub” (Schmitz et al., 2011, p. 245);

Finding oneself constantly oscillating with a pulsating rhythm, between the opposite tendencies of corporeal contraction and corporeal expansion is a precondition of having a felt body (Schmitz, 2002). It is also notable that contraction and expansion are often dynamically related – ‘dialogical character’ of the vital drive. For example, consider shame (Schmitz et al., 2011): The corporeal dynamic of feeling shame is a process that initially starts with a corporeal expansion that exposing oneself to the social surrounding populated by (significant) others – dominated by expansion. Then, the state of shame moves into the corporeal contraction that takes oneself away from the merciless gaze of others in a submissive manner – dominated by contraction.

As it is evident in the previous example when a person is corporeally involved in the world, shifting between contracting and expanding, the person is being affected by the surrounding atmospheres as well as others – Schmitz denotes it as ‘corporeal communication’. A person can be dramatically affected by others and sometimes cannot escape it at least for a while. This permeability, or corporeal communication as Schmitz calls it,

allows access to the testimony of others to be possible; in return, our own testimony – the first-person perspective – also bears weight to others. Subsequently, this aspect the felt body of New Phenomenology strongly supports autoethnography as a research method, where the researcher's own testimony of the first-person perspective is thoroughly examined and given equal weight as the experience of study subjects in other phenomenological studies.

Along with the felt body and its vital drives that are sensitive to surrounding surfaceless spaces and room-filling atmospheres, Schmitz builds on the theory of subjectivity and self-consciousness with the personal situation [*personale Situation*]. It refers to a person's personality, but in much more 'holistic' sense than it is typically understood: the personal situation has both internal cohesion and delimitation to the outside (Schmitz, 2019). It reflects person's life story and 'personal character' [*persönlicher Charakter*] as well as one's 'personal embodied disposition' [*leibliche Disposition*] or "the basic embodied-affective predisposition of a person" (Schmitz, 2019, p. 35). Minimally, it consists of 'state-of-affairs' (facts and beliefs), 'programmes' (norms and wishes) and more often than not 'problems' (worries and crises), and a private sphere emerges (Schmitz, 2019; Schmitz et al., 2011). Simultaneously, the personal situation is enclosed in 'shared situations' [*gemeinsame Situationen*] that some are endured a whole lifetime (native language and family or origin) and others can be intentionally entered and left (subculture and sports club) (Schmitz, 2019). Furthermore, Schmitz stresses that the personal situation is not merely a shell of a person, but also "a partner that the person has to consult like an oracle in order to will something" (Schmitz et al., 2011, p. 253).

The concept of the personal situation further distinguishes Schmits from the traditional phenomenology as he redefines a phenomenon: "a phenomenon for someone at a time is a state of affairs of which the person in question cannot in earnest deny that it is a fact" (Schmitz et al., 2011, p. 243). Again, there is no assertion to the universality of a phenomenological description as in the traditional phenomenology, but phenomena are considered relative to conceptual perspectives. This new understanding of phenomena reaffirms autoethnography as a suitable research method for the epistemology of New Phenomenology, since autoethnography connects the personal, first-perspective experience of the researcher with social and cultural conceptual frameworks.

Phenomena are not literally “the things themselves” but rather things as they appear from a particular (historical, cultural, local, etc.) conceptual framework.

In turn, the task of the phenomenologist is to access phenomena in the richness of the perspectives in which they are at any time embedded

— a task that may include the critique of illegitimate, distorting representations, ideas, theories and concepts.

(Schmitz, Müllan & Slaby, 2011, p. 243-244)

Therapeutic spatial affect in New Phenomenology

For this thesis, the felt body and personal situation constitute the theoretical framework for considering a New Phenomenological approach to therapeutic spatial experiences. It becomes clear that therapeutic spatial affect would nudge one's felt body toward corporeal expansion. In other words, if one's felt body moved towards the corporeal expansion pole due to spatial affect, at the broadest sense, it could be said such affect was therapeutic spatial affect. Additionally, when one's felt body is swaying toward corporeal contraction – for example, amid increases in anxiety level or hyperventilation – if spatial affect contributed in reversing corporeal contraction or even halting further move toward the corporeal contraction pole, it could be interpreted as therapeutic affect.

Here, the term 'atmosphere' (and hence, 'architectural atmosphere' that is of interest to this thesis) should be revisited and understood as described by Schmitz: atmospheres are "(as) experienced, not (as) constructed [...] the emotions that have to be regarded as spatially extended powers able to affect the felt body" (Schmitz, 2002, p. 492). According to Schmitz, atmospheres already have spatial qualities (room-filling). Also, atmospheres do not dictate but can be affirmed or rejected. Depending on the personal situation a person is in, the atmosphere only gently affects the person.⁴

⁴ Schmitz gives a simple example of a thief in a church. Although the thief will sense a certain atmosphere of the church, the thief will not have the time or in the mood to paying attention to this atmosphere. Again, atmosphere is not constructed, but corporeally experienced.

While Schmitz has not discussed explicitly on therapeutic spaces or atmospheres in architecture, some insight can be obtained from Schmitz' indication of how a New Phenomenological approach can be practically applied in medicine and psychology (Barinberg & Miller, 2017). Schmitz acknowledges how both disciplines are primarily concerned with the "objective facts" or the physiological basis of clinical pictures – much like the evidence-based design approach and its quantifiable outcome measures. Consequently, attention to the patient's experience is lost:

For example, not all pain is the same. It can stab, pound, pull, press, smoulder and much more. You have to say exactly what you mean when you use a word like pain. In clinical practice, on the other hand, there is a lack of conceptual differentiation and of empathy with the patient's situation [see figure 2-3]. This also narrows the view of therapeutic possibilities (Barinberg & Miller, 2017, p. 75).

As Schmitz points out, without an ardent focus on objective measures or quantifiable categorisations, the perspectives on therapeutic architecture become much broader and allow for rich investigations as well as interventions.

Figure 2-2.
Wong-Baker FACES Pain Rating Scale

©1993 Wong-Baker FACES Foundation. www.WongBakerFACES.org
Used with permission.

It is universally used in the healthcare setting. Its objective categorisation and reductionist approach in assessing patient's level of pain have clear benefits in the clinical setting. However, at the same time, the information it provides from patients are simply not rich and severely limited. It cannot account for differences in individual tolerance nor provide comprehensive description of the characteristics. Hence, any pain assessment in the clinical setting should never end with the simple use of the rating scale but at minimum, be accompanied by a comprehensive history-taking.

Ethnographic I.

I love the playfulness. «**What is the role of the ‘I’ in ethnography?**» you might ask. Is the «**I**» only about the eye of the researcher, the researcher standing apart and looking? What about the «**I**» of the researcher, the part that not only looks but is looked back at, that not only acts but is acted back upon by those in her focus. Is ethnography only about the other? **Isn’t ethnography also relational, about the other and the «I» of the researcher in interaction?** [...] What can be gained from making the «**I**» a part, or even a focus, of ethnographic research?

(Ellis, 2004, p. IXX)

Autoethnography as a research method in the discipline of architecture

Autoethnography is a research method that seeks to describe and examine the researcher's personal experience in order to understand cultural experience. A researcher uses precepts of autobiography and ethnography to conduct and write autoethnography. The researcher integrates the "I" into research and writing; however, analyses "self" as if studying an "other" (Ellis, 2004; Goodall, 2000).

Furthermore, autoethnography provides a structure for applying the New Phenomenological approach, as discussed previously:

1. Through recounting the researcher's own experience of the felt body (auto-)
2. Examining the personal situation where the researcher is "connecting the personal to the cultural" (Ellis & Bochner, 2000, p. 739) (-ethnography).

This is an approach that challenges canonical ways of doing research and advocate research as a political, socially-just and socially-conscious act (Adams & Holman Jones, 2008). "Thus, as a method, autoethnography is both process and product" (Ellis, Adams, & Bochner, 2011).

A variety of labels and scopes have been used to refer to autoethnographic applications in social science research, and there is a spectrum of scholars debating on what autoethnography should consist of (Chang, 2008). Anderson (2006) advocates for analytical, theoretical and objective approach, Ellis and Bochner (2006) for subjective, evocative and emotionally engaging, and Best (2006) for a balanced approach in between. However, autoethnography is an un- or underutilised research method in architecture research, and at this point, it is not feasible to conclude what is the most appropriate approach or if it needs an entirely new approach for the spatial design discipline. Nonetheless, it certainly offers an opportunity to evaluate and expand existing approaches to both autoethnography and architecture research and practice.

Our subjective understanding of the spatial experience and its affect is the critical aspect that informs the practice of an architectural designer, especially for those that aims to design a space that affects. In such design process, the designer largely relies on their own experience and constantly reassesses it to inform the design decisions they make. There is an inevitable overlap of core processes in a typical architectural design process and autoethnography, which could yield a novel, yet familiar, research and design process within the discipline of architecture.

The Architect-self

The architect-self is inevitably expressed in the design process and architectural outcome; often, in more nuanced ways than is admitted. Whether it is a world-renowned architect (Pallasmaa, 2005, p. 73; Souto De Moura, 2019; Zumthor, 1998, pp. 9-10) or a student of architecture, designers intuitively draw on personal spatial experience and knowledge in their design decisions (Van Schaik, 2008). In other words, architects intuitively employ the first part of autoethnography – recounting their spatial knowledge (auto-); architecture as autobiography is not a new concept, and arguably, all architecture is autobiographical. Hence, autoethnography as a research method becomes a tool for architects using the intuitive, autobiographical architectural design decision-making process to engage in academic dialogues and pushes the process further to become a lens to understand and critique the conceptual frameworks it is a part of (-ethnography).

Moreover, engaging audiences and provoking their responses are essential to autoethnography (Ellis & Bochner, 2006). This communicative goal of autoethnography also overlaps with key processes of architectural design and research. Exhibitions and presentations of the design process and outcomes are integral parts to practitioners and scholars of architecture, and it also aims to engage clients, audience and public. The notable overlap in goals and processes provides another reason to seriously consider autoethnography within the architectural research and allows the increased chance of successful application of the new method.

Some writers spend their whole lives writing the same book. As with most quotes, that is not completely true, yet I generally agree with it; there are also those who say that all books are autobiographical.

Regarding ‘my’ first houses, I agree with both of these statements. 14 years after my first houses, I keep drawing iterations of it, over and over, as an obsession. Though they’re always the same (to resist being defined by their location). We always draw the same house, for the same person — under various pseudonyms — , as if the idea were set in stone, like Aldo Rossi says: ‘without ever letting myself be distracted by useless people or things, in the belief that progress in art and science depends on such continuity and constancy, which are the only means of achieving renewal’.

1/3/89

Souto de Moura: Memory, Projects, Works. (2019).

Figure 2-1.

Souto De Moura's journal entry from 1/3/89, from the exhibition at Centro Português de Arquitectura, Porto, Portugal (own photo).

The timeless task of architecture is to create embodied and lived existential metaphors that concretise and structure our being in the world.

[...]

In its way of representing and structuring action and power, societal and cultural order, interaction and separation, identity and memory, architecture is engaged with fundamental existential questions. All experience implies the acts of recollecting, remembering and comparing.

[...]

Architecture is the art of reconciliation between ourselves and the world, and this mediation takes place through the senses.

(Pallasmaa, 2005, p. 71-72).

Pallasmaa, J. (2005). *The eyes of the skin. Architecture and the Senses*. West Sussex, UK: John Wiley & Sons Ltd.

[...]

I frequently find myself sinking into old, half-forgotten memories, and then I try to recollect what the remembered architectural situation was really like, what it had meant to me at the time, and I try to think how it could help me now to revive that vibrant atmosphere pervaded by the simple presence of things, in which everything had its own specific place and form.

(Zumthor, 1998, p. 10)

Zumthor, P. (1998). *Thinking architecture*. Switzerland: Lars Muller Publishers.

Doing autoethnography

The focus of autoethnographic writing and process is on ensuring the content reflects the workings of the self and is expressed physically, emotionally, and cognitively. It should feature “concrete action, emotion, embodiment, spirituality, and introspection, which appear as relational and institutional stories influenced by history, social structure, and culture” (Ellingson & Ellis, 2008, pp. 448-449). Adams, Ellis, and Holman Jones (2017) summarised the purposes and reasons to practice autoethnography and focus on personal experience into four key points:

1. Autoethnographers speak against or provide alternatives to dominant, taken-for-granted, and harmful cultural scripts, stories, and stereotypes.
2. Autoethnographers articulate insider knowledge of cultural experience; they can inform readers about aspects of cultural life that other researchers may not be able to know.
3. Autoethnographers also describe moments of everyday experience that cannot be captured through more traditional research methods.
4. Autoethnographers create texts that are accessible to larger audiences, primarily audiences outside of academic settings.

These arguments again suggest that autoethnography allows practical application of a New Phenomenological approach, and relates well to the practice and research of spatial designers. Furthermore, the variety of ways autoethnography can be conducted supports more seamless integration with the existing architectural research and practice.

While written vignettes are commonly used to convey the experience of the researcher for autoethnographic research, many autoethnographers have adopted various modes of data collection beyond short vignettes, such as poetry, fictions (based on real-life events), social science prose, personal essays, journals, fragmented and layered writing, and screenplays. To help with writing, the researcher often also engage in interviewing others as well as examining journals, photographs, and video recordings too. Also, the modes of data collection go beyond traditional methods of written words; autoethnography promotes narrative and poetic forms, display of artefacts, photographs, drawings and live performances (Ellis, 2004). Hence, the visually dominant processes of architectural research and practice can easily be adapted to doing autoethnography.

Figure 2-3.

My Bed, Tracey Emin, 1998, Photo: © Tate, London
[2019]

Tracey Emin was nominated for the Turner Prize in 1999 for her work My Bed (1998). She is well known for autobiographical and confessional artwork, and she provides an important precedent for interesting and provocative ways to communicate autobiographical information in visual format.

Figure 2-4.

The restless image: a discrepancy between the felt position and the seen position, Rose Finn-Kelcey, 1975, Photo: © Estate of Rose Finn-Kelcey [2019]

Finn-Kelcey poses a question very relevant to the thesis. The Restless Image (1975) is a replica of the photo Finn-Kelcey found of her mother. The replicated photograph highlights a gap between the visual representation and the actual situation, which becomes clear only when the artist's own personal context is known to a viewer.

Figure 2-5.

Photographs and Narrative Text as a Visual
Autoethnography: Little League Wunderkammer photograph
/ Scouting Wunderkammer photograph / Space-Age
Wunderkammer photograph, Dr Terry Ownby, 2013, Photo:
© Dr Terry Ownby [2019]

Ownby's work (2013) is an important precedent that demonstrates a successful process of visual autoethnography. He first exhibited photographs of his collected objects to communicate his experience from childhood, along with written narrative texts. He combined critical visual methodology, grounded in Barthesian visual semiotics, with traditional and non-traditional ethnographic methods to interrogate these data to construct the autoethnography.

Figure 2-6.

Visual autoethnography and international security: Insights from the Korean DMZ, Prof Roland Bleiker, 1986–8 © Roland Bleiker [2019]

Bleiker (2019) explores the political potential of visual autoethnography using photographs he took more than three decades ago, when he was stationed in the Korean Demilitarised Zone as a Swiss Army officer. He examines how an appreciation of everyday aesthetic sensibilities can open up new ways of thinking about security dilemmas. Through a self-reflective engagement with his own photographs, he reveals aspects of the deeply entrenched role of militarised masculinities and biases in the prevailing security discourses.

Kuching, Malaysia circa 1954

Victoria, Canada, 2016

After studying Mandarin in Canada for three years I could barely hold a conversation. It was time to go study in China. And now I had a second mission.

January 30, 2017

Figure 2-7.

An excerpt from *The Duck Pond: An autoethnographic comic*, Emily Thiessen, 2019 © Roland Emily Thiessen [2020]

Thiessen (2019) discusses how drawing and comics can be used in anthropological research. In making of her autoethnographic comic, she noted the unique characteristics of drawing that enhanced her ethnographic journey that photography could not offer. She was interested in capturing the feeling or essence of her experiences and places.

Advantages and challenges of autoethnography

Like any other qualitative research, autoethnography provides rich data. However, unique to autoethnography is that the researcher is enabled to make their voice to be heard as they communicate in the first-person accounts (Hitchcock & Hughes, as cited in Méndez, 2014). Furthermore, autoethnography is emancipatory discourse. Richards (2008, p. 1724) notes from her experience of writing illness autoethnography that in autoethnography: “[...] those being emancipated are representing themselves, instead of being colonised by others and subjected to their agendas or relegated to the role of second-class citizens”. Hence, autoethnography allows those undertaking it with the right to voice their truth as experienced, without having to wait for others to express their approval or make a request for a specified agenda (Méndez, 2014). This emancipatory characteristic of autoethnography likely has high-relevance within the Aotearoa New Zealand research context and contribute positively with its obligation to Te Tiriti o Waitangi and commitment to a kaupapa Māori framework (Smith, 1999).⁵

Another advantage of autoethnography is that since the researcher recalls on their own experiences as the source, autoethnography is much more accessible to data than methods that involve ‘others’. It is already acknowledged that the researcher-self is inevitably expressed or engaged in narrative studies where the researcher studies others; Kyratzis and Green, as cited in Méndez (2014, p. 280) noted the blurred objectivity occurring in the narrative research process:

[...] narrative research entails a double narrative process, one that includes the narratives generated by those participating in the research, and one that represents the voice of the researcher as narrator of those narratives.

Hence, in terms of representing the narrative of their own experience, autoethnography reduces misrepresentation from

⁵ Moeke-Maxwell, Nikora, and Te Awekotuku (2010) examined the researcher’s journey from beginner autoethnographers to someone fully embroiled in the struggles and triumphs of conducting research with Māori. The researcher’s struggle with maintaining objectivity in the sensitive topic being studied (death and bereavement) and their natural inclination as a Māori researcher to be empathetically immersed in the research process were addressed through the undertaking of autoethnographic research.

interpretation or translation process and explicitly acknowledges any self-bias and subjectivity from the beginning; it clearly articulates the subjectivity, in order to become more objective. Tisdell (2008) stipulates that it is not a dichotomy between subjectivity and objectivity. It is through a careful examination and confrontation of the dialectic between the two that increases the dependability of the autoethnographic research.

Finally, the potential to contribute and leave an impression to others' lives is a significant advantage of autoethnography; as autoethnography seeks to engage readers and evoke responses (Ellis & Bochner, 2006), it encourages them to reflect on and empathise with the narratives presented. Some readers or audiences of written/exhibited autoethnographic work may become confronted with new realities and perspectives that they were not aware of before (Méndez, 2014). All research shares an objective to reveal new knowledge and inform others. Autoethnography is not an exception to this objective, and it may achieve the goal by making connections with the reader through personal experiences and enabling "the reader to enter the subjective world of the teller to see the world from her or his point of view, even if this world does not 'match [their] reality'" (Plummer, 2001, p. 401).

However, autoethnography as a method is not without criticisms. Primarily, the most common criticism of autoethnography is that autoethnography is self-indulgent, narcissistic, introspective, and solipsistic. These concerns around navel-gazing are widespread among those resistant to accepting autoethnography as a valid, academic research method. Interestingly, Bochner and Ellis (1996) argue that the limitation on the self and navel-gazing is not valid, and pose a question in return: "If culture circulates through all of us, how can autoethnography [and the researcher-self] be free of connection to a world beyond the self?" (p. 24). Hence, it is imperative that to be considered as autoethnography, the work must "transcend mere narration of self to engage in cultural analysis and interpretation" (Chang, 2008, p. 43) because "mere self-exposure without profound cultural analysis and interpretation leaves this writing at the level of descriptive autobiography or memoir" (p. 51).

The more practical concerns on autoethnography as a research method are challenges around exposures. For example, as autoethnography engages with readers, the feelings and reaction

evoked from the shared personal experiences of the researcher may be unpleasant. The narrative and the connections readers would make as they engage with the narrative cannot be predicted (Bochner & Ellis, 1996). This is particularly relevant to the thesis as it aims to investigate therapeutic spaces, which may require exploration on aspects of the researcher's personal experience that instigates therapeutic spatial intervention. Another exposure to consider is from the researcher's perspective. Autoethnography requires the researcher's first-person perspective, including inner feelings and thoughts to be published; it imposes honesty and willingness to self-disclose on the researcher undertaking autoethnography (Méndez, 2014). These limitations on the exposure can mainly be addressed by explicating the scope and comprehensive planning at the early stages of the research. However, they are also closely related to possible challenges regarding ethics, dependability or affective immediacy (Ploder & Stadlbauer, 2016). All researchers conducting autoethnography should carefully consider these challenges and respond accordingly.

Finally, there are considerations specifically for spatial design disciplines on conducting an autoethnographic study. Without precedent to evaluate and reflect, this thesis will be working through such challenges as they are encountered. Eventually, this thesis and future dissemination that stems from it will further the knowledge of autoethnography in spatial design research and make autoethnography a less complicated method to implement for those considering alternative research methodology.

Clandinin and Connelly (2000)
challenge all self-narrative writers
with a poignant question:

**Do they own a story
because they tell it?**

As you play a multi-faceted role
as researcher, informant, and author,
you should be reminded that
your story is never made in a vacuum
and others are always visible
or invisible participants in your story.

(Chang, 2008, p. 69)

Ethical considerations

Ethical approval for this research was obtained from the Victoria University of Wellington (VUW) Human Ethics Committee (Approval number: 0000027387).

As the name indicates, autoethnography is composed of characteristics of both autobiography and ethnography. When writing an autobiography, an author retroactively and selectively writes about past experiences (Ellis et al., 2011). It is unlikely that the author lives through everyday life experiences with a clear objective to document and publish them; instead, these experiences are assembled using hindsight (Bruner, Denzin, and Freeman, as cited in Ellis et al., 2011). The retrospective aspects of autoethnography can lead to significant challenges in ethics for the researcher planning to undertake autoethnography and ultimately publish their work. Moreover, Tolich (2010) strongly argues that autoethnographers should always be aware that obtaining informed consent retrospectively from others featured in the researcher's narrative can be potentially coercive; there is a natural conflict of interest between the publication of a researcher and the rights of persons mentioned.⁶

Considering the complexity of potential ethical challenges and the uniqueness of the context of this thesis – interested in spatial experiences, rather than relational experiences – I set out to minimise appearances of others as I collect personal narratives on therapeutic spatial experience; my interaction with the spatial context is to be the critical focus and interest. However, if others were to be inevitably featured, the plan was made for a de-identification process.

⁶ Tolich (2010) lays out the ten foundational guidelines for autoethnographers, which is an excellent resource for novice autoethnographers.

Another ethical consideration was given to the researcher herself. There is an inherent vulnerability that comes with writing personal lived experience, especially within the academic context where it will be rigorously reviewed and appraised. Ellis (1999, p. 672) notes challenges the researcher may face, namely “apprehension surrounding the representation of myself” (Sikes, 2013, p. 55):

Then there’s the vulnerability of revealing yourself, not being to be able to take back what you have written or having any control how readers interpret it. It is hard not to feel your life is being critiqued as well as your work.

Therefore, to undertake autoethnographic study for this thesis, the ethics approval was sought based on these two major ethics considerations: 1) potential of identifying other persons in the researcher’s personal narratives, and 2) vulnerabilities of the researcher-self. However, navigating the process of ethics approval proved to be challenging. The significant hurdles seemed to be due to autoethnography being relatively a new research method, and the research ethics committee is yet to develop clear guidelines for both researchers and committee members. However, difficulties in obtaining ethics approval is a common issue for ethnography researchers and not just limited to autoethnography. Mappedzahama and Dune (2017) attribute this to social research being measured upon the expectations from the prevailing positivist paradigm. The selected excerpt from correspondence with the research ethics committee is included to give further insight into ethical issues associated with autoethnography and the challenges of getting ethics approval.

1-A. Explain any ethical issues your research raises for participants, yourself as the researcher, or wider communities and institutions, and how you will address these.

The vulnerable group are identifiable people included in recounts of the researcher's experience and memories. When the occasion arises where the researcher is required to create a recount of her own experience that consists of another identifiable person(s), those concerned will be presented with an informed consent form along with information on the research project. If they do not provide the signed consent form, the researcher will not create such recount for the research project. If the signed consent form is provided, pseudonyms will always be used to protect their anonymity.

There is a low probability that the researcher herself may have not fully understood the full implication of forgoing anonymity in the research project and its possible publications due to the inherent characteristic of autoethnography. The past and ongoing extensive study into autoethnographic research will inform the researcher on such matter.

1-B: Would consent of your participants be considered retrospective, since you're recalling past experiences? They didn't know that their interactions with you would become research data. This seems like something that needs to be reflected on.

Written vignettes recounting the researcher's memory become research data once the researcher decides to include them in her research. Until the researcher makes that decision, the written vignettes are mere personal essays and in the domain of personal artefact. Once the researcher sees the relevance to her research, the written vignette would become research data; this is subject to following an appropriate process.

For example, I had written a poem reflecting on my past and present as a part of a creative writing workshop I had attended. The workshop was not affiliated with any academic institution, and it was for a personal interest. Later, if I recognised the relevance of the poem's theme to my current research topic, I could decide to include it in the research. The poem does not

include any identifiable person(s) and hence, no relevant process to follow other than editing (if required).

However, should the poem had included any identifiable persons, I would take the necessary steps to ensure that no one is identifiable. If the person remains identifiable for some reason (for example, further amendments would threaten the integrity), the researcher would be required to approach the said identifiable person for their informed consent before it is included in the research and possible publication.

2-A. Explain the details of the method of data collection. For example, describe the location of your research procedures, if appropriate (e.g. where your interviews will take place).

The researcher's recounts of her experience and memories will be recorded as written words, aided by visual records such as drawing, photographs and physical models (not of persons, but built environments). Any identifiable person's information will only be recorded as written words, only when the consent has been provided. The person of concern may be provided with the final draft to review and approve.

2-B. Some more detail here would be useful. Is this all retrospective? Or will you also be going to places and recording your experiences? What kinds of places will these be? Auto-ethnography doesn't have to be retrospective so it would be worth elucidating further. This might be a good place to mention the 'uncomfortable spatial experience' that comes up. Some of the information on the information sheet would be useful, e.g. the comment about who counts as a research subject.

I have to challenge the claim "autoethnography doesn't have to be retrospective" as this is misled. Autoethnography is inherently retrospective. Ellis et al. (2011) explain:

When researchers do autoethnography, they retrospectively and selectively write about epiphanies that stem from, or are made possible by, being part of a culture and/or by possessing

a particular cultural identity. However, in addition to telling about experiences, autoethnographers often are required by social science publishing conventions to analyze these experiences.

However, this does not make all autoethnographic studies automatically unethical or unable to obtain ethics approval. The researcher conducting the autoethnographic study can protect the privacy of identifiable persons in their recollection by altering characteristics (name, gender, race, or appearance) and circumstances, if suitable. The researcher will be aware of maintaining the essence and meaningfulness of the recollection and the integrity of the research (Ellis et al., 2011).

The informed consent would be sought from those who remain identifiable in the recollection, and it is to obtain their agreement for publishing their identity as a part of the research. However, they are not research subjects or participants.

Research strategy

The research strategy was adapted to include both autoethnography and “research by design” (Roggema, 2016, p. 3) methods. It has three parts: autoethnographic data collection, analysis and synthesis, and design response (see Figure 2-12). First, data on therapeutic affect is collected through the researcher’s autoethnography. Then, collected data is examined to understand therapeutic spatial affect and its meanings, which inform the design brief for therapeutic spatial interventions. Finally, architectural design concepts are developed in response to the knowledge gained from the analysis.

Figure 2-1.
Research strategy diagram

affects

themes

design

Figure 2-2.
Diagrammatic representation of collected data.

Data collection

First, my therapeutic and anti-therapeutic spatial experiences are collected as data. Schmitz' central concept of the felt body and the 'vital drive' is employed to determine therapeutic (corporeal expansion) and anti-therapeutic (corporeal contraction) (Schmitz et al., 2011, pp. 245-256) nature of experience.

To expand on the traditional written autoethnography and to communicate spatial qualities more holistically, in addition to written vignettes, data is collected in various modes including physical models, audio and video recordings, photo collages, found items, and more (see Figure 2-13).

Then, following both the communicative goal of autoethnography and the exhibition/presentation requisite of the architectural design research process, the collected autoethnographic data is put on display to invite engagements from audiences.

Figure 2-3.
Diagrammatic representation of emerging meanings.

Analysis and synthesis

Deliberating on analysis in autoethnographic research, Ellis and Bochner (2006, p. 438) noted Hannah Arendt's conception of storytelling as an activity which 'reveals meaning without committing the error of defining it'. It suggests that the process of autoethnographic data collection – storytelling of my therapeutic and anti-therapeutic experiences – will allow the emergence of prevailing meanings underlying therapeutic spatial affect (see Figure 2-14 & 2-15).

Ellis and Bochner (2006) also argued that autoethnographic analysis differs from the traditional analysis: traditional analysis aims to transfer information (monologue) while narrative inquiry gives weight to communication (dialogue).

Figure 2-4.

Diagrammatic representation of data analysis in progress.

Emerged meanings can be critically reflected through narrative and contextual investigations, then grouped into major themes (see Figure 2-16). Also, more comprehensive understanding can be fostered by exploring the relevant literature. This is where autoethnography is “connecting the personal to the cultural” (Ellis & Bochner, 2000, p. 739); personal therapeutic spatial affect is contextualised within the broader social, cultural, political and local conceptual frameworks, and gives insights into the question of how and why behind the lived experience of therapeutic spatial affect.

Figure 2-5.
Diagrammatic representation of data analysed.

Figure 2-6.
Diagrammatic representation of design response process.

Design response

The knowledge gained from autoethnographic study informs the brief for a series of therapeutic spatial design interventions, not just program requirements, but all aspects of the architectural object from site to scale (see Figure 2-17). The process falls under one of three categories of research in the creative fields: “research for art and design, as a type of research as a method through which the object of art or architecture is conceived” (Hauberg, Schreurs and Maartens, as cited in Barbosa, DeMeulder, & Gerrits, 2014, p. 243). More specifically, the spatial design interventions are conceived in a manner that fulfils research by design where design is explored as a method of inquiry, by exploring the different materials – or modes which a design is carried out: sketches, mapping, among others (Barbosa et al., 2014).

Roggema (2016, p. 15) summarises critical aspects of a design process within research by design:

- It should be embedded in the local, cultural and political context
- It should allow for unexpected explorations in order to identify the best fitting solutions for a design problem
- It should emphasise the development of new knowledge and be beneficial for a broad public.

Hence, the final phase of the research strategy successfully integrate the knowledge of therapeutic spatial affect gained from autoethnography and translate to architectural objects, which also contribute to new knowledge development in the process.

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Chapter Three

Context

This chapter will examine case studies in therapeutic architecture from various perspectives and the context of health and wellbeing. The needs for and roles of potential ‘therapeutic’ architecture will be discussed with the focus on the current Aotearoa New Zealand context.

Engraved by J. Smith.

ÆSCULAPIUS.

From the Marble Statue in the Louvre.

Figure 3-1.

Portrait statue of Asclepius after an antique marble in the Louvre, Joseph John Jenkins, 1838
© The Trustees of the British Museum. CC BY-NC-SA 4.0.

Case Studies on Therapeutic Architecture

Asclepieia, Greece (c. 500 BCE)

Asclepieia (healing temples) in ancient Greece were dedicated to Asclepius – a local hero (see Figure 3-1). He acquired divine status near the end of the 5th century B.C. and was worshipped as the god of medicine and healing (Tsoucalas, Karamanou, Laios, Sgantzos, & Androutsos, 2016). These temples were not only a place of worship but offered healthcare and therapeutic experience to its pilgrims. The approach to the treatment at Asclepieia was holistic; in addition to administering the rational interventions of Hippocratic or Knidian medicine of the time, a range of therapeutic and spiritual activities was provided: religious sacrifices, purifying baths, hydrotherapy, fasts, gymnastic exercises, massage, strengthening of the psyche, sleep therapy, hypnotism, fortune-telling, spiritual exorcisms, therapeutic touch, detailed body examinations, minor surgical procedures, and distribution of herbal medicine (Tsoucalas, Kousoulis, Mariolis-Sapsakos, & Sgantzos, 2017).

Christopoulou-Aletra, Togia, and Varlami (2010) describe how the therapeutic qualities of the natural environment were emphasised at the Asclepieia, along with recognising the importance of psychological and emotional factors being conduits to activating the innate healing mechanisms of human beings. The location and the building composition of the Asclepieion were carefully chosen to provide patients with natural beauty, rich vegetation, thermal springs and a variety of activities, exercises and social and spiritual interactions (see Figure 3-2). The Asclepieion in the island of the ancient Peparithos (modern-day Skopelos, Greece), where Asclepius rose as the main god, was the prime example of such characteristics.

The islanders of Skopelos is known to be culturally diverse since the time of the ancient Peparithos. It contributed to their strong religious tendency, which resulted from a need to unify and maintain the integrity of their multicultural community. The Peparithean Asclepieion successfully met the religious, social and cultural needs of the Peparitheans. Indeed, the excavation suggests that the temple was functional until the Late Roman era and during the Early Byzantine times (Sampson and Doulgeri-Intzesiloglou, as cited in Tsoucalas et al., 2016). The effectiveness of therapeutic architecture was ensured as long as it successfully served its community and reflected their value – “holistic care of all patients, local or foreigner” (Tsoucalas et al., 2016, p. 48) of the time. Hence, it functionally served the ancient Peparitheans for more than eight centuries.

Figure 3-2. The sanctuary of Asklepios at Epidaurus. – It is a remarkable testament to the healing cults and practices of Greco-Roman antiquity. © Hellenic Ministry of Culture and Sports / Ephorate of Antiquities of Argolida.

Figure 3-3. Oncheon hanggung do [온천행궁도]. The map of Onyang Hanggung showing key buildings and the layout from 1796. © Kyujangak Institute for Korean Studies [서울대학교 규장각 한국학연구원].

Onyang Hanggung, Korea (c. 15 AD)

Korea has a long history of geothermal baths with records dating back to the early first century. Geothermal bath or hot spring were favoured for the treatment of various diseases in traditional Eastern medicine. By the 15th century in the Joseon Dynasty [조선왕조], a geothermal bath was no longer reserved only for the kings, royals and aristocrats. However, also, laypeople commonly adopted it as a treatment option.

Onyang [온양; 溫陽] is a town in Korea (see Fig 3-4) that has the earliest records of geothermal baths as well as the site of the last standing traditional royal architecture explicitly built for kings to enjoy geothermal baths. Kings of the Joseon Dynasty favoured Onyang among many other geothermal bath towns. Especially King Sejong [세종대왕; 世宗] cemented the tradition of king's parades (Onhang [온행; 溫幸]; kings' parade to geothermal baths) and royal family members' trips to Onyang. He also started the construction of Onyang Hanggung [온양행궁; a satellite/temporary palace] in the early 1400s, which he oversaw the management of construction himself (Kim, 2011).

To experience some tangible therapeutic benefits from immersing a body in hot, mineral-rich spring water, a single bath was insufficient, but regularly repeated baths were considered necessary. The records exist that kings of the Joseon Dynasty stayed in Onyang for between eight to 57 days (Kim, 2011). For this reason, Onyang Hanggung needed to be equipped appropriately for a royal residence, king's office, and geothermal baths (see Figure 3-3). The baths were complemented by a warm, underfloor-heated room and a cold room to assist with the regulation of body temperature (Jeong, 2017). The palace was initially built at modest scale for a royal architecture, and laypeople were actively encouraged to visit and enjoy geothermal baths whenever the royals were not occupying it.

Figure 3-5. Onyanggun Jido [온양군 지도]. The map of Onyang township. © Kyujanggak Institute for Korean Studies [서울대학교 규장각 한국학연구원].

Figure 3-4. Oncheon Ilgi [온천일기; 溫泉日記], a detailed diary of the crown prince Jangcheon's trip to Onyang Hangung. © Digital Asan Cultural Encyclopedia [디지털아산문화대전].

It is notable that Onhang - the travel to the geothermal baths - was explicitly acknowledged as a part of the ritual. Figure 3-5 shows Oncheon Ilgi [온천일기; 溫泉日記], a detailed diary of the crown prince Jangheon's [장헌세자 (사도세자)] trip to Onyang Hangung. It is one of many records that still exist on the royal trips to the geothermal baths (Lee; Lee). In Oncheon Ilgi, the crown prince embarked his therapeutic trip on 18 July 1760 and arrived at the destination on 4 August 1760, where he stayed and bathed for five days (Lee). The travel route and the conversations between the crown prince and his aides were outlined in detail. It also notes the recovery process and the recommended mode of transport for the return trip (Jeong, 2017). The comprehensive layout of Onyang Hangung and the existence of detailed and complete records of the journeys highlight the holistic approach to the geothermal baths as a treatment in the Joseon era.

OCTAGON WARD.
VIEW FROM SOUTHEAST.

Figure 3-6. Octagon Ward at Johns Hopkins Hospital - Southeast exterior. Wellcome Collection gallery. CC-BY-4.0

OCTAGON WARD.
INTERIOR VIEW.

Figure 3-7. Octagon Ward at Johns Hopkins Hospital -
interior, Wellcome Collection gallery, CC-BY-4.0

Johns Hopkins Hospital, U.S. (1889)

The Johns Hopkins Hospital was first completed in 1889. It was then considered a national marvel and the largest medical centre in the country. It consisted of 17 buildings, 330 beds, 25 physicians and 200 employees. John Shaw Billings (1838 – 1913), a surgeon major in the U.S. Army served in the Civil War, was the architect behind the pioneering hospital complex. He was extremely critical of the existing conditions of both military and regular hospitals and their inadequate construction and management (Johns Hopkins Medicine, n.d.-b).

The germ theory was still at its infancy in the late 19th century. Unfortunately, hospitals were breeding and cross-infecting diseases then. Billings employed many innovations in construction, heating and ventilation of the proposed hospital, as well as incorporating a medical school within the hospital. Figure 3-6 shows many chimneys that were a part of Billings's unusual and complex, but precisely calculated heating and ventilation system. The system was largely passive. Billings arranged air from isolation wards first to pass over heating coils in the basement, leading it to rise through the chimney; ensured cross-ventilation; and installed inlets and exhausts to be adjusted by lever-operated valves according to the season and heating needs (see Figure 3-8) (Fair, 2014; Johns Hopkins Medicine, n.d.-a).

Billings also advocated practical work in the hospital for medical students. Figure 3-7 shows the interior of the Octagon Ward, where the word 'rounds' first originated. It is from the Octagon Ward that the tradition of 'rounds' where senior physicians visited patients' bedsides along with residents, interns and medical students originated. It is also notable that in the picture, some desirable qualities of a hospital ward of even today's hospital are visible, such as abundant space, natural light, a high standard of hygiene, and patients being dressed and sitting out of bed (Walsh, 2018).

Figure 3-8. Section through the Octagon Ward building (courtesy of Edinburgh University Library). Retrieved from Fair (2014) 'A Laboratory of Heating and Ventilation': the Johns Hopkins Hospital as experimental architecture, 1870-90, *The Journal of Architecture*, 19(3), 357-381.

Figure 3-9. The lounge of Shortland Health Clinic.
Retrieved from <https://www.klein.co.nz/projects/shortland-health-clinic>.

Figure 3-10. The neon sign of Shortland Health Clinic.
Retrieved from <https://www.klein.co.nz/projects/shortland-health-clinic>.

Shortland Health Clinic, New Zealand (2018)

Shortland Health Clinic is located in downtown CBD, Auckland. It adopted a 'concierge medicine' or 'retainer medicine' approach to primary healthcare and is the first in Australasia. While some characteristics and the business model can vary, the principle idea of concierge medicine is that patients are opting for a subscription- or membership-based primary health care service. In the United States where concierge care is more established, it is often characterised with same- or next-day appointments for non-urgent care, longer exam times, 24-hour telephone and email access, and periodic physical examinations (United States Government Accountability Office, 2005). While it offers attractive services to its patients, it has also been criticised for promoting a two-tiered health system; it favours the wealthy patients and limits the number of patients can be seen by a general practitioner at the cost of patients with lower- and middle-class incomes (United States Government Accountability Office, 2005).

Not all characteristics of a ‘concierge medicine’ are transferrable or comparable with the health care system of Aotearoa New Zealand and how it is funded. For example, access to a general practitioner and a primary health care provider is ensured by the government via Primary Health Organisations (PHOs), which are funded by the Ministry of Health to subsidise healthcare for their enrolled patients. The Shortland Health Clinic also offers subsidised services funded by a PHO, such as free consultations for patients aged under 14 years old. Nonetheless, the practice strives to distinguish itself with a premium appeal. The design intent stated by Klein (2018) – the architecture firm behind the design – also offers a similar idea:

In keeping with this innovative and highly personal healthcare philosophy, our design solution reflects a distinctly different, premium and more intimate experience. [...] The calming, comforting design continues throughout the clinic with curving timber walls and sculptural arches, complemented with luxurious soft furnishings.

The overall appearance of the clinic is more akin to a boutique office. The waiting room is labelled as the lounge (see Figure 3-9), where a concierge staff instead of an administrator greets patient and offers refreshments. Finishing materials also depart from that of traditional medical practices (see Figure-10). It is to be seen if the concierge medicine approach and the architectural design of Shortland Health Clinic indeed lead to better and longer-term health outcomes as intended by its designers.

Figure 3-11. The consultation room of Shortland Health Clinic.
Retrieved from <https://www.klein.co.nz/projects/shortland-health-clinic>.

Case studies conclusion

The four case studies examined in this chapter shows how architecture responded to the need for therapeutic architecture in four different points in time and place. While each case study describes a very different built environment and healing/therapy/health service provided, the consistent theme exists. The architecture of therapy always has been responding to the best, most current knowledge and the understanding of health and wellbeing of the time, and it precedes the rise of evidence-based design in healthcare architecture.

However, more so, the architecture of therapy closely reflects the social, cultural contexts of the time. For example, currently, there is no concrete, researched evidence that premium, luxurious design initiatives employed in Shortland Health Clinic result in better health outcomes. Instead, it is more reasonable to assume that superior service provided by a subscription-based, concierge medicine approach has the potential to lead better health outcome due to readily-available, regular access to primary health care services. Nonetheless, the industry exerts the premium health care design as innovative, leading therapeutic architecture.

The case studies considered here demonstrate the conclusion from the previous chapter. Beyond focusing on the measurable improvements in health outcomes, understanding and criticising the social and cultural context is acutely required for therapeutic architecture. If the architecture of therapy does not seriously consider social and cultural influences it receives as well as impacts it makes, it may result in irrelevant design outcomes in the end. Moreover, the gap exists in the methodology and tools that would allow architectural design and research to explore the social and cultural frameworks of therapeutic architecture.

All New Zealanders
live well, stay well, get well,
in a system that is
people-powered, provides
services **closer to home,**
is designed for **value and**
high performance, and works as
one team in a **smart system.**

***New Zealand Health Strategy:
the future we want.***

(Ministry of Health, 2016, p. 13)

Health and wellbeing
in today's Aotearoa New Zealand
and for the researcher herself

The New Zealand Health Strategy (Ministry of Health, 2016) acknowledges that what each person needs for their health and independence can vary widely. It also takes a 'life-course approach', where the factors outside the health system are highlighted as strong influencers for people's health. For example, factors such as home environments, social connectedness, and participation in society are as vital to people's health and wellbeing as well as the functioning health system. In light of the current challenges and opportunities, The New Zealand Health Strategy sets out its aims to achieve shifts: (Ministry of Health, 2016, p. 14):

- from treatment to prevention and support for independence
- from a focus on the individual to a wider focus on whanau
- from service-centred delivery to people-centred services
- from working in fragmented health sector silos to taking integrated social responses

If the architecture of therapy is to contribute to people's health and wellbeing in a truly meaningful way, it cannot ignore or be foreign to the frameworks and vision of our health system. Several reflective questions can be asked here. While our health care system strives for shifts to health promotion, ill-health prevention, community-oriented care and equity, what progress has been made in the architecture of therapy/health in this space? When the health care system is shifting its focus to the wider context of people's lives, has the architecture of therapy reciprocated the initiatives? What are the things that the architecture of therapy can uniquely offer, in alignment with the current vision of the Aotearoa New Zealand health care system?

Perhaps, these questions traverse much beyond the scope of this thesis. However, considering the autoethnographic research method implemented in this thesis, the researcher's own health and wellbeing needs can be reflected in terms of the health strategy and identify areas where therapeutic architecture can contribute. Together with collected data from the next chapter, this information will help inform design intervention concepts in chapter six.

Content warning: the next page may include topics that are emotionally difficult, including abuse and trauma.

As an otherwise-healthy, non-disabled, cis-gender, young female person of Asian decent living in Aotearoa New Zealand, in the past year, I was advised that the symptoms I had been experiencing recently were of post-traumatic stress disorder (PTSD). It was triggered by a recent event that led to the recovery of suppressed memory of the sexual abuse experienced as a child. However, symptoms were identified early, and I was promptly supported with appropriate services. I am fortunate that I was able to prevent developing other related conditions and minimise impediments to my personal ability to work and interact with others. Many sexual abuse victims often experience severe symptoms of PTSD that affect their daily activities.

My health and wellbeing needs are well aligned with the goals of the New Zealand Health Strategy. Prevention is critical and is the primary goal. I am well equipped with the tools, supports, and ability to manage my symptoms; I no longer require regular counselling with a clinical psychologist. However, I have triggers that can significantly worsen the symptoms of PTSD. Some triggers are obvious and common – hence, not easily avoidable – such as seeing a news report of an assault. Naturally, maintaining everyday health and wellbeing is more important than ever, to sustain the level of resilience to recover quickly and prevent relapse in symptoms when a trigger is encountered.

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Chapter Four

On therapeutic spatial experience

Collected Data

This chapter consists of what would be considered as 'autoethnographic research data' on therapeutic spatial experience. To better understand the subject matter, both therapeutic and anti-therapeutic spatial experiences were collected.

Traditionally, a typical ethnographer would collect field notes and detailed drawings or photographic evidence as their research data. Many autoethnographers of social science disciplines have explored various written formats from personal essays to play scripts to replace field notes. Some have expanded to paintings and photographs.

As a researcher within the spatial discipline, I also explored various formats, both written and visual, to record spatial experiences faithfully. While accurately describing and documenting the spatial experience was an important focus, capturing intangible elements (feelings, memories, and emotions) was equally important. The engagement with data by audiences was also carefully taken into account too. Spatial experience is always multi-sensorial; where possible, various techniques were employed to emulate related senses. Particularly, exhibitions of research data enabled multi-sensorial recording by the researcher as well as multi-sensorial engagement by audiences.

Pepeha

안녕하세요.

나의 산은 후암산 입니다.
나의 물너울은 태평양으로부터 옵니다.
내가 태어나고 자란곳은 서울과 오클랜드 입니다.
나의 성은 천, 이름은 새라 입니다.

Tēnā koutou katoa.

Ko Huahm te maunga.
Ko te Moana-nui-ā-Kiwa te moana.
Nō Seoul me Tāmaki makaurau ahau.
Ko Chun tōku whanau.
Ko Saera tōku ingoa.

No reira, tēnā koutou tēnā koutou
tēnā koutou katoa.

The Churches

#1 Not my church

Mokdong, Seoul, Korea

-

Only years later when I moved to Wellington, I realised how flat my hometown was. Riding a bicycle enabled me to travel the distances that I could never dare to walk and required next-to-nothing bravery compared to navigating the complex local bus network.

The encounter usually happened on a sunny, pleasant afternoon for an added delight. Maybe I was returning home after visiting a friend's house or simply inclined to go on a joy ride before I had to be home for dinner. As I would've never encountered it on my usual daily routes, the moment always felt even more special. I always made sure to pause and observe the building.

The look of my local Catholic church was ever fascinating to me. It was the only church I knew of then, which fitted into the image of a stereotypical church I only saw in books. The look of lush green of climbing ivy contrasting dark burgundy bricks was quite beautiful, I thought; and the modest bell tower, how genuine it seemed. Unfortunately, I was never brave enough to step a foot inside. I wasn't a Catholic, nor my family was.

Once, I saw a nun. She was draped in a tunic and black veil. As I peered through the trees, she trod lightly across the courtyard and disappeared into the church. To me, the scene almost seemed otherworldly as if a page from the history book came to life. The serenity of the moment was etched in my memory.

Whenever I recalled this moment, it brought out calm, green and refreshing – for the lack of a suitable English word – sensations out of nowhere, and I somewhat longed to be there again. Then, I would imagine myself carefully stepping into the courtyard and be enveloped by the serene air. The breeze would be slightly cool to my skin, and I would compose myself calm and polite without an effort.

#2 My church Mokdong, Seoul, Korea

-

Going to the Sunday school was rather fun for me. I got to meet friends from different schools, and all teachers were very kind. Also, I always loved stories, and there were endless stories. Stories of brothers, Kings, slaves, Prophets, and Jesus and his disciples. Stories of far away countries from very old times. One of my favourite stories was about Zacchaeus, who climbed a tree to see Jesus. I also liked to climb trees, but most times someone would told me off for doing so - unlike Jesus who praised Zacchaeus.

There were often times I had to hang around at the church ground, waiting for mum to come out of the adult service. It was held in the beautiful, main church hall. The hall was always dimly lit, because of the mostly blue and green stained glasses. Its ceiling was pointy and too high to have ugly lights you see elsewhere. The pastor was also old-

fashioned and relied on candles. Where the sunday school was held, a rectangular building attached to the main church, had many of those boring stick lights and always brightly lit. The candles would have looked silly there.

One day, I was fed up with having to wait for mum and decided to sneak into the main church hall. The pastor was passionately preaching. I pretended as if I had a purpose to be there and carefully snoopd around the edges of the massive church hall. Everyone seemed so determined to keep their eyes on the pastor to notice me. Soon, I discovered a narrow space that leads to a small door behind what seemed like a fake wall. I had to see what was behind that odd door.

It was a small, empty storage space. I noticed a black ladder on the wall that led to above the ceiling. I had to climb it.

Climing above the ceiling was quite interesting, but the ladder did not stop there. I continued climbing up. I looked up to find out where it led to, but the poorly lit space made it seem like the ladder was leading to a void. As I climbed higher and higher, I made sure I am holding onto the ladder tightly.

Soon, it became obvious that I was climbing up the spire. I tried to figure out the equivalent number of apartment floors to the spire. We lived on the twelfth floor of the apartment. I concluded that the spire was nowhere near that high, and it emboldened me to continue climbing.

Mild and not-so-mild anxiety episodes

#1 The Book launch

Wellington, NZ

-

It's always awkward when you don't know anyone in the room. I'm even 15 minutes early, even though I should know very well that no guest ever arrives on time for book launches. I bought the book as I came in and now looking around the room nervously, trying to find something to stare at. Nothing. In supposedly a gallery space, all artworks must've been voided for this occasion. All there left is glossy white paint on the wall. Never liked white fluorescent lights as no one does so, but it is horrendous in this space. Its brightness feels inappropriate. The pointless windows don't offer anything but a dull, grey and foggy view.

There are about six other people in the room. All seems to be having a pleasant time in pairs, and either has lots to talk about with each other or is busy getting ready for the event. I see a familiar face, that is of the author of the book being launched, going back and forth between this room and a space behind the doorway. She also seems busy.

I wonder if she remembers me being a student in her tutorial from last year, and hope for a moment where I can casually say hello. But what if she doesn't remember me? The room is still sparse but somehow feels as if there are already twenty people here. I thought about purportedly wandering around the room, to be less awkward. I hesitate as my new boots echo such loud footsteps in the room and I become very self-conscious. What is there to have a wander and look at in this space anyway.

I'm sitting on a narrow bench protruding from the wall, and it forces me to stare at the opposite wall with glossy white paint. I flip through the book and start reading the first chapter to avoid it. I reckon it's going to be a funny book. I flip through the book again, realising I just read the same sentence three times. I could barely concentrate over the din of the crowd. I lift my head up to see the crowd. Only a few

more people. I repeat awkwardly looking around hoping to find a friendly face, finishing the first chapter to remedy the unsuccessful attempt, and soon getting irritated by the ever reverberating, unreasonable crowd noise from a small number of people; until there really is a crowd. The lighting in this space is truly horrendous.

Now there is a small queue of people trying to get their book signed by the budding author. I pause to consider the prospect of getting mine autographed as well. The room is finally full of people, and the reverberating chatter from the crowd is getting out of control. It feels as if the noise is occupying physically, taking up space where oxygen would have been. I decidedly join the queue, as if this is one last huddle that must be faced. After all, I've been enduring this space and didn't want to leave without any reward. The reward I had in mind was listening to funny jokes about the book told by the author. Maybe I could've even related to her experience. Probably won't happen for another while. Instead, a small chat with her would suffice.

“Hello. What is your name?”

“It’s Saera. Uh... I spell it S-A-E-R-A.”

She spells it back to me as she writes my name and also jots down a message.

“Thanks for coming today.”

My book is signed, and I have a good enough reward.

I grin at people coming up as I pass them to hurry down the stairs. The aluminium framed glass door reminds me it’s still grey, overcast evening outside. I breathe in the fresh air with a hint of car exhaust. Fresh air can finally be felt at the bottom of the lungs, and eyelids are starting to relax again. Ears are still ringing, but it will subdue soon.

I suddenly notice the vigorous tremor in my legs and have to make a conscious effort to stop it. My breaths are shallow and ineffective. Everything suddenly doesn't make sense. This situation doesn't make any sense. Why am I here wondering about the carpet? How did I end up here?

#2 The Waiting Room Wellington, NZ

-

It's awful green. Blue-green. Teal? Turquoise? Whatever. It's definitely not my favourite carpet, when the carpet grabs your attention but doesn't make you smile.

Trying to remember which architectural firm designed this rather new building and the clinic. As a pastime, I like to imagine workplace meetings or conversations where serious discussions would happen in order to arrive at a decision. The decision that eventually leads to the outcome I find either hilarious or unconvincing. For example, Pizza Hut used to offer sausage-stuffed crust. It's quite amusing to imagine the numerous meetings, testings and reports - especially specific phrases and sentences that would've been involved - for it to have become a reality.

With this carpet, how did it come to this specific colour? Was it a graduate architectural designer tasked with interior specifications? How many chains of approval this choice of colour have gone through? Did people involved have a discussion about how this colour would be suitable for a clinic waiting room? How rigorous and thorough was the discussion? What were the alternatives? What were the alternatives? What were the...

My heart sinks. It sinks from the tip of my head to all the way down underneath my feet. As it falls, it leaves a dark, empty void. The void widens and swallows me as it rapidly spins.

While I am not used to this, technically I know what to do in a situation like this. First, I take a deep breath in, then out. I feel shaky, but I can almost ignore it. As quickly as possible, I need to stop thinking about *the event* that ultimately left me here, anxiously waiting for my name to be called. Happy thoughts, or whatnot. Just as long as it's not *it*.

I stare down at my feet. Unlike how they feel, they are still grounded. On the carpet. The carpet I find unimpressive. I can redirect my thoughts back to how and why of this carpet. The waiting room carpet. What colour would I have chosen if it was up to me? What colour or pattern do I want to see right at this moment? Would it have saved me from getting swallowed by the void? Could anything have stopped it? Would it ever stop? Would it ever stop? Would it ever?

As I hopelessly give into the returning void, someone calls my name.

photo by rory cartwright

On display

Not my church & The book launch

*Not my church. (2019).
PVC, acrylic paint, dried foliage.*

Visualising the story [Not my church].

*The book launch. (2019).
PVC, acrylic paint, audio recording.
Emulating the story [The book launch].*

Where is home

Mountains,
of concrete and
of rocks.

Oversized,
from people to houses and
from pine trees to mountains.

Not so oversized,
from people to houses and
from strange trees to rolling hills.

On the train,
with a small suitcase and
a large backpack.

Of someone else,
walls and ceilings,
gardens and sheds and
the letterboxes.

Of mine,
a desk and a fancy chair,
books and a bookshelf and
houseplants.

#1 Mountains

문경시, 문경읍, 관음리

Gwaneumlee, Munkyeong, Korea

-

While I tried my best to appear not bothered by it at all, being described as “a little lady from Seoul” by them almost felt like a snub to me.

-

We visited my uncle's family at the 'country house' in dad's hometown a few times a year. Summer was my favourite season to visit as we would stay for weeks. Nana always came along with us, too; after all, it used to be her house. The drive was too long and tedious for everyone. If the road ever became congested, which it often did, mum would worry that dad might fall asleep at the wheel; I would squirm and twist endlessly until I got told off. The last hour or so of the drive was the toughest for me. The notorious long and winding mountain pass never failed to give me terrible nausea. The pass was named 새재[saejae]; it means “birds' mountain pass”. Because the pass was only suitable for birds that even birds find the crossing labourious and difficult.

The country house was located far from everything. In a valley of humble mountains, there was a gravel road, ice-cold creeks, and nana's odd-looking, rectangular house perched in the foothills all alone.

Sometimes, I got to tag along with dad to the nearest town. The meaning of grocery shopping, a market and a town centre completely changed in this place. The main street was not paved, just less bumpy than others. The buildings were all short and snug, often somewhat crumbling. People were dressed differently. Even the types of dogs they kept were different. Everything was so fascinating and a world afar from what I am used to. For years, I speculated about something hidden among the mountains that made the time go slower, leaving this town behind in the past.

Dad would let me wander around while he's catching up with a local friend he ran into, as long as I stayed within his sight. I would go about and investigate things I found interesting – a spinning barber's pole, an old-fashioned public phone booth, and a large but friendly, dusty dog – only to be interrupted by a local person who recognised dad in my face.

The stranger came along. He was surprised at how big I'd grown and remarked on my likeness to dad. I became puzzled, but he didn't seem to care and went on to comment that I was obviously from the big city. Dad chimed in and agreed with the stranger, much to my disapproval. They started chatting,

and I went back to where I was. But in a small, rural town like this, everyone knew and remembered my dad very well. Many would recognise dad and stop me before I could go too far; their opinions of me were unanimous.

-

I was determined to prove myself. I wanted the townspeople to realise they misjudged me. I would show them that I can also do all the things they can do. The apple orchard behind our country house was a perfect place to practice. I vigorously explored this hilly, rocky orchard all day. I practised climbing up and jumping from trees and rocks. I wasn't afraid to crawl or dig to get through thick bushes, though I always strived to keep my clothes clean. I trained myself to catch dragonflies, grasshoppers and small fish with bare hands and learned the names of all the plants and trees around. With a sense of mission to accomplish, the excitement intensified whenever I achieved my goals.

The country house and its place were nothing like my home in the big city. The most notable difference was the smell; there was the ever-present smell of the mountains. It is a 'telling' smell that tells you about the season, time and weather. It's also very honest and faithfully tells what's immediately surrounding you and even what you've been up to just then. It even followed you inside the house, often exposing me that I've been to the long-abandoned, prohibited to children,

cowshed to see a bird nest again. Nana was so good at recognising the 'telling' smell that she could notice the next day's weather accurately or when the apples would be ready to pick without even a glance out the window. "Don't you pick any apples yet. It'd be bitter. It might look right but smells not just yet." She would say. Back home in the big city, there was no such smell; unless you counted the unpleasant warning of nearby cars or rubbish dumps as a 'telling' smell.

-

The staircase to the rooftop was chunky but narrow. Very grey; the first thing you would notice, once you are up. Then, unmissable was the awkward acoustics. It's unusually quiet on the rooftop, and I must keep quiet. Any noise I make would reverberate back to me with a very short echo. If I am not careful, I would end up annoying everyone in the house and be barred from coming up here.

The rooftop is like a shallow tray made of concrete. Chubby balusters lined the edges, and I could barely look beyond even if I was on my toes. There was not much to do activities-wise. Nothing to heighten my senses, unlike the mountains, but only the familiar texture and the warmth from the sun. Sometimes, it reflected so much light that I had to squint my eyes. On scorching hot days, heat haze rising from

the concrete floor wiggled the air and created an obscure sight. Staring at it made me dazed.

I decide to carefully lie down. The rough and concrete-hard surface is uncomfortable, especially on the head. The mountain smell fades. The heated surface is almost too hot, and the sun makes it impossible to open your eyes. It takes some time to get used to, but soon enough, I can appreciate everything about this moment. My eyes are closed, but the sun still brightens. The sound and smell of mountains are distant, almost unnoticeable. The warmth emanating from the concrete surface gives comfort despite the hardness.

I wonder if I could have a nap and give it a go. Before I can pull enough drowsiness to fall asleep, I feel the heat haze coming through the clothes and my skin. The heat replenishes the body, and I am feeling more and more refreshed. Eventually, I am ready to go explore the overwhelming greens again and peel off my body from the concrete.

On display

*Home :: Mountains. (2019).
Concrete, heat lamp.*

*Emulating the memory of concrete rooftop
warmed under the sun.*

#2 Oversized

Vancouver, Canada

-

I was overly excited about the country long before we even had the flight dates decided. It's the second biggest country in the world, where maple syrup originated and moose roam. On the map, it was at least a hundred-times bigger than where I was from. As we drove from the Vancouver International Airport and through the city, I vividly noticed how everything - I mean everything; from people to trees to houses - seemed oversized. When we arrived at the family friend's house where we would be staying for a while, so much of the neighbourhood reminded me of The Simpsons. It felt overwhelmingly cartoonish, but that just added to the excitement of getting to know a new country.

The excitement quickly disappeared when I found out that I couldn't be home alone and required babysitting by law at the age of thirteen. Mum was fine leaving me alone at home back in Korea, but she was adamant that I go to the daycare centre with my little sister now that we are in Canada. I was the only thirteen years old and the oldest at the daycare centre. It was abhorrent. The language barrier where I could understand the language but not speak fluently didn't even matter, because I wasn't interested in talking to eight years old kids.

After getting picked up by mum from the daycare in the afternoon, I wouldn't even stop by at the house but run straight to the park as soon as we arrived at the cul-de-sac. The daycare was so daunting and unstimulating for an unhappy teenager in foreign land, and the park provided a perfect refuge.

There were a number of very tall and very climbable pine trees. I had my favourite tree; once I climbed up to much higher than people's head and settled in at a usual spot, there was a nearby branch that I could hang my jacket.

#2 Not so oversized
Aotearoa New Zealand

-

The last time I had to introduce myself and my turangawaewae in text, this is what I wrote:

Kia ora koutou. My name is Saera.

My family is from Korea, but I spent my formative years in Tāmaki makaurau. The rolling green hills of Rodney, the perpetual greyness of Muriwai Beach, and the salty, grassy breeze of Mangere Bridge Esplanade are things I hold dear to my heart as home.

Now, the past six years, I've called Te Whanganui-a-Tara my new home.

*At the end of Summer,
from Mangere Bridge Esplanade.*

#4 On the train

Europe

-

“Mi scuzi.”

After a bit of struggle to open the zip that was stuck, I handed over my Eurail pass along with my passport. The Italian train conductor was already annoyed that I didn't have my pass ready on hand, so I threw in my shallow Italian. It didn't help to ease his mood. Then, when he saw my passport, his annoyance toward me turned into distrust. He started asking me questions in Italian, and I was already out of my depth.

“Dispiace, non parlo Italiano. Parla Inglese?”

He ignored my plea and continued to ask me questions in Italian. I started getting annoyed at him too. My pass and visa were perfectly fine, and there shouldn't be any problem.

Finally, he holds up my passport and points at it, then me.

“My passport? Yes, that is my passport?!”

I quickly realised that his problem was that I had a New Zealand passport, which didn't make sense to him.

“I AM from New Zealand. Have you never met a New Zealander? Many of us look like me.”

Not sure if he understood my sarcasm, but he seemed to have picked up on my tone. The train conductor abruptly walked out of the room with my passport. I thought about following him out to the corridor but decided to stay put. After all, he was only a train conductor, not an immigration officer. He probably needed time to work through his suspicions and narrow-mindedness and arrive at the conclusion he wouldn't particularly like - he wasted both my and his time and energy.

Just before the train conductor walked in, I was perfectly content by myself in the roomy 6-person room on the moving train. As I was left alone again, it suddenly felt too small and was suffocating. With considerable force, I managed to pull down the small window. The loud train noise and fresh evening air instantly flushed out the stuffiness as well as the tension that lingered.

I reached to my backpack on the

overhead shelf and pulled out a sweater. I purposefully packed it last, so that I could find it easily. From the backpack's front pocket, I grabbed a chocolate bar I saved earlier. Then, I dragged my suitcase and laid it down under my feet, so I would have a footrest when seated. I gathered my knees together and used it as a book rest. After six weeks of travelling by train of all types and classes, I became an expert at making myself at home on board.

The train conductor eventually brought back my documents and left without saying anything. I didn't mind him anymore. I was already perked up again by Mark Twain's entertaining account of his visit to Venice.

In a few more hours, I would arrive at Venice too; a much-anticipated destination of mine, where Mark Twain was charmed by the tranquility of Italian social life, while being critical of other things in 1867.

-
I probably enjoyed Venice of 2013 as much as Mark Twain did in his time.

From Venice, I took a day trip to Vicenza, which I thoroughly loved every little bit of it.

ANDREA PALLADIO VILLA ALMERICO CAPRA »LA ROTONDA«

ANDREA PALLADIO LE VILLE

*Instead of carrying a travel journal,
I wrote on postcards and sent it
to my home address back in New
Zealand. These two postcards were
from the visit to the most famous
legacy by Andrea Palladio, Villa la
Rotonda, in Vicenza, Italy.*

*The unyielding pursuit of complete
symmetry left a strong impression
and was noted in the postcard then.*

#5 Of someone else
Wellington, New Zealand

-

Instagram, a popular social networking platform, allows people to share snippets of their lives. These snippets tend to be their happy and proud moments. On examination, the researcher's own social media contents were not so different.

Interestingly, almost 50% of the contents was located at 'home'. However, the physical locations that were conveyed in those photos are no longer the 'home' of the researcher. They are now someone else's home. There have been nine different locations that the researcher had resided and considered 'home' since 2014. This number reflects the insecurity of housing situation, which a residential tenant can face amid ever-increasing housing market speculations.

It is noticeable that among those nine locations, only two are heavily featured. The common thread of these two locations is that the tenancies were entered by the researcher in anticipation of long-term occupation. It is evident in photos and descriptions that the researcher was actively occupying, exploring, and enjoying the particular spatial context at the time of record.

However, the promises of long-term occupation were proved to be legally meaningless. The property ownership of 'home' did not belong to the researcher. Hence, the researcher's agency over 'home' was limited and insecure; it had less legal protection than the potential profit and/or convenience of the property

owner. It significantly undermines the very concept of 'agency' that was traditionally associated with occupying 'home'.

Moments from the former 'home' recorded in the researcher's contents were extracted and reconstructed in this artwork. The analogue form that was commonly used to share photos before the social network platforms emerged was used: photo-cubes.

Fragilely put together, these photo-cubes depict the frivolous status of 'home' without the property ownership that was unaware by the researcher at the time of record.

The photo-cubes draw parallel to the social networking platform as they appear polished when observed from a distance with good lighting. At the same time, the fragility and insecurity are more evident upon close inspection - as it would have been if one's display on the social networking platform was scrutinised.

However, unlike the intangible virtual space occupied by digital photos on the social networking platform, the tangible and physical existence of these photo-cubes portray the bearings of these moments more accurately.

Juxtaposed with a single-page letter that turned the researcher's 'home' into someone else's property, the fragility and insecurity are exacerbated.

One of two 42-days notice to vacate letters
received between Aug-18 and Jan-19.
Wellington, NZ. May 17, 2019.

Residential Tenancies Act 1986 in action as of August, 2018. Wellington, NZ. May 17, 2019.

On display

Home :: of someone else. (2019).
Printed on PET sheet.

#6 Of mine
Wellington, New Zealand

-

“I should’ve just bought her an ebook reader a long time ago.”

A sturdy man and a less sturdy teenage boy erupt into a burst of big laughter in agreement as each put down a heavy box of books on the floor. The joke from my partner is always a cracker on a moving day. It doesn’t seem to get old but only better as I inevitably accumulate more books over time.

It was our sixth move together, third in the last 18 months or so. We no longer recycle moving boxes but carefully remove tapes and flatten them to store in a dry place. In fact, several boxes never gotten unpacked in the past two or three moves.

I’ve come to have a good selection of boxes that will pack my books in a way it is easy for me to reshelve as I unpack. Books alone make up easily more than fifteen boxes, but that is because I make sure each box isn’t too heavy in hopes that it would somehow be helpful for movers.

-

I can’t help but furrow my eyebrows in judgement whenever I see a ‘glad-wrap-your-luggage’ kiosk at the airport. So much plastic to protect tough-canvas travel luggage and hard case suitcases that are already resilient just seemed unnecessary.

Naturally, on a moving day, I can’t help but feel like the biggest hypocrite as I tear through tight layers of plastic wrap that protect our [Mr Fancy Chair]. It’s our most prized furniture; a brass, rigid frame holding up a white shaggy fur seat. It was soft, fluffy and snuggly for the body while steely and cool for the arms. Big enough for me to curl up and enjoy the sun and a book.

We were offered a great deal from the furniture dealer who wanted to rid of the chair. Before we took the deal, we had some concerns and debates about it, such as: which type of hairbrush would be best for maintaining its shaggy fur, what colour for a cushion should we choose to match the chair, and how to protect it from clumsy friends and drunk party guests.

However, some questions never occurred to us as it was never anticipated (which is rather unwise). How do we move it safely without a car? How do we keep it safe from dirt and scratches and uninsurable damages while in a mover's truck? Now that we moved it three times with a very wasteful protection method, probably it's time to consider making a reusable protective cover for moving [Mr Fancy Chair].

-

[Keyboard Cat] is an internet phenomenon and also an inside joke between us. The poster of [Keyboard Cat] always furnished one corner of the bedroom wall wherever we moved into. The worn-out four corners and folding lines from being rolled-up keep track of rooms it has been. Sort of like tree rings.

Eight moves in six years of living in Wellington gave us many more (uninsurable) challenges akin to that of [Mr Fancy Chair] and left us with marks like the tree rings of [Keyboard Cat].

-
[Jesus and Carmen, the cactus]

-

[Ceramic jugs]

-

Whether it was to escape from an invasive and aggressive flatmate for safety or to make way for holidaying landlords from the overseas, involuntarily packing up your belongings to find another home is daunting, to say the least. I was never able to bring myself to sell my books, houseplants, and other objects to lighten the load and make it easier for moving.

Each time I had to move home unwillingly, I stubbornly held onto my objects despite inconveniences they caused when moving. Each time, I promised myself it would be the last move in a while as if I could control it.

I doubled down on my promise by always buying one more houseplant after settled in the new house. After eight moves in six years of living in Wellington, I now have a well-developed house moving custom and rituals that help me put together home again.

Reminiscences

#1 Learned nostalgia.

2019.

-

I spent childhood years in the large metropolitan area in Korea. While I do not have lived experience of occupying Korean traditional houses or practicing traditional crafts, I was shown what they were from an early age. I was taught to cherish them and learned their qualities.

#2 The cat is missing in the scene
11 min. Video recording. 2019.

-

As I came home from the school, mum excitedly told me about how Mickey — our beloved family cat — was playfully following her around as she was hanging the laundry in the sun.

Chapter Five

Preliminary Analysis & Test Design

Intervention No. 0 End Racism Wall

The test design was developed to explore the process of synthesizing a design intervention for therapeutic affect using analysis findings. The preliminary analysis and test design processes were undertaken while the research was still at both data collection and data analysis phase. As mentioned earlier, autoethnographic – as well as other qualitative research projects – do not always abide strictly to a linear progression of research steps. In the early stage of this thesis, it became clear that data collection, analysis and synthesis of design interventions would be closely knitted together.¹ Therefore, the research strategy diagram was revised accordingly (see Figure 2-12 and Figure 5-1).

For example, as autoethnographic data was being collected, specific themes emerged immediately. It led to a preliminary analysis of the emerged themes, which, in return, encouraged more collection of relevant data as well as the conceptualisation of possible design intervention. Naturally, it also reflects a typical architectural design process, where a design concept can be formulated at either early or late research or surveying stages. Then, as various design reviews and considerations are addressed, further investigation is required, or the design is revised.

1 Some may view this approach as unorthodox or losing objectivity of data collection by subjective interpretation of initial data. However, Tisdell (2008) stipulates that it is not a dichotomy between subjectivity and objectivity. Instead, it is through a careful examination and confrontation of the dialectic between the two that increases the dependability of the research. Therefore, the research process undertaken in this thesis is documented thoroughly in this section; acknowledging and articulating the subjectivity clearly, in order to become more objective.

Figure 5-1.

Revised research strategy diagram

the felt body

the personal situation

Figure 5-2.

Anticipated data collection to analysis transition.

Reflection on the preliminary analysis and test design process

As the research progression turned out to be a non-linear process, the analysis – where the felt body and the personal situation is identified and examined within the conceptual framework – was also not a straight-forward exercise (see Figure 5-2).

Initially, data felt too complicated and far-fetched (see Figure 5-3). While various themes or keywords seemed to emerge sporadically, they were unstructured and wide-ranging (see Figure 5-5). It quickly became overwhelming, and scaffolding or structure for approaching analysis was needed.

Figure 5-3.

How it actually felt initially.

conceptual framework

the personal situation

the felt body

conceptual framework

Figure 5-4.
Scaffolding for data collection to analysis transition.

conceptual framework

literature/knowledge

First, it was helpful to consider the locale of one's lived experience or the felt body (see Figure 5-4). Following the New Phenomenology, the felt body is subjected to the personal situation. However, both the felt body and the personal situation happen within the conceptual framework that is primarily shaped by social, cultural, political and local contexts. These contexts are already studied and evaluated by existing research in abundance. Therefore, the objective of the analysis is to discover the point (theme) where the felt body, personal situation, existing literature and conceptual framework overlap. In other words, the emerged theme can be described by the felt body and personal situation and examined with the help of existing literature on its contexts.

However, the challenge was the limited depth in analysis. Emerged themes and concepts covered broad subject matters, and the knowledge and resources were not sufficient to allow a comprehensive exploration of each theme.

For the preliminary analysis, as well as subsequent analyses throughout the thesis, the limitation in comprehensiveness was accepted as the boundary of scope. Keeping in mind that the required final stage of the research is to produce design interventions that reflect analysis findings, the focus of the analysis was placed foremost on deriving components that will develop architectural concepts for therapeutic affect. To achieve this objective, emerging themes and ideas were organized, categorized and grouped.

Overall, the preliminary analysis and test design process provided an opportunity to investigate the viability of the proposed research strategy and allow feedbacks from various reviewers. The investigation was successful that it provided a more precise direction for the rest of the thesis.

Figure 5-5.

First attempt at gathering and organising emerged themes and concepts.

Process log

Step 1.

List all keywords on therapeutic spatial affect that emerged from collected data. Categorise into corporeal expansion (green text) and corporeal contraction (orange text).

Note that some keywords are repeated and can represent both corporeal expansion and contraction.

Step 2.

Group similar/relevant keywords and identify significant themes that compose therapeutic spatial affect (dark green text).

Step 3.

Arrange themes and keywords on the scale of spatial interventions, ranging from object to the social system.

Figure 5-7.

Arranging therapeutic needs and actions on the spatial scale.

ents

preventive measures

public/urban

social system

social and cultural frameworks

medical interventions

systematic changes

tertiary healthcare

approach

Step 4.

Apply step 1~3 to identify the therapeutic needs and actions within the health care context.

social and cultural frameworks

activism

colonisation *solidarity*
decolonisation
racism

home

Figure 5-8.

Selected themes and keywords that inspired the design intervention No. 0.

(During the preliminary analysis, comprehensive discussions of significant themes identified earlier were omitted.)

Step 5 and beyond.

From selected identified themes and keywords, derive a design intervention considering the appropriate spatial scale and therapeutic actions. Also, collected data (the researcher's experience/memory) and relevant architectural theory and case studies are considered for developing the proposed test concept.

As themes emerged as data was being collected, the design concept ideas emerged throughout data collection and analysis phases. These emerged concept ideas were revised or concreted and also influenced data collection and analysis. Again, the research progressed through different stages in an interrelated manner.

In a traditional architectural design process, the typical early considerations of a design concept – such as site, materiality, and program – are the primary drivers that influence design decisions. However, when the autoethnographic research process was applied to the pursuit of therapeutic spatial affect, the analysis findings identified/dictated site, materiality and program.

Figure 5-9.
The proposed design intervention No. 0.

Case studies and design evaluation

“Ducks” and “Decorated sheds”, and activist architecture

Denise Scott Brown (see Figure 5-10) is well-known for her era-defining work in architecture, planning and theoretical writing. Scott Brown – with her husband Robert Venturi and their friend Steven Izenour – first coined the terms “Ducks” and “Decorated shed” in the 1972 book *Learning from Las Vegas*. These terms are observations rather than judgements, and Scott Brown et al. (1972) argued that all buildings could be classified as one or the other. Scott Brown and Venturi (2004, p. 35) declared their categorisation as “architectural prototypes for our time” (see Figure 5-11). Ducks codify the buildings that are symbols themselves, where their shape portends the program/activity of inhabitants. Decorated Sheds are generic buildings that rely on its decorative or iconographic surfaces (i.e. signs) for its aesthetics.

Figure 5-10. Denise Scott Brown in Las Vegas, 1968. Retrieved from <https://archistdaily.wordpress.com/tag/learning-from-las-vegas/>

Figure 5-11. Architecture as sign and symbol - duck and decorated shed illustration. Denise Scott Brown and Robert Venturi.

Figure 5-12. Peel, M. (2018). The big duck in Long Island, NY.
CC BY-SA 4.0

Figure 5-13. Rinaldi, E. (2013). Rubber Duck by Florentijn Hofman in Sydney, Australia.
CC BY-SA 2.0

Ducks are often thought to blur the line between building and sculpture (see figure 5-12 & 5-13), while art has been blurring the line between art and activism/social movements for many decades. Sometimes it is activism through confrontation (see Figure 5-14), and other times through celebration (see Figure 5-15), albeit such distinction is also often ambiguous.

Figure 5-14. City Gallery Wellington. (2017). Jasmine Togo-Brisby's *Bitter Sweet*, 2015. A pile of skulls cast in unrefined sugar and resin emits a sickly-sweet smell. It examines "the effects of trauma transmitted through ongoing oppression across generations, particularly in contrast to the inheritance of wealth that has come to those who benefit from slavery and colonisation".

Figure 5-15. Marc Quinn's 'Breath' depicts pregnant Alice Lapper, celebrating disability, femininity and motherhood (own photo). The earlier version of the sculpture was first displayed in Trafalgar Square in 2005. When it occupied the square next to Palladio's San Giorgio Maggiore during Venice Biennale 2013, it caused controversy among some observers.

Lately, architecture has actively joined the trend and is increasingly becoming a part of many social movements. It often takes a form of “decorated shed”; architecture becoming a billboard by lending itself as a medium to carry a message instead of its own sign or being its own symbol (see Figure 5-16 and 5-17). Examining these precedents in both art and architecture, along with ideas of postmodern architecture, provided directions for the architectural design concept that incorporates one of the major themes for therapeutic affect: activism/advocacy.

The theme activism relates to the researcher’s spatial experience where other people’s support through their anti-racism activism instantly created positive, corporeally expanding, therapeutic affect and a safe place to be. Therefore, the theme activism was applied at the site where the researcher experienced a racial tension that resulted in dire need of therapeutic affect. The material, concrete, was commonly featured in the researcher’s therapeutic spatial affect that often relates to the theme of home. The selected material contributed another layer in addressing the need for therapeutic affect, as a sense of home was added again after the racial tension hindered it at the proposed site.²

The proposed design concept, End Racism Wall, contemplates both ideas of “duck” and “decorated shed”. Its function or activity is to provide therapeutic affect to the researcher, and it achieves by relying on an embedded sign. It is a symbol in itself – a durable wall that stands up against racism, and at the same time, a generic wall that relies on a message embedded on it – the same message that was held up by people advocating anti-racism.

2 The autoethnographic, spatial data that concerns the proposed site is not included in the chapter four.

Figure 5-16. Stuff.co.nz. (2019). Following the terrorist attack in Christchurch on 15 March 2019 that killed 51 people, the Burj Khalifa, an 829-metre-tall skyscraper in Dubai, was lit up with an image of Jacinda Ardern hugging a woman at the mosque in Kilbirnie, Wellington.

Figure 5-17. Lackner, N. (2018). Monica Bonvicini's GUILT, 2018. Being displayed on the BIX Light and Media Façade on the Kunsthaus Graz. This example somewhat blurs distinction between 'duck' and 'decorated shed' as the architecture takes a part in activist art.

Figure 5-19.

The proposed design intervention No. 0 receiving adverse reactions.

End Racism Wall provides therapeutic spatial affect for the researcher by recreating the safe place, or a sense of the safe place, that masks previous negative, anti-therapeutic experience at the site. The wall can potentially prevent future occasions of racial tension at the site, or at the least offer some solidarity to those who relate to the message positively. It becomes a preventative therapeutic design intervention.

It is expected that when architecture or built environment is attached with a significant political, social and cultural values, it will face rejections or backlash from the public. Recently, these adverse reactions were observed in the proposed memorial for

Figure 5-20.

The proposed design intervention No. 0 reappropriating adverse reactions.

Erebus disaster in Auckland and the proposed Chinese Garden of Beneficence in Wellington. End Racism Wall would face similar objections, if it were to be constructed (see Figure 5-19). Considering the site (an empty, abandoned plot in urban area) and its typology (a simple concrete wall), it is highly likely that these objections may lead to adverse actions against people too.

However, it is also entirely possible that the adverse action against End Racism Wall can, in return, evoke another positive intervention with therapeutic affect (see Figure 5-20). As Ahmed (2010, p. 29) argued, the design intervention accumulates positive affective value over time as “they are passed around”.

Final reflection on the intervention No. 0

When I presented my research methodology along with the preliminary analysis and the test design at a formal review, the reviewers' comments were far from positive. To summarise their criticism:

- Too personal/solipsistic; This (being too personal) is not architecture.
- Why not use 'evidence-based design' when you are designing therapeutic architecture?
- The design does not seem to be responding to any of the environmental context, such as wind or noise.

It was disappointing as I started the presentation by saying I wanted to move away from 'evidence-based design' and explore a new methodology. I also briefly mentioned New Phenomenology and the theoretical framework I adopted from it and discussed using autoethnography in architectural research as the main objective of the research project. Finally, I laid out the process to show how the proposed design concept was responding to the social and cultural context rather than the physical environment. However, these points did not seem sufficient to convince the reviewers.

I was hoping for constructive feedback on how I can better adapt the autoethnographic process, ideas and concepts I have missed in my preliminary analysis, or in general, how I can do better at what I set out to do. Being told that I should be doing something else entirely was just not helpful nor practical to me.

I could not say much in response to the reviewers but quietly pledged to completely disregard their comments at the time. I could not help but think that I was presenting to the wrong crowd.

As I was researching autoethnographic methodology and its strengths and weaknesses at the early stage of the thesis, complete rejection from other researchers (often of different paradigms) appeared a common occurrence. It seemed to explain my experience; however, I also had to wonder. By disregarding the reviewers' comments entirely, am I indeed being a solipsistic researcher?

I reviewed the responses from autoethnographic researchers who faced similar criticisms again, as well as the successful academic career of Caroline Ellis. Many autoethnographic researchers persisted within their respective disciplines and published their unique findings. They also have built a supportive community and continue to engage in discussing the rigour of autoethnographic methodology.

It would have been helpful if I did not have to defend the premise of my thesis. However, I could have found a better, more concise way to introduce the new methodology. Also, I could be more frank about the challenges I was having to the reviewers, which may return the feedback I sought.

More importantly, I needed to adjust my expectations. It is a given that a single research project cannot complete exploration on the new methodology; as I have set out in the aim of the thesis, my research project would be a case study or a trial of a new method. It is possible that even at the end of this thesis, where the argument is complete, I still may not successfully convince the same reviewers to accept that the new methodology is viable.

It appears that only continued research and exploration in the new methodology can satisfy my question and the reviewers' criticism in the long term. However, in the meantime, I should acknowledge that I have an encouraging supervisor, advisors, and colleagues that support my research project.

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Analysis

Following the preliminary analysis and test design, this section will continue to discuss emerged themes and elements that composed therapeutic spatial affect as perceived by the researcher. Analyses were conducted through narrative and contextual investigations – locating the personal spatial experience in the broader local, social, cultural, and political frameworks. It was an important step where autobiography became autoethnography; it explained and critiqued the conceptual frameworks of the author's experience. Emerged themes on therapeutic affect and other relevant elements (such as materiality, geometry, and scale) were grouped into five major categories: (a) senses of homes, (b) shifting perspectives, (c) (un-) familiarity, (d) unyielding/unpragmatic values, and (e) social justice/activism. Among the five categories, the most significant and overarching was 'senses of homes', which will be discussed in depth here. The other four themes will be discussed in tandem with relevant design concepts in the next chapter.

Whatever else it might be, home is a place. This may be a spatial place or a place in the memory or imagination, or a place in all these senses plus more besides – such as an environment that is endowed with spiritual or symbolic significance. [...] We must, therefore, when thinking about home, be prepared to stretch our concept of place in order to accommodate quite different dimensions of meaning.

(Fox, 2016, p. 15)

Composing therapeutic spatial affect:

Senses of homes

The most significant finding from the analysis was that the “sense of home” was critical to the researcher’s therapeutic spatial experience. It might seem too obvious and predictable since typical clichés such as ‘no place like a home’ and ‘make yourself at home’ are considered almost universal. A sense of home is commonly emphasised in therapeutic spatial design and often highlighted as an essential feature of therapeutic spaces. However, it should be noted that within the domestic built environment context, a sense of home is frequently conflated with the feeling of comfort (Ellsworth-Krebs, Reid, & Hunter, 2019). It risks further reduction in the understanding of home into purely physical perceptions, where the primary meaning often becomes limited to thermal comfort (Chappells & Shove, 2005; Ellsworth-Krebs et al., 2019; Madsen, 2018) with the premise that it may promote the state of relaxation. However, in contrast to quantitative analyses and technical approaches by building scientists and researchers, the autoethnographic approach of this thesis maintained, and even expanded hopefully, the complexity of multifaceted “sense of home”. The most significant key finding is that the researcher’s sense of home is plural and evolving, which is a critical element of therapeutic affect (for the researcher herself).

Plural and evolving senses of homes as a theme emerged from the early stage of data collection and became the most abundant source of data. The later stage of data collection focused on collecting autoethnographic narratives that comprehensively explored the senses of homes as experienced by the researcher.¹ The data was primarily in the format of written words – short vignettes, a poem and a reflection, and several accompanying or standalone visual representations – physical models, collages, found/collected objects and video recordings. As the researcher arrived at the point where sufficient data on ‘senses of homes’ was collected, the collected materials were arranged in a structured format, and selected pieces were organised into exhibitions. These pre-analysis activities contributed to revealing themes and relevant concepts, which guided the investigation.

1 The data collection practice described here highlights the non-linear, interrelated aspects of the autoethnographic research process.

Examining the narrative

The close examination of the written words (short vignettes and poems), especially with narrative analysis, allowed the scope of 'home' to expand and articulate how it manifested within the researcher's understanding of therapeutic spatial experience. The poem "*Where is home*" on page 4_24 from Chapter Four Collected Data is particularly useful data for analysis. The assembly of the poem shed light on how the researcher acknowledges the multiple senses of 'home/s'. Here, along with the title, the poem indicates conflicts and uncertainty. Six concepts of home are outlined in chronological order as the researcher has experienced them.

Additionally, the poem acts as an intro to the series of written vignettes and visual representations that relate to the theme. Each stanza refers to a unique concept of home (i.e. mountains, oversized [surroundings] and a train car) and core components (i.e. concrete buildings and rocky hills, climbing up to a high place, and having some control/agency over the space) for each concept. This structural information connotes the personal importance of each concept of home to the researcher.

Functionally, the poem serves multiple roles. The researcher uses the poem to encourage readers to review their notion of home and from which components their sense of home is derived. To the researcher herself, the process of writing the poem was revealing as well as therapeutic. It legitimised the internal conflict felt by the researcher; an irreconcilable state against the inherent and conventional quality that is commonly attached to the sense of home, which emulates stability, consistency and perhaps, permanency. By allowing the researcher to construct a tangible list of the changing concepts of home, the poem solidified the plurality of home for the researcher. Additionally, it led to opportunities to elaborate on each concept of home in more detail using written vignettes and other relevant modes.

Figure 5-21. A photo collage of the visual representation ‘the concrete rooftop’ in the display, Own photos, 2019.

Figure 5-21 shows the visual representation that relates to the theme ‘senses of homes’, accompanying the written vignette, “#1 Mountains” (pages 4_26 ~ 4_29, Chapter Four), elaborating on the first stanza from the poem “Where is home”. The written vignette recounts the researcher’s childhood memory, finding familiar comfort of home on the concrete rooftop located at a context she finds somewhat foreign:

Nothing to heighten my senses, unlike the mountains, but only the familiar texture and the warmth from the sun. [...] It takes some time to get used to, but soon enough, I can appreciate everything about this moment. My eyes are closed, but the sun still brightens. The sound and smell of mountains are distant, almost unnoticeable. The warmth emanating from the concrete surface gives comfort despite the hardness.

The visual representation serves two purposes. Firstly, it allows the researcher to identify the critical element from the spatial experience to represent visually; the process innately involves examining the experience spatially and often aids the researcher to elicit architectural design indicators. Secondly, it becomes an active device to engage other bodies. Visual representations have lower barriers for engagement than written words and can be designed to complement the static act of reading with interactive activities.

Here, the materiality of concrete – particularly its qualities under the summer sun – was identified as the critical element. Hence, the visual representation was developed as a physical model of the rooftop that accentuates the materiality of concrete. Additionally, the exhibition of the physical model aimed to simulate the researcher’s experience by installing a heat lamp above it and allowing interactions from observers (i.e. touching the concrete surface to feel the warmth). It was successful at garnering observers’ interest, which also often led them to read the accompanied written vignette and instigated various responses that could reveal the extent of relevant cultural context.

Examining the context

The context of collected data is also an essential source of information. Autoethnography allows the researcher to investigate which events and social and cultural discourses have defined her experiences through self-reflexivity (Bochner & Ellis, 2002) by “connecting the personal to the cultural” (Ellis & Bochner, 2000, p. 738). The contextual, self-reflexive analysis reveals the elements of the researcher’s personal experience that are not rational as well as the world of others in a personal, literal and experimental way (Winter, 2014). For example, with the researcher’s plural senses of homes, two critical events from the researcher’s personal history and associated social and cultural contexts can be identified: immigration and insecure housing situations.

The researcher’s family moved countries when the researcher was aged between 12 and 13, moving from a big, metropolitan city of a small country in Asia to Canada, then to Aotearoa New Zealand. The first three stanzas of the poem “*Where is home*” reflect this experience. Being raised within the immigrant family context has contributed to the researcher’s plural understanding of home, and further delamination of different senses of homes. Figure 5-22 presents the complex personal and cultural concepts that stem from being a migrant; the diagram indicates the researcher is identifying herself as situated “in-between” cultures, nations, places, with consistent push and pull in multiple directions, and with a limited number of “consistent” or “common” elements.

The last three stanzas of the poem “*Where is home*” reference the insecure housing situations – both voluntary and involuntary, and Figure 5-23 refers explicitly to the researcher’s recent experience of navigating the current housing crisis. Being unexpectedly evicted² twice in five months resulted in a significant rift between the established, ideal concept of home and the researcher’s prior experience of home. It became clear to the researcher that the ownership of a property – or the certainty and security of tenancy that comes with it, to be more precise – is a vital requirement for the place of residence to convey ‘a sense of home’. Consequently, ‘agency’ was also emphasised as a critical element of therapeutic spatial experience.

2 In New Zealand, The Residential Tenancies Act 1986 allows landlords to give 42 days’ notice to evict tenants if one of three situations apply. These three situations are indicated for the convenience of the property owners managing their asset.

Figure 5-22. Wordcloud diagram, from the researcher's notebook, 2019.

Figure 5-23. One of two 42-days notice to vacate letters received between Aug-18 and Jan-19, 2019.

Agency

The theme of ‘agency’ – having an agency over a space – repeatedly appeared as a critical contributing factor to therapeutic spatial affect and was closely related to the senses of homes. Fox (2016) provides some insight on the relationship between agency and home as he argues that home is a central focal point for the construction of self-identity. He also references psychiatrist James Yandell for the following insight (Fox, 2016, p. 64):

Nesting, home-making is a major means of personal expression and development. We create our immediate environment and then contemplate it and are worked on by it. We find ourselves mirrored in it, see what had been not yet visible, and integrate the reflection back into our sense of self. [...] A right home [...] can protect, heal, and restore us, express who we are now, and over time help us become who we are meant to be.

The contribution of agency to therapeutic spatial affect is evident in the vignette “#2 Oversized” (page 4_34). It mentions a simple act of hanging a jacket on the particular tree branch. Albeit a minor detail, the act implies the personalisation of the space and ‘making home’ or ‘nesting’ in a small way. Again, the vignette “#4 On the train” (pages 4_38 ~ 4_39) demonstrates the similar concept of having an agency over the space occupied. The effect of having the ability to manipulate the space within the given constraints³ was quite impactful, turning around a tense situation (corporeally contracting) and leading to therapeutic spatial experience (corporeally expanding).

In contrast, the lack of ‘agency’ connotes corporeally contracting experiences. It is well noted in “#5 Of someone else” (pages 4_44 ~ 4_49) and “#6 Of mine” (pages 4_54 ~ 4_60). The instability of housing tenure and inability to make home beyond using the temporary installation of objects are certainly the barriers to therapeutic spatial affect that exist in the researcher’s senses of homes. However, these barriers are somewhat addressed by shifting the researcher’s understanding of home and using objects that the researcher has full agency.

³ It should be noted that it was a constraint that was entirely voluntarily imposed (i.e. the researcher’s choice to travel by train for three months). It contrasts the constraints on agency discussed in the following paragraph, which were imposed on the researcher by others and the current legal system.

Is the researcher's senses of homes entirely personal?

The analyses identified that the author's sense of home is not static, but is plural and changing, responding to significant life events such as immigration. Most recently, the series of evictions amid the current housing crisis was the instigator for another change. The author's sense of home has shifted from a physical dwelling to objects, and the shift is a reflection of the intrinsic relationship between the ownership of a property and the customary idea of home.

Understanding the researcher's therapeutic and non-therapeutic spatial experience in the context of her own personal, social and cultural identity ensures that the outcome of the analysis is not singular. In considering 'home', the personal meanings of home space often resonate with others beyond the individual, and there exists a nexus in which homes "model, mirror, elaborate, symbolise, appropriate, and incorporate meanings from the world at large" (Fox, 2016, p. 63). At the same time, the limits to its interpretation due to personal dimensions can still be recognised.

However, with conducting contextual analysis, it is worth noting that the cultural studies originated to connect the criticism of power to opportunities for intervention. The analysis of the personal experience contains complex relationships to other cultural elements and social powers (Winter, 2014). Therefore, revealing cultural and social forms of injustice through critical analysis is central (Denzin, 2009; Niederer & Winter, 2010; Winter, 2014), which should lead to investigating the possibility of change. In architectural research, the possibility for change can be developed as architectural problems that call for interventions at the built-environment context.

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Chapter Six

Design Response **Concepts**

Intervention No. 1 **Gilded Home Objects**

A list of reminders

In addition to grounding exercises and breathing techniques for mindfulness, another task encouraged by the clinical psychologist was to make a list of reminders – of things that make me happy, feel better and relaxed – and place it at somewhere prominent: At home, at work and on the phone. Because it will not be as easy to think of them when the PTSD symptoms are consuming me, I should be ready to climb out of the spiral actively and with an intent.

I was already struggling so much with this simple task at fist. All I can think of was our beloved family cat in Auckland home. He passed away suddenly earlier this year. I started falling into the spiral again. The psychologist was patient. We eventually arrived at a list of four activities and things, but she insisted I list more numbers and continue to grow the list.

Everyday objects made special

Claes Oldenburg, Subodh Gupta, and Hans Hollein

Pancakes and Sausages, 1962, by Claes Oldenburg (see Figure 6-1-1) is alluding to the rise of consumerism in the 1950s and 1960s; it is commenting on the growing reliance on convenience food. Metamorphosis is a critical element of Oldenburg's work. He experimented between materiality and scale by making hard things soft, small things large, inanimate things animate and vice versa.

Oldenburg, like many artists of the modern era did, extended the definition of art and dismantled all accepted, traditional assumptions and artistic conventions. He challenges our confined notion of objects and the ways we perceive the everyday world, as his famous quote from 1960 goes:

“I make my work out of my everyday experiences,
which I find as perplexing and extraordinary as can
be.”

Figure 6-1-1. Pancakes and Suasages, 1962, painted canvas and china plate. Private collection.
© Claes Oldenburg.

Figure 6-1-2. Cow, 2003, bronze, aluminium. Collection of Larry Warsh, New York.
© Subodh Gupta.

Subodh Gupta also elevates objects found in the everyday domestic and street life. Reflecting his upbringing in a devout Hindu household, these objects are lifted to a position of spiritual worship. (Hinduism is a religion that sees divinity imbued in everything around us, and everywhere.) Cow, 2003, (see Figure 6-1-2) references the sacred animal of Hinduism and at the same time references the social and cultural context of the modernising India in the twentieth century by the materiality (Maidment, 2016). His art encourages the viewers to appreciate and celebrate the genuinely humble, everyday objects.

Austrian architect Hans Hollein, the 1985 Pritzker Prize Laureate, was one of the leaders of the Postmodern period. He is well-known for provocative and progressive designs. The Austrian Travel Agency, Vienna, completed in 1979, showed Hollein's most extreme uses of ornament (see Figure 6-1-3). The interior contains an unusual dome, fake Greek and Roman ruins including a chrome pillar growing out of a Doric column, a nautical balustrade and a lifebuoy, and the most of all, a series of metallic palm trees (see Figure 6-1-4). These decadent ornaments depicting quotidian elements of a typical, or idealised, travel directly resonate with the purpose of the building (Shaw, 2014). While some later critics describe these shiny palm trees as 'kitsch' remnant of Post-Modernism, they are undeniably effective at drawing out emotional response for the both good and ill.

Figure 6-1-3. Hans Hollein designed Österreichisches Verkehrsbüro (Travel Agency) in Vienna, Austria, 1987. © Atelier Hollein.

Figure 6-1-4. Fake Greek ruins and a series of palm trees in Hans Hollein's Travel Agency. Retrieved from <http://www.johannesreponen.com/journal/2015/11/29/today-austrian-travel-agency-office-19761978-in-vienna-by-hans-hollein>

Gilded Home Objects

As discussed in Chapter Five, the most significant finding from the analysis was that the senses of homes were crucial to a therapeutic spatial experience. Additionally, the analyses identified that the author's sense of home is not static, but is plural and changing, responding to significant life events such as immigration. Most recently, the series of evictions in the midst of the current housing crisis was the instigator for another change. The author's sense of home has shifted from a physical dwelling to objects, and the shift is a reflection of the intrinsic relationship between the ownership of a property and the customary idea of home.

Gilded Home Objects are scale models of the author's personal objects. They celebrate the new sense of home nested in objects, which the ownership belongs to the author, rather than a leased dwelling. To be scattered around Wellington city for brief encounters on streets, they provoke the new sense of home for the author and remind of the ability to create home instantly with a select few personal objects regardless of the instability in a physical dwelling. For those not familiar with the context, Gilded Home Objects still provide amusing, and potentially therapeutic encounters: a fleeting moment of distraction that "brings one's attention to the present moment", a core definition of mindfulness (Jha, Krompinger, & Baime, 2007, p. 109).

Key themes:

- (a) senses of homes
- (c) (un-)familiarity

Figure 6-1-5. Gilded objects

Figure 6-1-6. Gilded objects I. Close up render.

Figure 6-1-7. Gilded objects II. Close up render.

Figure 6-1-8. Gilded objects III. Close up render.

Figure 6-1-9. Gilded objects I, II & III. 3D rendered views.

Figure 6-1-10. Gilded objects I. 3D mesh.

Figure 6-1-11. Gilded objects II. 3D mesh.

6-1-10

6-1-11

Figure 6-1-12. Gilded objects III. Gilding process.

Figure 6-1-13. Gilded objects I.

Figure 6-1-14. Gilded objects I.

(Speculated) Autoethnographic record of

Design Intervention No. 1

I found the time spent alone the most unpredictable. Sometimes, it was a welcomed opportunity to recover. Other times, it was an inescapable torment.

Walking to places is one of my favourite parts of living in Wellington. As I walk, I observe, listen, and daydream. However, I am also alone. If I become aware of footsteps behind me, it could trigger my symptoms. Often, the thought chain would inevitably arrive at triggers. Suddenly, there are no distractions, but I am sorely alone with my thoughts, memories, and physical sensations that I could not shake off. Then, I sink to the void with uncontrollable emotions. This is the point where I need to remember and practice grounding exercises and breathing techniques quickly — focus on the present and the positives; identify what is the real threat and what is not at that very moment.

Yellow reflected light catches the corner of my peripheral vision, just in time. It is from one of Gilded Home Objects that are scattered around Wellington City. A much-needed distraction. I slightly deviate from my route and walk towards it.

I instantly recognise Frida — all my plants have names — the snake plant. It takes me home, in my ensuite where it sits next to the hand basin. I remember how dry its soil was this morning, yet I still didn't water it. I intently focus my mind to the time that I propagated its new shoot and gifted to my friend. It was to replace another plant I gave them as a housewarming gift, which they killed soon after.

Underneath the sense of home and a pleasant memory, I sense that the void is fainting away. I return to my route and carefully step back on to my walk.

Evaluation and reflection on

Design Intervention Concept No. 1

Inspired by case studies explored earlier, Gilded Home Objects aims to engage in the notion of blurred boundaries between architecture and sculpture. Moving beyond the architectural follies that are often at the habitable scale, Gilded Home Objects test the idea that small objects can be thought of as architecture; in this case, considered as therapeutic architecture.

The argument that Gilded Home Objects are therapeutic spatial intervention relies on the ability of these objects to evoke therapeutic spatial affect and a sense of place. Perhaps, such ability is not as effective to observers other than the researcher herself. Without the context explained, other observers are more likely to perceive Gilded Home Objects only as small sculptures that provide fleeting encounters; For others to leap in their perception and experience them as spatial objects would need more explanation and encouragements.

The fabrication of Gilded Home Objects was not sophisticated nor required impeccable quality to achieve its intended affect. As Gilded Home Objects employed readily accessible resources and technology (3D printing is available from the public library; 3D modelling skills are optional as pre-made, open-source 3D artefacts are available online; gilding materials are easily obtainable from the local art suppliers), it references the recent development in maker culture. Then, with enough people buying into the underlying ideas of the proposed concept, could it be developed into a quirky, local activity?

Gilded Home Objects from different people's homes would be scattered around the city. These objects could be taken away, relocated to another location, replaced with another object, or remain in place for a long time. Indeed, its unexpectedness and ability to pleasantly surprise would increase. Furthermore, for those in the know, the object could take them to their or other's home.

Chapter 6-1 reference list

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Design Response Concepts

Intervention No. 2 Church ~ Library For One

Where to learn and reflect

While it can be essential and helpful for many people to share their experience with mental health problems with their loved ones, I found that extremely uncomfortable and unhelpful. Talking to the specialist medical doctor and the clinical psychologist – concerned strangers – were only people I felt comfortable with sharing my trauma and seeking help.

Instead of talking to people, academically researching about the PTSD and my symptoms were helpful for me. Knowledge of its prevalence, reported triggers, various treatments, and prognosis allowed me to assess my own status as objectively as possible. It somewhat alleviated pressure from the intensely personal dimension of the trauma. Only then, I could share some of my experiences with the PTSD with my loved ones, albeit light on details. From there, my recovery enhanced.

I preferred my journey to be private but not alone.

Figure 6-2-1. Sir Anthony Panizzi by Ernest Edwards, published by Lovell Reeve & Co. Albumen print, published 1864. Collection of National Portrait Gallery, London.

The British Museum, London, England

Antonio Panizzi, the Keeper of Printed Books

Antonio Panizzi (see Figure 6-2-1) was an Italian patriot and man of letters. He started a librarian position at the British Museum Library in 1831 and eventually became Chief Librarian. Under his leadership, the library became the largest in the world with more than 540,000 volumes. The British Museum Library was in urgent need of re-organisation before Panizzi's tenure. Panizzi was appointed as the Keeper of Printed Books in 1837 and undertook the development of a new catalogue. The rules he devised became the foundation for all subsequent library catalogue rules, including the ISBD and the Dublin Core (DCMI) ("Antonio Panizzi," 2016).

Figure 6-2-2. Reading Room of the British Museum, designed by Sidney Smirke in collaboration with Anthony Panizzi and built in the 1850s. Retrieved from <https://www.britishmuseum.org/about-us/british-museum-story/architecture/reading-room>.

$r = 140 \text{ ft.}$

Figure 6-2-3. Earliest Museum plan for the new Reading Room. Retrieved from <https://www.britishmuseum.org/about-us/british-museum-story/architecture/reading-room>.

Figure 6-2-4. Ground plan of Pantheon; drawing by Hermann Vischer, 16th century. The Louvre, inv. 19051 verso. Photograph by RMN-Grand Palais/Art Resource, NY.

However, Panizzi is best remembered for his role in designing and overseeing the construction of the Reading Room, which opened in May 1857. He recognised the need for a new reading room early in his tenure and had the idea of a round room in the empty central courtyard. The room had the free-standing dome with a diameter of 42.6m (140ft) as Panizzi requested that it shall not be any less than the Pantheon in Rome (see Figure 6-2-3 and 6-2-4). It was the consolidation of mid-19th century technology with the use of cast iron, concrete, glass and the latest heating and ventilation system ("The Reading Room.," 2019).

The dome of the Reading Room in the British Museum Library (see Figure 6-2-2) is a symbolic representation of the knowledge of human minds being acknowledged and elevated to the equal of religious experience. The library is becoming the new church of the people.

Church ~ Library for One

To be located at the edge of Newtown Shops in Wellington, Church ~ Library for One plays on the researcher's experience of Villa la Rotonda by Andrea Palladio in Vicenza, Italy. Villa la Rotonda's strict adherence to geometric rules and references to the Pantheon did not yield to the pragmatic needs of the prescribed program, which is an extremely rare occurrence in contemporary architecture. Church ~ Library for One strongly contrasts the pragmatic, efficient and practical contemporary healthcare facilities – especially when publicly funded, which connote patients (occupants) are a burden that needs to be effectively managed and minimised. It strictly observes a rule-based geometry and prioritises the particular experience by occupants over practicalities.

Access to solitude and personal, private space can often be unattainable at the home, workplace and healthcare facility amid flatting, open-plan offices and shared patient rooms. Church ~ Library for One provides a space for private activities where one can fulfil their mind either spiritually, culturally or both in solitude. It also provides a place for those in distress who desires to be discrete in their distress and recovery, yet not completely isolated due to the design; a safety measure for mental health crises.

Key themes:

- (c) (un-)familiarity
- (d) unyielding/unpragmatic values

Figure 6-2-5. Studio photographs: a physical model of Church ~ Library for one at 1:200

NEWTOWN SHOPS

6-2-6

6-2-7

Figure 6-2-6. Site plan I

Figure 6-2-7. View from Riddiford Street I

6-2-8

PHILIP I

Figure 6-2-8. Site Plan II

Figure 6-2-9. View from Riddiford Street II

Figure 6-2-10. Bird's Eye View

Figure 6-2-12. Worm's Eye View

Figure 6-2-11. Exterior View

6-2-11

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6-2-13

6-2-15

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Figure 6-2-13. Plan

Figure 6-2-14. Public-Private Diagram

Figure 6-2-15. Sections A -G

6-2-16

6-2-17 A

6-2-17 B

6-2-17 C

6-2-17 D

6-2-17 E

6-2-17 F

6-2-17 1-14

Figure 6-2-16. Section D - Detail

Figure 6-2-17. Interior Views A - G

(Speculated) Autoethnographic record of

Design Intervention No. 2

The layout of the building is obscure but predictable. I pay careful attention to each step I take, as I am trying not to disturb people already occupying cells. I arrive at one empty cell. I'm pleased that the early afternoon sun has warmed a good portion of the concrete floor. I sit on the warm spot and swipe my hand on the floor to feel the temperature difference between the area where the light touches and doesn't.

Some days, I bring a book to read as reading fiction is always helpful to take my mind off to nowhere. On another day, I pull out my laptop to research the question that has been bugging me. One day, I reflected on the two, irreconcilable minds I have. I want to forgive. At the same time, it feels incredibly unfair. The struggle became too much; it took a while to recover emotionally. Next time, I just want to lie on the warm spot of the hard, concrete floor and feel how it slowly cools down as my body absorbs the warmth.

The consistent factor across all visits are the materiality of concrete. It's solid and steadfast. It is as if the building is telling me that I can depend on it with every atom it has. It brings about the comfort that I remember well.

Evaluation and reflection on

Design Intervention Concept No. 2

The design concept of Church ~ Library for One was primarily born out of the researcher's need for a private space, yet her the desire to not be isolated. As it functionally aims to meet the researcher's specific need and desire to provide a space for therapeutic activities, it employs the materiality and form to impart therapeutic affect by creating a sense of support. The materiality of concrete and the pursuit of geometric rules can achieve these therapeutic aims for the researcher, as they draw on her strong, positive memories of places. However, how would it resonate with others?

As discussed in the description of the proposed concept, there seems to be a merit in providing easily accessible personal space. While the therapeutic affect was derived from the personal experience of the researcher, it is reasonable to consider the need for personal space as a more prevalent issue among young people. Due to a combination of social and cultural aspects – including the commodification of space, especially urban space – having access to a private, personal space has increasingly become a privilege.

Currently, the most generous accessibility comes with public spaces. However, it often means a lack of privacy but access to shared space. Suppose the public building, be it a library or a church, can offer easily accessible personal space with reasonably ensured privacy. It could offer a respite to many people in their everyday life.

Figure 6-2-18. Material Texture Sample

Chapter 6-2 reference list

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The Reading Room. (2019). Retrieved from <https://www.britishmuseum.org/about-us/british-museum-story/architecture/reading-room>

Design Response **Concepts**

Intervention No. 3 **Walled Garden**

No prescribed activities

Memorial to the Murdered Jews of Europe, Berlin, Germany

In 2017, the photomontage series created by Shahak Shapira, a Berlin-based Israeli satirist, garnered a considerable number of media responses internationally. Shapira searched social media and copied twelve selfies taken at the Memorial to the Murdered Jews of Europe in Berlin and superimposed with scenes from concentration camps. The unwitting selfie-takers were suddenly surrounded by graphic scenes of emaciated bodies and corpses. These images created by Shapira were published on his website – “Yolocaust” (<http://yolocaust.de/>), which immediately went viral. “Yolocaust” is a reference to the popular acronym “you only live once” and added another layer of provocation.

The Memorial to the Murdered Jews of Europe consists of the grid of purposefully arranged 2,711 concrete slabs (see Figure 6-3-1). Shapira argues that the memorial is “a place for reflection, not just another backdrop for goofy selfies” (Nicholson, 2017). The project sparked a ferocious debate over where to draw the line; Shapira received thank you emails and praises from Jews who lost family members in the Holocaust and Holocaust researchers, while others expressed worries over the potential of censorship (Bourke, 2017).

Figure 6-3-1. Memorial to the Murdered Jews of Europe, Berlin. Designed by Peter Eisenman.
CC BY-SA 3.0.

For Peter Eisenman, the memorial's architect, it was already expected that not all visitors would be respectful and reverent:

People have been jumping around on these pillars forever. I think it's fine. [...] But there are no dead people under my memorial. My idea was to allow as many people of different generations, in their own ways, to deal or not to deal with being in that place. And if they want to lark around I think that's fine. (Gunter, 2017).

Nonetheless, this incident reminds of an important question to consider for architectural designers. Architects produce designs for buildings with the prescribed intent and usages. These expectations are implemented by the design choices made by the architect. Affect of the architecture is indeed a key aspect to consider. However, once the construction is complete, the architect no longer has control over how people are going to interact with his design (see Figure 6-3-2).

Figure 6-3-2. People responding and engaging in different ways with the memorial.
BBC News. Retrieved from <https://www.bbc.com/news/world-europe-38675835>.

Walled Garden

Walled Garden is to be located at the empty site on Tasman Street, Mt Victoria, nearby Pukeahu National War Memorial Park. However, the site is not necessarily a significant factor to the proposed concept other than it was meant to offer an alternative route for those passing through the street. Despite being called Walled Garden, it is not the usual garden of enriched nature. Instead, it is walled garden consisting of concrete blocks and a few wall-like features. It is also not particularly inviting.

Walled Garden is purposefully intent-less and arbitrary: like a yet-to-be-developed greenfield site but made of concrete. There are metal structures fashioned in vivid shades of blue dotted around the garden, as in unruly trees would be found on the greenfield site. Composed together, these structures pay an unusual homage to the researcher's childhood memory of exploring humble mountains; it references therapeutic spatial affect associated with the familiar memory.

At the same time, Walled Garden offers an unfamiliar experience to both the researcher herself and others. Should you choose to pass through the garden instead of the street, it would require active climbing and jumping off of concrete structures as one navigates the arbitrary and somewhat unfriendly concrete terrain.

However, Walled Garden does not have any expectations or demands on the visitor's behaviour. It allows the visitor to respond freely in any way they see fit by becoming any place the visitor wants it to be.

Key themes:

- (b) shifting perspectives
- (c) (un-)familiarity

Figure 6-3-3. Jogakbo II. *Own work.* 2019.

Jogakbo is a style of patchwork, which has enjoyed a long history in Korea. It was traditionally used to create domestic wrapping cloths (known as bojagi) from scraps of left-over fabrics. Excepted fom Chapte Four.

Figure 6-3-4. Concept drawing derived from Jogakbo II.

Figure 6-3-5. Clay-rendered plan view.

Figure 6-3-6. Perspective renders.

(Speculated) Autoethnographic record of

Design Intervention No. 3

The weather is unusually fine. For no other particular reason, I decided to venture into Walled Garden on the way home.

Entering from the northern opening, the structures were clumsily arranged as downward steps. After a few steps down, I carefully climb up to the narrow, tall structure. From there, I jump off to a wide structure below. Next to it is a blue, triangular structure. Being mindful of the gap, I make a big step to the blue, metallic structure. I decide to sit on the structure for a while. Being at the higher point of Walled Garden, I have a good overview of the rigid, irregular slope of Walled Garden. I swing my legs rhythmically and kick against the metal structure with my heels. The loud, banging noises are echoing awkwardly. Although I am feeling somewhat self-conscious of the noise I just made, it was satisfying mischief.

I hopped off from the blue, metallic structure. It leads to a flat, vast platform that seems like an excellent place to have a small picnic. It resembles a row-rising platform commonly seen in the front yard of rural, Korean houses. I continue to step down the rigid, downward slope. As I walk past the enormous, tall, metallic structure, I run my palm against it to feel its curve.

I'm already at the other end of Walled Garden. I hardly explored the full extent of the place, but it feels enough for the day. The small detour through Walled Garden was subtle adventure perfect for an uneventful day.

Evaluation and reflection on

Design Intervention Concept No. 3

As discussed earlier, Walled Garden does not have any intent but is arbitrary. It simply aims to offer an unfamiliar environment to its visitors including the researcher herself through obscure structures. The unfamiliarity is hoped to be maintained by being obscure and uninviting; without any obvious purposes of the proposed concept, it does not give many reasons for people to visit even if you are regularly walking past it.

However, in an abstract dimension, Walled Garden was inspired by 'learned nostalgia' of the researcher (see pages 4_62 ~ 4_65, Chapter 4). Referencing Korean traditional elements such as stone walls, framed views, and irregular geometries that fondly remembered by the researcher, the formal concept of Walled Garden was devised. Hence, incorporating therapeutic affect of familiarity in unfamiliar way.

Experimenting with un/familiarity and abstaining from imposing intents, Walled Garden is the most preventive measure among proposed concepts in this thesis. It provides an opportunity for small adventures to brighten up in repeated everyday routine. When actively engaged, it achieves therapeutic spatial affect by offering a change and freedom.

Chapter 6-3 reference list

- Bourke, I. (2017, January 19). The “Yolocaust” project conflates hate with foolish but innocent acts of joy. *NewStatesman*. Retrieved from <https://www.newstatesman.com/2017/01/yolocaust-project-conflates-hate-foolish-innocent-acts-joy>
- Gunter, J. (2017, January 20). ‘Yolocaust’: How should you behave at a Holocaust memorial? *BBC News*. Retrieved from <https://www.bbc.com/news/world-europe-38675835>
- Nicholson, E. (2017, January 24). Satirist Takes Berlin Holocaust Memorial Selfie-Takers To Task. *NPR*. Retrieved from <https://www.npr.org/sections/parallels/2017/01/24/511244932/satirist-takes-berlin-holocaust-memorial-selfie-takers-to-task>

Design Response **Concepts**

Intervention No. 4 **GWF Watchtower**

Carrying on from Intervention No. 0

Being an activist

End Racism Wall (see Figure 6-5-1) proposed in Chapter 5 (Preliminary Analysis and Test Design) briefly explored the idea of activist architecture for therapeutic spatial affect. End Racism Wall primarily relied on the message it carried for executing the theme of ‘social justice/activism’. However, there are many more ways in which architecture can engage in activism.

One way is declaring a manifesto. The Group Architects, rebellious students at architecture school in the post-War era, wrote a manifesto (see Figure 6-5-2 and 6-5-3), as well as designed and built their own houses. Notably, their manifesto includes a section on politics; the manifesto declares ambitious statements such as “architecture is not possible within a capitalist economy”, and the sentiments are still relatable today, some seventy years later.

More recently, the Architectural Centre released their Manifesto for Architecture in 2006 and Manifesto for Housing in 2017 (see Figure 6-5-4). The launch of Manifesto for Housing was a response to the increasing housing needs. Considering that 2017 was an election year, Architectural Centre also campaigned their manifesto publicly on the billboard near Wellington’s bus terminal by the railway station (see Figure 6-5-5).

These examples show that architects are undoubtedly aware of the political dimension of architecture, as well as prevalent social issues that could be addressed by architecture. Also, it appears that architects can use means other than the building to express their values effectively.

Figure 6-4-1. The proposed design intervention No. 0.

on the necessity for architecture

- . . . society
- . . . the individual
- . . . techniques
- . . . beauty
- . . . politics
- . . . economics
- . . . philosophy
- . . . the magazine

THE MANIFESTO OF THE ARCHITECTURAL GROUP

Figure 6-4-2. On the necessity for architecture
Manifesto facsimile cover page. Courtesy of
Special Collections, Libraries and Learning
Services, University of Auckland

this bigger tool. It is the only method by which we can do so to the full. Unless we decide what we want produced we shall not realise the potential of our industry through failing to use methods suitable to its capacities. The nature of the machine and the method of mass-production demand standardisation.

Wedded to these new powers, we have a fabulous and ever-increasing wealth of new materials and methods of fabrication. Research is continually presenting us with wider and larger powers. While we must always press on with our search for newer and better ways, we must remember that a denial of the nature of machine-production and its attendant standardisation can only mean a squandering of the possibilities before us.

. . . beauty

We must insist here that standardisation does not mean monotony. The brick is a standard which has been accepted for years. Timber sizes are standardised. Standardisation means merely an increase in the size of the units commensurate with the nature and capacity of this new and more efficient tool.

Standardisation or repetition was, in fact, the earliest principle of design on which all the great masterpieces of Classical and Renaissance times were based.

Choice, then, is necessary, not only for full utilisation of our new powers, but to produce that sense of order and unity which is the basis of beauty. The disciplines according to which we make the necessary choice are (a) the nature of the machine, (b) the functions the building or object is designed to fulfil, and (c) the local physical and social conditions. Physical limitations are not a discipline but a challenge to our ingenuity.

Other countries have to a certain extent solved these problems. Our problem is to develop an answer suitable to our own conditions.

. . . politics

The achievement of these things is a matter of practical politics, for the true concept of politics is "planning." And we believe that "planning is politics." Recent history's drastic cycle of war and slump is a symbol of the failure of our present system. We believe that production must be for use and not for profit; that, therefore, architecture is not possible within a capitalist economy.

Fundamental to this point of view is the belief that architecture cannot be imposed on anybody. It can arise only out of the daily life of Everyman, and without Everyman there can be no architecture. Building nice houses for nice people is not architecture.

To design buildings, cups or motor-cars in the modern idiom while denying the validity of these concepts is surely to perpetuate eclecticism and hypocrisy. For if our logic ends with the "style" we use we are merely substituting the copy-book of steel and glass for

Figure 6-4-3. On the necessity for architecture
Manifesto facsimile, internal right-hand page.
Courtesy of Special Collections, Libraries and
Learning Services, University of Auckland

ARCHITECTURAL CENTRE MANIFESTO FOR HOUSING

1. HOUSING MUST REDUCE ITS ENVIRONMENTAL IMPACT (ZERO EMISSIONS ARCHITECTURE IS OUR FUTURE) » **2. SOCIAL HOUSING IS CORE GOVERNMENT BUSINESS** (EVERYONE NEEDS SOMEWHERE TO LIVE) » **3. GOOD HOUSING LOOKS AFTER PEOPLE** (THERE IS NO EXCUSE FOR COLD, DAMP, UNHEALTHY HOMES) » **4. THE COST OF HOUSING NEEDS REGULATION** (EASY ACCESS TO CASH FUELS MARKET FRENZIES AND UNAFFORDABLE HOUSING) » **5. QUALITY HOUSING RELIES ON CONSUMERS TO VALUE GOOD DESIGN** (POOR DESIGN IS EXPENSIVE LIVING) » **6. MEDIUM DENSITY MAKES GOOD NEIGHBOURHOODS** (GOOD ARCHITECTURE BUILDS COMMUNITIES; GOOD INFRASTRUCTURE MAKES THEM WORK) » **7. CITIES MUST INFILL AND BUILD UP - NOT OUT** (URBAN SPRAWL CREATES CONGESTION, EATS FARMLAND, AND BURNS OIL AND INFRASTRUCTURE) » **8. HIGH DENSITY NEIGHBOURHOODS MUST PROVIDE GOOD OPEN SPACE AMENITY** (INTENSIFICATION IS LIVING TO THE MAX) » **9. GOOD HOUSING DEVELOPMENTS ARE INCLUSIVE** (ONE SIZE DOESN'T FIT ALL) » **10. GOOD HOUSING IS WELL-MAINTAINED** (ARCHITECTURE IS A LONG-TERM RELATIONSHIP) » **11. CITY COUNCILS MUST PRIORITISE HOUSING NOT CAR-PARKING** (IF WE GAVE AWAY AS MUCH FREE SPACE FOR PEOPLE AS WE DO FOR CARS, WOULD THERE BE A HOUSING CRISIS?)

ARCHITECTURE.ORG.NZ

Figure 6-4-4. Manifesto on Housing. 2017. The Architectural Centre.
Retrieved from <https://architecture.org.nz/2017/08/21/housing-manifesto/>.

Figure 6-4-5. Manifesto on Housing on public display. 2017
 Retrieved from <https://architecture.org.nz/2017/08/21/housing-manifesto/>.

GWF Watchtower

Gordon Wilson Flats (GWF) on The Terrace, Te Aro, Wellington is the last standing maisonette structure of the modern New Zealand architecture from the 1950s. It represents the vision for Wellington and state housing that New Zealand society and Gordon Wilson envisaged as a government architect at the time. However, it is still at great risk of demolition despite the fact that the Environment Court ruling it has significant heritage value, especially “at a time of apparent scarcity of social housing in Wellington and the increase in the level of homelessness” (The Architectural Centre v Wellington City Council, 2017, p. 15).

GWF Watchtower, located at an empty plot across GWF, provides a platform to observe and reflect the current context of the housing crisis. It also accommodates a device that projects the original colours of GWF on the façade, reminding its former glory and values, acting as advocates for social housing and activism for housing rights. Advocacy is an essential strategy for the pursuit of both civil rights, social justice and therapeutic aims for people with mental illness (Funk, 2017; Stylianos & Kehyayan, 2012). Health professionals already actively combine their practice and activism as an opportunity to reflect on ways to address the multifaceted context faced by patients and their communities (Lewis, Ratts, Paladino, & Toperek, 2011). GWF Watchtower aims to achieve a similar therapeutic goal by creating an architecture that is actively advocating housing rights, which is one of the vital rights for securing one’s health and wellbeing in society.

Key themes:

- (b) shifting perspectives
- (e) social justice/activism

Right to
Housing.

It shouldn't
be that
far away
to reach.

New Vision
for
**Gordon
Wilson
Flats**

Save **Gordon Wilson Flats**
don't tear down homes

"at a time of apparent scarcity of social housing in Wellington
and the increase in the level of homelessness"
The Architectural Centre v Wellington City Council [2017] NZEnvC 116

Figure 6-4-6. Site plan. 1:2000

Figure 6-4-7. Site context diagram - bird's eye view.

Figure 6-4-8. Four elevations. 1:200

Figure 6-4-9. Typical floor plan. 1:100

Figure 6-4-10. Viewing platform floor plan. 1:100

Figure 6-4-11. Bird's eye perspective diagram.

Figure 6-4-12. Worm's eye perspective diagram.

Figure 6-4-14. Elevation. 1:200

(Speculated) Autoethnographic record of

Design Intervention No. 4

The reward for climbing up the staircase to the 16th floor is undoubtedly worth the effort it takes. However, I do need to take some time to rest my knees and even out my breaths at around the mid-point. The misty early morning breeze is refreshing and accelerates the recovery. I can glimpse the Gordon Wilson Flat perched on the hill through the wall opening. The projected light spells 'HOME', flickering each time it adds a letter. Once all four letters are spelt, the entire word slowly blinks several times. As I counted about twelve blinks, and the sequence starts again.

I pick myself up off the staircase by pulling on the round handrail, then slowly resuming the climb again. The body feels much heavier than before. I might have to take another rest stop. However, as the number of floors left to climb became less than five, the motivation dictates again. I persist to the very top and reach the door to the watchtower platform. With all my body weight placed on the door handle, I push open the door.

Even fresher, chillier air flushes through the door, and much harsher breeze greets me. From here, I look downward to find the Gordon Wilson Flats, and the vast surrounding area. Everything looks small. The letters composing 'HOME' are small. I check the time; it's two minutes to seven. Rather than waiting still in the same spot, I slowly walk the perimeter of the platform. I return to the original spot, just in time to witness the change in the projected message. With a long blink, now the message projected says 'This is My CASTLE'.

Evaluation and reflection on

Design Intervention Concept No. 4

The proposal for the GWF Watchtower concept design is composed of two parts. The first part is the 2D visual campaign. A series of posters were designed to promote conservation and restoration of the Gordon Wilson Flats. These posters emphasise the (quality) housing as a core human right and calls for actions at the society level. The advocative dimension of the poster campaign is an effective way to convey therapeutic affect: Seeing the public display of messages that reflects the researcher's experience validates that the researcher is not alone.

The second part is the Watchtower. The 16-stories high Watchtower also includes the visual campaign aspect as it projects activist messages on the GWF. Additionally, it offers a drastic change in the perspective. Climbing up to a higher position has repeatedly featured in the researcher's collected data on therapeutic affect. The climbing activity leads to gaining a different perspective. With the increase in height, everything on the ground level becomes smaller as the sightline broadens. As the scale of visible range changes, what seemed significant and mattered on the ground level are rendered insignificant. The principle applies not only on the physical environment but also on the emotional problems. At the top platform, the GWF Watchtower offers therapeutic affect by the public display of messages as well as with a new insight.

As discussed with earlier concept proposals, issues in housing aren't unique to the researcher herself but have roots in social, systemic injustices. As the intervention directly addresses the broader context, it is more likely to resonate with many other people. Hence, the proposed concept for Intervention No. 4 has the most potential to impart therapeutic affect beyond the researcher herself.

Chapter 6-4 reference list

The Architectural Centre v Wellington City Council, NZEnvC, 116 Sess (2017).

Funk, M. (2017). WHO Quality Rights: Act, unite and empower. In World Health Organisation (Ed.): World Health Organisation.

Lewis, J., Ratts, M., Paladino, D., & Toperek, R. (2011). Social Justice Counseling and Advocacy: Developing New Leadership Roles and Competencies. *Journal for Social Action in Counseling and Psychology*, 3(1), 5-16.

Stylianios, S., & Kehyayan, V. (2012). Advocacy: critical component in a comprehensive mental health system. *Am J Orthopsychiatry*, 82(1), 115-120.
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Chapter Seven

Discussion and Conclusion

Figure 7-1. Map of Wellington.
The key route of the researcher and potential
intervention sites are identified.

Placing design interventions together on the map

Figure 6-5-1 identifies the key route in the Wellington area that the researcher mobilises most frequently. It also identifies potential sites for placing the proposed concepts for therapeutic affect. Upon reflecting on the researcher's therapeutic needs and analysis of collected data on therapeutic spatial affect, it became clear that these interventions needed to be closer to home (of the researcher) and be able to affect daily life. Therefore, by having five proposed design concepts dotted around the identified route, the researcher can selectively engage with them as needed. Also, all five proposals are shifted away from the treatment. Instead, they seek to intervene at various stages before medical treatment is required. Hence, their therapeutic affect is complementing preventive strategies, management of everyday health and wellbeing, and addressing the underlying social issues. Again, this approach aligns with the researcher's personal needs for her health and wellbeing. Moreover, it closely reflects the vision set out in the New Zealand Health Strategy (refer to Chapter 3).

In the end, the location/site was not the critical driver of design concepts except for GWF Watchtower. (However, the concept for GWF Watchtower can still be applied at other locations with a minor modification.) Instead, it was the theme of therapeutic affect employed in each concept that determined the location/site. It was one of the most distinguishing aspects that resulted from using autoethnography to develop design concepts.

Five concepts for ‘therapeutic’ design interventions

The analyses of data revealed complex dimensions of affects that led the author to perceive space as therapeutic (corporeally expanding) or anti-therapeutic (corporeally contracting). It was also consistent with the postmodern notion of individuality and self; plural, conflicting and variable – a hybrid or polysemic (Gubrium & Holstein, 1994). Hence, it was evident that the architectural design response could not be singular and universal to contend with findings.

Identified themes on therapeutic affect and other relevant elements (such as materiality, geometry, and scale) were grouped into five major categories: (a) senses of homes, (b) changing perspectives, (c) (un/)familiarity, (d) unyielding/unpragmatic values, and (e) social justice/activism. Then, proposed concepts for five design interventions were developed by creating unique arrangements of these themes and elements. While therapeutic experience that were investigated in data analyses were more complex and intricate, proposed concepts aimed to address the complexity of creating a therapeutic spatial experience by multiple interventions that vary in scale, yet each intervention being more straightforward arrangements.

Figure 7-2. Characteristics of Five Design Interventions

Figure 7-2 shows the varying scales of each design intervention. It also indicates whether the intervention is intended for the personal therapeutic experience or broader social and public experience. Regardless of their position on the scale, all five proposals have a strong pull toward personal therapeutic experience. Also, it is notable that none of the design concepts is at a large public scale. This reflects the trend in personal data (the researcher's therapeutic spatial experience) that informed the design experiments.

Interestingly, there were a few common qualities across five design concepts too. Most notably, none of the proposed concepts includes an enclosed space. While this characteristic was not necessarily identified in the analysis, it seems reasonable to assume a similar notion to the reason discussed in Church ~ Library for One. In Church ~ Library for One, it was important that the occupant of each cell is never entirely isolated by forming closed space with four walls and operatable doors. Therefore, simple wall openings were employed instead. Also, it can be suspected that permanently open spaces are preferable for safety reasons.

Another common quality among five concepts was the reference to previous designs authored by the researcher. Albeit at different degrees, some similarities to previous design projects were observed. Again, this seems to align with the earlier discussion of the architect-self (refer to Chapter 2). Further exploration of this notion will provide more insight into the relationship between the autoethnographic design process and design outcomes it produces.

In 1948, Le Corbusier wrote:

**There is no such thing as
a “pure” sculptor, a “pure” painter, or
a “pure” architect.**

The three-dimensional event finds its fulfilment in an artistic whole at the service of poetry [...] If you want to attribute any importance to my architecture, you need to discover the sources in my painted work, my secret search for aesthetic perfection which I have pursued all my life.

(Martinique, 2020)

Autoethnography for architectural design research

This thesis set out to explore a new methodology to investigate and understand the therapeutic affect of a space. Overall, implementing the autoethnographic research method led to a very different design process and concept proposals. The following points summarise key differences.

Design process

- Inherently requires extensive reflective practice.
- A broad exploration of ideas across disciplines beyond architecture, including art, social and cultural studies.
- The identified theme from collected data dictates program, materiality and site, not vice versa.

Design outcomes

- Proposals that address more systemic and social problems, in opposed to surface level problem-solving design outcomes.
- Proposals that traverse the personal domain, which resulted in unconventional design outcomes.
- Proposals that focus on prevention and early interventions (for therapeutic architecture)

Other

- By amplifying the personal domain in both the design process and outcomes, encourages diversity.

Limitations

Considering that this thesis was a proof-of-concept for experimenting autoethnography for architectural design research, it encountered several challenges and shortfalls. Ultimately, these limitations relate to the management of study scope.

The thesis ended up with an extended amount of collected data. In the beginning, the scale and quantity of data needed for this thesis project were unknown. Hence, more than enough effort was invested in data collection. While it resulted in a rich collection of data, much of it was only briefly analysed or remains unanalysed.

Consequently, the following analysis and development of design concepts were relatively weaker. In retrospect, for the scope of this thesis, aiming for enough data to enable one critical theme would have been sufficient. This would have allowed a more comprehensive analysis of the theme and more developed design concepts.

Further research opportunities

This thesis identified many opportunities for future research. First of all, continued investigations in employing autoethnography in architectural research should be followed. While this thesis trialled autoethnography in the context of therapeutic spatial affect, there are many other topics in architecture that can benefit from the implementation of autoethnography.

Secondly, the researcher recommends studies in the pedagogical applications of autoethnographic design research. It became apparent that the autoethnographic method offers unique perspectives and promotes robust reflective practice. It also allows developing skills in the critical analysis of social and cultural frameworks through architecture. The potential benefit of incorporating autoethnographic architectural design and research exists and warrants serious investigations.

Conclusion

This thesis is a proof-of-concept of employing a qualitative research method – autoethnography – within the discipline of architecture, where the method was previously unattempted. Using the objective of understanding therapeutic architecture and its affects to demonstrate the new, innovative methodology, it argues the need to reconsider the relationship between architectural design practice and therapeutic affects. Autoethnography in architecture compels the architect/researcher/author to acknowledge and investigate the architect-self earnestly. Subsequently, the architectural design process could become a lens to understand and critique its social and cultural context and produce design outcomes accordingly.

Chapter 7 reference list

Gubrium, J., & Holstein, J. (1994). Grounding the Postmodern Self.
The Sociological Quarterly, 35(4), 685-703.

Appendices

Appendix A

Gibbs' (1988) **Reflective Cycle**

Figure A-1.
Gibbs' (1988) Reflective Cycle.

Table A-1.

Selected guiding questions for Gibbs' (1988) Reflective Cycle.

Description

What happened?

- What are the facts of the situation?
- What occurred?
- Who was involved?
- What did you do?
- What did others do?
- What was the outcome?

Feeling

What were you thinking and feeling?

- What did you feel at the time?
- What did you think at the time?
- What impact did your emotions, beliefs, and values have?
- What did you think about the incident afterward?
- Were there influences affecting others' actions/behaviour?

Evaluation

What was good and bad about the experience?

- What was good and what was bad about the experience?
- What went well? What didn't?
- Did you feel that the situation was resolved afterward?
- How might the facts and feelings (from step 1 and 2) have affected your actions/behaviour?

Analysis

What sense can you make of the situation?

- Why did things go well? Badly?
- How can the theory explain what happened?
- How does my experience compare to? the literature?
- Could I have responded differently?
- What might have helped or improved?

Conclusion

What could you have done differently?

- What have you learned? Generally, and specifically.
- What can I now do better?
- Could/should you have done anything differently?
- What have you discovered?
- What questions remain?

Action Plan

How will you approach a similar situation in the future?

- How/when can I use my new knowledge and experience?
- How will I adapt my actions or improve my skills?
- What will I do differently from now?
- What resources/help will you need?

For reflective practice

Graham Gibbs developed Gibbs' Reflective Cycle in 1988. It offers a structured framework to learning from experiences. It is one of the most commonly used models of reflection, particularly in education and health care professional sectors. The cyclic nature of the model lends well to repeated experiences, which is desirable for many practice-based disciplines.

Considering that autoethnography is an inherently reflective process and the thesis being a case-study project, several reflections are included in this thesis. All reflections in this thesis follow Gibbs' Reflective Cycle (1988) where practicable.

Reference:

Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. London, UK: Further Education Unit.

Appendix B

Ethics Documents

On The Affect of Therapeutic Spaces: An Autoethnographic Study of Affect and Architecture of Therapy

INFORMATION SHEET FOR GIVING INFORMED CONSENT

You are invited to consider giving consent for having your identity be a part of this research. Please read this information before deciding whether or not to give your consent. If you decide to consent, thank you. If you decide not to consent, thank you for considering this request.

Who am I?

My name is Saera Chun, and I am currently completing a Master's degree in the School of Architecture at Victoria University of Wellington. This research project is work towards my thesis.

What is the aim of the project?

This project aims to find out which qualities of architecture constitute a 'therapeutic' space and how it is constructed and affected by one's cultural and social context. For the purpose of this research, a 'therapeutic' space is defined broadly; under the subjectivist and postmodernist constructivist paradigms, this research is interested in any space that researcher considers therapeutic and non-therapeutic.

For a method of investigation, autoethnography will be employed. Autoethnography is a type of qualitative research method where the person conducting the research serves as both the researcher and as one of the human participants. In autoethnographic research, the researcher seeks to extend knowledge by reflecting on their own experiences and examine and analyse them to inform our understanding of the world.

It is important to note that the researcher herself is the sole research participant. However, the persons identified in the researcher's autobiographical recollections (in the format of written vignettes) are required to provide informed consent for Research Ethics Board (REB) purposes; This research has been approved by the Victoria University of Wellington Human Ethics Committee [0000027387].

How can you help?

You have been invited to give consent because you have featured in the researcher's autobiographical recollection and your identity is visible. The recollection is in the format of a short written vignette. If you agree to give consent, I will provide you with the full written vignette that features your identity that is of research interest. You will be provided with a draft document, which you may provide feedback. You can withdraw from the study by contacting me at any time before **31 July 2019**. If you withdraw, the written vignette that features your identity will not be included in my research.

What will happen to the information you give?

The research is not confidential, and you will be identified in the final report.

What will the project produce?

The information from my research will be used in my Master's thesis, academic publications and conferences, and any other relevant mode of dissemination.

If you accept this invitation, what are your rights as a person giving an informed consent?

You do not have to accept this invitation if you don't want to. If you do decide to give consent, you have the right to:

- withdraw from the study before 31 July 2019;
- ask any questions about the study at any time;
- read over and comment on a draft written vignette featuring you;
- be able to read any reports of this research by emailing the researcher to request a copy.

If you have any questions or problems, who can you contact?

If you have any questions, either now or in the future, please feel free to contact me:

Student:

Saera Chun

saera.chun@vuw.ac.nz

Supervisor:

Simon Twose

Senior Lecturer
School of Architecture
+64-4-463 6169
simon.twose@vuw.ac.nz

Human Ethics Committee information

If you have any concerns about the ethical conduct of the research, you may contact the Victoria University HEC Convenor: Dr Judith Loveridge. Email hec@vuw.ac.nz or telephone +64-4-463 6028.

06 May 2019

Tēnā koe [Receipient],

My name is Saera Chun, a Master's thesis student at the School of Architecture, Victoria University of Wellington. I am writing to you in regards to seeking your informed consent.

I have written a short written vignette of my experience, and I would like to include it in my research. I strive to de-identify other people that feature in all of my recollections. However, in this particular vignette that features you as a part of my experience, it seems impossible to do so without damaging the integrity of the meanings.

Therefore, I would like to seek your informed consent to include the vignette in my research, with your identity visible. A pseudonym will be used in place of your name; however, other characteristics and circumstances can still identify you.

I have attached the vignette I would like to include in my research, as well as the information about my research. I would love to hear your feedback and appreciate your time considering my request for your informed consent.

Please feel free to ask me any questions.

If you decide to give consent, I will send you the necessary documents.

Again, I appreciate your time considering my request.

Nāku noa, nā

Saera Chun

***On The Affect of Therapeutic Spaces:
An Autoethnographic Study of Affect and Architecture of Therapy***

CONSENT TO BE IDENTIFIED IN RESEARCH

This consent form will be held for five years.

Researcher: Saera Chun, School of Architecture, Victoria University of Wellington.

- I have read the Information Sheet, and the project has been explained to me. My questions have been answered to my satisfaction. I understand that I can ask further questions at any time.
- I agree to be featured in a written vignette of the researcher's autobiographical experiences with my identity visible as a part of research data.

I understand that:

- I may withdraw from this study at any point before **31 July 2019**, and any information that I have provided will be returned to me or destroyed.
- I understand that the research data will be used for a Masters thesis, academic publications and conferences, and any other mode of dissemination.
- A pseudonym will be used in place of my name; however, I understand that other characteristics and circumstances are still identifying me.
- I consent to have my identity visible in any reports on this research: Yes ☐ No ☐
- I consent to information or opinions which I have given being attributed to me in any reports on this research: Yes ☐ No ☐
- I would like to receive a copy of the final report and have added my email address below. Yes ☐ No ☐

Signature of participant: _____

Name of participant: _____

Date: _____

Contact details: _____

“What is most personal is most universal.”

— Carl R. Rogers,
On Becoming a Person:
A Therapist’s View of Psychotherapy