The Silent Carers: Exploring the Role of Architecture and Gardens at the Maggie's Cancer Care Centres

Angie Butterfield, Falmouth University; Daryl Martin, University of York

Introduction

Maggie's have pioneered a new approach to cancer support in the UK, through a series of non-clinical centres that are open to those living with all types of cancer, and their family and friends. Maggie's offers a holistic programme of care, complimentary to clinical treatments and including advice, information and psychological support (Jencks and Heathcote 2010). Fundamental to the Maggie's approach is the belief in the transformative potential of the designed environment.

Since the opening of the first centre in Edinburgh in 1996, Maggie's has commissioned a series of small buildings, with gardens where space allows, designed by globally renowned architectural practices and landscape designers. Maggie's buildings and gardens are located beside hospitals with regional cancer provision, primarily in the UK and now expanding internationally. Their buildings and gardens are distinctive and domestic in scale, offering a striking visual contrast to the large scale hospital complexes typical of the cities in which they sit. Charles Jencks situates the spaces commissioned by Maggie's as part of a more general move 'towards more humane and varied building types' (Jencks and Heathcote 2010: 14) to provide person-centred care, answering wider social expectations about healthcare.

The spaces commissioned by Maggie's offer case studies for an analysis of whether the built and green environment can act as a 'therapeutic landscape' in the sense articulated by Gesler (1992) and other health geographers (e.g., Curtis et al., 2007; Williams, 2007). Therapeutic landscapes activate meaning for individuals in need of physical and emotional support. They are spaces experienced concurrently as physical, social and symbolic settings (Gesler 1992). Put simply, therapeutic landscapes are places and environments which are understood to encourage feelings of well-being amongst their visitors and users.

This research reports on findings from two separate research projects using qualitative methodologies to understand the importance of architectural form and landscape design in the delivery of healthcare.

Methodology

Study Design

Both projects utilised qualitative methods to observe the spatial design in 7 Centres (4 in the study of the architectural design, 4 in the study of garden design, with 1 Centre researched by both researchers in their separate projects).

Martin's research on the architectural design of Centres used focus groups to capture the visitor and volunteer experience, and semi-structured one-to-one interviews to gather staff perspectives on the effectiveness of the building designs.

Butterfield's research on the landscape design used a combination of field work and sensory analysis, space syntax, photo-elicitation interviews and comments book entries to gather data on the use of the gardens.

Participants

In both projects, staff, visitor and volunteer perspectives are represented.

For the research on architectural design, Martin carried out:

- 5 focus groups with visitors and volunteers. In total this strand of the research included 35 participants (26 female, 9 male)
- 13 individual staff interviews (11 female, 2 male)

For the research on gardens, Butterfield carried out:

- 125 photo-elicitation interviews (87 female, 38 male).
- Participants took part in audio-recorded walking tours, and were invited to take 4 photos each, which they subsequently discussed.

Data Analysis

Interviews and photo elicitation across the projects were analysed using Atlas TI and Framework, a qualitative data management tool developed by the National Centre for Social Research. Analytically, both researchers followed an inductive approach, in which categories and theories emerging from the empirical findings are grounded in the data.

Maggie's Gartnavel

Maggie's Cheltenham, © Norman Hindmarsh

Results

The buildings:

Act as welcoming, homely spaces which put visitors at ease: 'it's like a warm hug, you just come in here and are sort of enveloped in something, like a warmth, magic, warm feeling' (Centre Visitor (F), Site 1)

These buildings are peaceful yet emotionally powerful spaces: 'there's a very strong, powerful sense to it, it's not just peaceful, there's real strength, one day … the class had started when I got there, and I opened the door and [the energy] was palpable… that's partly a group exercising together, but a lot of it is the building' (Centre Visitor (F), Site 3)

'Create conversations', which often accelerate the discussion of psychological issues: a home setting 'does influence and constrain what you're saying and what you feel able to share, whereas I think if you take people out of that environment, but put them into an environment that feels warm and comfortable and familiar and right, then it releases that last lot of constraints that allows people to just really express and get to the point of what it is they want to talk about' (Cancer Support Specialist (F), Site 2)

Can work to bring men into centre and access support: 'this building works for men better than I've seen [elsewhere]… they get intrigued by how things, the materials that have been used and things like that, they very quickly offer you an opinion on it… it's a door opener, it's far better than a half hour preamble about football' (Cancer Support Specialist (M), Site 2)

The gardens:

Act as a threshold to the centres, helping people to enter Maggie's and to hold people once there: 'As soon as you turn the corner you are affected by the woodland feel, the tranquillity, peace and no noise of the city. Everything is so green. Its like a different planet here – it has always been such a pleasure to come here – the building is fantastic, relaxing' (Centre Visitor (F), Site 6)

Demonstrate qualities of sensory richness, with contrasts of colour, texture, scale, fragrance and season: 'Because I am indoors most of the time I love the light coming in and the green coming in and the green trees. If I go out onto the patio hear you can hear the gentle stream. It is a lovely area to sit. The bamboo makes it a private space'; 'I love the fact that the plants are scented. The garden tickles all your senses. And its nice to be able to smell as I can't taste anything at the moment' (Centre visitors (F), site 4)

Provide to its visitors a 'density of time' that enabled privacy and individual reflection: 'I like being outside... I can detach. It is 'time for me' outside. By sitting on the balcony exposed to the sunshine and air and there are plants there. I face out away from the building and the hospital. The plants create a different space for me – a protected space' (Centre staff (F), Site 5)

Help to create 'narratives of resilience', wherein individuals craft their responses to cancer, drawing on personal memories: 'This [image of a pine cone] is very personal. When my youngest son was four years we went on holiday to the Greek Islands. On a walk half way across he got tired. I told him the pine cones had energy and it worked! It is lovely to see them here it was the first thing I noticed. They are a source of energy' (Centre Visitor (M), Site 4)

Conclusion

Too often the physical settings in which healthcare is provided are treated as merely backdrops to the conversational exchange between health professional and patient, or the power dynamics of their social interaction. However, we need to be more sensitive to the role of place in the delivery of care, and Maggie's offer an opportunity to observe the influence of the designed environment on the experience of cancer.

Maggie's create places, through their architecture and landscaping, that are neither neutral nor nondescript, but emotionally resonant. In doing so, they afford different kinds and qualities of conversation about the placing of illness in the middle of everyday life; they help to create what we call 'narratives of resilience', whereby individuals may articulate their understandings of their cancer and begin to craft their response.

Maggie's can be seen to offer places in which people can access a deeply subjective time for personal reflection, away from the institutional timetables they fit into elsewhere on their treatment journeys. In so doing, they can provide places of physical and affective sanctuary, where the non-human, designed environment assumes a form of agency, acting as a calm presence or 'silent carer' in the individual's encounter with a cancer diagnosis.

Architects and landscape gardeners are two professional groups whose role within the planning of therapeutic care can go unacknowledged. Our findings suggest that renewed research is needed on the spaces they create, and the uses that those with cancer, carers and staff can make of these.

Acknowledgements

This research has been conducted in collaboration with Maggie's, its staff and centre visitors. We are grateful for the contributions of all participants to our research. More information on the work of Maggie's can be found at https://www.maggiescentres.org/.

Martin's project has been supported by a grant by the Foundation for the Sociology of Health & Illness.

References

Curtis, S. et al. (2007) Therapeutic landscapes in hospital design: A qualitative assessment by staff and service users of the design of a new mental health inpatient unit. *Environment and Planning C*, 25, 591-610.

Gesler, W. (1992) Therapeutic landscapes: Medical issues in light of the new cultural geography. *Social Science & Medicine*, 34, 735-746.

Jencks, C. & Heathcote, E. (2010) *The Architecture of Hope*. London: Frances Lincoln.

Williams, A. (ed.) (2007) *Therapeutic landscapes*. Aldershot: Ashgate.