A Space to Die In

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Summary Statement
Based on the proposition that experienced space is a virtual construct built upon a fluctuating assemblage of impressions and interpretations, in effect a 'fantasy', generated through the interaction of the subject with the physical space and its other inhabitants, this study sets out to observe the role of architectural design in providing the context, within the contemporary American healthcare setting, for the final act and experience of every human being, which is dying. The central argument investigated is that the experience of dying inherently has spiritual connotations and that spaces in which people die are in this sense akin to "sacred space" in its distilled, non-denominational form. The capacity of the physical environment to promote the sense of the sacred is viewed through the prism of Lacanian psychoanalytical concepts.

Topic
Dying is an inevitable once-in-a-lifetime experience for each one of us. It can happen unexpectedly, anywhere, at any time, yet much of the time it is anticipated through illness and preceded by a stretch of time spent in a dedicated space. In today's world, the dedicated spaces are palliative wards in hospitals, hospices, and at times homes adapted to the need.

Along with the belief that emotional enrichment as well as physical comfort in death is a fundamental human need, the approach to the study is based on several underlying assumptions:

- The place/space where a person is undergoing her last phase of life is an active and important contributor to the quality of the experience.
- Experience happens through interpretation. It is not only in human nature to want to interpret, but one's wellness depends on the capacity to do so.
- Experienced space is a virtual construct built through the interaction of the subject with the physical space and its other inhabitants.
- The experience of dying inherently has spiritual connotations, although frequently the conditions may not be conducive to the fulfillment of this potential. In this sense, spaces for dying are akin to "sacred space".

The last statement will be central to the argument of the work, the question being whether today's healthcare settings could better provide for the final stage of growth of the dying human if, along with the strife for full physical comfort and social nurture, their role as vehicles of the sacred were to be acknowledged and formulated?

The Setting
The awareness of the "work of dying" is still at the fringes of advances in healthcare design. Throughout the 20th century, dying was swept aside, ignored. It was not supposed to happen. For medicine, it was a failure. It is only recently that hospice movements are gaining broader ground and, as a result, architecture is beginning to acknowledge final stages of life as having special needs, even if limited to physical comfort and pain control. Alongside, there is a stated awareness of the need for emotional comfort, but environmental implications of such comfort are far less clear.

The increasing understanding that the character of the environment is important in healthcare settings to the extent that it affects treatment outcomes contains an interesting contradiction: in the case of dying, it is hardly possible to question the "outcome", and it is certainly impossible to address the "quality" of it in standard medical terms. The usual measure of effectiveness in

evidence based design, which is the length of stay in the care setting, is counter-indicative in this case.

It is the wisdom of the day that the preferred place to die is one's home. However, when the "work of dying" moves in, the home inevitably undergoes functional, technical and aesthetic transformations in order to adapt to the changed needs. It is no longer the home that it was, but is "institutionalized" to an extent. The necessary transformation is a clear indication of the separateness of the typology of a "space for dying", in spite of the clinging to the familiar space of previous living.

Questions open up of how an institutional setting can approximate the experience of the preferred home setting, but also the unexpected issue of how the home itself can live up to its own standards when assaulted by the hospice.

Framework

The subject's experience of space and its sacred aspect in particular will be viewed through the prism of Lacanian psychoanalytical theory, the proposition being that the presence of the sacred is perceived when the Gap, which is the elusive breach towards a yearned-for Truth, is framed in a manner consistent with the subject's worldview. . Although other schools of thought could surely provide as valid a framework, the endeavor of framing the issue in a number of different ways and drawing comparisons will remain for the future.

"… psychoanalysis is the only discourse in which you are *allowed not to enjoy*", claims Slavoj Žižek. Whether it is the only such discourse or not I cannot say, but it is certain that the question of dying does call for one in which "you are allowed not to enjoy. Architects are conditioned to design spaces for comfort and delight. When we encounter an irredeemably suffering user, we turn away, in very much the same way in which modern medicine turns away from the topic of death. This is probably why so much of the discourse on dying, including architectural programming, revolves around the grieving family rather than the dying person. The intent here is to address this imbalance by focusing specifically on the dying person as the subject.

As important in the selection of the framework is that psychoanalysis provides concepts that support the re-presentation of the experience of a personally meaningful space in semantic terms. This, in turn, operationalizes observation in a way which can render it as valid programmatic input for the designer.

The overarching term in the framework is Lacan's concept of *Extimité,* which, relying on the concept of the *Unconscious*, sums up the relationship between the *Subject*, the *Real* (which bypasses the *Symbolic* as the only perceivable reality in order to affect the *Imaginary*), and the *Gap* as revealed by the *"petit a"* (and the implied "petit d"). The physical environment finds its place at the intersections of myriad Symbolic realms, while an awareness of these intersections will be able to provide input for a qualitative-performative definition of the architectural program.

The claim here is that there is no 'final destination' to dying, the moment of which (a non-experienced and non-imaginable moment, yet another fantasy) is at the point of symmetry between the experience of its approximation (life with an awareness of its own finiteness) and that which comes after (an imagined future in a heaven, rebirth, or decay, and a re-crafted present for those who remain with their own uncertainties, hopes, and ensuing beliefs).

Anticipated Outcome

The expectation is that the study will provide insight into the role of the physical environment in the experience of the dying person, allowing architects to approach the design of this difficult and often overlooked use type with a better understanding of its spiritual significance.