

EIDFJORD BYGDAHEIM

TASK

With the wish to make a good place for old to live, the project is inspired by Florence Nightingale's book *Notes on Nursing* (1859). At a time when medicine has reached a high status for its technical skills and ability to cure, nursing homes have learned from hospitals when they have been built, resulting in clinical and institutionalized homes. Nightingale's theories can remind us of the unchanging basic human needs that exists regardless of the advances of medicine. She defines nursing as an act of putting the patient in the best condition for nature to act upon him; the project seeks to do the same. By studying spatial qualities in connection to the qualities of the place, the project endeavours to respond architecturally to Nightingale's hints.



Informed by Being Mortal

The project is informed by the book *Being Mortal* by Atul Gawande. This is an excerpt from the book, regarding the pattern of how modern society has dealt with old age. It can help us understand how the history has formed today's nursing homes.

Excerpt from chapter 3. *Dependence*, p. 57 - 58

HOW DID WE wind up in a world where the only choices for the very old seem to be either going down with the volcano or yielding all control over our lives? To understand what happened, you have to trace the story of how we replaced the poorhouse with the kinds of places we have today—and it turns out to be a medical story. Our old age

homes didn't develop out of a desire to give the frail elderly better lives than they'd had in those dismal places. We didn't look around and say to ourselves, "You know, there's this phase of people's lives in which they can't really cope on their own, and we ought to find a way to make it manageable." No, instead we said, "This looks like a medical problem. Let's put these people in the hospital. Maybe the doctors can figure something out." The modern nursing home developed from there, more or less by accident.

In the middle part of the twentieth century, medicine was undergoing a rapid and historic transformation. Before that time, if you fell seriously ill, doctors usually tended to you in your own bed. The function of hospitals was mainly custodial. As the great physician-writer Lewis Thomas observed, describing his internship at Boston City Hospital in 1937, "If being in a hospital bed made a difference, it was mostly the difference produced by warmth, shelter, and food, and attentive, friendly care, and the matchless skill of the nurses in providing these things. Whether you survived or not depended on the natural history of the disease itself. Medicine made little or no difference."

From World War II onward, the picture shifted radically. Sulfa, penicillin, and then numerous other antibiotics became available for treating infections. Drugs to control blood pressure and treat hormonal imbalances were discovered. Breakthroughs in everything from heart surgery to artificial respirators to kidney transplantation became commonplace. Doctors became heroes, and the hospital transformed from a symbol of sickness and despondency to a place of hope and cure.

Communities could not build hospitals fast enough. In America, in 1946, Congress passed the Hill-Burton Act, which provided massive amounts of government funds for hospital construction. Two decades later the program had financed more than nine thousand new medical facilities across the country. For the first time, most people had a hospital nearby, and this became true across the industrialized world.

The magnitude of this transformation is impossible to overstate. For most of our species' existence, people were fundamentally on their own with the sufferings of their body. They depended on nature and chance and the ministry of family and religion. Medicine was just another tool you could try, no different from a healing ritual or a family remedy and no more effective. But as medicine became more powerful, the modern hospital brought a different idea. Here was a place where you could go saying, "Cure me." You checked in and gave over every part of your life to doctors and nurses: what you wore, what you ate, what went into the different parts of your body and when. It wasn't always pleasant, but, for a rapidly expanding range of problems, it produced unprecedented results. Hospitals learned how to eliminate infections, remove cancerous tumors, reconstruct shattered bones. They could fix hernias and heart valves and hemorrhaging stomach ulcers. They became the normal place for people to go with their bodily troubles, including the elderly.

Meanwhile, policy planners had assumed that establishing a pension system would end poorhouses, but the problem did not go away. In America, in the years following the passage of the Social Security Act of 1935, the number of elderly in poorhouses refused to drop. States moved to close them but found they could not. The reason old people wound up in poorhouses, it turned out, was not just that they didn't have money to pay for a home. They were there because they'd become too frail, sick, feeble, senile, or broken down to take care of themselves anymore, and they had nowhere else to turn for help. Pensions provided a way of allowing the elderly to manage independently as long as possible in their retirement years. But pensions hadn't provided a plan for that final, infirm stage of mortal life.

As hospitals sprang up, they became a comparatively more attractive place to put the infirm. That was finally what brought the poorhouses to empty out. One by one through the 1950s, the poorhouses closed, responsibility for those who'd been classified as elderly "paupers" was transferred to departments of welfare, and the sick and disabled were put in hospitals. But hospitals couldn't solve the debilities of chronic illness and advancing age, and they began to fill up with people who had nowhere to go. The hospitals lobbied the government for help, and in

1954 lawmakers provided funding to enable them to build separate custodial units for patients needing an extended period of "recovery." That was the beginning of the modern nursing home. They were never created to help people facing dependency in old age. They were created to clear out hospital beds—which is why they were called "nursing" homes.

This has been the persistent pattern of how modern society has dealt with old age. The systems we've devised were almost always designed to solve some other problem. As one scholar put it, describing the history of nursing homes from the perspective of the elderly "is like describing the opening of the American West from the perspective of the mules; they were certainly there, and the epochal events were certainly critical to the mules, but hardly anyone was paying very much attention to them at the time."

Inspired by monasteries

A monastery: A complex of buildings comprising the domestic quarters and workplaces of monastics, monks or nuns.

Bygdaheimen: A complex of buildings comprising domestic units and functions and workplaces of elderly, functionaries and their families

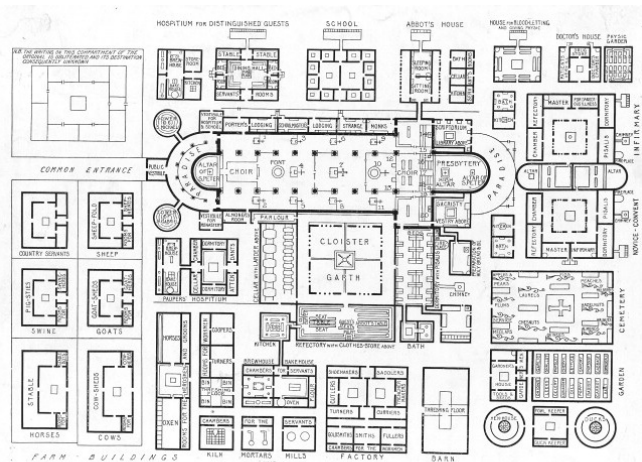
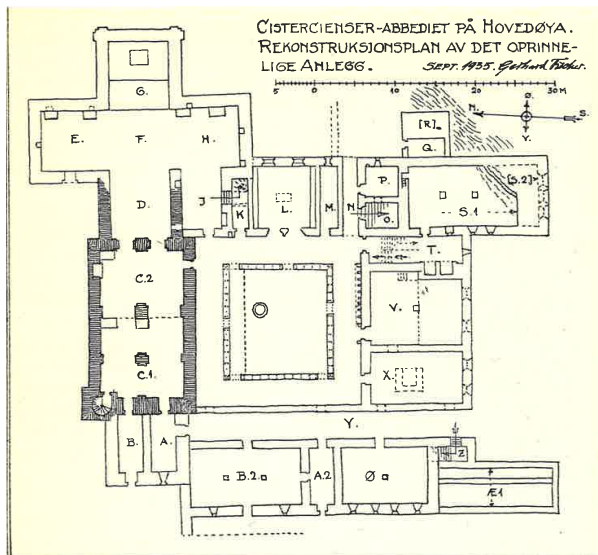


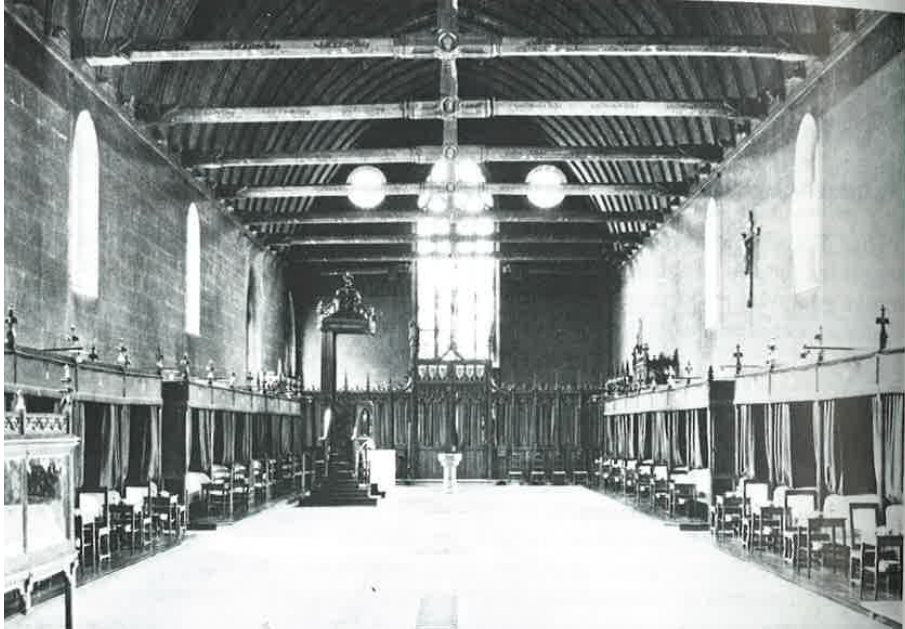
Fig. CCXXIV.
Plan of the Benedictine Monastery of St. Gall, 830. Key plan by the Rev. H. Willis.
Description of the ancient plan of the Monastery of St. Gall in the 9th Century, *Archaeological Journal* (1848) p. 85.



A-B: Forhall (A: Konversenes inngang).
C.1.: Chorus conversorum (legbrødrekor).
C.2.: Retrochorus (sykekor).
D-F: Munkenes kor med inngang gjennom J. og H.
E-H: Tversskip med sidealter.
G: Presbyterium med hovedalteret.
K: Armarium (bibliotek) og natt-trappe til munkenes dormitorium.
L: Kapitelsal («Conventstova».)
M: Parlatorium (Samtalerum).
N: Passasje.
O: Dagtrappe til dormitorium carcer (fengsel) under(?).
P: Arrest(?).

Q-R: Necessaria dormitorii (privet) i overetasjen (Q: hvelvet kjeller under).
S.1.: Førrådsrum i underetasjen. S.2.: Dormitorium i overetasjen.
T: Calefactorium (varmerum). Kanskje med opprinnelig dagtrappe til dormitoriet.
V: Munkenes refektorium (spisesal).
X: Kjøkken med ildsted. — Y: Konversenes passasje. — Z: Dagtrappe til konversenes dormitorium. — Æ.1.: Privet i overetasjen til legbrødrenes sovesal. — Ø: Konversenes refektorium. A.2.: Inngang. — B.2.: Cellarium (førrådsrum).
I midten klosterhaven med beønn og korsgang rundt alle fire sider.

Hospital Hotel-Dieu, Beaune

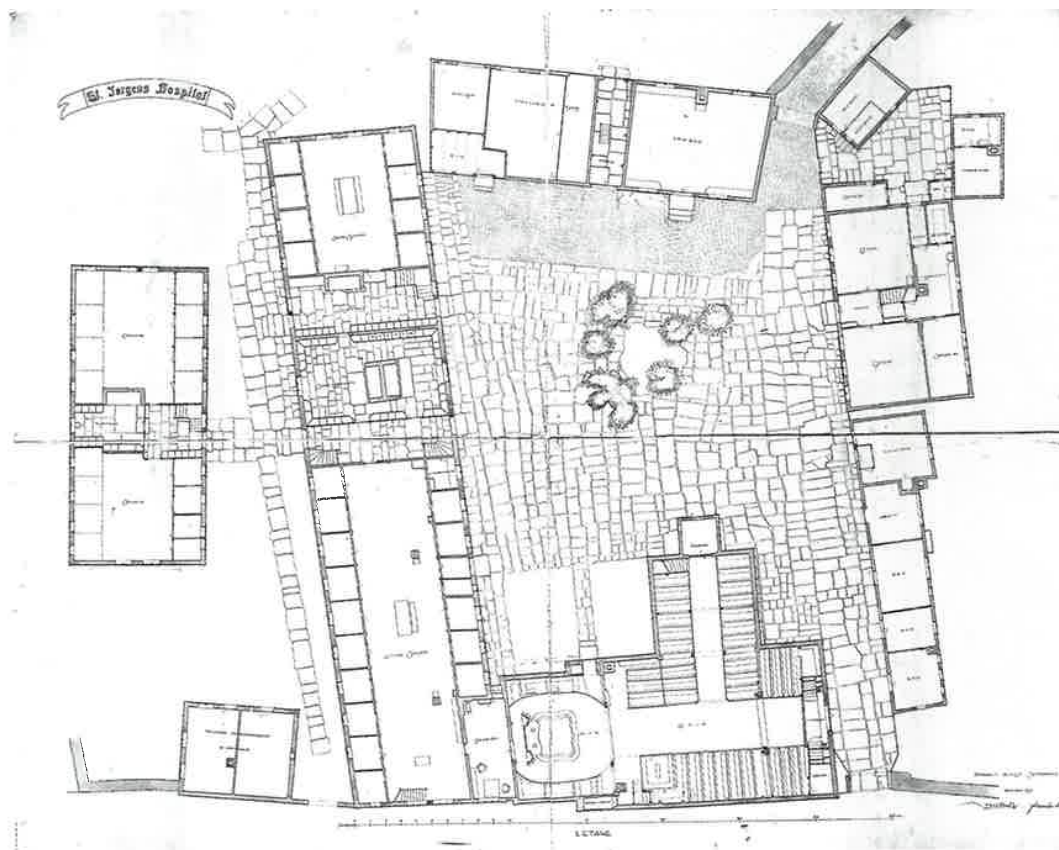


"While the body decayed one sought to strenghten the soul"

The hospital concidered it as more significant to care for the well being of the soul than the body. This was expressed by the sacred character of the building. The limbs could even take part of the holy mass from their beds, and enjoy the blessing. Even on their deathbed, they had the certitude of God's comforting precence. (...) While the body decayed, one sought to strenghten the soul and thereby prepare the sick for the life after death.

Irgens, *De fattige Christi lemmer*

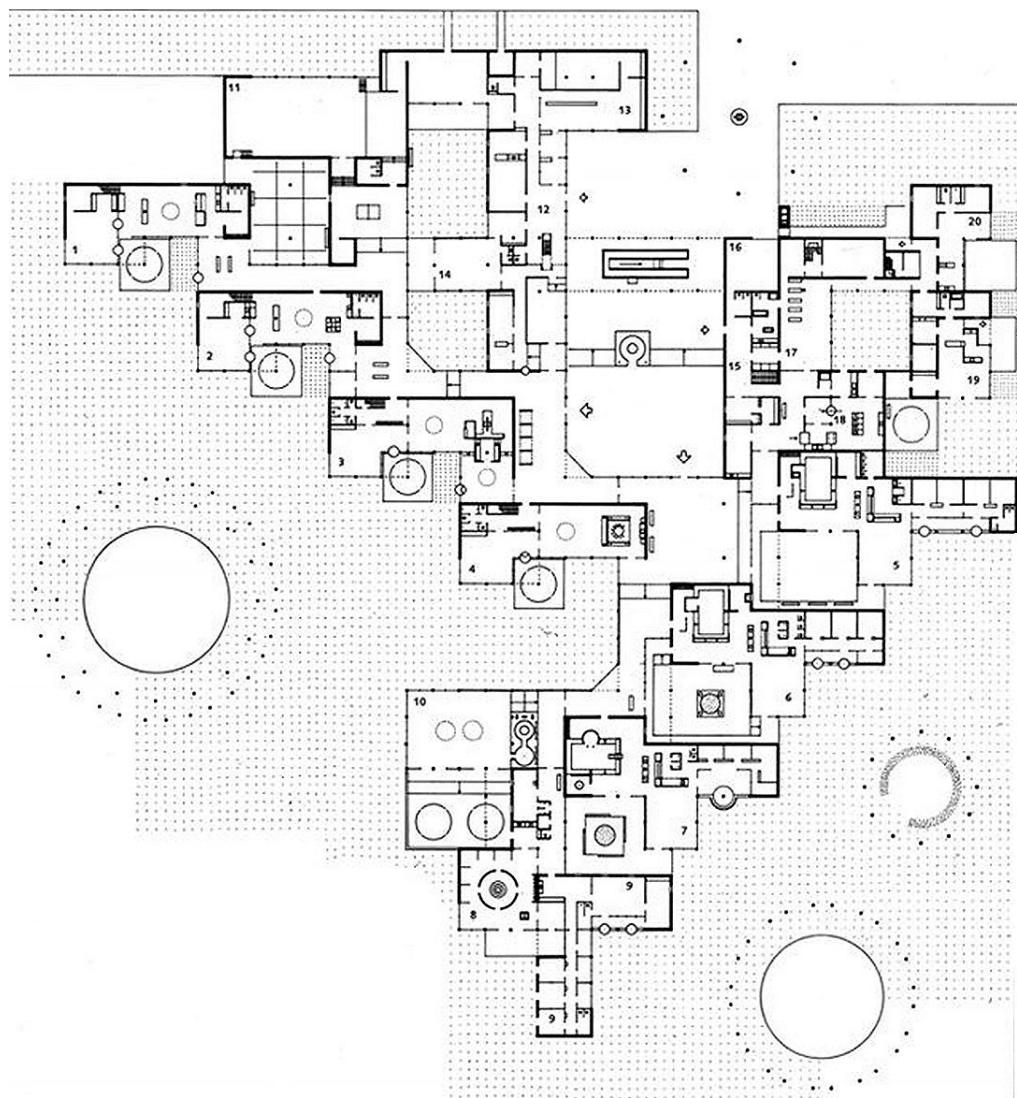
St. Jørgen Hospital, Bergen



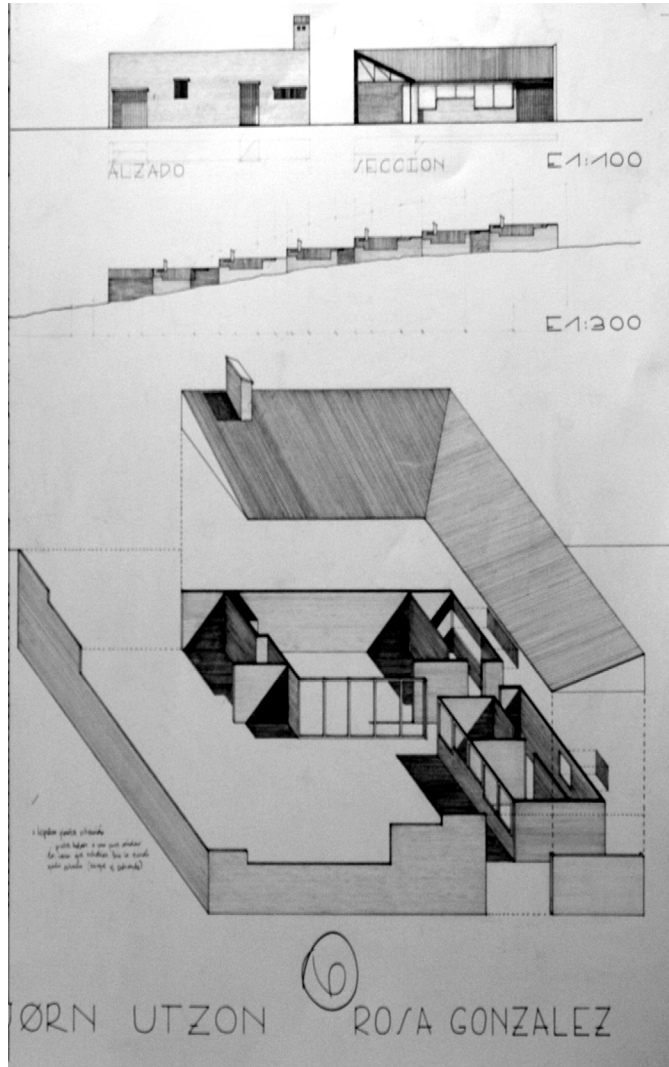
St. Jørgens Hospital oppmålt av Johan Lindstrøm og Nils Tvedt.



Amsterdam Orphanage, Aldo van Eyck

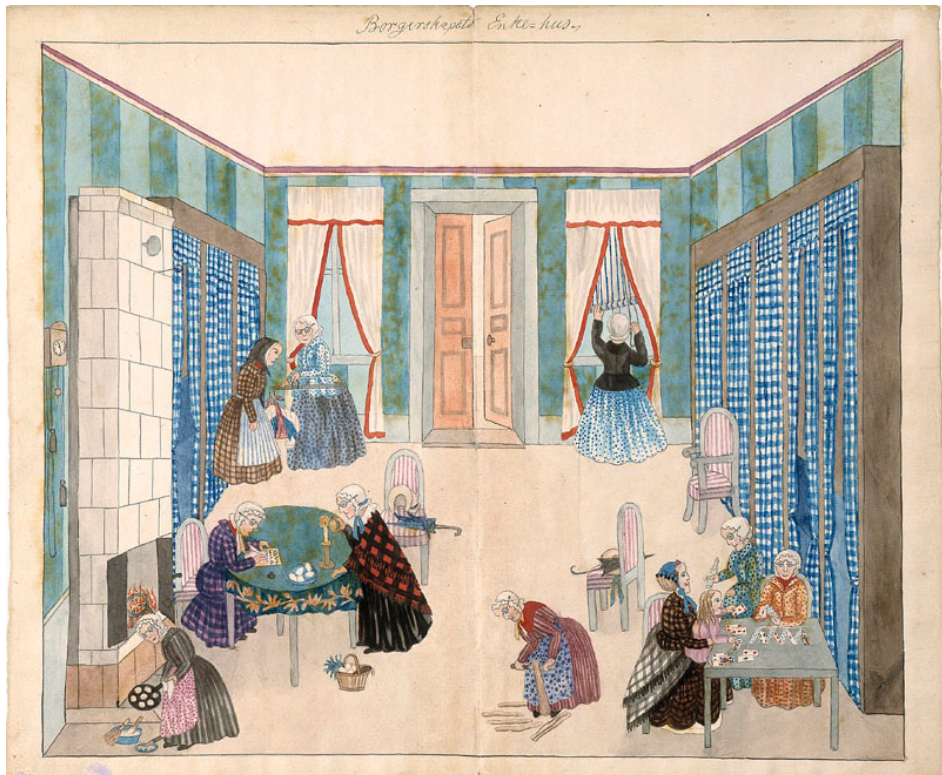


Kingo Houses, Jørn Utzon



JOSABETH SJOBERG

-depictions of a bourgeois widow house in Stockholm, in the 19th century



SPACIAL QUALITIES (from the prediploma)

Sizes and distribution of units and spaces and zones

How to solve the private and social zones and transitions between

Implementation of care for plants and animals in the spatial planning

Relationship between climatized and unclimatized spaces

Facilitating for outdoor use

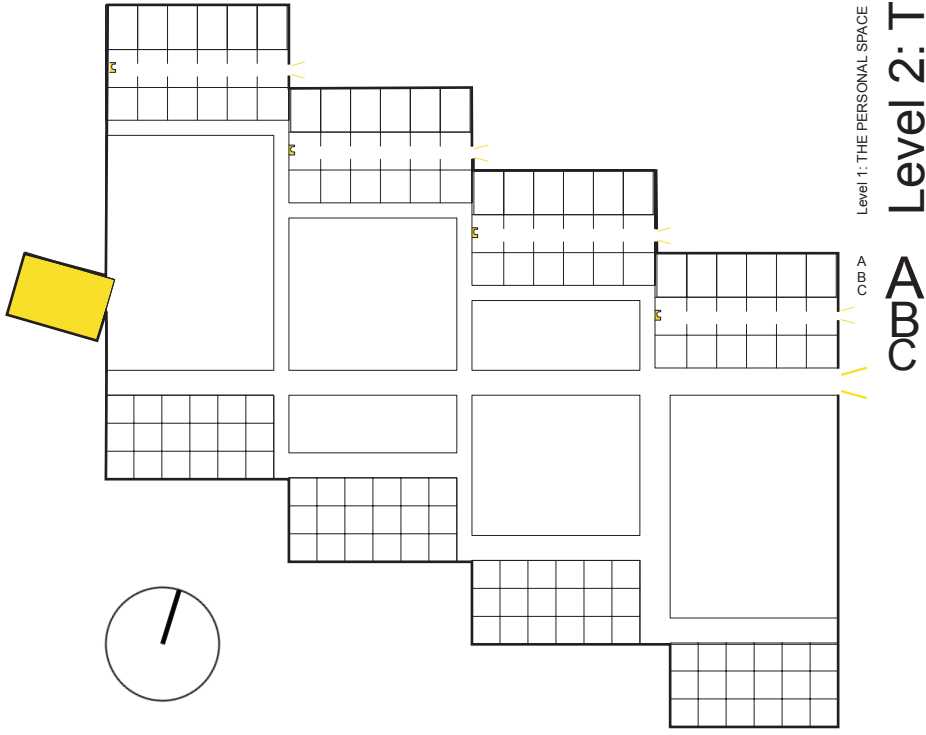
Relationship to the close and the peripheral environment

How natural light is let into the different spaces

Views from the rooms

Materiality according to atmosphere and cleanliness

Variations



Level 1: THE PERSONAL SPACE

Level 2: THE HOUSE

C B A

Level 3: THE MICROVILLAGE

(Bygdaheimen)

Eidfjord Bygdaheim should provide architecture for relations in different levels, where each level plays along with the surrounding landscape.

Level 1: THE PERSONAL SPACE

The space between the brick walls allows each one to be in quiet with their own thoughts and the big landscape.

Level 2: THE HOUSE

The house consists of the personal spaces (A), the living rooms (B) and the function rooms (C).

The living rooms (B) are continuations of each personal space and simultaneously they constitute one large common space where the individuals meet. The common key goal crosses the living rooms: The view towards the landscape and village in the east and the fire place in the west. The large openings north and south frame the sun's movement through the day. The coloured plywood walls which differ from room to room, and subtly divide the rooms, constitute the close foreground of the blue remote mountains. In each living room, each resident is invited to furnish with their personal things. The walls are for them to hang up their paintings, wall clock or a weaved blanket, and the floor to put up the coffee table, rocking chair or the bed for their pet. Any individual belongings can be placed in the living room as a way to inhabit the house.

The function rooms (C) covers the domestic needs of the house: Kitchen, laundry, storage and so. These are the bases of the workers in the house. By being directly and openly connected to the living rooms, the residents are exposed to the domestic activities which they are parts of. The function rooms nurture the life in the house with the practical functions, including the workers. Also, they nurture the house life by connecting it to the next level of relations.

Level 3: THE MICRO VILLAGE

The micro village consists of the houses (A), the gardens (B) and the function houses (C)

The gardens (B) are continuations of each house and simultaneously they constitutes one large common garden for the four houses. The common key goals crosses the four gardens: The view towards the landscape and village in the east and the chapel in the west. The enclosing complex of houses frames the unbroken daylight, until the sun it is broken by Øktarnuten. The fruit trees with changing colours, which differs from garden to garden, constitutes the close foreground of the remote blue mountains. In each garden, each household furnish with their domestic belongings. The zone outside the laundry room is for them to hang up their sheets to dry and the one outside the kitchen for a herb garden or hens house. Any relevant belongings of the house can be placed in the garden as way to inhabit the micro village.

The function houses (C) covers the practical and social needs of Eidfjord Bygdaheim as a micro village: Hairdresser, doctor, bakery and so. Included in these are also the houses for the workers at Bygdaheimen and their families. By being directly and openly connected to the gardens, the households are exposed to the communal life which they are parts of. The function houses nurtures the life in Bygdaheimen with the cultural, sosial and practical functions, including the workers and their families. Also, they nurtures the life in Bygdaheimen by connecting it to the next level of relations.

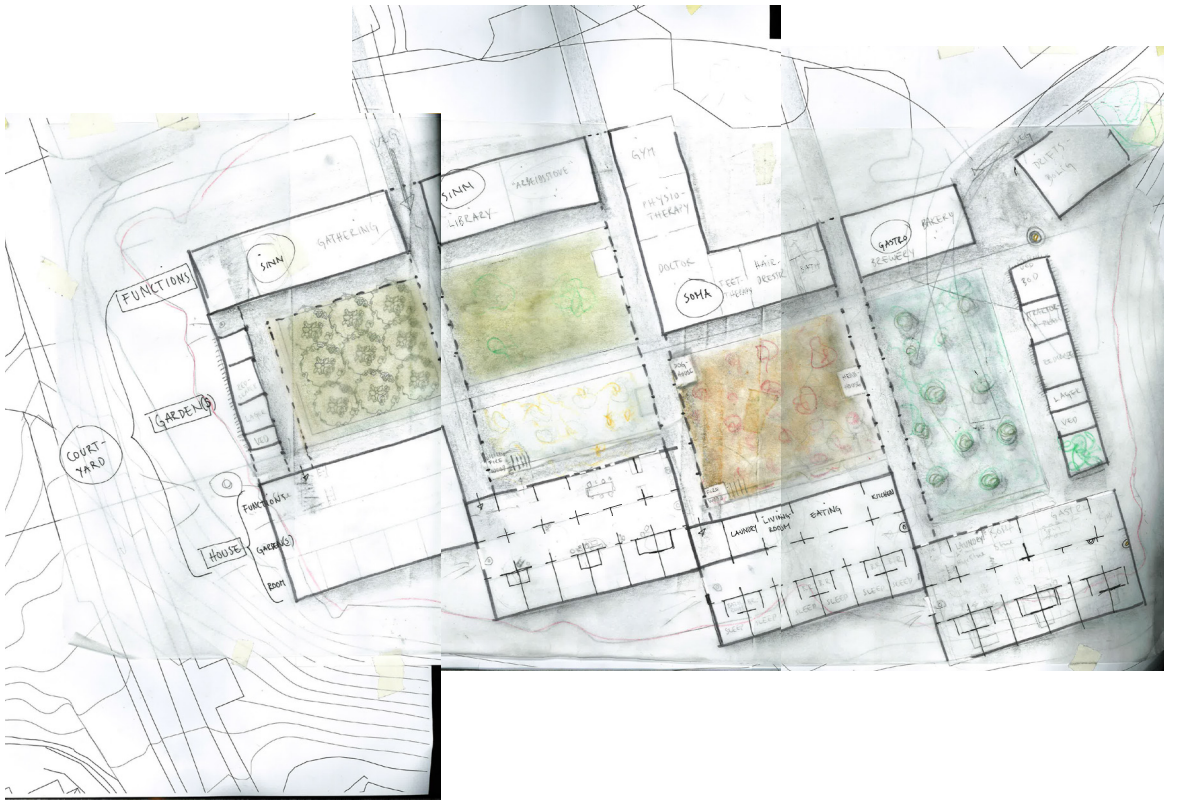


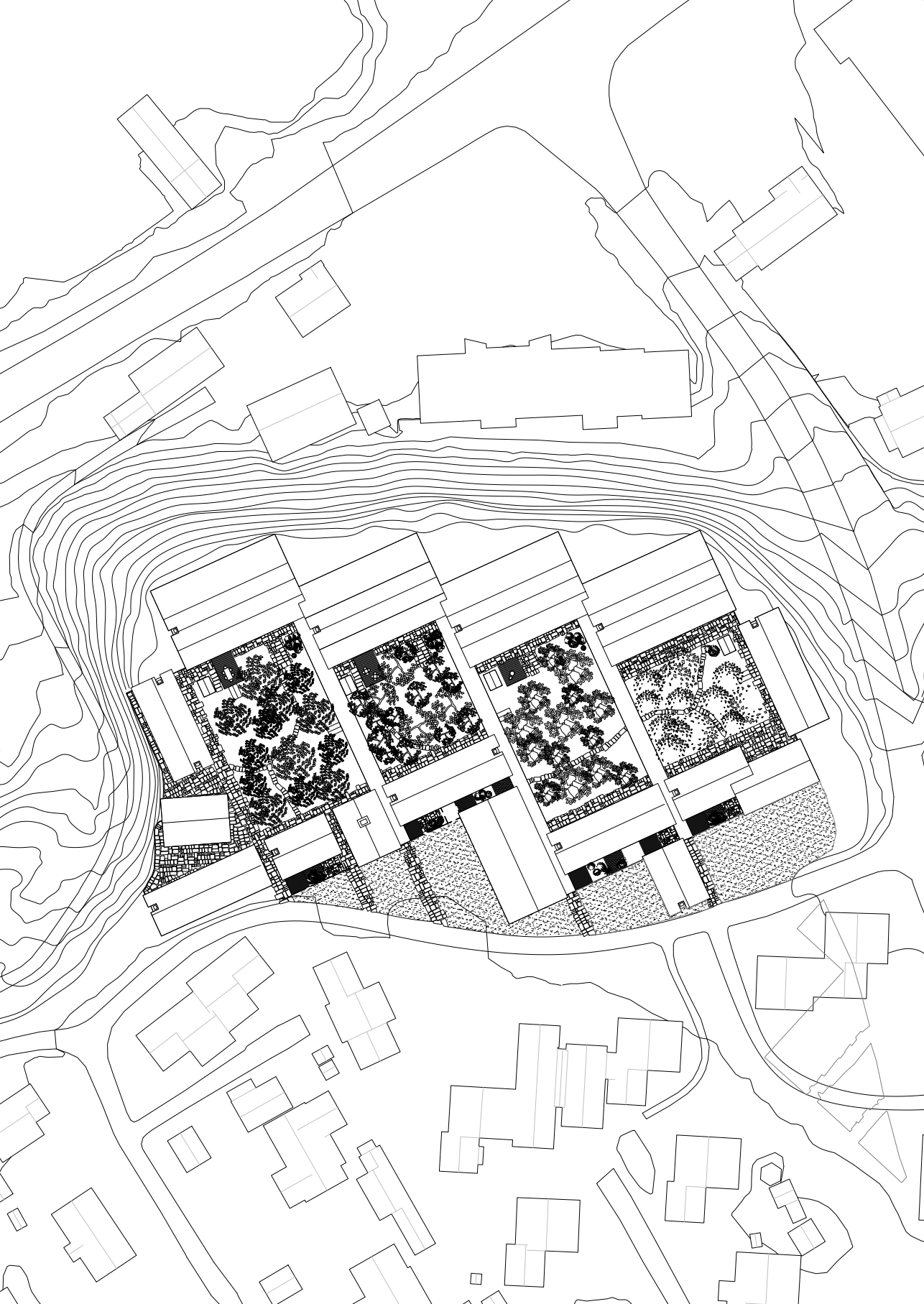
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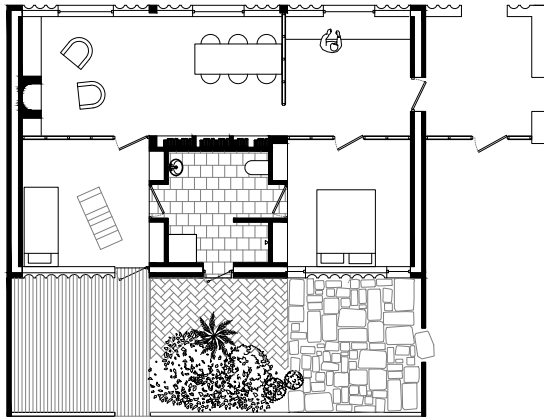
-of the worker's houses with their families and their work places.

2	Frisor Lillian Familie, 4 barn. Mann jobber annet sted, barn i skolealder	93 m ²
5	Fysioterapeut Marianne Familie, ett barn, barnehagealder. Mann jobber annet sted	93 m ²
8	Fotterapeut Drifter badet Familie, tre barn	192 m ²
8	(Badet?)	64
6	Lege Charlotte Enslig kvinne	64
1	Sekretær Magnhild Gift med fruktbonden. Fire barn	192 m ²
3	Bibliotekar Ole Pensjonert lærer. Enkemann, voksne barn	64
9	Kapellan / Kantor Simen Drifter kapell, kafé (som Ung mann samboer med kvinne som jobber annet sted	64
1	Fruktbonde Alf Kone, fire barn <i>Magnhild</i> Epletrær, bryggeri, bakeri	
4	Arbeidsvertinne Kari <i>Samboer</i> Drifter arbeidsstova. Arrangerer aktiviteter	93
10	Husmor 1 Margunn	93
7	Husmor 2 Liv <i>Gr</i>	93
2	{ Husmor 3 Borzo } <i>Samboer</i>	93
	{ Husmor 4 Kari }	193







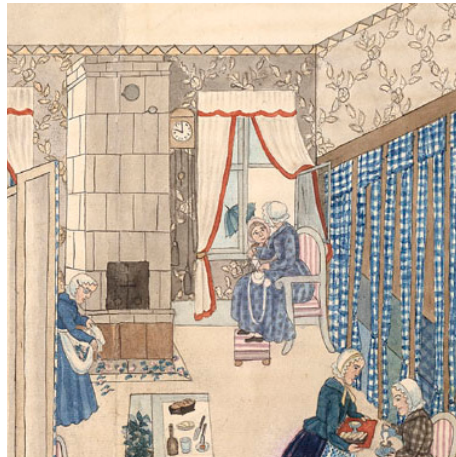


A medium worker's house



A house for the old

NIGHTINGALE'S HINTS & SJOBERGS DEPICTIONS



Desperate desire in the sick to "see out of window."

It is an ever recurring wonder to see educated people, who call themselves nurses, acting thus. They vary their own objects, their own employments many times a day; and while nursing (!) some bed-ridden sufferer, they let him lie there staring at a dead wall, without any change of object to enable him to vary his thoughts; and it never even occurs to them, at least to move his bed so that he can look out of window.

We will suppose the diet of the sick to be cared for. Then, this state of nerves is most frequently to be relieved by care in affording them a pleasant view, a judicious variety as to flowers,† and pretty things. Light by itself will often relieve it. The craving for "the return of day," which the sick so constantly evince, is generally nothing but the desire for light, the remembrance of the relief which a variety of objects before the eye affords to the harassed sick mind.

VIEW IN EIDFJORD

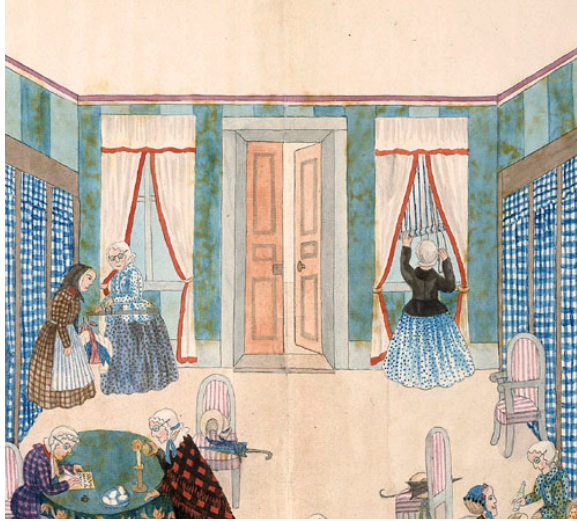


View from the personal space



The building framing the nature as changing images. The remote blue mountains and fjord seen from the personal space. The village and Simadalsfjorden from the common hall. The close fruit trees in the garden. Continuously changing through cycles.

LIGHT



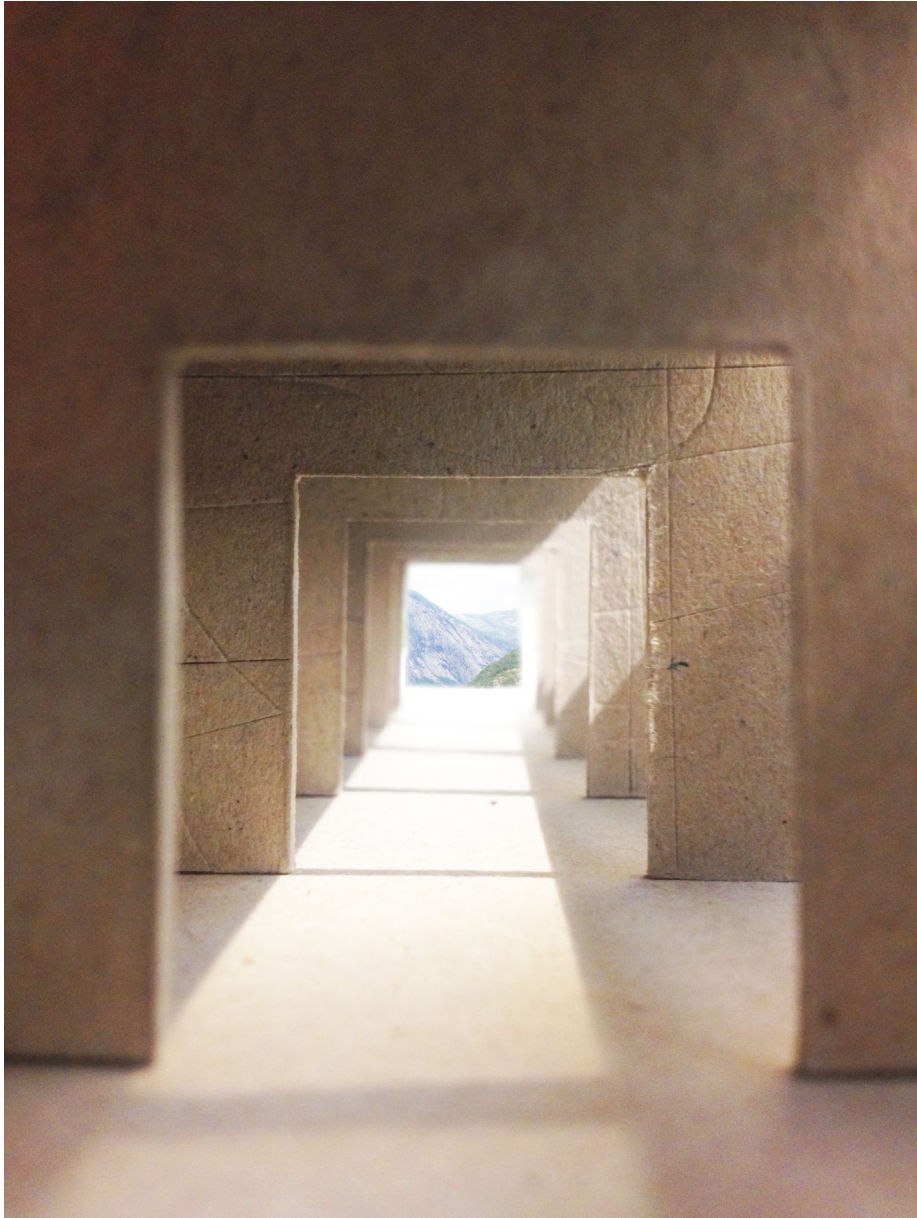
It is the unqualified result of all my experience with the sick, that second only to their need of fresh air is their need of light;

rather have the power of carrying my patient about after the sun, according to the aspect of the rooms, if circumstances permit, than let him linger in a room when the sun is off.

LIGHT IN BYGDAHEIMEN

The calm light in the personal space, the morning sun entering into the east window in the living room hall. The garden filled by the sun from south, interrupted by the shadows from the trees. The last evening sun before it hides behind Øktarnuten. The building as a symmetrical construction, framing the continuously changing light.

Day light in the living rooms



Morning light



MANUAL LABOUR



Supply to the
sick the defect
of manual
labour.

Again, every man and every woman has some amount of manual employment, excepting a few fine ladies, who do not even dress themselves, and who are virtually in the same category, as to nerves, as the sick. Now, you can have no idea of the relief which manual labour is to you

A little needle-work, a little writing, a little cleaning, would be the greatest relief the sick could have, if they could do it; these *are* the greatest relief to you, though you do not know it. Reading, though it is often the only thing the sick can do, is not this relief. Bearing this in mind, bearing in mind that you have all these varieties of employment which the sick cannot have, bear also in mind to obtain for them all the varieties which they can enjoy.



MANUAL LABOUR IN BYGDAHEIMEN

Help folding the clothes
outside the laundry. look for
the plants in the garden room.
Baking in the bakery, pick
raspberries in the garden,
watch the children from the
kitchen window.

THE PERSONS



**This is no
fancy.**

The effect in sickness of beautiful objects, of variety of objects, and especially of brilliancy of colour is hardly at all appreciated.

Such cravings are usually called the “fancies” of patients. And often doubtless patients have “fancies,” as, *e.g.* when they desire two contradictions. But much more often, their (so called) “fancies” are the most valuable indications of what is necessary for their recovery. And it would be well if nurses would watch these (so called) “fancies” closely.

VARIETY



Variety a
means of
recovery.

To any but an old nurse, or an old patient, the degree would be quite inconceivable to which the nerves of the sick suffer from seeing the same walls, the same ceiling, the same surroundings during a long confinement to one or two rooms.

I incline to think that the majority of cheerful cases is to be found among those patients who are not confined to one room, whatever their suffering, and that the majority of depressed cases will be seen among those subjected to a long monotony of objects about them.

Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery.