Chapter 17. Mindfulness and design: creating spaces for well being

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Abstract

What is the relationship between mindfulness therapy and the physical settings in which it is practiced? Mindfulness is defined as "paying attention to what's happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness" (MAPG, 2015: 5), however the qualities of the 'external environment' are rarely discussed in relation to mindfulness. As mindfulness based therapies increasingly applied in clinical and educational settings, this presents opportunities to explore how the design of a space – from the arrangement of furniture through to the qualities of a room, building, landscape, or wider spatial context – may influence mindfulness practice and its therapeutic benefits. In this workshop, a combination of research presentation and therapeutic practice was conducted. Literature from landscape architecture and architecture was presented, evidencing the effects of built environment design on mental health and well-being and emphasizing notions of 'biophilic design'. Delegates were then invited to participate in guided mindfulness mediations, followed by facilitated group enquiry about the combined effects of formal mindfulness practice and the qualities of the physical space we were practicing within.

Keywords:mindfulness, built environment, design.

Theoretical background

Increasing human health and wellbeing is an aim shared by mindfulness meditation practitioners and by many built environment designers, providing a potentially rich yet underexplored area for the cross-fertilization of ideas. A rapidly growing body of research is quantifying the effects of mindfulness on wellbeing (Williams and Kabat-Zinn, 2011: 2), including evidence from behavioral medicine, neuroscience and psychology.

Meanwhile, research within landscape architecture, architecture, urban design and environmental psychology illustrates the effects of indoor and outdoor settings on people's wellbeing (CABE, 2009; Landscape Institute, 2013), evidencing correlations between environmental qualities and mind / body responses. Despite these shared concerns, the study of mindfulness, and the study of environments and their design, remain discrete areas of knowledge. In this workshop we aimed to systematically bring this knowledge together by presenting theories about mindfulness and built environment design with a focus on healthcare and biophilic design, and by practicing mindfulness together.

Mindfulness

Much has been written about mindfulness in recent years, and its application in healthcare settings is on the increase. Mindfulness has its origins in Buddhist epistemology, and, within this, the history of Buddhist meditation. It is typically cultivated by a range of meditation practices, which aim to bring a greater awareness of thinking, feeling and behaviour patterns, and to foster compassion. This leads to an expansion of choice and capacity in how to meet and respond to life's challenges, enabling practitioners to live with greater wellbeing, mental clarity and care for themselves and others. Mindfulness based applications as they are known in the West today, including 8 – week Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT) courses, were developed within the context of behavioral medicine. Mindfulness is now a recognised therapeutic treatment for various conditions, from anxiety and depression to eating disorders. In 2015 the Mindfulness All-Party Parliamentary Group (MAPG) in the UK set out the efficacy of mindfulness practice in the treatment and prevention of mental illness. This report

focused on mindfulness in a variety of contexts including the health system, the corrections system, education and workplaces. While it recommended the promotion and implementation of quality programs and trainers across these different settings, the report made no mention of the actual physical spaces involved when conducting mindfulness therapies.

Mindfulness literature appears ambivalent toward physical space for a number of reasons. On the one hand, its spatial character may be explained by the inward-looking nature of meditation. Leading authority and developer of MBSR, Jon Kabat-Zinn, states that practitioners need not 'find someplace special to practice' (2004: 24), advising that the potential to mediate mindfully and revel the present moment exists wherever you are. On the other hand, formal mindfulness practices acknowledge and work with the external environment in several ways: When meditating practitioners are typically asked to find a comfortable space where they are unlikely to be disturbed; some practices directly involve noticing the sounds, temperature or light in the room; others involve mindful movement such as walking with a particular attitude or awareness. Historically, Buddhist monasteries created spaces with particular architectural and landscape qualities with the intention of enabling and embodying mindfulness, for example with cloisters for walking and the use of symbolic geometries and objects to focus the mind. Such specific settings have not been transferred to secular mindfulness therapy practice; instead the types of spaces people practice within can be divided into three categories. First, the notion of taking a retreat to a specific place away from usual daily activities forms a part of most mindfulness teacher training programs, taking place in urban or non-urban settings. Second, and most commonly, training for mindfulness takes place in regular meeting rooms or offices,

which may be adapted by the trainer to accommodate activities, for example by rearranging furnishings. This is often the case with hospitals, clinics, prisons, schools, workplaces and so on, where sessions are held in whatever space is available. (This was the case with our workshop, as discussed below.) Finally there are a few examples of contemporary custom designed interiors for mindfulness, where a space is set aside and configured for group or individual meditation. One recent experiment in custom-designed space is the individual 'meditation pod' which Oyler Wu collaborative created for Headspace, a company that designs mindfulness meditation apps and other mindfulness products. The Headspace meditation pod is a small cube-shaped booth manufactured of timber, which allows a user to sit in an intimate enclosed space and access guided mindfulness sessions on an inbuilt screen. Interestingly, the pod is designed to invite privacy while also allowing connection to the surrounding space (wherever the pod may be located), with the intention that 'users will enjoy a calming private space, but one that doesn't exclude the external environment, since sound and atmosphere are such an important tool in meditation' (Headspace, 2016).

Designed space and well being

Despite the different settings in which mindfulness meditation occurs, little work has been done to test whether some spaces work better than others when seeking to attain the benefits of mindfulness therapies. Within the design professions, however, there is a growing interest in theorising, testing and measuring the effect of space and place on people's well being generally. For example, in the UK the Commission for Architecture and the Built Environment (CABE) published the 'Future Health' report in 2009, identifying a combination of physiological influences on environmental comfort for building and landscape occupants. These include thermal

comfort and air movement, acoustics, lighting, personal space (proxemics and territoriality), actual and perceived safety, legibility (being able to find one's way around a space), cognitive stimulation, and biophilia. The latter characteristic, biophilia, is defined as an innate need to connect with living structures in our environment. In 'Biophilia and Healing Environments', Nikos Salingaros (2015) describes eight biophilic qualities which he argues are part of any successful space, namely certain qualities of light, colour, gravity, fractals (patterns), curves, details (at a human scale), and the presence of water and finally life itself (plants and animals).

While such characteristics are deemed benefical regardless of the type of building or activity, the in relation to the design of healthcare facilities such as hospitals and other clinical settings, where internal and external environments are intentionally designed to enhance the healing process. Hospitals and sanatoria reaching back to ancient Greece were set in natural surroundings, and part of successful medical treatment once typically included time spent in gardens and under trees and accessing fresh air. Modern healthcare based on pharmaceuticals treatments and sanitation tended moved away from those models, and hospitals became complex machines for curing patients, places where biophilia was absent. Therapeutic environments are now being shown to improve user outcomes for staff, family members and patients in terms of physical and mental well being. Roger Ulrich has led the evidence-based study of health care environments, with numerous studies illustrating how views of nature out of hospital windows, natural light, natural sounds and even images of nature (for example in waiting rooms) create 'positive distraction' which in turn reduces stress levels and improves health outcomes. This work has influenced the design of several healthcare environments, notably the

domestically-scaled 'Maggie Centres' now built for cancer patients and their families in locations worldwide (Jencks, 2015). Being directly immersed in multisensory outdoor environments also has the potential to contribute to well being. In the UK the professional body of landscape architects, the Landscape Institute, has published a position statement affirming five principles of healthy landscapes, including the assertion that healthy places are restorative, uplifting and healing for both physical and mental health conditions (Landscape Institute, 2013).

Description of the experience / Discussion

In the workshop a small group of participants with a range of mindfulness experience and professional backgrounds (arts, psychology, and architecture) explored the relationship between mindfulness therapy and the physical settings in which it is practiced. This workshop was an invitation to discuss design and space for health, to experience guided mindfulness practices, and to enter discussions and enquiry following those practices with a focus on our shared experience of mindfulness *in the space we were working in* – a typical seminar room at the Department of Psychology, University of Sevilla (Figure 1). The workshop was lead by Nicole Porter, an academic with a background in architecture. The mindfulness practices themselves were led by trainer Dr Johanna Bramham, who prepared pre-recorded videos of guided meditations for the group to follow.

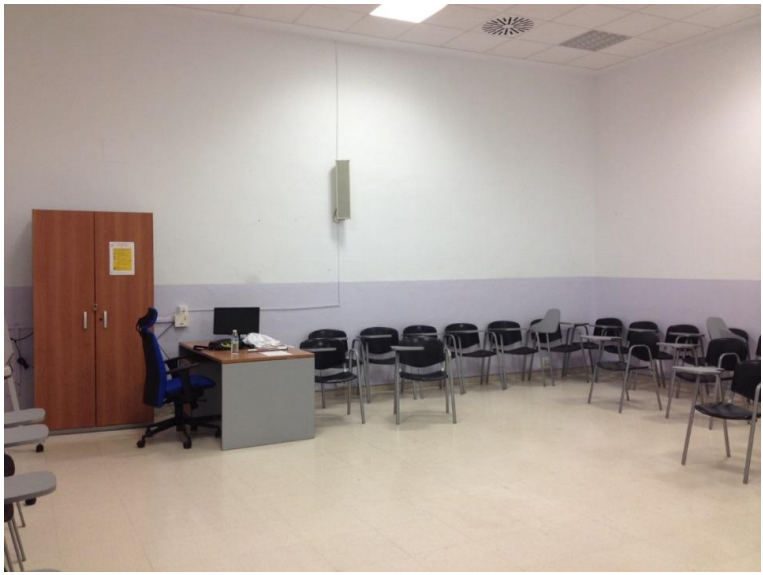

Figure 1. Seminar room where creative workshop was conducted.

The first ten minute practice, 'ARRIVAL', invited delegates to explore how we were feeling, in the moment, by focusing on our breath and our points of physical contact with the floor and chairs. This exercise was primarily about connecting to oneself. After this practice participants generally agreed we felt an increased awareness of own thoughts, and awareness of bodily sensations and posture. The exercise was generally perceived as being calming and relaxing. One participant with a background in psychology and no experience of mindfulness observed a similarity with gestalt theory and therapy, insofar as both encourage present-moment holistic awareness.

A follow up exercise involved considering the seminar room layout before offering the opportunity to modify it to create our optimal environmental setting. We were already seated in a semi-circular layout which allowed us to directly engage with each other through eye contact, while being generally oriented toward the front of the room where the audio-visual

presentation was being screened (this configuration was arranged by artists conducting a prior creative workshop session). It was collectively decided that this layout was already suitable for group meditation and discussion, noting that if the room had been in a lecture format, for example, we would have changed it.

The second practice focused on 'SOUNDS' in the room, inviting us to connect to ourselves and our environment. Ambient sounds in the room and building are out of anyone's control, and as the practice was pre-recorded there was not scope to respond to immediate sounds as part of the guidance, only in discussion afterwards. As it happened that day, the room had a noticeable white noise / buzz from the AV equipment which was noted by all, mostly with discomfort. It was noted by participants that this environmental noise, and others nearby such as people walking past etc, were not noticeable until attention was drawn to them through mediation. The potential for sounds to be helpful as well as distracting was discussed. This lead to a general comparison of the current seminar space with some of the biophilic examples shown in the preceding 'theory' presentation.

A third practice, 'MOVEMENT' was planned to take place outdoors, taking the opportunity to leave the windowless room and go to a leafy sunny courtyard, where participants would have walked silently with the intention of connecting to themselves, the outdoor environment and (through negotiating movement through shared space) connecting with each other. Unfortunately due to time limitations this final practice did not take place, but the principle of walking and practising outdoors was discussed and endorsed by participants.

Final discussions highlighted two main considerations for mindfulness spaces. First are the pragmatic concerns associated with conducting a group meditation activity, ensuringbasic functional needs are met such as having adequate room and an element of privacy from external activities. Secondary 'optional' spatial qualities, where biophilic design or other therapeutic qualities may promote well-being, are preferable but not essential for mindfulness to work. In short, space will support but not guarantee mindfulness. As noted with regard to other forms of health care, inadequate space makes it more difficult to attain a truly healing environment, although the elements of the caregiver and the care provided are even more critical than the physical place or space (Kreitzer & Zborowsky, 2013). In this case it was interesting to note that having a pre-recording of Dr Bramham was itself a limiting factor, as the ability to connect directly with the guide (the care giver) in a shared physical space was missing from this workshop. Given the widespread use of self-guided mindfulness programs and technologies, as well as the emphasis given to interrelationships and direct human connections and narratives which were raised throughout this conference, this is also an issue worthy of further exploration.

In summary, the workshop fruitfully explored the extent to which designed spaces can encourage connectedness – both to our surroundings and to each other. There is scope for the future application of mindfulness in a variety of settings, as already acknowledged in healthcare policy. As mindfulness based wellbeing programs are increasingly applied in diverse clinical settings, this presents opportunities to explore how the qualities of space – from the arrangement of furniture through to the design and layout of a room, building, landscape, or wider spatial context – may influence

mindfulness practice and its therapeutic benefits. In a time when mindfulness evidence-based therapies are being promoted and practiced in a range of institutional and professional contexts, the question of *where* such practices take place is significant for built environment designers and other creative practitioners, as well as healthcare professionals.

References

CABE [Commission for Architecture and the Built Environment] (2009). Future health Sustainable places for health and well-being, CABE, London. Available at: http://www.designcouncil.org.uk/sites/default/files/asset/document/future-health-full_1.pdf (accessed 22 February 2016).

Headspace (2016).'Meditation pod'.Available at: https://www.headspace.com/blog/2016/02/18/introducing-headspace-meditation-pods-making-the-invisible-visible/(accessed 31 December 2016)

Jencks, C. (2015). *The Architecture of Hope.* Frances Lincoln, London.

Kabat-Zinn, J. (2004). Wherever you go, there you are. Mindfulness meditation for everyday life. Piatkus: London.

Kreitzer, M. J. & Zborowsky, T. (2013). Creating Optimal Healing Environments. In: R. Lindquist, M. Snyder, and M. F. Tracy, eds. *Complementary and Alternative Therapies in Nursing* (7th Edition). New York, USA: Springer Publishing Company, 55-70.

Landscape Institute (2013). Public Health and Landscape Position Statement. Available at:

http://www.landscapeinstitute.org/PDF/Contribute/PublicHealthandLandscape_CreatingHealthyPlaces_FINAL.pdf(accessed 27 February 2016).

Mindfulness All-Party Parliamentary Group [MAPG] (2015). Mindful Nation UK. Available at http://themindfulnessinitiative.org.uk/images/reports/Mindfulness-APPG-Report_Mindful-Nation-UK_Oct2015.pdf: 5 (accessed 29 October 2016).

Salingaros, N. (2015). 'Biophilia and Healing Environments'. Available at:http://www.terrapinbrightgreen.com/wp-content/uploads/2015/10/Biophilia-Healing-Environments-Salingaros-p.pdf(accessed 12 September 2016)

Williams, J. M. G. & Kabat-Zinn, J. (2011). Mindfulness: Diverse Perspectives on its Meaning, Origins, and Applications. Routledge: Abingdon