College of Visual Arts, Theatre, & Dance

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Support for this symposium was provided by the Florida State University College of Visual Arts, Theatre, and Dance
ART & DESIGN for Social Justice Symposium

Schedule of Events

SUNDAY, SEPTEMBER 16
Montgomery Hall, Florida State University

7:00 pm  Welcome: Sally McRorie, Dean, College of Visual Arts, Theatre & Dance. Eric Wiedegreen, Chair, Department of Interior Design. Marcia L. Rosal, Chair, Department of Art Education

7:15  Dance Performance by Gerri Houlihan, FSU Department of Dance Choreographed by Dan Wagoner.

7:30  Keynote Address: Dr. E. Douglas Beach, Florida State Secretary for Elder Affairs.

8:30  Reception in Lobby.

MONDAY, SEPTEMBER 17
Student Services Building, Florida State University

9:00  Room 203 Welcome, Introductions.

9:15  Featured Speaker: Robyn Flowers, IIDA

10:00  Panel Presentation: “Putting a face on the problem: Real voices from the aging front.”
Moderator: Ann Camp, Florida State University Interior Design Department
Panel: Susan Cassidy, Margaret Black, Dorothy Clifford, Deborah Duggar, Dr. Billie Jones, Dr. Jan Wells.

10:45  Break

11:00 -11:30  Presentation Sessions:

“Visual Cues and Memory Boxes: Designs for Dementia.”
Penelope P. Orr. Florida State University Art Therapy Program

“Designing the Third Place: Enhancing Social opportunities for Older Adults.”
Lisa K. Waxman, Florida State University, Department of Interior Design
“Designing Disruption: A Typology for Resistance.”
Yamani Hernandez, Chicago, Illinois

11:40-12:15 Presentation Sessions:

Vicki D. Thompson Wylder, Florida State University Museum of Fine Arts
Marcia L. Rosal, Florida State University Art Therapy Program

“The Silent Partner: Addressing the Design Needs of the Spousal Caretaker of Elderly or Disabled Persons.”
Janice V. Kimmons, University of Nebraska – Kearney

“Inclusive Design Close to Home: Residential Accessible Dwellings for Aging-In-Place.”
Theresa Newbill Menotte, Florida State University Department of Interior Design
Jill Pable, Florida State University Department of Interior Design

12:30-1:20 Luncheon. Student Union Ballroom

1:30-2:05 Presentation Sessions:

Conscientious Design: Our Ability to Make a Difference.”
Lisa Montgomery, Florida State University Department of Interior Design

“Art Therapy Treatment with Abused children in Thailand.”
Sara Windrem, Florida State University Art Therapy Program
Alyssa McClish, Florida State University Art Therapy Program

“Cradle of Hope: When Design Reaches Out.”
 Rachelle Mc Clure, Florida State University Department of Interior Design
 Sean Coyne, Florida State University

2:10-2:45 Presentation Sessions:

“Putting Design In Action: The Make a Difference Project.”
Jill Pable, Florida State University, Interior Design
Jeanne Mercer-Ballard, Appalachian State University
Liset Robinson, Savannah College of Art & Design – Atlanta
“Glowbug: Disaster Relief and Recovery Home.”
Lindsay A. Clark, Florida State University Department of Interior Design

2:45-3:00 Break

3:00-3:35 Presentation Sessions:

“A Designed Environment for the Aging Gay, Lesbian, Bisexual and Transgendered Community.”
Chris Johnson, Interior Design, Georgia Southern University-Savannah

“Redrawing: Art Therapy after Hurricane Katrina.”
Pui Wanb, Kari Ruff, Kara Brahm, Rachel VendeRiet, Florida State University A

3:40-4:15 Endnote Speaker: Dr. Penny Orr, Florida State University
“A Positive Framework: Art Therapy with Older Adults.”

4:15 Concluding comments and discussion.

4:30 Adjourn
Peer-Reviewed Paper Presentations - Contents

**Opening Key Note: Keynote Address:**
Dr. E. Douglas Beach, Florida State Secretary for Elder Affairs......................... 7

**Visual Cues and Memory Boxes: Designs for Dementia**
Penelope Orr, Florida State University ......................................................... 14

**Designing the Third Place: Enhancing Social Opportunities for Older Adults**
Lisa K. Waxman, Florida State University .................................................... 16

**Designing Disruption: A Typology for Architectural Resistance**
Yamani Hernandez, Chicago, IL ................................................................. 24

**An Experiential Partnership for Working with Special Needs Elderly Clientele: The Museum and Art Therapy**
Vicki D. Thompson, Florida State University; Marcia L. Rosal, Florida State University ......................................................... 29

**The Silent Partner: Addressing the Design Needs of the Spousal Caretaker of Elderly or Disabled Persons**
Janice V. Kimmons, University of Nebraska-Kearney ........................................ 34

**Inclusive Design Close to Home: Residential Accessible Dwellings for Aging-in-Place**
Theresa Newbill Menotte, Florida Community College-Jacksonville; Jill Pable, Florida State University ......................................................... 38

**Art Therapy Treatment with Abused Children in Thailand**
Sara Windrem, Florida State University; Alyssa McClish, Florida State University ......................................................... 46

**Cradle of Hope: When Design Reaches Out**
Rachelle McClure, Florida State University; Sean Coyne, Florida State University ......................................................... 49

**Putting Design into Action: The Make a Difference Project**
Jill Pable, Florida State University; Jeanne Mercer-Ballard, Appalachian State University; Liset Robinson, Savannah College of Art & Design-Atlanta ......................................................... 52

**Glowbug: A Disaster Relief and Recovery Home**
Lindsay A. Clark, Florida State University .................................................. 53

**A Design Environment for the Aging Gay, Lesbian, Bisexual, and Transgendered Community**
Chris Johnson, Georgia Southern University-Savannah ..................................... 58

**Redrawing: Art Therapy after Hurricane Katrina**
Pui Wan, Kari Ruff, Kara Brahm, & Rachel VendeRiet, Florida State University ......................................................... 61

**End Note Speaker- A Positive Framework: Art Therapy with Older Adults**
Penelope Orr, Florida State University ....................................................... 62
I hope that this comes across in the talks with the choreographer about this. I'm from rural Ohio and that's the most elegant dance I've seen done to a Willie Nelson song.

A couple of things… I see that you have the Dr. and Secretary sign down here and when I first got to Tallahassee we have an ex-military guy that does all of our facilities and stuff. Again, he's just great with what he does and he decided that he needed to go on my phone message and say "Secretary Dr. Douglas Beach" and so… The only person who calls me "Dr." is my wife and that's when she's mad at me. And as far as the "Secretary" goes, I work for Charlie Crist and as all of you know he wants to be called "Charlie" so please in this process call me "Doug".

It's always a pleasure to come back to academia. I was told that I was needed to go ahead and tell you that we have 400 employees at the Department of Elder Affairs. Now of those 400 employees there are 50 folks from FSU. And of course I had to hide my North Carolina State background, especially since the last two or three years we had a pretty good record against y'all in football. It probably won't happen this year.

In any case, when I was preparing for this presentation I got a call from a reporter and the reporter said, "Well what in the world are you going to talk to this school of art and design about?" And I said, well I'm not going to talk to them; I'm going to ask for their help. And what I really want to do is discuss what we see as some of the aging issues that are going to particularly impact Florida. We'll talk a little bit about budget issues. Have any of y'all heard about the budget issues?

We're getting hit pretty hard and I'm sure you all are as well. But in any case the budget issues and then how we can, through proper design, proper planning, put in place some prospects that will actually allow us to move forward in a better way.

Have any of you ever heard about Dr. Mark Freedman? Okay. He's the head of a group called Civic Engagement – Civic Venture, Civic Engagement. They've been around for about ten years but he's well known across the United States as being one of these futurists. And futurists look at what we're going to look like 30 years from now. Always when you talk to economists – and I accuse myself of being a recovering economist – when you talk to economists it's always dismal. There's never anything in the future that's going to work out. In fact, if you go ahead and look at the things that are coming out of some of the planning departments, not only Florida State, but in government suggest that as these Baby Boomers start to age we're going to be in serious trouble. So we'll talk a little bit about that.

But this is the type of vision statement that most organizations have. And what this vision statement essentially says is that we want to allow seniors to age with independence and dignity in a self-selected setting. Now is that a positive vision statement? Does that really grasp you? Well it doesn't do much for me and I'll tell you why. Dr. Freedman, when he's talking about how he became interested in aging, he said that his grandfather died and his grandmother had moved into an apartment in Philadelphia and she had the TV. on all the time and that was the only interaction she had with human voice at any time of the day. And so she had this TV. blasting. And she finally got into a senior center and developed all kinds of friends at the senior center but the point was that we are more about socialization than we are about allowing folks to age with independence and dignity in a self-selected setting.

So when I look at a vision statement like this I think of somebody sitting in a Lay-z-boy all day long watching TV. Right? And so that's not what we're about. What we're about is
something more like this. What we want to do is foster a social, economic, intellectual environment – especially for seniors – but for all ages where we can go ahead and take advantage of the great amenities we have here in the great state of Florida. Now, when we say this we're embracing what we've always been about in the senior network. We've always been about socialization. We've always been about intellectual activity. And we've always been about trying to get people connected with their communities at any given point in time.

So I can say this: what's the issue that we're facing? This is where the budget issues come into place. Do y'all know the difference between mandatory programs and discretionary programs? Okay. We need to set the stage. Mandatory programs means that you're entitled to those programs because you're in a certain age group, or a certain group defined. So we have disability populations that get those services because they're entitled to them. People who are 65+ that work for ten years are entitled to Social Security. People who work for ten years who are 65+ are entitled to Medicare. People in certain groups are entitled to Medicaid. Okay?

And so what happens when you have more people in those groups? Their costs go up. Mandatory programs. So when those costs go up what happens to education? Is it a mandatory program? Discretionary program. It gets squeezed. What happens to transportation? Is it a mandatory program? Discretionary program. It gets squeezed. What happens to agriculture – which is where I'm from? Mandatory program? No, it's a discretionary program. It gets squeezed. Military – discretionary program. It gets squeezed. The arts - discretionary program. It gets squeezed, as you all know. At each stage, when we talk about these budget issues, we talk about the ways that we have to go ahead and look at decreasing the cost of some of these mandatory programs for seniors. Now some folks would call this an "aging tsunami" and I think more of it as an opportunity.

How many of you spend any time in D.C? Okay. You all know about roll call. Roll call is it's produced whenever Congress is in session and it comes out of each of the Congressional offices. And they talk about this "Baby Boomer Tsunami", 78 million baby boomers begin to hit retirement in 2008, all the way through 2030. And what they're talking about in this is as much as a $72 trillion unfunded mandate. Of that $72 trillion: 60 trillion for Medicare, 10 trillion for Social Security. The numbers aren't important. But what is important is this is the negative side of aging. This is the budget side of aging. And this is where you all are going to be very, very important in helping us to figure this out.

Now this slide talks a little bit about how we're going to age over the next 30 years and as you see the 80+ population is supposed to double between now and 2030 to a little bit over 6 million people. The 65+ population is supposed to double between now and 2030. But what does that mean from a surface perspective? For everybody 65+, nearly 30% of the folks 65+ are going to need some sort of services to stay in their homes. Of the folks 85+, over 50% are going to need some sort of help to stay in their homes. Moreover, with the 85+ population- Pretty soon we'll get into something that's a little bit better to talk about, I'm just trying to set the stage a little. Moreover, with the 85+ population, nearly 50% will have some form of dementia. So we're looking at some serious issues that we have to grapple with as this population comes to age.

Now this talks about where people will age and how they're going to age over time. Now what it shows is that 89.1% of seniors in Florida are well off. But it also shows that you're going to have folks, 4%, in nursing homes and assisted living facilities. Do y'all have any idea how much it costs per year to be in a nursing home these days? Well over $60,000 a year. Do you know- Let me ask this question – how many think Medicare pays for nursing home stays? Anybody? What pays for nursing home stays? Medicaid. How do you qualify? You have to spend down. Average spend down in Florida's about twelve weeks. It takes an average person 12 weeks to spend all their assets to qualify for Medicaid. Again, tough stuff.

But what we know is that if we increase the number of well elders in Florida from 90% to 91% we decrease nursing home enrollment by $60,000 and we save the state of Florida
somewhere between $600 million and $900 million. And this is where you guys start coming in.
So this is where we think of our department as an economic department. We know that 4.1
million seniors in the state of Florida have $135 billion in spending power. Eric, you talked about
the wealthiest generation of all time is going to be the Baby Boomers. Well, exactly. The
retirement industry is the second largest industry in the state of Florida. 50% of all new home
construction is for senior citizens. And what we like to talk about is down there at the bottom: of
the people that vote, seniors were 31% of the registered voters in the last election and they
were nearly 43% of the folks that voted. So nearly 1 in 2. Could be the year of the senior.

Now here's where I want to ask for your help. What we know is that 80% of seniors have
some sort of nutritional issue. And 40% of seniors that are admitted to the hospital are
malnourished. So let's talk a little bit about that. What can we do from a designer perspective to
take care of that? I had a recent experience with my mom – she had narrowing of the spine, she
was in the hospital for a while, they discharged her to home and for the week and a half that she
was home she didn't eat at all because she had to crawl to the bathroom and even though
people would bring her food she couldn't get out to the kitchen to fix it. So if you don't have a
caregiver at home how can you expect to go home and get better? Design issue: how can we
make that better?

This slide talks about the fact that nearly 270,000 seniors in the state of Florida need
some sort of help from a social worker to stay in their homes. Again, how can we put in place
design issues that will allow the social workers to do their business better and more efficiently?
You know, 600,000 seniors 70+ in Florida need some sort of homemaker/companion services.
This is a $4.4 billion industry. From a design perspective, how do we make those services go
farther and go ahead and pick out a way to keep those seniors in place longer? What we're
talking about- And I apologize for this, this is an old education pneumonic. When I was about
ten years old, a basketball coach from one of the local colleges came to my home town (this
was in the late 60s) and he talked about what the students needed, what the basketball players
needed, was more LSD. And this was back in the sixties, and you're talking about giving
students LSD, well he was talking about love, security, and discipline.

But in any case, what we're talking about is physical, social, and intellectual activity. And
I'll go ahead and go through each one of those, but if we can think up ways to get seniors "SIP-
ping" from the fountain of youth, we may be able to make seniors part of the economic solution,
rather than part of the economic cost. For example, on the principle activity side, I like to talk
about my dad and tell a story: when I was a freshman in college and I came home from college
and we bought a new truck at Christmastime and this was May and he says, "Well take the truck
up to the gas station and have the oil changed." And the truck had 12,000 miles on it so I take it
up to the gas station, small rural town, and this guy starts chewing on me because I hadn't
taken the truck up to get the oil changed before 12,000 miles. And I kept trying to tell him, "It's
dad's truck. It's dad's truck." Well he won't listen to me. Nobody ever talked to dad that way but
they loved to talk to us that way. But in any case, over my lifetime with my dad we blew out two
tractors, two trucks, dad blew up a car by himself and mom's blown up a car since.

And so the question from that perspective – and I don't want to suggest that humans are
like cars, that's not the point at all - but the suggestion is is it cheaper to have a $20 oil change
or a $4000 engine? Of course it's cheaper to have a $20 oil change than a $4000 engine. And
so when we look at these types of issues for seniors, this physical activity issue, the first thing is
we've got to get people to go to the doctor. Early intervention and prevention. And what is it
about doctors' offices that people don't want to go? I don't know. You may know. What is it
about trying to get medical people to where the seniors are. I don't know. You may know. So the
point is, from a design perspective, from a community perspective, how do we get people –
through early intervention and prevention – to think about their health.

The second issue, of course from a physical activity perspective, has a lot to do with
Jack Lalanne. Has any of you ever seen Jack Lalanne? He came once when I was in Ohio and
once when I was down in Orlando. And the guy's amazing. He's eaten the same meal for the last 35 years, breakfast, lunch, and dinner. Probably goes through one of those Vegi-matics machines that he sells. But the point was that at 90 years he swam the channel out there at Alcatraz or something like that. Just an amazing guy.

If we look at seniors, the four major health problems they have are diabetes, depression, congestive heart failure, and hips. Three of those four, and maybe even depression, have a physical activity implication. And the thing that was neat about that dance down here is the way that you integrate the chair. Because chair exercises are huge for seniors. You know, stabilization is huge. How do we get people to become more stable? And a lot of it's from chair exercises. But the point is many of our costs in nursing homes result because of hips, result because of falls. And many of our issues with depression and diabetes and congestive heart failure can be taken care of with physical activity and proper diet.

The second one is intellectual activity. Now I understand that you do some art therapy and that's great. Do y'all know about the Nun studies? Okay. What we know from the Nun studies from Dr. Stoden is that for folks that are intellectually active, even though when they die they show that they probably had Alzheimer's, they didn't show many symptoms when they were alive. And so why is that so important? Well, we talked about it. The fastest growing age cohort in the United States is the 85+ population. Of that 85+ population somewhere between 37-50% will have some form of dementia. If they have some form of dementia, what's the best way to keep them involved economically and socially? Through intellectual stimulation. Anything from playing cards with a group of friends, to reading books, going to the libraries, interacting with kids – anything we can do to keep those folks intellectually stimulated decreases the cost of that illness.

How many of you have ever lived with or been a caregiver for someone with dementia or Alzheimer's? Pretty tough, isn't it? My mother-in-law was with us for almost a year before she passed away and the thing that was interesting is my wife, who never lies to anybody, you know, we had all those questions about intrigue and all those things that happen with caregivers. We had all the issues of siblings from out of state telling us how to do things. And it's a tough place to be. And one of the biggest issues for them is behavioral and the fact that many times they may remember things that happened thirty-forty years ago but don’t remember what happened last week or today. More importantly, they don't recognize. And so how do you, from a design perspective, increase that recognition? Many Alzheimer's floors are built upon a wheel, from a design perspective, and they go upon a wheel so that if that person goes wandering sometime they'll come back to their door. So again, ways to design is very, very important to what we do.

The last portion of the "SIP" is social activity. How many of you have seen the movie Cocoon? Okay. Now, most people think that Cocoon was about these alien pods that come down to Florida. What was the fundamental issue that caused the catastrophe with everybody in that group? Do y'all remember? Wilford Brimley, the big guy. He owed a Cadillac that drove everybody to their social events. He was going blind. And so the catastrophe was, with him going blind, was how to remain active in the community. Now, what we know with people – this is from an economic perspective and I apologize 'cause that's where I'm from – but in any case, what we know, for folks that have access to transportation, they do over 40 shopping trips a month. For folks that don't have access to transportation, they do less than 13 shopping trips a month. But we also know we have a huge problem with seniors as far as driving goes and as far as accidents go. I'm sure you see all the newspaper editors they say about five-six months ago about a person with Alzheimer's over in the St. Pete area that had somebody that fell on his car and had driven with this connected to his windshield for a long period of time.

We have those issues with a senior population. But I'll tell you, from a driving perspective, there are more accidents with the 16-24 population than there is with the 65+ population. I will say, though, that the fatality rate is U-shaped. The sense that many times the
fatality rate goes up with seniors more often because they have other cohort morbidities rather than the fact that it has to do with driving. But every year, when I was in Ohio, when I was in D.C., and when I’m here, we have movements that want people to get old people off the highways. Now it's more a cognitive issue than it is an aging issue. And, for those of you who at one time in your life was a 16-24 year old male, I would suggest – having been one myself at one period of time there – we did some pretty stupid things.

But the point is that driving is essential. There are very few cities – New York City'd be one, Washington, D.C.’d be another – very few cities that know how to connect people appropriately through transportation. So what can we do from a design perspective? How about communities that have easy access to the pharmacy and to the grocery store by walking. Kind of a neat idea. We're starting to see a lot of that start up but it's neat for the senior for various reasons. Number one, they get exercise. Number two, they're able to get where to they need to be. And number three, they're off the roads. So again, what can we do from a design perspective to make that happen.

The other thing that I wanted to mention with this slide, social activity. How many of you have read the book *Bowling Alone* by Robert Putnam? Okay. In part of his book, he's talking about the Baby Boomer generation and what he essentially says is if you look at the Baby Boomer generation we are very active from a participation perspective but we're not joiners. So he was talking about bowling, the fact that the number of people bowling was at record highs nation wide but the number of people in leagues had actually decreased. But in his book he was talking about social isolation and he said that being socially isolated is as difficult on a senior's health as smoking. So again what happens: you’re socially isolated, you become depressed, you start bouncing in and out of nursing homes, start bouncing out of hospitals, in and out of nursing homes again, and the costs are huge.

So what we learned about is the Department of Elder Affairs. What we're talking about in the Department of Elder Affairs is Communities for a Lifetime. And Communities for a Lifetime tries to bring in integration between kids and seniors. We get a poll for referendum in Brevard County, where I come from, and one of the questions we ask is: How many of you would support kid activities? [?] or a new community center or something like that? And in that we had 52% for 48% against. We asked the same question to voters: How many would support a senior workshop, or senior activities? And we had 46% against and 54% for. Again, not enough to go ahead for a referendum. We asked: How many of you would support a joint children's / senior activity? 72% for 28% against. And what are we talking about here? Well, you know the cutouts you see in sidewalks help seniors with walking issues and they help people pushing strollers. Larger signs help seniors that are having trouble seeing, also helps new drivers.

We talk about ageism being an issue that hits both kids and seniors. Spoke to a group not too long ago and asked them about ageism and talked about many similarities we have between seniors and young people and asked the question: well how many of you have ever been seated at the dinner table and a bunch of adults were talking about current issues and you probably new more about the issue than the adults did but because you were a kid they decided you didn't have an opinion. I see a lot of heads shaking out there. Same thing for seniors. How many times do you go to a store and want somebody to wait on you and you're next in line but there's somebody else there in a higher age demographic and they get waited on before you? Same things happen with seniors.

So we have all these synergies between children's programs and kid's programs that we want to figure out how we can make them happen. And so when we look at Communities for a Lifetime we think about things – and this is me, not necessarily with a planning background or a design background but – how about community centers? When do senior citizens like to use community centers? Does anybody know? Eight to noon. They're usually gone by noon. When do after school programs kick in? Three to ten. Right? So why does it make sense from a
planning perspective to have a community center and go ahead and burn up that infrastructure so that you always have state of the art facilities and use it for both children and seniors.

What about ADA buses? How many times have you ever seen an ADA school bus go into a senior community and pick up seniors and take them to shopping activities or go to doctors’ offices? You ever seen that? I've never seen it. But who helps pay for those schools? Seniors. As we have here, seniors give nearly one billion in taxes every year for school activities. How many of you have gone to your high school and you have one of those wonderful tracks around the high school? Chain link fence up around it. Right? Why can't we use those tracks for people like me with arthritis? I'd love to be able to get to a cushy track to be able to jog once a month. Same with seniors. But the point is we've created these barriers between senior activities and kids activities.

How many of you have spent any time at the Villages? Okay. [audience member speaks] Did you grow up there by chance? [audience member speaks] Do you ever go there on a Friday night? [audience member speaks] Do you ever notice how they have almost a senior section at the football games, all carved out for people who have moved down here but have made that high school part of the community? My mom is – as I said, I grew up in a small, rural town, 2,000 people – my mom's 71 years old. Everything still is associated around football and basketball games. So what we need to do from a design perspective – from my perspective – is figure out ways to make a community. And that's what Communities for a Lifetime is all about: how can we, through a planning process, get more people involved in thinking about these synergies?

I grew up on this creek, we grew up in town. When we moved there in 1964 it was a bunch of young couples with infants. Forty years later it's a bunch of old people. But those houses haven't changed. I go back and we still have those slippery floors that you used to slide on with your socks, you know? Well, that's not very good for someone 71 years old that has narrowing of the spine. Right? I threw some rugs away the last time I was with mom and she was quite upset. But the point is that if we want to go ahead and save money from these senior activities we have to figure out ways to look at communities for a lifetime and how we can get people to think about planning. And how we can get people to think about putting in grab bars in their homes and in their bathrooms. How we can get people to think about smart home design. And that's what Communities for a Lifetime is all about.

We've been very fortunate – we are the only state in the nation that's been able to put together a partnership with AARP. And this partnership with AARP is they have a program called Livable Communities. And AARP's Livable Communities has a lot of similarities to Communities for a Lifetime. So for the first time we are actively working with AARP on how to do this planning process. Did you ever see the first Batman movie? It was on t.v. not too long ago. Well, there's a scene in the Batman movie where Jack Nicholson is there – he plays the Joker, I think – playing the Joker, and he's smiling and he's talking about how he envies Batman because he has such great toys. And that's kind of the way we look at AARP. They have such great resources and when we think about planning the first thing that has to come to mind is good design. Good policy comes from good research. Good planning comes from good design. AARP is going to help us move in that direction and I hope you all can be a partner in there as well.

…. Miami and we had one of those interactive keyboard, punch in your vote, type thing. And came up with several themes that were constant. First of all, more involvement with local business - and you all probably can say that also in the Arts, commitment from local and state governments, effective use of volunteers, use of incentives, and public education, and the list just goes on.

We also talked about aging in place and caregiver issues. And here are the aging in place and caregiver issues. Look at those first three: incentives for universal design in homes,
fortified work force to support aging in place, offer health care incentives where seniors are. These are issues that we need a tremendous amount of help and you all may be able to help us. The work force issue: they are suggesting – work force studies suggest – that over the next 20 years that we are going to have a senior explosion in the work force somewhat to the explosion we had in the 60’s and 70’s with the entry of many women into the work force. And just think about what that means from a planning perspective, what it means from a design perspective, and what it means from just what those seniors want to accomplish every day in their lives. Certainly they're going to be of an age that part time work is going to be more important. So, again, any help you can give us in this type of activity would be great.

I already talked about transportation. The last one was civic engagement. How many of you are on the art side rather than the design side? Okay. All right. Eric was talking about this group being the wealthiest group in the history of the world. And they are. The Baby Boomer generation will be the wealthiest aging cohort we've ever seen in the history of the world. So from the perspective that we can keep them well and aging in place for a longer period of time, it enables us to do things in a different way than we had thought in years past.

You know, I can always think about Washington, D.C. I worked in D.C. for roughly ten years and you can see the transition from a society that was a utilitarian society to a society that has great buildings but they're also attractive. Any of you ever been to the USDA building? In Washington, D.C.? It's built on a penitentiary design. And it's got these big things and this courtyard in the middle. And so, from that perspective, if we can figure out ways not only to worry about function but also worry about issues where seniors will want to come and participate for a long period of time, that's part of the battle as well.

So having said that, what we're trying to do at the Department of Elder Affairs is think outside the box. We don't want to be considered a social service organization; we want to be considered an economic development organization. And to the extent that keeping seniors involved in the economy for a longer and longer period of time, to the extent that revolves around some of the issues that you all think are very important, I would welcome any questions you may have.
Visual Cues and Memory Boxes: Designs for Dementia
Penelope Orr, Florida State University

ABSTRACT

When an older adult transitions into an assisted living facility or nursing home confusion, anxiety, grief and multiple losses may accompany them. When dementia or Alzheimer’s is a part of this transition, the confusion and anxiety is exasperated. Creating assisted living facilities and nursing homes that provide visual cues to orient the older adult to place, to assist with navigation around the facility, and provide feelings of comfort will help reduce confusion and anxiety. This workshop will provide suggestions for environmental visual cues that tap into older adult’s previous and retained knowledge and open channels to difficult to reach memories. Participants will create a memory box in simulation of shadow boxes that can be used to accomplish these goals. Discussion will follow about other possible elements that could be designed into the environment to increase orientation, reduce anxiety, and create a comfortable environment for older adults with Dementia or Alzheimer’s.

NARRATIVE

Purpose

The purpose of this workshop is to help designers, architects, and therapists to create visual elements within the assisted living/nursing home environment that will meet some of the mental and emotional needs of older adults diagnosed with Dementia or Alzheimer’s.

Proposed Activity

The participants will be shown a short PowerPoint which will help them to understand the mental and emotional needs of older adults with Dementia and Alzheimer’s when transferred to assisted living or nursing home environments. This PowerPoint will be followed by a hand out of main points and a list of ideas that could be incorporated into such a facility to meet these needs. The participants will then create their own memory box (one of the ideas on this list) in order to understand the types of elements that could be put into the box and to feel how these items stimulate their own memories through visual cues and text. A discussion will follow this activity in order to generate further ideas about environmental elements that could be incorporated into assisted living facilities and nursing homes to meet the needs of older adults with Dementia or Alzheimer’s.

Anticipated Outcomes

1. Participants will gain awareness of the needs of older adults with Dementia or Alzheimer’s who are transitioning into a nursing home or assisted living facility.
2. Participants will receive and further develop a list of visual cues that could be incorporated into living facilities to address these needs.
3. Participants will create their own memory box in order to experience the memory retrieval process in a meaningful way.
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Designing the Third Place: Enhancing Social Opportunities for Older Adults
Lisa K. Waxman, Florida State University

ABSTRACT

Place attachment is a term that defines the strong connection and bond that people often feel towards places that have meaning in their lives. Often these feelings of attachment involve the home, but they may also include other public gathering places in the community as well. These places may include the grocery store, barber shop, bowling alley, coffee shop, restaurant or other favorite gathering spot. Regardless of the place, feelings of attachment to these special places and the people who inhabit them can enhance feelings of connectedness to the community at large. Many older adults find value and increased quality of life in the connections made through everyday activities in and around town. However, not all communities and places are created equal with some having more opportunities to connect. This paper will address the design attributes that encourage gathering and social interaction, with special attention to coffee shops and small restaurants.

NARRATIVE

“Places have an impact on our sense of self, our sense of safety, the kind of work we get done, the ways we interact with other people, even our ability to function as citizens in a democracy.” (Hiss, 1990, p. xi).

Introduction

Place attachment is a term that defines the strong connection and bond that people often feel towards places that have meaning in their lives. Often these feelings of attachment involve the home, but they may also include other public gathering places in the community such as the grocery store, barber shop, coffee shop, or other favorite gathering spot. Regardless of the location, feelings of attachment to these special places and the people who inhabit them can enhance feelings of connectedness to the community at large (Putnam, 2003; Waxman, 2006; Sucher, 1999).

As people age, they often become increasingly attached to the communities in which they live. The United States Census Bureau reported that fewer than five percent of people 55 or older move in any given year, and of those who move, 49% stay within the same county. These feelings of attachment illustrate the concept that people develop special bonds with certain settings that hold deep meaning to them (Low & Altman, 1992). Many older adults find value and increased quality of life due to the connections made through everyday activities in and around town. However, not all communities are created equal, with some having more opportunities to connect than others.

Building ties to the community may occur on many levels. Robert Putnam (2000), in the book *Bowling Alone*, emphasized the importance of social capital, which he defined as “the connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them” (p. 19). Social capital is the glue that holds a community together. Putnam has expressed concern over the loss of social capital in some communities resulting in an increasing disconnect from family, friends, and neighbors. Although there are many ways to create social capital, the design of the physical environment can play a role creating the physical infrastructure through which social connections can be made.

In the book *The Great Good Place* author Ray Oldenburg (1999) lamented that neighborhood gathering places are disappearing. Oldenburg calls these places *third places.*
The first two places are the home and the workplace. The third place is a place where people can bump into friends and neighbors, and connect with the people from the community. These places encourage the unplanned and serendipitous encounters upon which social capital can be built. It is difficult for neighborhoods to grow and prosper without third places. Sucher (1996) explained it best in the statement, “community evolves from individual conversations” (p 28). Good design can provide the places for those conversations to take place.

In a passionate article on designing for the elderly, Roslyn Lindheim (1974) stressed the importance of good design for older adults. She stated that the physical environment should serve as a reinforcing system to enable people to meet their needs effectively. Designed environments should not ostracize the elderly from society. Lindheim examined needs which affect the young and old, which included the need to be socially useful, and the need to exercise choice as to where and how one lives and maintain continuity and roots. With so much value on work in the United States, when work roles disappear, individuals are often regarded as less productive. Design that allows people to participate to their maximum capacity is important to overall well-being. Designers must also keep in mind that older adults, like other populations, are diverse. They are married and single, healthy and sick, wealthy and poor and vary in personality and preferences (Lindheim, 1974). There is not one-size-fits-all environment, but certainly designers can provide opportunities to help older adults use spaces that best meet their needs.

Purpose

This paper will address the social and physical attributes that enhance the ability for older adults to gather in third places, specifically coffee shops and small restaurants. The findings from this research may be of value in understanding what qualities constitute third places, why they are significant to older people, and how they may be fostered in other like situations toward the goal of building a sense of community and enhancing the social capital.

Method

These findings have been collected using the techniques of visual documentation, observation, and interview. Coffee shops and small restaurants were observed for a total of 75 hours. Field notes were taken recording the activities of the patrons on floor plans. Interviews of patrons also took place. From the findings, design guidelines were developed to make coffee shops and small restaurants more accommodating to older adults.

Findings

The findings will be presented in two categories focusing on the social as well as physical aspects of the selected spaces.

Social Implications. Although designers often focus on the design of the physical environment, the social aspects of an environment must not be overlooked. In this study, there were a number of themes that emerged regarding the social climate of the settings. These themes emphasized the importance providing places where people could linger, feel productive, engage in social interaction, feel trusted and respected, and be in the company of familiar strangers. In addition, many received support in various forms from the patrons and staff of the establishments. These themes will be expanded below.

The opportunity to linger is provided in spaces where patrons are allowed or even encouraged to sit and talk or read the paper. There is no rush on the part of the establishment
to seat another party. This allows people the time to relax and engage with others or watch people come and go (see Figure 1).

Many patrons reported that the coffee shop is a place they go if they want to feel productive. For retired patrons, the coffee shop or restaurant provided a place that becomes part of a productive daily routine. Many of these patrons visit the coffee shop every while others may meet friends later in the day. Some coffee shop patrons visit the coffee shop with a specific agenda such as to read an article, or read the newspaper. However, for many patrons, the visit may simply provide a place for daydreaming or people-watching. Many patrons visit the coffee shops in groups, to meet friends, or spend lengthy time interacting with the staff (see Figure 3). For them, the social atmosphere of the establishment is very important and they seek out conversation and interaction. Although designing for sociability is important, designers should also note that findings from this study indicated that not all patrons wanted to interact. One of the particularly interesting findings is the large percentage of patrons who enjoy the atmosphere of the coffee shop, enjoy seeing the same people every day, but don’t really want to verbally interact with them. In fact, 38% of the patrons who came into the coffee shops in this study sat alone. A number of interviewees said they preferred sitting alone, but enjoyed seeing familiar faces. They felt they had gotten out, felt somewhat social, and their existence as a social member of the community was validated. The underlying concept behind this section of the findings is that a person’s presence in the coffee shop or restaurant somehow confirms their existence as a social member of the community. For some patrons, the outing is about being in the presence of others, even if there is no direct interaction between various parties. For others, there is value in a daily routine that has a social component and is reinforced by a visit to the coffee shop. The nature of the environment makes it permissible to go alone, which works well for some people. Although patrons may enjoy the company of others, daydreaming, people-watching, and procrastinating are common activities as well.
Part of the social climate of the coffee shop or restaurant is the support provided by the staff to other staff, the staff to the patrons, and the patrons to each other. Staff provided support to patrons in that they were in the establishment every day and become part of the social fabric of the patrons’ lives. However, staff members were found to provide other tangible types of support to patrons including offering rides, assistance with car repairs, lending an ear during difficult times, or checking up on them when they were sick.

Trust and respect also emerged as factors in the patrons’ relationship with the coffee shop. A climate of trust and respect allowed the patron to feel welcome, able to be themselves, and allowed people of diverse backgrounds to peacefully coexist. The coffee shop was a safe place for teens to hang out as well as people with special interests.

**Physical Implications and Design Guidelines.** These design guidelines were developed for the design of coffee shops for the public in general by Waxman (2004) and have been edited here to provide better opportunities for older adults to utilize coffee shops as well as small restaurants. These findings are based on observation as well as interviews with older adults (see Table 1).
Table 1. Design Guidelines for Coffee Shops and Small Restaurants to Accommodate Older Adults (Adapted from Waxman, 2004)

<table>
<thead>
<tr>
<th>Third Place Design Guidelines for Older Adults</th>
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<tr>
<td><strong>Characteristic</strong></td>
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<td>Access</td>
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<td>Layout</td>
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<td>Restrooms</td>
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<td><strong>Outside Seating</strong></td>
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<td><strong>Lighting</strong></td>
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<td><strong>Aroma</strong></td>
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<td><strong>Acoustics</strong></td>
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<td><strong>View</strong></td>
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Many patrons used the words cozy and warm when favorably describing physical attributes they preferred. It is recommended that colors and textures that can be considered cozy rather than slick be chosen. In addition, colors derived from the warm end of the spectrum (red, orange, yellow) are recommended over cool colors.

Art supplied by local artists is an easy way to enliven the space, connect with artists in the community, and provide artists a place to display their work.

A bulletin board for the posting of local information can enhance the space and provide information about events in the community.

Social capital, and the social networks associated with it, can come in various forms and may include formal and informal relationships. These social networks need places to grow. Whether these social events are church meetings, PTA meetings, books clubs, or the informal gathering of neighbors in a park or corner coffee shop, all take place in some type of built environment. Oldenburg (1999) emphasized the importance of places in enhancing community life. His writing supports the idea that gathering places, or third places, where people have the opportunity to connect with members of their community contribute to feelings of community attachment and enhances the overall well being of residents.

Clearly, it is simplistic to say coffee shops and small restaurants are the answer to the complex question of civic involvement and community engagement. And yet they do provide a forum for community engagement. For some, the coffee shop or restaurant simply provides an opportunity to informally connect with the members of the community in which they live, thereby...
making a small contribution to the overall social capital of the community. However, for others, the opportunity to gather with community members may propel them to become more involved, and even participate in some sort of formal civic activity, thereby increasing the social capital in a more formal way.

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ABSTRACT

Designing Disruption: A Typology for Architectural Resistance is a brief synthesis of an exploratory study as a part of a master of architecture thesis which draws on the critical theory to investigate existing precedents and possible new directions in activist architecture. It investigates the parallels and disparities between activist art and activist architecture, and demonstrates the precedence and potential for architecture to inspire public debate and instigate social action as a direct activist act. It uses an analysis of selected case studies and interviews with activist practitioners in fields of art, architecture, urban planning and community organizing to explore how architecture incorporates the tools of subversive art and community activism for calculated resistance. The study describes the findings of eight fundamental characteristics of the process and four possible building types of direct action activist architecture.

NARRATIVE

My contention about architecture began with my assumption that the tools and practice of architecture are diverse and complex. Architecture is not limited to creating residential and commercial objects for consumption. The practice of architecture can also operate as a catalyst for new power relations. The topic for this study stems from my background as an artist and cultural and community worker and the inherent mission to be an agent of social change. As such, I am committed to cultivating environments that transform communities, raise consciousness and generate collective analysis and action. I entered architecture school as a speculative endeavor. I wanted to know how to use architecture in a subversive way to impact social change. This thesis completed in 2006 is a study of precisely that. More specifically, it is an investigation of selected projects and people who have defined and practiced the vocabulary of architecture in a non-traditional, interdisciplinary and revolutionary way. This thesis illustrates a genre of work that simultaneously defies categorization and creates its own identity and language. These transformative practices look beyond architecture as an object, and instead approach architecture as a dynamic and interactive agent to communicate and inspire social change.

Hegemony results in the empowerment of certain cultural beliefs values, and practices at the expense of submersion and partial exclusion of others. In a capitalist ideology the dominant cultural belief is the commodification of every aspect of modern society. The conception of architecture solely as a commodity is a problem because as such it is only useful to those with the power and means to participate. The vocabulary and tools of architecture can be subverted by and for marginalized populations to instigate transformation for the purpose of empowerment. The theoretical framework for this thesis draws from critical theory which critiques capitalism. Critical theory describes capitalism as “an appropriation of the surplus value of the collective,” and “commodification of every aspect of our modern society” (Jensen 1997). This thesis posits that architecture in itself is political, as it “operates at the intersection of power, relations of production, culture and representation, and is instrumental to the construction of our identities, differences and shaping how we know the world” (Dutton 1996). Thus in the application of critical theory to architecture, critical practices are considered as “social projects,” which are defined as “projects that recognize their social character and attempt to alter relations of power” (Dutton, 1996). A review of the literature revealed that, while there is an existing continuum of activist practice in architecture ranging from community design, design...
advocacy, environmentally sustainable design and pro-bono work for underserved communities, there is a thin base for precedents of architecture practiced as a direct action in support or opposition of any issues except homelessness. Even in the area of homelessness, most actions do not mount a critique of this phenomenon, but rather supply a "band aid" in the form of homeless shelters. This thesis is significant because it draws on literature related to activism in art to evolve to a better understanding of the possibilities for activism in architecture. More specifically, many artists have critiqued the commodification of art and produce art in order to elicit an experience or action rather than a purchase. While a historical elitism exists in the canon of art history, just as in the history of architecture, artists have been more accepted and successful in addressing politics and using their work as a direct activist act. This may be because of the physical scale of the work and its expense, the personal relevance of the work as opposed to that of more traditional client oriented work of architecture, as well as the lesser regulation of the practice of art, allowing it to operate independently of the dominant power structure.

A lesson learned from extensive literature review is that there is a strong continuum of activism in both art and architecture. In defining architecture, this thesis operates from the position that "every act of design is first an act of disturbance” in that, “Whether the preexisting field is natural or contrived, construction must necessarily disturb that which has been” (Treib, 1993) From there the definition of architecture is colored by its “capacity to further a progressive social transformation” (Dutton, 1996). Further it approaches architecture as an ordering and definition of space by using built components of an apparent tectonic order and proposes an extension of architectural praxis, or “the relationship between theoretical understanding and critique of society and practices that seek to transform individuals and the historical, ideological, sociopolitical, and economic conditions in their environment.” (Leistyna, Woodrum, & Sherblom, 1999). Thus, understanding the relationship of critical theory to the need for social justice this thesis draws on the precedents of “artivism” and temporary and unsanctioned building to explore possibilities for activist architectural practice. It seeks to propose unsanctioned building not only as habitation but building as a form of disruption. This disruption of the status quo is for the purpose of opposing or supporting a given social issue in order to stimulate the change of power from those who have it to those who do not.

After analysis and review of existing literature and examples of resistance in the built environment, seven interviews were conducted with a transdisciplinary selection of activist practitioners: construct characteristics of direct action activist architecture, discern how activist architecture is different than activist art, and assemble a collection of visions for new directions in activist architecture. Through these interviews, this study offers a small collection of critical opinions about activist architecture, provided by people who are engaged in innovative practice. Toward this end, I have synthesized the perceived relationships of goals and outcomes of a new typology of activist architectural practice. The practitioners were identified from review of literature in efforts to represent a sample of the continuum of activist practice ranging from the practice and funding of public interest/humanitarian design, inclusive participatory and community design to subversive, unsanctioned and even disruptive physical intervention in the built environment. Furthermore the resulting typology is intended for both architects and transdisciplinary activists wishing to use three-dimensional built form as a subversive tool in calculated resistance.

The Typology

Lessons that architecture can take from activist art are in taking unconventional means of production, abandoning the concept of ownership of ideas and products, and not asking for permission in order to exercise an architectural intervention as action in anticipation of or in response to a given social cause or situation. The nature of activist art is process- rather than
product-oriented. While art in general is viewed by interviewees as self reflective, activist art is a manifestation of reflection on social issues by an individual or community. Activist art often falls short of providing solutions however it departs from the business of art as commodity and often serves as an act of resistance or as a catalyst for confrontation. Both architecture and art are both forms of cultural production. Some is for capital gain and other work is counter hegemonic.

A number of parallels between activism in art and architecture are in the physical scale, tectonic rigor and structural demands of the projects. Some forms of activist architecture are still for clients. Activist art is not client oriented but issue oriented. Some forms of activist architecture are still product oriented while much of activist art is exploratory, speculative and process oriented. Perhaps the biggest difference between activist practice for artists and architects is consequences for activist activity. Artists are not legally regulated by any professional association such as the American Institute of Architecture or governed by a licensure process so they expose themselves to fewer negative consequences for activist activity than architects. Because of regulation of the practice of architecture, licensed architects risk legal consequences in doing unsanctioned and confrontational work. The parallels and disparities between activist art and architecture are not always clear cut but rather there are many overlapping areas of interest. A strong trajectory of activist architecture is developing. According to respondents it looks more and more like, and is less distinguishable from many forms of three-dimensional built public artwork. Respondents recurrently projected the following characterizations of the trajectory of activist architecture.

- Smaller scaled
- Used as a tool
- Proactive vs. reactive
- Performative
- Experimental
- Empowering
- Reflexive, discursive, dialogic
- Engaged in civic participation

These above characteristics may manifest themselves in the following formal representations. These recommended typologies of building or types of interventions, are described by what they do and not what they look like. They are not exhaustive, but an attempt to provide a starting point of a developing characterization of new genre of activist architecture. It is up to the designer/activist and collaborators to determine the appropriate aesthetic manifestation of the actual intervention.
**Barrier:** Free-standing structures that strategically block access and disrupt mainstream order to advance the agenda of marginalized concerns. These structures may be temporary or occupiable.

**Parasite:** Attached structures that subvert the purpose of existing buildings to amplify and serve the needs of the underserved.
**Insertion:** Sanctioned or unsanctioned structures that adapt, re-use or appropriate unclaimed and/or abandoned space within or in between buildings for the benefit of the underserved.

**Bridge:** Free-standing or attached, unsanctioned or sanctioned structures that provide new, previously unattainable connections via physical access, or view.

These types of architectural intervention have tremendous potential for activist practice. They should be tested in practice and expanded upon. Additionally, the typology can provide an alternative mode of practice for architectural designers outside of the traditional path of licensure. The discourse or institutionalized way of thinking and or social boundary defining what can be said about the field of architecture should not be dominated solely by the traditional practice of architecture of creating buildings as commodities. Rather, the dominant architectural
discourse should embrace the full scope of architecture in the public interest including activist architecture.

REFERENCES


An Experiential Partnership for Working with Special Needs Elderly Clientele: The Museum and Art Therapy
Vicki D. Thompson Wylder, Florida State University
Marcia L. Rosal, Florida State University

ABSTRACT

Few museum-goers will see the museum as a therapeutic setting for the institutionalized elderly, especially elderly who exhibit memory problems due to diseases like Alzheimer’s or mental illness. Few will understand artwork and museums as a means to connect these elderly to the community. Few will appreciate visits to museums from assisted living facilities as “normalizing” events, or museums as a place for the elderly to engage in self-expression by doing artwork themselves. Yet, a four year partnership between the Florida State University Museum of Fine Arts and the Florida State University Art Therapy Program resulted in the use of the Museum for these exact therapeutic purposes. This paper/presentation will describe this museum/art therapy program within the context of an exhibition curated to specifically address special needs clientele as well as against the backdrop of the usual museum programs offered and the art therapy expertise needed. The exhibition was designed as an experiment in the use of art to stimulate viewer discussion and understanding of self as well as the psychology of relationships.

Museums often approach special needs programs and clientele warily. Yet museums can address this population by partnering with those who hold the appropriate expertise. Likewise, art therapists may not consider the museum as a setting for their practice. Art therapists can extend their community techniques through the structures offered by museums. Together museums and art therapy programs can offer institutionalized elderly adults community interactions, as well as stimulating environments for articulation of feeling through language and visual expression.

NARRATIVE

Ask most people to think about a trip to a museum and they will mention the aesthetic beauty of the artwork, the calm atmosphere, the quiet stroll through the galleries while musing about the meaning of the paintings and the sculpture, or they may mention their indignation at artwork that artists might deem as “cutting edge.” Many will remember tours with a docent who plied them with artists’ names, descriptions of art movements, art historical dates, and other such facts that allowed them to expand their appreciation and knowledge. Many will think of the museum visit as a family excursion, an enrichment, and a luxury, what is now stereotypically viewed as an elitist experience.

Few museum-goers will see the museum as a therapeutic setting for the institutionalized elderly, especially elderly who exhibit memory problems due to diseases like Alzheimer’s or mental illness. Few will understand artwork and museums as a means to connect these elderly to the community. Few will appreciate visits to museums from assisted living facilities as “normalizing” events, or museums as a place for the elderly to engage in self-expression by doing artwork themselves. Yet, a four year partnership between the Florida State University Museum of Fine Arts and the Florida State University Art Therapy Program resulted in the use of the Museum for these exact therapeutic purposes. This paper/presentation will describe this museum/art therapy program within the context of an exhibition curated to specifically address special needs clientele as well as against the backdrop of the usual museum programs offered and the art therapy expertise needed.
The Museum of Fine Arts, although a small university museum, includes the community within its educational mission of service. Prior to this special needs initiative, the Museum’s education program offered ten typical components, mostly geared to schools and K-12 initiatives. These included tours upon request for all groups (university, community, or school-related), a university and high school student volunteer program, exhibition packets for K-12 teachers, education websites, a K-12 student display program, a parent/student/teacher event, teacher workshops, school partnerships, outreach to schools, and university inter-department interaction. The “school partnerships” component resulted in several curatorial projects in which K-12 teachers joined museum staff to curate an exhibition and subsequently integrate the artwork into the curriculum of their public schools. The “inter-department interaction” also resulted in the scheduling of several exhibitions to be utilized programmatically by other university departments.

This museum/art therapy partnership project built its museum side of the venture on educational program components already established, but now with special needs visitors and their specific requirements in mind. The partnership project grew to include, among other aspects, an exhibition, *The Family Experience*, curated by the Museum’s Curator of Education and a Professor of Art Therapy, outreach and tours for special needs clientele, the utilization of university art therapy graduate students (referred to as art therapists below) to help implement interactive outreach and tours, a workshop for community art therapists, and a display of responsive artwork by the special needs clientele titled *Reflections on the Family Experience*.

Although the external structure for the exhibition and programs was furnished by the Museum, content, group process, and expertise were provided by the Art Therapy Program. The exhibition theme was selected by the Professor of Art Therapy for its ability to speak to the experiences of this clientele. A pilot program was established for preparation for interaction with additional groups later. Groups were kept small to allow much one-on-one interaction. Typically a number of art therapists and museum staff accompanied each group. Sometimes the ratio of “tour leader” to “tour member” was literally one-on-one. Outreach to an institutional setting would precede and follow visits to the Museum. Interaction within outreach and on-site visit sessions was designed by the Art Therapy Program.

The exhibition was designed as an experiment in the use of art to stimulate viewer discussion and understanding of self and the psychology of relationships. All works in the exhibition were selected for their potential to speak to a variety of individuals and their experiences within the family. Artwork might spark a sense of identification or it might recall the past to the viewer. Works in the exhibition dealt with diverse family topics: relationships between parents and children from both points of view, sibling connections, violence within the home, single parenthood, illness within families, family heritage, alternative family structures, and so on. A number of works in the exhibition were selected to address the issue of aging within the theme’s context. These included *Three Brothers*, a painting by Eileen Doman, in which three gray-haired brothers stand to face the viewer, but each stands separated from the others. They are different. One is heavy, one lean and small, and one is taller and of medium build. Their white shirts and their expressions of loneliness, however, ironically unite them. In Catherine Lees, *Eleanor at the Computer, Dad Watching*, the title explains the technological generational divide often experienced between the adult child and an elderly parent. In Scott Gordley’s *Grandmother and Evan*, a grandmother holds her grandchild. Her hands are veined, her face is lined, and she too looks at the audience with an almost indescribable countenance. Is she weary? Is she resentful at the prospect of again dealing with the energy of a young child? Or is her mind emptying and her face blank.

Two groups of older adults were targeted for activity with this exhibition. One group lived in a nicely-appointed assisted living facility, but all were suffering memory loss for some reason. Another group included older adults with intellectual disabilities. They attended an adult day training facility. Each group appeared to enjoy a visit to a community setting but in a different
way. For those with memory loss, recollection of the past was particularly important. Each client was paired with an art therapist or museum staff member to tour the exhibition in a dyad structure. Clients could dictate the path of the tour, works explored, and topics discussed. The accompanying art therapist or staff member was given the special charge to emphasize or reinforce past remembrances that might surface. The second group, those with intellectual disabilities, toured the exhibition in a similar mode but the emphasis of the conversations undertaken varied. Here the emphasis focused more on the artwork itself. In both cases, these groups were able to deviate from their usual institutional experience by traveling to a museum exhibition to interact with the artwork as well as community representatives, that is the art therapists and museum staff.

Groups generally scheduled a series of sessions: one to two outreach visits; pre-exhibition museum visits; and Family Experience exhibition tours. All sessions included hands-on artwork activity. Museum visits/tours extended approximately one hour to one and a half hours. Each group toured and discussed for about two/thirds of the on-site visit time. During on-site tours, the last third of the time was set aside for responsive artwork activity. Tables were positioned on the museum floor. Collage materials, markers, and clay proved effective media. Two artworks by clients from the assisted living facility show the variation in artwork produced. Both works were made from modeling clay, a material that incorporates color and does not need firing. One work took the shape of a flat and elongated yellow, white, and red heart. The color within the heart seemed to drip and flow. Red clay surrounded a crooked opening at the center. The client titled the work, Broken Heart. The second work was realistic in form and color, a hot dog within a bun surrounded by mustard. This client titled the work, Hot Dog Set. Each work conveyed very different feelings and memories. Both these works were displayed in the parallel client exhibition titled Reflections on the Family Experience.

Two incidents from these tours by older populations speak to the sometimes surprising reactions and actions of clients. During the art activity session with the group with intellectual disabilities, one client began to sing as he worked. He was eventually moved to stand and perform for the group. He was followed by another client who sang as well. Their voices carried and their performances were joyous. Everyone clapped sincerely. During the tour with the group who suffered memory loss, one client demonstrated an analytical and lively aptitude for the artwork itself. As a result of her exploration of one work, she took on the identity of an alter-ego while at the museum calling herself Hot Dog Mama. Her delight was palpable. She produced the artwork mentioned above, Hot Dog Set.

Museums often approach special needs programs and clientele warily. As demonstrated, museums can address this population by partnering with those who hold the appropriate expertise. Likewise, art therapists may not consider the museum as a setting for their practice. Art therapists can extend their community techniques through the structures offered by museums. Together museums and art therapy programs can offer institutionalized elderly adults “normalizing” community connections and interactions, as well as stimulating environments for articulation of feeling through language and visual expression.

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The Silent Partner: Addressing the Design Needs of the Spousal Caretaker of Elderly or Disabled Persons
Janice V. Kimmons, University of Nebraska-Kearney

ABSTRACT

Initiatives such as the Americans with Disabilities Act (ADA) have resulted in environments that are safe and accessible for people with physical disabilities. However, an often-overlooked individual is the non-professional caregiver, typically the spouse. These caregivers face daily challenges in creating an environment that meets the physical and emotional needs of the disabled individual yet that is still safe, aesthetically pleasing, and physically manageable for the caregiver. The health and well-being of the care receiver is dependent on the caregiver’s ability to meet the needs of the care receiver which in turn depends on the health and well-being of the caregiver. Yet it is not unusual for the needs of the care receiver to pervade most of the physical and emotional home environment.

The purpose of this paper is to address how the role of the interior home environment supports the health and well-being of the spousal caregiver. The intent is to raise questions rather than to present solutions to problems. Issues were identified that led to the development of research questions related to caregiver needs.

A spousal caregiver was asked to record daily caregiving events relative to the built environment. In addition, several other caregivers were informally interviewed. Upon review of the completed journal and interviews, four themes which presented challenges to the caretaker were identified: physical, emotional, social, and economic.

NARRATIVE

Great strides have been made in recent decades, through initiatives such as the Americans with Disabilities Act (ADA), in creating environments that are accessible and safe for people with physical disabilities. But ADA is only part of the story; an often-overlooked individual is the non-professional caregiver, typically the spouse of the person with disabilities. These caregivers face daily challenges in creating an environment that meets the physical and emotional needs of the disabled individual yet that is still safe, aesthetically pleasing, and physically manageable for the caregiver. Quite often, the needs of the caregiver are subordinate to the needs of the care receiver, creating the dissonance that formed the impetus for this paper.

The health and well-being of the care receiver is dependent on the caregiver’s ability to meet the care receiver’s needs. In turn, this ability to meet the needs depends on the health and well-being of the caregiver. This paper is intended to raise the awareness of the impact of interior design on the relationship between the health and well-being of the caregiver and the quality of life of the care receiver—more specifically, how the built environment supports (or does not support) the health and well-being of the caregiver. The purpose is to raise questions and identify issues—rather than present specific solutions—that can lead to the development of research avenues for interior design professionals that may help to bring the needs of the care receiver and the caregiver closer into balance.

In order to begin this investigation, a spousal caregiver for a person with dementia and related physical disabilities was asked to record daily caregiving events relative to the built environment. In addition, several other caregivers were informally interviewed. After a period of three months the journal and interview responses were reviewed and the information was organized into four themes: physical, emotional, social, and economic.
The U.S. Census Bureau (2005) reports that by the year 2030 one out of five people (72 million) will be 65 or older; the fastest growing segment of the population is the 85 or older age group. Also, by the year 2040 the number of people with dementia is projected to increase by 500% (Davis, 1996). The fact that most people with dementia are cared for in the home by a spouse (Gallant, 1998) makes the home environment an important factor in the well-being of both the caregiver and the care receiver.

No literature was found that directly addressed how interior design could be used to increase the quality of life of the caregiver. What was well documented were the health effects of stresses encountered by the caregivers while working to control or contain the behavior of persons with dementia and/or other disabilities. A caregiver often suffers from strain, role fatigue (Bull, 1990), depression, anxiety, decreased cardiovascular and immune functioning (Gallant, 1998), hardship, and feelings of resentment and guilt (Herrman, 1994). Caregivers also often have weaker responses to pneumonia and flu vaccines and wounds that heal more slowly (Kalb, 2004).

Wiles (2003) found that caring for a disabled or elderly relative impacted the caregiver’s relationships and home environment. Making modifications to the home such as installing grab bars or higher toilet seats, and encouraging the care receiver to stay socially active, relieved the caregiver of some tasks and allowed him or her to be more independent. However, caregivers reported that they still had little time for themselves.

One finding by Wiles (2003) that has implications for the design profession is that the functions of household spaces were sometimes changed. Private spaces such as bedrooms and bathrooms became more public, since much of the caregiving took place there. Often, in order to ease the burden on the caregiver and relieve the isolation of the care receiver, public spaces (living rooms, family rooms) functioned as typically private spaces. Other modifications (moving furniture, widening doors) were intended to reduce the risk of injury to the care receiver. Norman (2004) reports that multiple studies found that caregivers organize the home in order to maximize the independence of the care receiver.

Manzo (2005) discovered that both positive and negative emotions were found to have an impact on establishing place meaning, and that people may feel ambivalence toward a space identified as significant. In one informal interview, the caregiver noted that she didn’t like the dining room even when it didn’t have a bed in it. The need for unusual furniture arrangement (e.g., placing the care receiver’s chair only four feet from the television), reported in the journal, made the caregiver feel as though she had lost control of the order of the living room as well as upsetting her aesthetic preferences.

Summary of Results

Upon review of the completed journal and the informal interviews, four themes emerged: physical, social, emotional, intellectual, and financial.

**Physical issues.** ADA standards delineate the form of the accessible space. However, the focus is on the care receiver. Some common practices make the caregiving process problematical particularly relating to maintenance and cleanliness of both the space and the care receiver. The raised toilet does not prevent a man for “missing the bowl,” and the base is still difficult to clean. An accessible shower has grab bars and a seat, but a door is not feasible (safety and convenient access to the care receiver by the caregiver), resulting in a wet floor and caregiver! Also, even with the raised toilet, higher counters, and accessible shower, it is impossible to get even a walker in a common 5’X7’ bathroom.

**Emotional issues.** Redefining spaces – making private spaces more public and public spaces more private (e.g., a dining room becoming a bedroom) – can help with caregiving by making spaces multifunctional (dressing, eating, personal interactions). However, this disrupts the sense of place, creating dissonance that can further stress the caregiver. Add to this the
need to evaluate all desired design elements as potential hazards rather than as expressions of the caregiver’s aesthetic preferences. Balance and vision issues make it important to have adequate lighting in all spaces in the house. These same balance problems, however, make it difficult to have tables and portable lighting. For the caregiver, this means that many avenues to designing a pleasant and attractive space are closed. A person with disabilities can “take over” an environment, often resulting in caregiver’s feeling that they “come in second” in their own homes. Having that personal place where they can express their aesthetic sense without barriers is important. Emotional resistance to changes in the environment on the part of the person with disabilities is another source of stress. Dementia is a particular problem here, because their diminished cognitive abilities make it difficult for people with dementia to adapt to changes of any sort. Simply changing bedding or rearranging living room furniture, whether necessary or just desired, can prompt an inappropriate emotional response from the care receiver.

Social issues. Social isolation is often a consequence of continuing and increasing caregiving responsibilities. Interviewees expressed a desire for a personal space—one that care receiver doesn’t “own.” This space has a dual purpose: it is a refuge meant as a place to “recharge,” and it can function as a much-needed social space for more private interaction with family and friends. Converting the care receiver’s bedroom into a multi-functional space, a physical solution, can reduce fall risk factors (lesser distances), give easier access to bathroom facilities (fewer “accidents”), and also reduce the amount of space that must be maintained for the care receiver’s comfort and safety. While convenient, this type of arrangement can also promote feelings of isolation for the care receiver. This allows for more aesthetic use of other, more public spaces, but it can also produce a feeling of guilt in the caregiver.

Economic issues. A primary factor that prevents the caregiver from adapting a space to the needs of the care receiver is cost. Many caregiver/care receiver couples are elderly and have limited incomes. Without adequate resources, the caregiver has no access to the products and services of design professionals and therefore must cope with inadequate living spaces. These issues represent only a portion of the difficulties that a caregiver faces in balancing personal preferences with necessity, but they are a first step in raising awareness among both designers and caregivers.

Conclusions

The design discipline has tended to focus on the design-related needs of the person with disabilities; while this is important, it often overlooks the needs and desires of the personal caregiver. How can the interior design profession help to increase the quality of life for a spousal caregiver? Through the investigations for this project, the following questions were developed.

- How can interior design professionals identify the needs of caregivers related to the home built environment?
- How can design of the interior built environment help alleviate stress in a caregiver’s life related to altering the function and aesthetic appeal of a space?
- How can the interior design profession provide services to a population with inadequate financial resources?
REFERENCES


Inclusive Design Close to Home: Residential Accessible Dwellings for Aging-In-Place
Teresa Newbill Menotte, Florida State University
Jill Pable, Florida State University

ABSTRACT

This study addresses the position of design in the creation of universal and transgenerational designed dwellings. The emphasis of this study is the promotion of aging-in-place with or near family members. The objective is to understand and utilize the principals and guidelines of universal design, transgenerational design, barrier free design and place attachment. The goal of the design is to allow the elderly as well as the disabled population the ability to live and age with increased comfort as well as a strong sense of place.

The results of research lead to the development of four proposed dwellings; two of them being detached and two dwellings being attached. The site selected for this study is located in Jacksonville, Florida. The goal of the dwellings is to create four different residential dwelling additions designed to house a variety of elderly and disabled individuals of different characteristics. These four dwellings are designed to strengthen the bonds of the elderly and disabled with their family and friends while allowing them to age with dignity and a strong sense of place. Also created is a fictional showroom named Universal Dwellings. The purpose of the showroom is to illustrate how these dwellings could be marketed to the public. Though these two projects are different both relate to the general purpose of this study.

NARRATIVE

Everyone ages, and many persons within their lifetime experience a temporary or permanent disability. The purpose of this study was to review research concerning human beings’ elder years and the nature of human disability, and integrate these research guidelines into a tangible residential architectural solution that accommodates transgenerational residential living. Such dwellings may afford occupants the ability to maintain a sense of independence and remain close to family.

Review of aging and various related research provides better understanding of how humans grow and adapt. This study’s goal was to better understand these concepts and provide an example of how these concepts might be applied within dwelling spaces. In so doing, this case study may help architects and designers create better environments that are more functional and safer for all generations.

Research has shown that people would like to remain in their current residences for as long as possible, but as one ages this goal may not be feasible (Designers, 2000). For example, an American Association of Retired Persons (AARP) study concluded that for its respondents age 45 and over, 83% of the respondents reported they would like to remain in their current residences for as long as possible. 63% said that they will always live in their current residence, and 82% said that even if they need help caring for themselves they would prefer to remain at home (Designers, 2000). Many of them also mentioned that they plan to modify their homes to better suit their needs or those of an elderly family member. It has been found that by having a close proximity to personal possessions it often helps the elderly to maintain a sense of identity as well as helping them to remain connected to their past (Sugihara and Evans, 2000).

One potential solution to this problem is to expand the idea of ECHO (Elderly Cottage Housing Opportunity) which was introduced by the AARP (American Association of Retired
Persons) in the 1980’s (Koebel, Beamish and Danielsen-Lang, 2003). ECHO is a program developed to help homeowners negotiate zoning laws that may prohibit them from creating an addition of an in-law suite or garage apartment at their residence. This program works in compliance with these zoning laws and allows residential additions to be built. When the need for these dwellings is no longer present, the dwellings are then dismantled and the residence is again returned to a single-family home.

This study’s goal was to utilize the principals of the ECHO program, but to move beyond the basic nature of AARP’s design for these units. These extra design considerations included sustainability, universal design concepts in its various forms, place attachment, and products that utilize the guidelines of transgenerational design.

Information collected for this study drew from research in topics including aging, aging-in-place, disabilities, adaptable homes, sustainable design, universal design, transgenerational design, and barrier free design, as well as place attachment and residential building practices. By understanding each of these concepts it allowed for a more complete solution to the design problem as evidenced in the study’s designed dwellings described below.

Methodology

This study used the action research paradigm, whereby a given set of problems and background information serve as the context for addressing and proposing a solution to a design challenge. Gerald Susman’s action-research diagram describes the process of this study. (See figure 1.) The study embodies all of these steps with the Exception of the Evaluation phase, as the solution is a theoretical one.¹

1 The results of this action research are now being applied to a project for real clients which may ultimately provide the opportunity for evaluating the success of a real, built solution.
Discussion of Findings

This design project addressed the needs of those who cannot remain in their current homes, cannot live independently (such as a disabled young adult), or are seeking to downsize their current residence and move closer to other members of their family. The characteristics and life circumstances of those seeking to age-in-place can vary greatly in chronological age, ability level and financial status.

Four dwellings were designed to provide a solution for those who have lost the ability to live fully independently, yet still desire to maintain their autonomy as much as possible. The design solutions reside in the context of what many in this situation choose—to move closer to their extended families that live in a single family residence.

The dwellings vary in their physical proximity to the existing residence:

- **Attached**: Two of the dwellings are physically connected to the existing residence to maximize ease of care giving and family connection. By keeping the dwelling attached to the existing residence the caregiver does not have to exit their home to enter into the dwelling, thus enabling the caregiver easier access into the dwelling and easier facilitation of care to the family member in need. The goal of creating attached units was to help give this new resident a sense of independence and separateness from the main home, but still allow a closer connection to the home’s family and activities. Essentially the attached unit acts like a mother-in-law suite, giving residents a more private space but still allowing a connection to the main home. The attached units require some structural changes to the existing home, but these changes are minimal to ease disruption to the existing residence.

- **Detached**: Two of the dwellings are freestanding units that reside next to the existing residence on the property of the existing home, emphasizing autonomy with remote, yet available connection to the family. Detached units provide residents of the dwellings a sense of independence and separateness from the main residence. This permits the families to live their lives separately but allow them to interact together when they so choose. The detached nature of the dwelling does not require any structural changes to the existing home on the property. When the dwelling is no longer occupied it can be adapted to a home office or guest house or be disassembled, thus reclaiming space in the yard.

The review of literature led to the creation of four user profiles that capture typical characteristics of family members with age or disability issues. Thus, when the two variables of user profile and proximity to the existing residence are combined, the following four options resulted:

**Detached Dwellings**
- ** Dwelling Option A**: a retired married couple who wishes to downsize and are currently fully able (see figure 2).
- ** Dwelling Option B**: a single elderly person that is still very active and is financially situated to enjoy a higher end lifestyle (see figure 3).

**Attached Dwellings**
- ** Dwelling Option C**: a single elderly person with a disability that relies on extended family members for daily care (See figure 4).
• *Dwelling Option D*: a person in their twenties or thirties with a disability (see figure 5).

Each of the four options describes a different floor plan and includes products that accommodate the variations in client requirements. All designs take into consideration content from the literature review, including information on the aging population and the principals and guidelines of universal, transgenerational and barrier-free design and place attachment.

**Summary**

The proposed model dwellings fulfilled the intent of a prototype for residential accessible dwellings that allow people of various life stages and abilities to age-in-place with their families. The proposed dwellings’ design sprang from the concepts of the AARP’s ECHO program, then sought to exceed them by incorporating concepts of place attachment, universal design in its various forms, and used a sustainable approach to construction materials.

The overall goal was to orient and design the dwellings so that they promoted social interaction with the residents of the main home while still allowing dwelling users to maintain a sense of separation when desired. This provides them the opportunity to maintain their individual identities while allowing them the freedom to come and go as they please. When or if needed, a more active role can be taken by the residents of the home in the care of their family members.

Future plans for this research include working directly with a real family, devising a design solution that permits several generations to live in harmony. The foundation this graduate design thesis laid made this new direction possible and promises to influence the actual dwelling of a family. It is hoped that this new dwelling can actually be built which will allow for post-occupancy evaluation to move the dialogue forward.

**REFERENCES**


Figure 1. Option A, A Dwelling for a Retired Couple
Figure 2. 3D floor plan for Dwelling Option B designed for a single active elderly person.
Figure 3. 3D floor plan for Dwelling Option C designed for a single elderly person.
Figure 4. 3D floor plan for Dwelling Option D designed for a disabled young adult.
Art Therapy with Abused Children in Thailand
Sara Windrem, Florida State University
Alyssa McClish, Florida State University

ABSTRACT

As a proposal to present at the 2007 Art and Design for Social Justice Symposium, this paper reflects on the experiences of two graduate student interns using art therapy in Bangkok, Thailand during May and June of 2007. The internship was conducted at the Center for the Protection of Children’s Rights in Bangkok. Clinical art therapy work was done with children and adolescents who had been physically or sexually abused, exploited through child labor, neglected, or those who had been forced into prostitution. Art therapy proved beneficial in helping the traumatized children to regain a self-concept, to process their trauma and express themselves, to identify and get their needs met, and to build a rapport with others within a safe and supportive atmosphere.

NARRATIVE

In a 2003 study of 8000 adult males and females, Florida State University researchers found that participants who had experienced childhood emotional, physical, or sexual abuse had lower mental health scores than those who had not (Anda, Edwards, Felitti, and Holden, 2003). It can be assumed that unresolved childhood abuse leaves a lasting impression on its victims. During May and June of 2007, the university made it possible for me and another graduate student to conduct an art therapy internship in Bangkok, Thailand. Our experiences while working and living in Bangkok have impacted our personal and professional development on various levels. As a proposal to present at the Art and Design for Social Justice Symposium, this paper will highlight some of the work we did with the Center for the Protection of Children’s Rights (CPCR) in Bangkok by describing clinical art therapy work with the children at the facility. Furthermore, this paper will demonstrate how art can be an effective tool in bringing about positive change for children who have experienced abuse.

The CPCR is a highly structured non-governmental organization that was developed in 1981 (Bertone, 2003). The organization serves children who have been physically or sexually abused, exploited through child labor, neglected, or those who have been forced into prostitution. The CPCR employs a multi-disciplinary approach to addressing child exploitation. The CPCR’s Prevention Team seeks to stop abuse before it occurs through community education and working with at-risk children and families. Their Protection Team works with the justice system by removing children from where they have been victimized, and prosecuting the abuser(s). Once the children have been removed from their abusive environments, the CPCR provides inpatient assessment and rehabilitation in an environment meant to resemble a home. In addition to having their basic needs met, the children can benefit from academic scholarships, vocational training, art therapy, play therapy, and yoga.

Our five-week internship at the CPCR involved using art therapy with individuals and groups of Thai victims of varying types of abuse. These participants ranged in age from four to sixteen. According to the American Art Therapy Association (2005), art therapy is based on “the belief that the creative process involved in making art is on a basic level healing and life-enhancing”. Art Therapists use the creative process and the issues that come up during art therapy to help their clients increase insight and judgment, cope better with stress, work through traumatic experiences, increase cognitive abilities, and have better relationships with family and friends (AATA, 2005). Some of our goals for using art therapy with the children at the CPCR were to: increase self-esteem, improve self-concepts, allow for an appropriate expression of
emotions, improve problem solving skills, identify needs and support systems, increase sensory development and motor skills, and to provide a safe and supportive environment.

From the first day we stepped into the CPCR, the children embraced us. Despite our different appearance and the language barrier the children welcomed us without hesitation or fear and appeared to be excited to have us there. A few children specifically requested to work with the “farang” (this is the Thai word for foreigner) in their individual art therapy sessions. When we were not typing session notes or working with clients in an art therapy session, we were playing with the children at the center. These times of play helped us build a rapport with the children as well as develop non-verbal communication skills that facilitated interactions between us and the children at the center. While fun, these therapeutic interactions also allowed us to connect with the children in a way that helped build trust, which was crucial to our work at the center.

At the CPCR, art therapy was used for assessment and treatment for the children. During this process certain themes developed in the children's artwork. In individual and group art therapy sessions, many of the children drew boundaries with thick lines around structures, people, or objects in their artwork. This tendency to encapsulate can be associated with feelings of fear and the need to protect one self. Issues of safety are very important for children who have been severely abused. Houses were a common theme in the artwork. Some children requested to build a three-dimensional house or a container where they could keep items safe. This may reflect a need for safety and nurturance. Other interesting graphic developments in the children’s artwork were the use of animals to symbolize themselves or important people in their lives. Some children would depict themselves as an animal with positive attributes, they desired for themselves. Whether working in clay, with drawing materials, or pipe-cleaners, a surprising number of the children at the CPCR created images of snakes. These snakes were described as menacing, sneaky, or having a complete disregard for other living things. Some of the children even named their snakes with the names of their abusers.

Through our art therapy work we were able confirm provisional diagnosis and bring further concerns to the attention of the CPCR staff. Art therapy sessions with two separate children revealed possible Post-Traumatic Stress Disorder symptoms that could lead to other long-term mental health problems if not treated. Work with another client revealed low intellectual functioning possibly exacerbated by abuse, neglect, and deprivation. Art therapy served as a means for the children at CPCR to express themselves, process their traumas, improve their concepts of self, build a rapport with the other children and ourselves, practice new problem solving skills, and identify their needs.

As current graduate students preparing for careers in the field of art therapy, we would appreciate the chance to share our experiences of using art therapy cross-culturally and to receive feedback from other students, faculty, and the community. If given the opportunity to present at the 2007 Art and Design for Social Justice Symposium, we would demonstrate how art therapy was used with the children at Bangkok’s CPCR, what therapeutic gains were made, and possible implications for using art therapy with children who have been severely abused.
REFERENCES


Cradle of Hope: When Design Reaches Out
Rachelle McClure, Florida State University
Sean Coyne, Florida State University

The intention of this project was to create a concept for a cradle for the family dormitory of a local homeless shelter. The shelter offers counseling, job and housing assistance, access to computers as well as meals and a safe place to lay one’s head.

The shelter has separate housing for men, women and families with children. The organization has identified families with children to be the largest growing sector of the homeless population. Our graduate student team interviewed resident families and staff at the dormitory and completed site photographs and measurements. Many of the families were sleeping in only a full size bed with their children while some babies slept in their car seats on the floor. The projects goal was to create a cradle that was portable, easy to clean, and could be positioned close to the mother while fitting in a small room (114 square feet, which is taken up by two bunk beds). We wanted to use non-toxic materials for the infant’s safety and also felt it is important to use sustainable products.

The cradle’s materials are stainless steel rods, eco-resin panels and organic cotton canvas. The canvas can be removed and washed and the eco-resin and steel can be wiped down easily. The cradle was designed to fit a standard mattress size so sheets and mattresses can be purchased at low cost. The cradle is lightweight and is on roller bearings. This allows the cradle to be moved closer to the bed during resting times and then rolled out of the way. The cradle can be removed from its base. This allows the family to take the baby into the community lounges or computer working areas. The cradle, when taken off its base, can be gently rocked.

We hope that this project will show the positive benefits that design can bring to people’s lives when we, as designers, reach out to our community and to those less fortunate than our typical clients.
The purpose of this design is to provide a functional cradle for limited space. To provide a way for parent and child to be closer. To add some color, form and hope to a small room and a changing life.

The cradle can be unlocked from base. The parent can then bring the child into another room with them.

The Cradle of Hope

The organic cotton canvas can be removed for easy washing.

The 3form eco-resin panels add a touch of color and allow light to reach the baby.

The Cradle of Hope
Putting Design into Action: The Make a Difference Project
Jill Pable, Florida State University
Jeanne Mercer-Ballard, Appalachian State University
Liset Robinson, Savannah College of Art & Design – Atlanta

Kindness is the golden chain by which society is bound together.
~ Johann Wolfgang von Goethe

We propose to present a service project concept that examines the potential of interior design students to contribute to their local communities in small but meaningful ways. Called the Make a Difference project, this national-scope initiative will challenge interior design students to use design in a giving and immediate fashion, making life a little bit better for their targeted users.

For example, a design student might observe that public library readers have trouble propping open their books at the library’s tables. Using inexpensive cardboard materials, the student fashions one or more angled bookstands and places them at the library tables with the library’s permission. The student then observes and interviews a user to better understand the impact of their solution and photodocuments their creations’ use. Lastly, the student completes a short explanation sheet and sends it to our website where we can collect these projects and communicate the results to other designers and educators. To keep undertakings nimble and manageable, the project’s term is limited to 36 hours, and coincides with National Make a Difference Day on October 27, 2007.

We hope that this project serves to hone students’ ability to identify community problems that design can help solve, plus heighten awareness of their design ideas’ potential positive impact. Our conference presentation can build awareness of this initiative with educators, spreading its influence to as many students as possible.
**Glownbug: Disaster Relief and Recovery Home**  
Lindsay Clark, Florida State University

**Introduction**

In the summer of 2004, four hurricanes struck the state of Florida, destroying approximately 25,000 homes and severely damaging roughly 50,000 more (Goodnough, 2004). Thousands of victims were created within a period of two months.

The displacement of so many families brought disaster relief housing into the spotlight of the design community. At Florida State University alone there have been several recent papers published that address humanitarian housing issues, including Kelly Williamson’s “The Mobile Community Center” and Lisa Montgomery’s “Conscientious Design”.

In the spring of 2007, I presented the Glowbug Project, a conceptual model for mobile disaster relief facilities for Leon, Gadsden, and Wakulla counties as part of a graduate studio course. The project scope included individual and family housing, community space, onsite offices for disaster relief personnel, medical triage center, and facilities for basic needs such as food, water, and sanitation.

In its second generation, the Glowbug Project has been reduced to its strongest element, the family housing unit, and redesigned to serve Leon County through the Division of Emergency Management (DEM), which is responsible for the coordination of “more than 50 local response agencies including the Red Cross, EMS, and the Volunteer Center” (p. 33, 2006 Leon County Annual Report).

DEM is responsible for activating and maintaining an emergency operations center during times of emergency, coordinating the opening of shelters for citizens evacuating from at-risk areas, and coordinating local response activities with our 13 regional County agencies, as well as the state Emergency Operations Center (p. 33).

According to the 2006 Leon County Annual Report, the county has a population of over 270,000 people living in approximately 104,000 housing units spread over about 700 square miles of land. The Glowbug design is a temporary housing solution for displaced families in this region.
Construction

The original structure was adapted from a shipping container to be compact, stackable, and easily portable. On site, an individual unit can be installed and expanded within minutes by a team of four.

The main body has a steel framework with corrugated unfinished aluminum panels on the exterior. The arched ceiling and wings are made of a waterproof/breathable laminate with a carbon fiber skeleton. The skeleton on each wing folds up like a fan when the unit is closed and
secured for transportation. The ceiling skeleton has a locking mechanism for safety during use and folds flat for storage. The durable materials can easily be repaired with common tools and supplies.

The windows are operable and fitted with clear acrylic panels with rubber seals. Translucent acrylic panels cover all built-in lighting. Throughout the interior, wheatboard is specified as a more sustainable alternative to traditional particleboard.

Features

Glowbug provides safety and personal space for a family of two to four. The second-generation design includes a simplified kitchenette and added storage space. Personalization was improved by maximizing the usability of clear floor space and by improving accessibility to the bulletin board and shelf units.
The unit can be connected to a standard power source or from a single car battery that can be recharged as necessary, making it possible to install the home in any location.

Glowbug was intentionally designed without shower and toilet facilities. Sewage issues are a major concern in existing housing relief communities (Goodnough, 2004). By moving these facilities away from residences and creating public use areas, there is little risk of displacing families yet again when sewage problems arise.
There is one bright blue handle on the sink that supplies cold water when the unit is connected to a fresh water source, either piped in or from water jugs. This water can be used for drinking and for personal hygiene routines such as brushing teeth and washing hands. In the second-generation design, a mirror was added above the counter for convenience.

Personalization was improved in the second-generation model. Clear floor space is optimized and condensed to specific areas: space for bicycles in the kitchenette, space for personal storage in the master bedroom.

The unit meets the basic needs of a family and provides a comfortable and inviting environment.

Conclusion

Glowbug can provide a temporary home for those recovering from a disaster. The project is in its second iteration. Therefore, there are certain structural and mechanical issues that need to be corrected before the design moves to construction drawings. For the next phase of the project, I want to bring my concept to an engineer for further revisions.

Whether Glowbug is fully realized and put to use or not, I want the concept to inspire other students to think deeply about solving humanitarian issues through design.

Resources


A Designed Environment for the Aging Gay, Lesbian, Bisexual, and Transgendered Community
Chris Johnson, Georgia Southern University- Savannah

NARRATIVE

I only came out in my 50s. I was fairly open and out. Now I’ll be 75 in February, and I find myself going back in again, which is a little distressing, she said. I never would have thought 10 years ago that I would have retreated, so to speak. But sometimes, it doesn’t seem to be safe.

Virginia, San Francisco Chronicle, January 2005

Since Liberty Place, a large-scale residential development for America’s aging gay, lesbian, bisexual and transgendered (GLBT) community was conceptualized in 2003, the world has changed, and quickly. More specifically, it has aged. Included in its aging population is the first generation of openly GLBT Americans to reach retirement age, become elderly and feeble, requiring the care of others. Faced with the same physical and social challenges of their aging heteronormative peers, but typically without the traditional family support system, the GLBT community requires a responsive residential design anticipated by gender-space theorists but not yet realized in the built environment. The design of Liberty Place seeks not only to respond to the specific needs of the diverse community it would serve, but also to advance understanding of how gender and space interact when given the opportunity to be engaged with one another.

Of the few GLBT retirement facilities opened since Liberty Place was conceived (at which time there were none) marketed to the GLBT community, none have been designed for the GLBT community. The physical, social, and socio-physical needs of those communities have not been addressed, nor has the geographical diversity of the GLBT population. Perhaps to address the possibility of long-term adverse financial risk, or a lack of understanding of the social opportunity present in developing a new GLBT design typology, these homogenous and indistinguishable places are planned as real estate investment for public or private trust, not as a response to the needs of the community for whom they are being developed.

Why it Matters

The different physical needs for the social engagement of the GLBT community, such as facilities for the transgendered, and practical needs of its population (such as specialized HIV and breast cancer treatment) are not being addressed in facilities for the general population or the existing private and municipal facilities marketed to the GLBT community. Those facilities, by their proximity to gay urban centers, provide better opportunities to access GLBT-centered healthcare, and may help to minimize the hostility and abuse of those lucky enough to live in urban centers where they are being developed (Los Angeles, San Francisco). However, those few hundred beds in urban centers are not enough.

Here, There, Everywhere

In a publication explaining that it could not acknowledge same-sex unions in the 2000 census as it had in the 1996 census as a result of the 1996 Federal Defense of Marriage Act (H.R. 3396), the U.S. Census Bureau nonetheless acknowledged that it could not ignore the fact that same-sex spouse responses were going to be recorded on that census, and explained how it went on to interpolate same-sex spouse responses into the census for same-sex unmarried partners.
A review of the data compiled in that Census shows that not only is the GLBT population not distinctly urban, it is the opposite: Self-identifying same-sex couples appear in every state, in most every county of the nation, their livelihoods nearly as diverse as their legally married heterosexual counterparts, their existence as part of the suburban landscape acknowledged and mapped as an unintentional but direct counterpoint to the conclusions of most GLBT urban-based and urban-focused theorists. Indeed, as property owners, the suburban GLBT community presents a more permanent, thoroughly enmeshed community force than their urban counterparts—one that as Virginia, who opened this paper vocalizes, is more likely to retreat into the closet than into a place that does not accept her.

Same-sex couples represent from under one percent (0.22%) of the total general population in North Dakota to 1.29% in the District of Columbia. Of the 17 states representing at least 1% of the same-sex couple population, several are notable for not having any distinctive major urban concentration at all.

The reality of the GLBT community as it ages (and grows as a self-identifying population) is that it persists throughout our nation, and that architects, designers and planners throughout our country, not just those in urban centers, should be taking advantage of this opportunity to reconsider how different communities interact within and with the built environment: What are the needs and expectations, and how might they be realized?

Does Form Follow Function?

The structures and communities being designed for the general public, but being marketed to the GLBT community, are insufficient to meet the social, political and personal needs of the people within those communities. While GLBT persons share most of the same basic human qualities as the heteronormative, the GLBT community shares a history, present and future unique to itself, one which calls for a design outside that norm. Mark Wigley, responding to the terrorist attack of the World Trade Center, acknowledges that:

“The embarrassing truth is that the traditional architect is empowered rather than challenged by such events. Architects are in the threat management business. For all their occasional talk about experimentation, they are devoted to the mythology of psychological closure. But the only architecture that might resist the threat of the terrorist is one that already captures the fragility and strangeness of our bodies and identities, an architecture of vulnerability, sensitivity and perversity.”

Almost a decade before Wigley, theorists exploring Queer space (as it was then defined through cultural studies pioneers) had already begun to “recognize that an underlying homophobia by design constrains and even maims queer people, resulting in a complex limitation of movement and self-expression” (Ingram, 3).

However, over a decade later, as the most visible and enduring symbols of humanity—buildings—are created explicitly for the aging GLBT community, they fail to respond to the complexity of that community. “Status is embedded in spatial arrangements, so that changing space potentially changes the status hierarchy and changing status potentially changes spatial institutions” (Spain 233), and efforts within the academy and urban centers have reached the apex of their ability to effect change outside those spaces, leaving suburbia as the next frontier for responsive change, and architects, designers and planners as the pioneers of that change.

Beginning to Respond

The design for Liberty Place employs a 21st century adaptation of Ebenezer Howard’s 19th garden city ideal extended into the interior environment. While single-family homes and townhomes were included within the overall planning of the gated 1,100 acre site, the primary
exploration of residential environments was focused upon the main street or town center, where shops and services were integrated into the assisted-living and apartment-style buildings to encourage interaction among populations of different wealth and health. The focus of the exploration into gender identity was most visibly expressed in the areas of shared public space in the community spa, the central design feature of the community, where the built environment demands a response to the question *What is your identity?* In Liberty Place, the answer is, *Whatever you choose*, and the built environment supports that decision, both in public and private life.

An advanced understanding of how to better accommodate the needs of the GLBT community will not only benefit that community, but by expressing that accommodation in a physically visible form, demonstrate how all the subcultures that form our society might benefit from environments designed for them, instead of because of them.

**BIBLIOGRAPHY**


Redrawing: Art Therapy after Hurricane Katrina  
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The authors of this proposal are art therapy graduate students at Florida State University. They participated in an art therapy program for children who survived Hurricane Katrina in Pass Christian, Mississippi. The authors created a documentary film based on their experiences working with the children. They interviewed people in the community, including the mayor of Pass Christian and the children who participated in the art therapy program. The authors would like the opportunity to present the documentary film and describe the experiences of working with the children and creating the film.

This presentation for the Social Justice Symposium includes a documentary film about the effects of art therapy on children after Hurricane Katrina. The presenters are art therapy graduate students at a state university. They participated in an art therapy program for the children of Pass Christian, Mississippi, who survived Hurricane Katrina, and they created a documentary film about the experience.

Pass Christian, Mississippi, is a small town located on the Gulf Coast near Biloxi. This community was greatly affected by Hurricane Katrina and is still in need of physical and emotional assistance. Now that the people are past the survival stage, they are in need of mental health services to process their experiences of the trauma and their current situation.

Local survivors of Katrina were interviewed for this project and gave accounts of their experiences. The mayor of Pass Christian discussed his goals for the town and the trials and triumphs of Pass Christian before, during, and after the storm. Some volunteers were interviewed and gave their personal accounts of what the relief work has been like for them in Pass Christian after Hurricane Katrina.

An art therapy professor at a university organized an art therapy project for her students. The project was for children of the Boys and Girls Club of Pass Christian. The Boys and Girls Club has provided important emotional and recreational opportunities and support for the children of Pass Christian before and after the hurricane. The Prince of Qatar donated five million to the Boys and Girls Club in order to rebuild the facility. Art therapy students have been going to Pass Christian for one weekend a month since March 2007 to provide art therapy services for the children there. The children were divided into small groups of three to five, and they worked with an art therapist for about 45 minutes.

The response from the children who participated in art therapy was very positive. Some children were interviewed after an art therapy session, and they said that they enjoyed the experience. The art therapy students were also interviewed, and they all expressed that it was a rewarding process.

A definition of art therapy is discussed by art therapists in the documentary as well. Art therapy has advantages in dealing with trauma. Most trauma is stored on the right side of the brain, which is non-verbal, and art therapy is a non-verbal form of communication. Therefore, it is an effective way to reach the right side of the brain which stores information on a sensory level.

The mayor mentioned that the “physical scars will pass”, but the emotional scars will take a long time to heal. Even though the people of Pass Christian have faced and survived this traumatic experience, they continue to have optimism and perseverance that is apparent to those who visit the town. There is still a long way to go to achieve complete physical and emotional recovery, but hopefully through continued volunteer efforts, the town and its people will flourish.

The presenters would like to bring public awareness to the effectiveness of art therapy with survivors of trauma. They hope to encourage similar relief efforts by presenting the documentary film.
ABSTRACT

- The number of persons aged >65 years is expected to increase from approximately 35 million in 2000 to an estimated 71 million in 2030.
- The number of persons aged >80 years is expected to increase from 9.3 million in 2000 to 19.5 million in 2030. In 1995, four states had >15% of their population aged >65 years; Florida had the largest proportion (19%).
- By 2025, the proportion of Florida's population aged >65 years is projected to be 26%.

Based on these facts, Florida has a strong need to explore issues of housing, health, mental health, and other issues that are of a particular concern for older adults. To facilitate this exploration, we need to determine what the right questions to ask are. In the National Institute of Health (NIH), the guiding questions of this department used to be “What is aging?” or “What disorders occur in association with aging?” However, in the 90’s, NIH moved toward a new question of “What is possible with aging?” and “What is the potential of people who are aging?” This conceptual presentation will explore this positive shift in approaches to working and living with older adults. In particular this presentation will focus on how art making can be a positive facilitator to people who are struggling with the aging process.

NARRATIVE

Purpose

The purpose of conceptual presentation is to help participants to frame their ideas about older adults, about working with and designing for older adults in a positive what-is-possible manner. This presentation will also inform participants how making art can work within this framework.

Creating art with older adults can help healthcare workers and families to begin to see and understand that older adult within an asset or positive framework rather than a loss or negative framework. Art can give older people access to their potential in later life and challenge younger people to re-think what is possible in their later years.

Many older adults experience depression and/or anxiety in later life due to an accumulation of losses. Creating art can strengthen morale or improve mood because it can give the older adult a chance to find a fresh perspective on old problems, review the good things, and help them cope with present difficulties. In a care and holding environment, creating art can give the older adult a positive focus, positive feelings, and meaningful engagement.

As part of these losses, many older adults experience mental and physical health problems. Creating art can contribute to the physical health of the older adult. A study on the role of creativity and healthy aging conducted by Cohen (2001) points to a vital relationship between creative expression and healthy aging. Psychoneuroimmunological studies (interaction of the emotions, the brain, and the immune system) have shown that a positive outlook and a sense of well-being can have a beneficial effect on the immune system (Maier, et al., 1994).
As a person ages, contemporaries, friends, spouses, and social environments are steadily lost leaving many older adults feeling isolated. Art can serve as a social connector to bring the older adult back in touch with family and make new friends. The older adult can improve social interactions through group art work with peers, sharing of art with family, and participating in group art appreciation. Creating art can also be an older adults greatest legacy. Through art making, they can be a model for younger generations and they can preserve and pass on their ideas, thoughts and life stories. It is in this role that art making with older adults can truly focus on the positive frame work of "what is possible."

By working within this positive framework, people working with older adults can support them in creating, contributing, and finding meaningful activity in their later years.

REFERENCES


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