2011

The integration of psychoeducation about healing environments and placemaking and the effect on mental health for clients

Christienne D. Constabile
Smith College

Christienne Day Constabile
The Integration of Psychoeducation
About Healing Environments and
Placemaking and the Effect on
Mental Health for Clients

ABSTRACT

This study was undertaken to determine the effect of integrating psychoeducation about healing environments and placemaking in the therapeutic setting. Additionally, this researcher and clinician proposed that if clinicians can empower clients to create a healing environment for themselves both in their private spaces and in their larger community, then such integration would facilitate improved mental health for clients.

This researcher engaged in a theoretical study by examining the data on healing environments and placemaking on individuals and communities. At the basis of the study is the premise, as espoused by Kurt Lewin, that behavior is a function of the person in the environment. This researcher also included a case study of an individual client who implemented, with the support of this researcher as the client's clinician during the internship year, the aforementioned information as part of her treatment plan.

The findings of the research demonstrated that the integration of psychoeducation about healing environments and placemaking can facilitate improved mental health for clients. The data is strong to support the premise and the scope of the psychoeducation, as demonstrated in the case study, can be modified and tailored to the individual client and their needs.

THE INTEGRATION OF PSYCHOEDUCATION ABOUT HEALING

ENVIRONMENTS AND PLACEMAKING AND THE EFFECT ON

MENTAL HEALTH FOR CLIENTS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Christienne Day Constabile

Smith College School for Social Work
Northampton, Massachusetts 01063

2011

ACKNOWLEDGMENTS

This thesis could not have been accomplished without the assistance of many people whose contributions are gratefully acknowledged.

I wish to thank Dr. Gael McCarthy, my research professor, for helping me to create a proposal which was also reflective of areas of deep personal interest; my research advisor, Dr. Narviar C. Barker, for her many insightful suggestions and steadfast support; and my husband for his unwavering encouragement throughout the entire process.

TABLE OF CONTENTS

Chapter I

Introduction

Clinicians readily find literature that focuses on the relationship between therapist and client and on creating a holding environment, as espoused by Winnicott (Walsh, 2010, p. 72). While the therapeutic relationship can in many ways be healing, the current researcher and clinician postulates that client healing continues outside the therapeutic setting to the client's personal space at home, work and in the larger community. Much of the existing research on healing environments focuses on healthcare settings, and not on psychoeducation that can be used within the therapeutic setting and implemented by clients in their own personal spaces. Additional research supporting healing environments focuses on proposed changes to communities by engaging in what is known as "placemaking" as demonstrated by Enrique Penalosa in Bogota, Colombia and the Project for Public Spaces. This researcher and clinician propose that if clinicians can empower clients to create a healing environment for themselves at the micro level in their private spaces and on the macro level in their larger community, then the integration of psychoeducation about healing environments and placemaking would facilitate improved mental health for clients. This hypothesis was the foundation for the current research study.

Chapter II examines the work of Kurt Lewin, often considered the founder of social psychology, and his theory that behavior is a function of the person in the environment. Chapter III examines the work of two psychologists who were influenced by Lewin, Uri Bronfenbrenner and Roger Barker, and examines how they expanded Lewin's concepts in the areas of

developmental psychology and ecological psychology. This researcher details how Lewin's work and those he influenced helped to pave the way for the interdisciplinary field of environmental psychology, which incorporates the effects of the built and natural environment. Evidence-based design is examined in its application to healing in health care settings with a focus on the work of Roger Ulrich. Chapter IV expands these concepts to the larger environment of the community and introduces data on placemaking, which involves individuals engaging in their community to alter public spaces in ways that better support their health. This analysis includes the work done in Bogota, Colombia by Enrique Penalosa as well as that done domestically by City Repair in Portland, Oregon and the Project for Public Spaces. Chapter V uses a factual case example to demonstrate how a client's use of these concepts helps to stabilize and support her health in ways that she was unable to manage in the past. This theoretical progression illustrates the interface between theorists, social psychology, and environmental psychology and how they influence concepts of environmental design and new urbanism. This progression reflects an evolution across Bronfenbrenner's ecological model: microsystem, mesosystem, exosystem and macrosystem.

Chapter II

Person in the Environment

      Kurt Lewin is often considered one of the pioneers of social psychology. Among his many contributions was his equation which states that behavior is a function of the person and the environment or, B=f (P, E), (Lewin, 1936, p. 12). In 1936 when *Principles of Topological Psychology* was published this theory differed from common thought that focused on behavior primarily as a function of past experiences. In that work Lewin introduced the concept of one's "life space" which "consists of the person and the psychological environment as it exists for him" (Lewin, 1997, p. 162). Thus life space reflects the concept of perception and the way in which an individual views a situation at a given time.   He goes on to explain that life space typically includes those influences about which an individual is conscious, but that it can also include unconscious influences that may be deemed to have an effect (Lewin, 1997, p. 162). Lewin was an advocate for Gestalt psychology and its influence is evident in his viewpoints. "It is improbable that nothing satisfying the criterion of existence in a given life space can be completely independent of anything else in the same life space" (Lewin, 1997, p. 163). His focus on the totality of a person's circumstances, as well as the understanding that one's perception reflects one's life space, demonstrates the influence of the whole form approach of Gestalt on Lewin's works.

      Uri Bonfenbrenner's ecological systems theory supports the person in the environment premise, but does so from a developmental perspective rather than focusing on the current situation as Lewin did. *In Making Human Beings Human: Bioecological Perspectives on Human*

Development, Bronfenbrenner (2005) proposes a new equation, "D=f (PE) [Development is a joint function of person and environment]". He goes on to attest that "the characteristics of a person at a given time in his or her life are a joint function of the characteristics of the person and of the environment over the course of the person's life up to that time" (p. 108). The physical environment and its ability to influence the fabric of one's social system and interactions cannot be ignored in social work practice.

In the late 1970s Uri Bronfenbrenner presented a model of the ecological environment in his book, *The Ecology of Human Development*. In his work, Bronfenbrenner (1979) presents his ecological systems theory that posits four types of nested systems: the microsystem, the mesosystem, the exosystem and the macrosystem (he later expanded this to include the chronosystem) and that each system contributes to human development. Bronfenbrenner states "especially in its formal aspects, the conception of the environment as a set of regions each contained within the next draws heavily on the work of Kurt Lewin (1917, 1931, 1935, and 1938). Indeed this work may be viewed as an attempt to provide psychological and sociological substance to Lewin's brilliantly conceived topological territories" (p. 9).

While Bronfenbrenner's academic background was in developmental psychology and much of his work was in child development, his theory was interdisciplinary in nature. As described in the New World Encyclopedia:

As a result of Bronfenbrenner's groundbreaking work in "human ecology," these environments, from the family to economic and political structures, have come to be viewed as part of the life course from childhood through adulthood. The "bioecological" approach to human development broke down barriers among the social sciences and built bridges between the disciplines that have allowed findings to emerge about which key

elements in the larger social structure, and across societies, are vital for optimal human development. ("Bronfenbrenner, Urie," 2008, Ecological Systems Theory section, para.4)

Kurt Lewin also influenced the work of Roger Barker, often considered one of the founders of environmental psychology. As described by Altman (1976), Barker's work was

…a "Behavioral Ecology" or an "Ecological Psychology" orientation, this research stressed Lewinian notions of the life space as including those aspects of the physical environment which had psychological import. As the only Lewin student who followed the dictum to study the physical environment, Barker worked with a few students and colleagues, and meticulously described social environments and their actors-the school, the drugstore, the playground and other behavior settings. This work emphasized observation in naturalistic settings, complex behavior descriptions, nonmanipulation and minimal theorizing. (p. 97-98)

At the time of his research, Barker's orientation differed from that of other social psychologists; yet Altman noted that by the time of the publication of his journal article, Barker was gaining more attention from his peers.

In the text, *Environmental Psychology: Behavior and Experience in Context,* Tony Cassidy (1997) discusses the perspective of Bronfenbrenner and Lewin in the evolution of environmental psychology.

Though not often considered in the context of environmental psychology, the work of Bronfenbrenner (1977, 1979), also fits within this perspective. Bronfenbrenner's work extends beyond the focus of the physical environment imposed by earlier definitions of environmental psychology, because it considers the totality of physical and social

environments in determining human behaviour and experience. Barker and Bronfenbrenner were both students of Lewin, and were united in their reaction against the preoccupation with the person focused, individual-level explanations for behaviour. Both were concerned with the lack of research on environmental factors. (p. 41)

Lewin's research is relevant to social work in many ways. As we are aware, human behavior occurs in the social environment and even the term biopsychosocial reflects the importance of the social component to a client's well being. Kurt Lewin's work postulated that behavior is a function of the person in the environment and suggested that a person is not only influenced by their past as other popular theories at the time espoused, but that one is influenced by the current situation and environment as well. He went on to posit that there was interdependence between the person and the environment and that the two were not mutually exclusive, and influenced one another. He later expanded these theories to apply to groups and organizational behavior and had a profound impact on the field. As noted above, Lewin's work influenced other thinkers at the time and set the stage for many evolutions in the field of psychology. Bronfenbrenner was influenced by and attempted to further expand upon Lewin's work in his ecological systems theory. Barker was directly influenced by Lewin as one of his students and took his work into the natural setting at a time when most social psychologists were focused on laboratory experiments. While subsequent theorists may not directly attribute their work to Lewin, this researcher sees Lewin's influence in a variety of settings including environmental psychology, environmental design and urban planning which will be introduced in the following chapters on healing environments and placemaking.

Chapter III

Healing Environments in Healthcare Settings

The notion of the person in the environment is evident in much of today's research on healing environments. Studies have shown how people are influenced by their environment and how the environment can promote or hinder healing in healthcare settings. Roger Ulrich, a professor of architecture at Texas A & M University, is one of the prominent researchers in this field. He was one of the founders of the concept of evidence based healthcare design, which had been previously termed supportive design or psychologically supportive design, and has conducted several studies both in the U.S. and abroad. As described by Sara Marberry (2010) in her interview in "Healthcare Design":

> His studies have been lauded for their scientific rigor, and his findings continue to be readily implemented by healthcare managers, clinicians, design practitioners, and policy makers in the United States and abroad. Without question, Ulrich's work has directly impacted the design of many billions of dollars of hospital construction, and improved the safety and health outcomes of patients across the globe. (p. 1)

One of Ulrich's studies published in 1984 examined whether "a hospital window view could influence a patient's emotional state and might accordingly affect recovery" (Ulrich, 1984, p. 1). The study examined patients who had undergone the same surgery at a suburban Pennsylvania hospital from 1972-1981. The observations were only taken from patients between May to October as those are the months when the trees outside the windows have foliage.

Patients were matched in pairs where one patient had a view of the foliage and the other of a brown brick wall. "The criteria for matching were sex, age (within 5 years), being a smoker or nonsmoker, being obese or within normal weight limits, general nature of previous hospitalization, year of surgery (within 6 years), and floor level" (Ulrich, 1984, p. 1). The second and third floors were used in the study and patients on the second floor were matched by the color of the room as room colors alternated between green and blue. Measures were studied to ensure that procedures remained stable over the time period and that sampling distributions did not have statistically significant differences between the wall view and the tree view in a given year. Other controls were taken to ensure that the nurse extracting data didn't know which patients had which view.

"In summary, in comparison with the wall-view group, the patients with the tree view had shorter postoperative hospital stays, had fewer negative evaluative comments from nurses, took fewer moderate and strong analgesic doses, and had slightly lower scores for minor postsurgical complications" (Ulrich, 1984, p. 2). The study is cautious to point out that although the findings would suggest that the natural view had therapeutic benefits compared to the brick view, the built environment or view in this case was a "comparatively monotonous one, a largely featureless brick wall" (Ulrich, 1984, p. 3). The author notes that the conclusions are not necessarily externally valid across all built environments or patient populations. However, the results suggest that patient views should be a factor in hospital design.

This study is often cited because in Ulrich's own words, as stated in the referenced interview in "Healthcare Design," "what was new and different about my work was that it was among the first to measure the importance of the built environment in terms of its impact on health outcomes" (Marberry, 2010, p. 3). He goes on to state that it was also one of the earlier

works to use empirical data in design research. In the same interview, Ulrich notes that "the lack of credible design research that could be presented to decision-makers was a serious problem contributing to poorly designed healthcare buildings" (Marberry, 2010, p. 3). In that statement and in the subsequent discussion about placemaking, the macro and meso environments intersect. Policy and decision makers are an integral part of communities we create; and as such, decision makers need the influence of individuals and those that are affected in order to create communities and spaces that better serve individual and collective needs.

The research on evidence based design has proliferated since Ulrich's initial study and its influence has expanded internationally as well as domestically. The Center for Health Design was established in 1993 with its mission founded on the idea that "design could be used to improve patient outcomes in healthcare settings" ("The Center for Health Design," 2011, About section, para. 1). Ulrich notes in the aforementioned interview that the healing environment movement as well as progress in mind-body medicine and research has also supported the environmental design movement. Evidence based design is being implemented more frequently today and a new program for Evidence-based Design Accreditation and Certification now exists. In recent years other researchers have reproduced results similar to Ulrich's study noted above; and while in the 1980s when Ulrich met with "dubious" audiences in the medical community, today "the idea that stress-reducing interventions improve clinic outcomes has become mainstream knowledge that medical students learn" (Marberry, 2010, p. 3).

In 2005, the NSW Department of Health conducted a literature review titled "The Effect of the Built and Natural Environment of Mental Health Units on Mental Health Outcomes and the Quality of Life of the Patients, the Staff and the Visitors." The findings revealed the following:

- Gardens appear to have positive impacts upon both patients and staff related to stress reduction and in terms of improving patient clinical outcomes

- The quality of artificial light is important. One study (Vinall 1997) found that sleep quality and thus recovery is enhanced by a combination of increased light during awake periods and decreased light during the sleep period

- Views onto natural environments are more helpful for patients than views onto urban environments.

- Windows and access to sunlight and natural light are important for patients in particular. According to Brill (1992-refer to Chapter Two) apart from issues related to status, windows have little impact on staff job performance or satisfaction. Hence, it may be more important to provide patients with windows and views than staff. For example, staff areas can be oriented towards internal views to common areas with external windows beyond.

- Noise appears to be a factor that is stress-inducing for both patients and staff, and requires specific attention in the design of new health care facilities.

(NSW, 2005, p. 3)

As one can note from the above, the theme of nature is consistent with Ulrich's analysis. Additional findings about noise, gardens and the quality and timing of light shed more insight into other aspects of design which can enhance healing and health. The literature also references studies which support music as a tool to reduce stress and anxiety (NSW, 2005, p. 12) as well as

the ability of color to increase productivity and improve quality of life (NSW, 2005, p. 20). A very interesting study which the literature review references is that of Beauchemin and Hays titled "Sunny Hospital Rooms Expedite Recovery from Severe and Refractory Depression" (as cited in NSW, 2005, p. 16). Other studies have shown similar results such as the effect of morning sunlight in reducing the length of hospital stays in patients suffering from bipolar depression (Benedetti, Colombo, Barbini, Campori & Smeraldi, 1999, p. 221-3).

Other aspects of healthcare settings that deserve attention here is that of creating access to social supports. Uchino and Garvey (as cited in Zborowsky & Kreitzer, 2008, p. 2) found that "having social support accelerates recovery in heart patients and improves the emotional well-being and quality of life of late-stage cancer patients." Thus, creating hospitals can create spaces that better facilitate interaction with social supports. Ulrich found that the arrangement of furniture to more "cluster settings" improved social interaction among patients (NSW, 2005, p. 13). This was further supported through various studies noted in the literature review.

While these studies were done in healthcare settings, it is easy to see the applicability to our own domains be it home, work or community. The NSW literature review found that a simple change such as "viewing certain types of nature and garden scenes significantly ameliorates stress within only five minutes" (NSW, 2005, p. 39). Such a simple change can be implemented in our own spaces and places in order to better support our own health and mental health. Similarly the research on color, suggests that color can influence mood and behavior (NSW, 2005, p. 23-24). Color also is shown to have a "symbolic association" (NSW, 2005, p. 24) that reflects the emphasis of the need for individual input when organizing spaces. The data on sunlight, both natural and artificial can be extended to ones' own space as well, as can the use of music and knowledge of the effect of noise.

Chapter IV

Placemaking

As we move from what is more of the meso environment, the way mental health and hospital settings affect the community of individuals who entrust them for their care, into more of the exo system, or the way the community interacts with their public spaces, we encounter placemaking. As defined by the Project for Public Spaces, "placemaking is a multi-faceted approach to the planning, design and management of public spaces. Simply put, it involves looking at, listening to, and asking questions of the people who live, work and play in a particular space, to discover their needs and aspirations. This information is then used to create a common vision for that place" ("Project for Public Spaces," n.d., What is Placemaking section, para. 1). Placemaking can involve a community taking over an intersection, as it did with the Sunnyside Piazza project described below; or transforming the way individuals move, interact and experience their city as can be shown through the work of Enrique Penalosa in Bogota, Colombia. Placemaking combines the knowledge that has been acquired through both research and community input to build spaces and places that better meet a community's needs. It is often heard in concert with the term "new urbanism" which is an urban design movement focused on developing more walkable communities and enhancing public transportation.

In the late 1990s, the Sunnyside neighborhood in Portland, Oregon was suffering from deteriorating physical structures. In an attempt to "invigorate neighborhood stewardship, the community organized and created a public gathering place; together, they painted a gigantic sunflower in the middle of an intersection and installed several interactive art features"

(Semenza, 2003, p. 1). The community involved the City Repair Project to help them navigate the approval process with the city. The residents were described as embarking upon "an urban experiment to create a sense of place, identity and belonging" (Semenza, 2003, p. 2). The following year the community implemented a subsequent phase of the project which included an art wall, a solar-powered fountain and an information center for message exchange, to help foster social interaction among the residents. As Mark Lakeman, an architect and one of the visionaries behind the City Repair Project describes,

> Placemaking is most often accomplished through a creative reclamation of public space: projects which take the form of benches on street corners where neighbors can sit, rest and talk with each other, kiosks on sidewalks where neighbors can post information about local events, needs and resources and street paintings in the public right-of-way that demonstrate to all who pass through that this is a Place: inhabited, known and loved by its residents. In all instances, these projects are undertaken by local communities who come together to discuss what it is they want in their neighborhood – what elements are lacking in the public sphere and how the community can work together with the resources they have to create their own place. ("City Repair," n.d., Intro to Placemaking section, para.1)

The Sunnyside Piazza is a very vivid example of placemaking based on Lakeman's definition. The reclamation of the intersection was a creative community expression and it, along with the fountain, art wall and message exchange, provided multiple ways in which community members could interact and foster a greater sense of cohesiveness and belonging. The results below will illustrate that the project appeared successful in meeting its objectives.

Two years after the completion of the initial phase of the project, observations were done on the piazza and a similar intersection, which had not been improved, that acted as a control. Of 507 pedestrians, 32% were observed to have interacted with the piazza "as a catalyst for sidewalk conversations, as passersby read the signs about the community project, tourists take photographs, children throw pennies into the wishing pond, joggers run an extra lap around the sunflower and strangers pause to admire the art" (Semenza, 2003, p. 2). At the control intersection only seven percent interacted with their intersection in a similar manner. It was also observed that at the "Sunnyside piazza" walking and biking appears to have increased as people want to enjoy the environment created by the piazza. When participants living within a 2-block radius of the piazza were surveyed about the neighborhood as a place to live, 65% of a sample size of 63 rated their neighborhood as excellent. This was compared to an adjacent neighborhood with similar demographics that acted as a control where only 35% out of a sample of 147 had the same response. The responses for whether the neighborhood was a good place to raise children was statistically similar between the communities. However, in the Sunnyside neighborhood 86% reported to be in excellent or good general health compared to 70% at the control site and 57% reported to be "hardly ever depressed" compared with 40%. No data was given in the article to account for the difference in 'n' values between the two neighborhoods.

The Sunnyside piazza project has "institutionalized the bureaucratic approval process through city ordinances, has gained support from urban planners, politicians, and citizens; thus it is now possible to implement additional sites throughout the city and work with communities to meet their needs" (Semenza, 2003, p. 2-3). This project represents an example of how collaboration across a community and the decision makers is all part of making structural changes. As Ulrich mentioned in fostering the concept of evidence based design, the empirical

studies were what he felt the decision makers needed in order to effect changes and to buy into the concept. Similarly, the "Sunnyside Piazza" project was facilitated with the help of the City Repair Project which nurtured the approval process and helped the community to realize their vision. It is in this sense that Bronfenbrenner's ecological model also is evident in placemaking. By influencing the macro environment, the approval process, the Sunnyside community was able to implement changes to their neighborhood that had a positive impact on the individuals that lived there.

Bronfenbrenner's theory and its influence on urban planning are expressed by Bechtel and Churchman (2002) in *The Handbook of Environmental Psychology*. Bechtel and Churchman use Bronfenbrenner's term to describe the differences between, as well as the overlap of, environmental psychology and urban planning. In such a description both are described in the nested system in which they typically operate, yet the interaction of the different systems and their impact on the individual can also be inferred from the description.

> The focus of environmental psychology is mainly on the micro level and on relatively small-scale environments, whereas planning focuses mainly on the macro level and on relatively large scale environments both in geographic terms and in social and economic terms. The smallest unit would usually be the neighborhood (Jones, 1996) whereas for many environmental psychologists that might be the largest unit. In Bronfenbrenner's terms, we focus on the micro system (the system of relationships between people and their immediate environment) and on the mesosystem (the interrelations between two or more settings that one experiences at a particular point in time) (Bronfenbrenner & Crouter, 1983). Planners focus on the exosystem, as described by Bronfenbrenner (1979), which includes such settings as the neighborhood, mass media, public

institutions, and social programs and policies, which affect or are affected by what

happens in the setting containing the person; and on the macro system, which includes

the institutions of the culture in which one lives-the economic, social, educational, legal,

and political systems." (p. 192)

Bronfenbrenner defined the exosystem in two ways. First "as a setting that does not in itself

contain a developing person but in which events occur that affect the setting containing the

person" and second as "any social institution that makes decisions that influence the decisions

that ultimately affect conditions of family life. (Bronfenbrenner, 2005, p. 46). In

Bronfenbrenner's examples he mostly discusses changes in a child's life that are outside its

control, but have a resulting effect, for example, a parent losing a job or a change to a public

program that affects family eligibility to enroll. Placemaking differs in that it suggests that

individuals can exert control over and be empowered to influence both the macro system and the

exosystem to create public spaces that better foster the needs and desires of a given community.

The notion of place also is the basis for theories on place attachment and place identity

put forth by Irwin Altman and Harold Proshansky respectively. These concepts have been

defined in a variety ways and are often discussed along with sense of place. For purposes of this

discussion, this researcher uses the definition of place identity as put forth by Proshansky, "those

dimensions of self that define the individual's personal identity in relation to the physical

environment by means of a complex pattern of conscious and unconscious ideas, beliefs,

preferences, feelings, values, goals and behavioral tendencies and skills relevant to this

environment" (Proshansky, 1978, p. 155). Place attachment on the other hand is defined by

Altman and Low (1992) "as an affective bond between people and places" (as cited in Manzo &

Perkins, 2006, p. 337). "Many studies link place attachment specifically to length of residence" (Ahlbrandt 1984; Kasarda & Janowitz 1974; Taylor 1996 as cited in Manzo & Perkins, 2006, p. 337). Altman further found that "the ways people think and feel about the environment reflect mediating psychological processes that can give clues to the behaviors and actions that people take with respect to the environment and to the shaping and influencing demand that the environment has placed on them" (Altman & Chemers, 1980, p. 13). Again, one can see how echoes of Lewinian thinking are evident in these theories. There is an interaction between the person and the environment and they both shape and influence one another.

One of the reasons that placemaking may be successful is put forth by Manzo and Perkins (2006). They note that:

> Psychologists who study place attachment do not usually discuss community development, nor do planners often incorporate environmental psychology concepts such as place attachment into their research and practice. Yet a combination of these perspectives can only provide a richer understanding-not only of how planning impacts our experience of place, but also how community-focused emotions, cognitions and behaviors can impact community planning and development" (p. 336)

By acknowledging the understanding and importance of one another, placemaking represents a cross-collaboration between environmental psychology and urban planning.

In his book, *Timeless Cities*, David Mayernick focuses on the concept of a piazza. He ponders what it would be like if Americans citizens who visited Italy found themselves excited about improving their cities upon their return. When he takes his Notre Dame students to Rome, he speaks of Piazza Navona as "a theater, a world in miniature that represents creation, salvation

and exploration — a dream of what the world could be. People are immediately drawn to it, he continues, even if they don't know why" (Mayernick as cited in Walljasper, 2009, para. 4). He starts his work with a quotation from Winston Churchill, which this researcher finds very reminiscent of Lewin, "first we shape our buildings, and then our buildings shape us" (Mayernick, 2003, p. 2). Enrique Penalosa's work as mayor of Bogota, Colombia reflects a similar philosophy. He and his predecessor were able to greatly reduce crime in the city in a short amount of time primarily by changing the priority from car traffic to a focus on foot and bicycle traffic. By humanizing the mode of transportation and increasing the personal interactions on a daily basis, quality of life improved for the residents. It seems that by being more physically connected without the armor of a car, people interact more fluidly and therefore enhance their social interactions more naturally every day. Penalosa's work also reflects how influencing the macro system can have a resulting affect across the micro, meso and exo systems.

Enrique Penalosa was mayor of Bogota, Columbia from 1998-2001. During his leadership the city experienced numerous changes which are often credited in the enhanced vitality and lowered crime rates of the city. From a placemaking perspective some of the major changes he instituted were:

- Created a new bus-based transit system: TransMilenio.

- Spearheaded large improvements to the city center, including the rejuvenation of plazas, creation of a large park in an area previously overrun by crime and drugs, and transformation of one of the main deteriorating downtown avenues into a dynamic pedestrian pubic space.

- Planted more than 100,000 trees.

- Built or reconstructed hundreds of kilometers of sidewalks; more than 300 kilometers of bicycle paths, pedestrian streets, and greenways; and more than 1,200 parks.

- Instituted the city's first "Car-Free Day" in 2000, for which he received the Stockholm Challenge Award. Through a referendum, people adopted a yearly car free day and decided that from the year 2015 onwards, there would be no cars during rush hours, from 6 AM to 9 AM and from 4:30 PM to 7:30 PM.

("Project for Public Spaces," n.d., Enrique Penalosa section, para. 5).

In an interview with David Mark of the Australian Broadcasting Corporation, Enrique Penalosa was asked about the social and economic impact on the citizens of Bogota after the changes were implemented. His response was that the citizens were previously "hopeless" and that the city was "almost despised by its inhabitants" and that Bogota is now "a city where people have a lot of self esteem" (Mark, 2005, p. 1). He went on to note that the murder rate decreased from 87 murders per 100,000 to approximately 24 per 100,000 and that "if you improve the pedestrian qualities of the city you get more safety." (Mark, 2005, p. 1). Improved pride in where one lives has been reported from anecdotal talks with residents who have engaged in placemaking as they have cited an increased sense of community and connection compared to what they experienced before the intervention. Additionally, many talked about how they had seen certain neighbors previously, but had never really engaged with them. Like Penalosa's reforms to Bogota, creating more community spaces has been observed to increase interpersonal

interaction among residents. It may, as it did in Bogota, even reduce the crime rate as neighbors

have a combination of increased pride for where they live as well as stronger ties to one another.

While more direct studies would need to be done in this regard, it seems worthy of additional

research.

Chapter V

Discussion and Case Study

An in vivo example of the principles described above is a case study of a client with whom this clinician/researcher worked during her 2010-2011 internship year. This particular client, through self-study and intuition, implemented many of the practices contained in previous chapters. Also this researcher, acting as the client's clinician throughout the internship period, further educated and supported the client in her endeavors. While the client continues to face challenges resulting from her trauma history and mood disorder, she has noted to this clinician/researcher that she is managing much better than she has in the past. For purposes of confidentiality some of the identifying and descriptive information has been modified to protect the client's identity.

Identifying information.

The client is a 50 year old female of Caribbean descent. She is divorced and has a high school education. She has two grown children and three grandchildren.

Presenting problem.

The client reported as a walk-in to the clinic. She reported high levels of anxiety and social isolation due to the fact that she moved to this city recently and has few social supports other than her son with whom she is currently estranged. The client also reported fluctuations in mood, stating that she had recently been on a "high" and described very goal-oriented behavior.

She then noted that she plummeted to a low mood when she found out that her goals could not be met due to some administration obstacles. She described spending more money than she has at times; and noted to this clinician/researcher that she gives to others because it makes her feel good about herself. She has been described as an "emotional spender" in notes from other clinicians.

In sessions with this clinician/researcher the client has reported struggling with her mood swings, particularly depression; somatic responses as a reaction to emotional content; interpersonal relationship struggles with various people in her life; and lack of self-trust in her interactions with others.

History of the presenting problem.

The client previously has been in counseling, taken psychiatric medication and has been hospitalized for mental health reasons in the past. The client has a prior history with other clinicians in which she reported expressing many of the same concerns as she has with this clinician/researcher. The client started anger management and Dialectical Behavior Therapy ("DBT") groups in the past, but compliance was a factor in her non-completion. She has a history of irregular attendance to therapeutic sessions and of noncompliance with her medications. She also reported to other clinicians that she has paranoid thoughts and hallucinations, but has not presented with them in sessions with this clinician/researcher; and when asked, she attributed any such behavior to beliefs in her culture regarding the ability to communicate with the dead.

Personal history.

The client has a history of both childhood sexual abuse and military sexual trauma. She reported that she was raped by an uncle at age 14 and that she was later raped in the military by a senior officer. She became pregnant from the second rape and had a subsequent abortion which resulted in a variety of complications. She ultimately had a hysterectomy due to the complications. She married at the age of 20 and had her first child shortly thereafter. The client is divorced and has 2 grown sons. Her oldest son lives in close proximity to the client and her youngest son lives on the West Coast. She describes both relationships as strained and notes to this clinician/researcher that she often was away while her children were growing up because of her military career.

Legal history.

The client does not have a legal history or any current forensic issues.

Substance abuse.

The client reported that she used to abuse alcohol, but no longer drinks. She denies use of illicit drugs, IV drug use, cigarettes or perceived abuse of prescription drugs. She reported that she drinks one cup of coffee per day.

Vocational data.

The client is currently not working, but has expressed a strong interest in a part-time job. However, she states that she has struggled to maintain a job for an extended period of time. She

attributes much of this to difficulties with supervisors as well as her mood fluctuations. She receives financial support due to disabilities relating from her military service.

Family history.

The client was born and raised in Jamaica and is the youngest of five children. She describes her upbringing as chaotic and reported that her mother was very overwhelmed trying to care for all the children. The client reported that resources were very strained and that her father traveled frequently for work. She remains in contact with only one of her siblings and describes the relationship as conflictual. She has a family history of mental illness and substance abuse. She noted that two of her siblings have been treated for depression and alcohol dependence and that she believes her mother had bipolar disorder, but was never treated. She suspects that her grandfather had schizophrenia. The client's grandparents and parents are deceased.

Medical/psychiatric data.

The client has high blood pressure and suffers from severe headaches. She is under a physician's care for both and takes prescribed medicine. The client has also been prescribed psychiatric medicine for mood stabilization and depression as well as anti-anxiety medicine to be taken on an as needed basis.

The client reported having had an abortion after which she had several complications. She later had a hysterectomy which she reported was due to such complications.

The client reported prior suicide attempts by pill overdose after the childhood sexual assault and the assault in the military. However, at the present time the client currently does not endorse suicidal ideation and cites her grandchildren and religious beliefs as protective factors against self-harm.

Ethnic and cultural factors.

The client reports a strong connection to her cultural heritage. He has noted however that there are no cultural, spiritual or religious factors that need to be taken into consideration in her care or treatment plan.

Assessment.

Axis I: PTSD, Psychotic Disorder NOS by hx, R/O Bipolar Disorder with psychotic features

Axis II: BPD by hx

Axis III: high blood pressure, severe headaches

Axis IV: Unemployment, Financial concerns, Social isolation, Parent-child problems

Axis V: 45

As noted above the client has a long history of treatment and has received a variety of diagnoses in her work with other clinicians. What is remarkable to this clinician/researcher has been the self-awareness that this client possesses despite her challenges. Specific examples include the client's self report of wearing bright colors when she needs a boost in mood. On these days the client often chooses the color red, which this clinician/researcher notes as a color that is "conducive to muscular effort, action and cheeriness" (Venolia, 1988, p. 59). The client

further reports painting as a positive outlet and talks of decorating her apartment with colors and pictures of things that soothe her and give her positive energy. She described painting a mural on a bare wall in her bedroom to this clinician/researcher. She spoke of using many blues and greens which are noted to be colors that "foster an inward orientation and are appropriate for sedentary activities" (Venolia, 1988, p. 59). Furthermore, "red and blue are the two color "poles" in terms of human response. Red increases blood pressure, respiration rate, heartbeat, muscle activity, eye blinks, and brain waves, while blue lowers all of these measures" (Birren, 1982 as cited in Venolia, 1988, p. 59). The client was aware of how to use these colors in effective ways to support the activities in which she needed to engage. When she needed to boost her mood and get out of the house, she would often choose a bright color, such as red, that fostered movement and cheerfulness. On the other hand when she needed a soothing space in which to relax and focus inward, such as her bedroom, she chose blues and greens to create that space for herself.

This client additionally described to this clinician/researcher how she has brought nature into her home through plants and pictures of the outdoors. She talked of hanging paintings of nature scenes throughout her space because she struggled with keeping her plants alive in the winter, and found her mood often declined in the colder months when she was indoors more often. She further spoke about orienting her activities into the spaces with the most sunlight and noted that this has helped to improve her mood. This clinician/researcher has praised and fostered this awareness and provided the client with information on the benefits of nature and light in personal spaces. As the client is restricted financially from making home modifications to foster her needs, she has, with a little creativity, enhanced her home to better support her healing. She has reported that these changes have really helped to keep her low moods from falling to depths that they had in the past and that her mental health has improved as a result.

While the above example represents one client working with this clinician/researcher, it is nevertheless a meaningful example to demonstrate how clients, even those on tight budgets, can make small changes to their personal space to support their healing. This knowledge of how one's space impacts one's psychological and social well-being can be applied to clients in a variety of personal and economic settings. At the time of this research, this identified client may not be able to actively engage in placemaking and interacting with her community, but it is clear that she has the skills and insight to transfer her knowledge to her community environment as she reaches further stabilization. This client demonstrates that one's intuitive awareness for healing and use of support from the therapeutic environment can be integrated into self healing and supportive living spaces. This knowledge fosters and expands the therapeutic relationship and builds sustainability within the client.

In this clinician/ researcher's dealings with clients from a variety of treatment settings, all clients can benefit from information on healing environments and placemaking in some way. The backgrounds may vary greatly, but the information can be beneficial across racial, economic, social and gender lines. It has been this clinician/researcher's experience with two such clients, one being the above described client and another being a 40 year old, Caucasian business executive of Jewish heritage, both of whom experience low moods and depression at times that the knowledge about color, nature and sunlight proves beneficial. Furthermore, both of these clients have reported struggling to build a social support network in an era that often focuses more on arm's length relationships (such as those through a conduit in the social media arena) rather than personal face-to-face interactions. This challenge to find community is heightened for these clients as they have both moved from their place of origin to a new neighborhood and no longer have the place attachment that they once possessed, as is quite common in our culture

today. Placemaking, as has been demonstrated in the Sunnyside Piazza, can improve community cohesiveness and may even reduce depression, as reported by the community members. This clinician/researcher attests that the reduced depression reported by the Sunnyside community is at least in part due to the fact that the residents enhanced their social support network because of the increased community interaction. Social supports have often been referenced as a protective factor against depression and something that both clients described above cited as lacking in their lives during our sessions together.

As demonstrated throughout this investigative research and in the two examples above, clinicians can use the knowledge about healing environments and placemaking to empower clients to create a healing environment for themselves at the micro level in their private spaces and on the macro level in their larger community. The integration of psychoeducation about healing environments and placemaking can facilitate improved mental health for clients across a variety of presentations and circumstances. While for the client in the case study placemaking might be a second step once she has stabilized a bit further; for the other client identified by this clinician/researcher, psychoeducation regarding both healing environments and placemaking could be implemented immediately. The data is strong to support such changes and the scope of such changes can be modified and tailored to the individual client and their needs. This clinician/researcher feels inspired that we can, with little effort, provide this additional tool to our clients and to ourselves as clinicians. In doing so, we better serve our mission as social workers by facilitating improved mental health for our clients and for their communities.

References

Altman, I. (1976). Environmental psychology and social psychology. *Personality and Social Psychology Bulletin, 2*, (2) 96-113.

Altman, I., & Chemers, M. (1980). *Culture and environment*. Belmont, CA: Wadsworth, Inc.

Bechtel, R., & Churchman, A. (2002). *Handbook of environmental psychology.* New York: John Wiley & Sons, Inc.

Benedetti, F., Colombo, C., Barbini, B., Campori, E., & Smeraldi, E. (2001). Morning sunlight reduces length of hospitalization in bipolar depression. *Journal of Affective Disorders, 62*, (3), 221-223.

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development.* Thousand Oaks, California: Sage Publications, Inc.

Bronfenbrenner, Urie. (2 April 2008). In *New World Encyclopedia*. Retrieved from http://www.newworldencyclopedia.org/entry/Urie_Bronfenbrenner#Ecological_Systems Theory

Cassidy, T. (1997). *Environmental psychology: Behavior and experience in context.* East Sussex, UK: Psychology Press Ltd.

The Center for Health Design. (2011). *About.* Retrieved from http://www.healthdesign.org/chd/about

City Repair.org. (n.d.). *Intro to Placemaking*. Retrieved from http://cityrepair.org/how-to/placemaking/

Lewin, K. (1936). *Principles of topological psychology.* New York: McGraw-Hill.

Lewin, K. (1997). *Resolving social conflicts: And, field theory in social science.* Washington, D.C.: American Psychological Association.

Manzo, L., & Perkins, D. (2006). Finding common ground: The importance of place attachment to community participation and planning. *Journal of Planning Literature, 20*, (4), 335-350.

Marberry, S. (2010). A conversation with Roger Ulrich. *Healthcare Design. 10,*(11), 40-49.

Mark, D. (Interviewer) & Penalosa, E. (Interviewee). (2005). *Bogota: A city transformed.* [Interview transcript]. Retrieved from Australian Broadcasting Corporation Web site: http://www.abc.net.au/pm/content/2005/s1303555.htm

Mayernick, D. (2003). *Timeless cities.* Boulder, Colorado: Westview Press.

NSW Department of Health. (2005). *A literature review: The effect of the built and natural environment of mental health units on mental health outcomes and the quality of life of the patients, staff and the visitors.* North Sydney, NSW: Prepared by Warwick Coombes & Penelope Coombes Pty Ltd.

Project for Public Spaces (n.d.). *Enrique Penalosa*. Retrieved from http://www.pps.org/articles/epenalosa-2/

Project for Public Spaces (n.d.). *What is Placemaking?* Retrieved from http://www.pps.org/articles/what_is_placemaking/

Proshansky, H. (1978). The city and self-identity. *The Journal of Environment and Behavior, 10,* (2), 147-169.

Semenza, J. (2003). The Intersection of urban planning, art, public health: The sunnyside piazza. *American Journal of Public Health, 93,*(9*),*1439-1441.

Ulrich, R. (1984). View through a window may influence recovery from surgery. *Science, 224*, (4647) 420-421.

Venolia, C. (1988). *Healing environments: Your guide to indoor well-being.* Berkeley, CA: Celestial Arts.

Walljasper, J. (2009, December 15). Be like a piazza. *Shareable: Cities.* Retrieved from http://shareable.net/blog/shareable-rome

Walsh, J. (2010). *Theories for direct social work practice*. California: Wadsworth Cengage Learning.

Zborowsky,T., & Kreitzer,M. (2008). Creating optimal healing environments in a health care setting. *Minnesota Medicine, 91*(3), 35-38.