Places as Agents for Social Change:
An Action Research–Reflective Practice Approach

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The image of architectural practice — what an "architect" should and does do—is certainly pluralistic in nature. There are a number of reasons for this state of affairs including the development of specialization by building type (i.e., hospitality, institutional, residential, etc.); the advent of specialized consultants (i.e., interior designers, lighting consultants, structural engineering, etc.); and the contradictory definitions of architecture itself (i.e. the "Big **A**" versus "little a" debate). Yet these are just symptoms which have been created by an underlying base of conflicting perceptions of the world. K. Michael Hays wrote, "To return architecture to some ostensible 'reality' condition seems to be the exigency of the present debate. Deciding the nature of that reality is the harder task."[1] Hays identifies that the basis of the debate is indeed ontological in nature; that the worldview which one holds possesses intrinsic notions about what constitutes knowledge, the processes by which knowledge is gained and transmitted, and what is of value in that world.

In order to discuss the nature of practice in which one is engaged, it is necessary to explicate those underlying assumptions which drive the way one comes to know, value and act within the world. This paper advances a vision of architectural practice currently "in practice" at the Institute on Aging and Environment (IAE). This vision parallels the model which "is characterized by interventions which result in environmental and social change while working within explicit theoretical paradigm~."[2] The model is orchestrated around the concept of "place:" the individual, social, organizational, and physical environmental milieu in which human activity transacts and becomes meaningful. It adheres to the belief that humans are social actors and interpret their milieu and orient their actions in ways which are meaningful to them. Because of this belief, this model of practice contends that architecture is an act of making places and that the power of place is embedded in the experiential qualities that places possess. Practice is seen as having a social responsibility to create places of enhanced environmental quality, and that in order to do so, it must conceptualize place not solely in physical terms, but rather systemically. Places are seen as powerful agents for social change.

First this paper will discuss the standing paradigm and the dichotomous relationship between knowledge generation and application. This is the paradigm in which the Institute initially operated. Shortcomings of this paradigm and critical reflection upon the underlying assumptions held by the members of IAE resulted in an epistemological shift which informed the evolution toward the model of practice discussed above. This model of practice, its underlying assumptions, and how it is being put "in practice" are then illustrated.

THE APPLICATION GAP AND THE INFORMATION TRANSFER MODEL

The traditional model of architectural practice includes a dichotomous relationship between knowledge generation and application. This schism is so strong that Gutman refers to the relationship as "two discourses,"[3] implying that the two discourses run parallel, never meeting. Theoretically, the model at work is one where knowledge is generated in one sphere, disseminated, and then picked up and utilized in another sphere by practitioners. Schneekloth refers to this traditional model, where research and practice are institutionally separated, as "Information Transfer."[4] Researchers and practitioners each play a specific role as Schon indicates in the following statement: "The researcher's role is distinct from and actually considered superior to, the role of the practitioner."[5]

In this model, both the sphere of the researcher and that of the practitioner are influenced by the underlying assumptions found in positivistic science. There is an acceptance that an apprehendable reality exists which is driven by immutable, universal laws and mechanisms characterized by cause-and-effect statements. Research assumes that the researcher is independent from that being studied and can play the role of objective observer. When this objective position is threatened, various means are employed to eliminate or "control" the threat to "validity" by manipulating the situation. Practice becomes characterized as instrumental, consisting in adjusting technical means to ends that are clear and fixed. Similar to the researcher, the practitioner manipulates an objective,
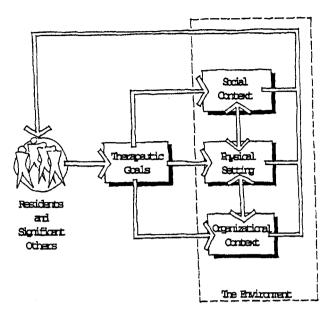
Fig. 1. Conceptual framework of the various dimensions of the environment for people with dementia which transact to creat the "personality of a place."[12]

Fig. 2. Interior of the Helen Bader Center showing the Dining and Kithcen areas of the special care unit. (Photograph used by permission of Kahler Slater Architects; Milwaukee, WI)

external world and is similarly taken with the notion of "control." Schon refers to this image of practice as "technical rationality,"[6] where practice consists of the application of knowledge to instrumental problems. Because of this definition of practice, practitioners began to see themselves as knowledgeable in a particular arena and began to specialize. This specialization has unfortunately been conceptualized as compartmentalized, where practitioners are responsible solely for their area and not for their interaction with others (this would be a "confounding" which the paradigm mandates must be "controlled").

INFORMATION TRANSFER AND THE INSTITUTE ON AGING AND ENVIRONMENT

It was this model in which the activities of the Institute on Aging and Environment were initially conceived and under which it primarily operated for its first few years. IAE was funded by the Helen Daniels/Bader Charitable Trust in 1990 to promote research, scholarship and service concerning environments for older persons, particularly those suffering from cognitive impairments. Initially, the need for the Institute was illustrated by a problematic situation occurring in practice. A large, religion-based facility in Milwaukee, Wisconsin desired to design and build a special care unit designed specifically for the needs of those with cognitive impairments such as that resulting from Alzheimer's Disease. No model facilities seemingly existed and there was a severe lack of research conducted in that area. There existed little basis on which design could be informed.

Through its first four years of existence (1990-93), the Institute conducted itself in the research sphere of the Information Transfer model, producing programming guides[7];

design guidelines[8]; and case study illustrations.[9] All of these products Schneekloth characterizes as exemplifying the Information Transfer model as they are concluding products on their own which are then "handed off' to be utilized by practitioners.[10]

These books and monographs do indeed form the primary substantive literature base for designing environments for those with cognitive impairments and in this regard remain achievements of which we are proud. They were, along with the workshops and seminars the Institute has conducted, quite successful in "unfreezing the situation." These publications challenged the prevailing medical model approach to dementia care and suggested that such a model was indeed inappropriate for a chronic and debilitating condition such as Alzheimer's disease. Each suggested that environments for people with dementia should attempt to acheive nine therapeutic goals." From these nine goals, 19 principles for physical plant design were developed including those regarding general attributes (e.g. noninstitutional character); building organization (e.g. clusters of small activity spaces); and activity areas (e.g. domestic kitchens and dignified bathing).

Shortcomings of the Information Transfer Model

However, several shortcomings of these products became evident. First was a problem which from the outset was understood to exist: each begins with a conceptual framework (Figure 1) which conceptualizes the facility as having four dimensions (the individual, the social, physical and organizational contexts), yet focuses its planning principles solely on the physical environment. This focus was intentional as the products were aimed at facilitating better physical plant design. Yet as was found in practice, better design may make for a better physical environment, but not necessarily a better "place." Organizational practices are tremendously important in the experiential quality such places possess, as is the social climate.[13]
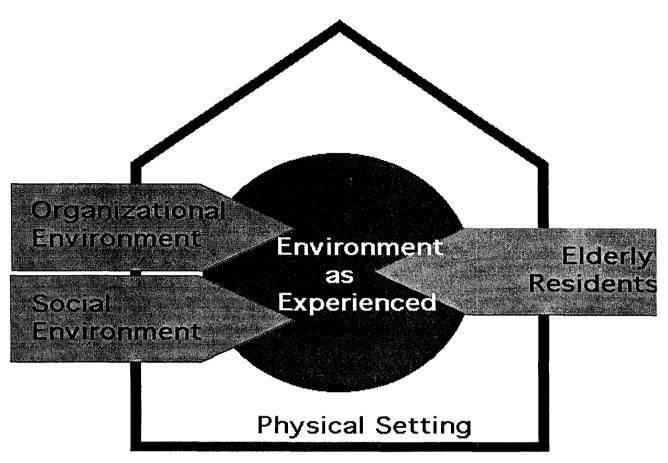
Fig. 3. The current model of place in use in the Institute on Aging and Environment. Place is seen to have four dimensions (the individual, social, organizational and physical enviornments) which transact to create the environment as experienced which we think of as possessing experiential qualities.

Second, while the publications reflected the latest research-based thinking on what should be done, they give no clue as to *how* it should be done. Facility development is an act of creation and as such requires not only the substantive knowledge which is contained within, for example, *Holding on to Home,*[14] but also procedural knowledge. This, in turn, leads to the third shortcoming of these publications which are their universality. The therapeutic goals are broadly stated intentions of the aspirations such places should attempt to achieve, but how they are achieved in each situation will be different. This is necessarily true, for the regulatory, financial and organizational conditions under which these facilities are created will be different and hence will require different solutions. Unfortunately, there has been a rush to adopt the easy answer — the universal solution — which simply does not exist.[15]

Once these problems began to emerge and were identified, they necessarily caused the Institute to reflect upon its ontological and epistemological assumptions. To be certain, there was not a scheduled meeting at which we decided to have a paradigm shift. But over time it became clear that fundamentally not only did we desire to "unfreeze the situation," and provide substantive design guidance; but we desired to effect social change in more concrete ways.

ACTION RESEARCH-REFLECTIVE PRACTICE: A PARADIGM SHIFT

Because the Institute came to recognize the uniqueness of each situation and the meaningful basis of human experience, our ontological position (in Hays' terminology, our "reality") became transformed, still assuming that there is a real objective world external or independent of the individual, but that our understanding of that world will always be imperfect and incomplete. The ontological condition is not necessarily dualistic — eitheran internal construction or part of the external world — but could exist in both (a kind of "transcendental realism"). Our knowledge is, however, necessarily limited by the conceptual frameworks in which we operate and by the time and place we occupy culturally and historically. The independence of this world is reinforced every time we bump up against a situation in which our expectations are not realized. When this occurs, an unsettled, or "problematic situation" exists and this is where inquiry begins. Knowledge comes to be seen as relativistic and socially constructed, shaped by the frames through which we view the world. These frames are not more or less "true," but more or less useful in settling the problematic situation. As Polkinghorne

stated, "The more open we are to increasing and revising our patterns, and the greater variety of organizing schemes we have at our command, the more likely we are to capture the diversity of organization that exists in the world."[16] The Institute also has come to the belief that how we *understand* the world is fundamentally shaped by how we *value* the world. Meaning, goals, and intent are all part of the human condition and can not be excluded from our understanding. The issue of agency is at the epistemological core of the Action Research-Reflective Practice model as agency is "how people value their world and act within it."[17]

These epistemological assumptions are incongruent with those held within the positivism-laden Information Transfer model which "is simply not capable of dealing with many of the issues central to the study and understanding of organizations. The articulation of values, organizational goals and problem-solving skills are typically not amenable to positivist approaches."[18] Weisman went on to argue that in the disparate research application literatures, action research emerged as the common direction for resolution of the problem. "Action research holds that one must often act on a system to truly understand it."[19] Our definitions of the two key concepts of this phrase — action and system — have become essential to the Institute's Action Research-Reflective Practice model and both definitions developed through our active engagement in consulting. To best understand the evolution of our thinking, we utilize one of over seventy-five consultation projects as an example by which to contextualize this development.

The Helen Bader Center

One of the model facilities on which we have consulted is the Helen Bader Center in Milwaukee, Wisconsin, a 24-bed special care unit for people with dementia (see Figure 2). On this project, the Institute consulted directly with the architects of record to assist in both programming and design of the facility. The project opened in 1994 and has since been the site of several Institute research evaluations.[20,21] Immediately on transferring to this unit, improvement in resident life was apparent: residents were spending less time in their rooms; there was increased social interaction and staff were spending less time with other staff and more with the residents and the physical design scores well on the Professional Environmental Assessment Protocol.[22,23] However, when one compares the resulting milieu of the place and the initial goals by which it was created, incongruencies appear. The physical design holds up well to the organization's stated aspirations, but the organizational and social environments could certainly do better in achieving those intentions. While residents may be experiencing increased social interaction as compared to that occurring in the traditional nursing home, still in over 60 percent of the observations made in the *public space,* no socialization was occurring. Staffing was predominantly nursing oriented which conflicts with the social model of care espoused as a goal. While this unit is, without question, a good unit, we wondered how it could be better. When we

asked ourselves how the above outcomes occurred, we recognized that somehow in the process of designing the facility, the translation of goals into action did not occur synergetically throughout the system which makes a place.

Systemic Perspective

One reason for this was that our consulting efforts were too limited and focused upon the physical environment. Facility development is a process aimed at place-making and needs to consider all aspects of the system. This position has been significantly informed through one of IAE's consulting initiatives, the three-year National Alzheimer's Design Assistance Project (NADAP) funded by the Bader Foundation. In NADAP, the Institute conducted a national workshop educating care providers and architects across North America and then was funded to provide technical development assistance to nine selected organizations. Through these consultations, we have learned a great deal that informs our emerging process model. We have come to strongly advocate that a conceptual model of place is essential to achieving a meaningful understanding and process for special care. Our model is strongly rooted in the highly influential line of theoretical development by Lawton.[24,25] Our model conceptualizes place as the individual, social, organizational, and physical environmental milieu in which human activity transacts and becomes meaningful. At the core of this model are the experiential qualities of the environment as experienced (Figure 3). We suggest that these experiential qualities are shaped by the complex transactions of the components of which they are comprised and that our therapeutic goals (refer to Table 1) can be thought of as those experiential qualities which are particularly salient to dementia care. This recognized need for a systemic perspective is consistent with Lewin's action research in which, in the context of group relations, he argued that "we are beginning to see that it is hopeless to attack any one of these aspects of intergroup relations without considering the others....now very clearly, a desire for an integrated approach has become articulated."[26]

Action: The Process of Practice

We also came to recognize that many of our consultations involved too narrow a slice of the development *process.* At times, the Institute's involvement is limited to architectural plan review resulting in scattered success. As important as conceptualizing the environment is, so too is conceptualizing the process. Schneekloth compelling and correctly links Lewin's concept of action research and Schon's reflective practice together by recognizing that for both, "a person engaged in research and practice simultaneously uses theory as a framework while fully appreciating and respecting the discrete nature of each case."[27] Furthermore, both Schon and Lewin recognize that the patterns of understandings which must be used in "sense-making"[28] are both substantive and procedural in nature. In terms of process, the Institute has theorized that there are five broadly conceived steps in the
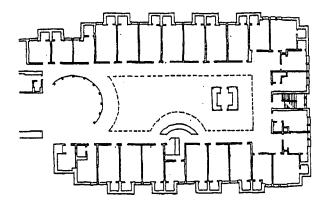
Fig. 4. The Weiss Institute at the Philadephia Geriatric Center; Philadelphia,PA. (Drawing by K. Diaz Moore)
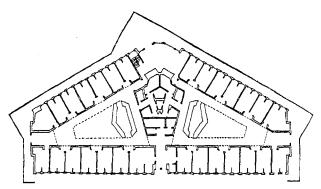

Fig. 5. The Corrine Dolan Alzheimer Center at Heather Hill; Chardon, OH. (Drawing by K. Diaz Moore)

development process: preparation; planning; programming; design/construction/occupancy and evaluation. This procedural knowledge is emerging to guide our consulting efforts with long-term care professionals.

THE FACILITY DEVELOPMENT PROCESS

As has been stated, the Institute on Aging and Environment has come to conceptualize the facility development process as the creation of place. In order to effectively do so, one needs to conceptualize the place as an interrelated system of constituent elements and processes and relate that concept to the process of action-takingldecision-making. We do so through the use of our in-house facility development matrix. This matrix helps the Institute to work with clients and make discrete decisions by keeping a focus on the entire picture. This focus necessarily must be binocular with one eye focused on process and the other on substance, resulting in a stereoscopic picture.

Because of this unique perspective, the first step we find absolutely essential with any client is education; education in terms of understanding our matrix, our values and our approach; the therapeutic needs of those with cognitive impairments; the relationships between the constituent elements of place and the team members it takes to effectively move through the process. This last element is often, if somewhat

surprisingly shocking to some clients who have thought of facility development solely as "building a building." As Gutman stated, many clients attempt to orchestrate the process themselves and often find themselves with extreme difficulties, convincing themselves that as novices they could navigate through the unpredictable waters of facility develop-

The Institute recognizes the varying frames or patterns of understanding which are necessary for the development of a congruent place experience. We advocate the assembly of a development team early in the process involving experts in areas such as financial and marketing feasibility; organizational and activity programming; architectural programming and design; and legal and marketing consultants. Because of the wealth of patterns of understanding such a consulting team brings to the table, typical stop-go decision points can no longer be viewed as nominal; rather at these points the client and development team attempt to place the matrix in balance with the qualities of place-experience they are attempting to achieve. Action in each constituent element of the place will need to be congruent with actions taken in other elements. The negotiations which occur between the individual, social, organizational and physical dimensions of place need to be constantly considered in both sense-making and action-taking and need to be understood in terms of the place-experience qualities they are likely to create. The world of the action research-reflective practice model is an indeterminate one filled with "mays" and "probablys." It is only throughmaking decisions and taking action, guided by our core values, that we can truly empower the care organization and also, and most importantly, advocate the interests of an "at-risk" population.

We have come to view place as a powerful agent for social change. Thinking and discussing the translation of organizational mission into organizational charts, job descriptions, functional programming and so forth is found by most people to be quite difficult to conceptualize. We have found that is due to their disconnected nature. From the outset in our recent consultations, the Institute talks about places. We show model facilities, such as the Weiss Institute, the Corrine Dolan Center, and Woodside Place (Figures 4, 5 and 6 respectively), which each possess "star quality" and have become widely known in the dementia care community. Most importantly, we discuss how in each case, these model facilities tried to reconceptualize the entire nursing home — the entire place— not just the architecture. Yes, the trend is toward more residential typologies, but this goes hand-in-hand with a therapeutic social model of care programming, consistent and primary care staffing and an overall recognition that the place in which one lives has tremendous therapeutic consequences.

Guided by this perspective, our efforts at social change extend beyond facility development. We have conceptualized about the bathing issue, about reminiscence therapy and about systemic evaluation of places. At the organizational level we have been advocates for organizations desiring to "broker the codes" with building and health code administra-
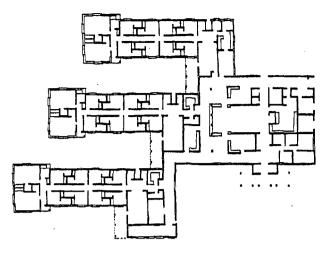
Fig. 6. Woodside Place; Oakmont, PA. (Drawing by K. Diaz Moore)

tors. In Wisconsin, we have actively participated in the rewriting of the state's nursing home and assisted living regulations. We can only *reason* effectively in these multiple arenas because of the systemic perspective we bring to the table. We can only *act* effectively because of the explicit values which guide our actions.

CONCLUSION

The Institute on Aging and Environment, primarily through its consulting efforts, has evolved from an Information Transfer model of practice, replete with the underlying assumptions of positivism and its "technical rationality," to a model of Action Research-Reflective Practice. This model adopts a view that our world is real yet uncertain; our concepts informative yet limited. Humans act intentionally within the world and construct their understandings of their environment so that their transactions with their milieu have meaning. This is the "swamp" in which place-making occurs. Place-making necessarily involves reflective practice and negotiating between conflicting patterns of understanding to arrive at a course of action which is intended to "settle" the problematic situation. John Dewey wrote that reflective thinking involves "1) a state of doubt, hesitation, perplexity, mental difficulty, in which thinking originates, and 2) an act of searching, hunting, inquiring, to find material that will resolve the doubt, settle and dispose of the perplexity."[30] As has been suggested, this material (or understanding) will necessarily be both substantive and procedural in nature. Facility development, or placemaking, is incredibly complex and to sift through the myriad of decisions in good conscience necessitates the explication of the values driving the process. Human action is fundamentally goal-oriented and the creation of place is certainly no different. The traditional Information Transfer model would find this swamp uncomfortable, unacceptable and downright scary. We have come to agree with Farbstein & Kantrowitz who see the swamp as full of richness and possibility.[31]

NOTES

[1] K. M. Hays
[2] L. Schneekloth, Advances in practice in environment, behavior and design. In E.H. Zube & G.T. Moore (Eds.), *Advances in Environment, Behavior and Design,* (Volume 1). (New York: Plenum Press, 1987), p. 313.
[3] R. Gutman, Two discourses of architectural education. *Practices,* 3/4 (1995), pp. 11-19.
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[6] Ibid.
[7] G. Weisman, U. Cohen, & K. Day, *Programming and Design for Dementia.* (Milwaukee, WI: CAUPR, 1990).
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