

# ARCHITECTURE AND MENTAL SUBNORMALITY

## II. SENSORY EXPERIENCES IN THE ARCHITECTURE FOR THE MENTALLY SUBNORMAL CHILD

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*In the first article of this series (December 1967) the author considered the necessity of turning institutional buildings into places which support the social rehabilitation of the mentally subnormal. The architect should not simply provide spaces for the most efficient administration of the routine of sleeping, eating and working nor even strive only to create a 'home atmosphere' in a futile attempt to emulate a child's home. Owing to the special learning difficulties of the subnormal an institution—be it a hospital or training centre—must attempt to provide occasions for additional experiences which can be found neither in the child's home nor in conventional educational buildings. Instead of relying for 'sense training' on teaching gadgets of a largely artificial nature, the child's environment should be designed to offer a variety of natural learning opportunities. — The Editor.*

The problem of planning a therapeutic environment for the mentally subnormal child is made more complex because clinical experience and research work reveal the existence of many additional handicaps. Whether they be cerebral palsies, visual or auditory handicaps or that perplexing and elusive condition known as Autism, it appears that at one time, probably very early in the children's lives, auditory and visual stimulation, motor control, sensory experiences have gradually ceased, or have only occurred to such reduced extent that development has been severely affected.

The need to cater for those stimuli and experiences seems to be a common basic requirement for many different degrees and types of handicap found in the mentally subnormal child.

Very often defects such as impaired vision, deafness, etc. are not readily recognized and may be only very slight, yet coupled with low intelligence they may well pull down the performance of a child.

The present concept of institutional care only seems to consider the physical welfare of the mentally subnormal child and will not give a lead to the architect called upon to provide more than just a mere shell which is functional from the technical point of view. The architect working in the field of mental subnormality must be aware of these frequently found superimposed handicaps and their consequences because he will have to check his schemes in their total planning and their details against all those needs he has to cater for. For instance, colour used for floors, walls, ceilings could be chosen to help children with perceptual difficulties to perceive in three dimensions; awareness of objects, such as furniture will be increased by painting them in relation to the decoration on the wall behind. Wall and floor finishes could vary in texture to provide sensory experiences.

It must be pointed out that no results can be expected if colours and textures or other stimulating factors are provided in the form of a 'sample-board'—a wall covered with abstract painting or mosaic, or a variety of materials of different texture. This attempt of giving a dosage of stimuli in bulk has been tried in all good faith, yet the children will not extract any benefit from that kind of provision. It is the context in which the stimulating and experience enhancing factors are encountered which gives them meaning and might make them effective.

The direct connection between cause and effect should always be made easily apparent. All effects, whether they are light, sound or if at all possible, heat, should be without remote control: the light switch as near to the light which it controls, the sound of the radio following immediately the turn of the knob. Technical development has made it more and more impossible for a child to watch the simple and direct cause and effect from which he can learn and although a normal child may take this in his stride, the mentally subnormal child needs repeated situational experience to help his awareness and understanding.

The teaching of a mentally subnormal child will depend very much on that 'experiencing pre-stage' and it is, of course, quite obvious that, if a child has not physically felt the terms low-high, if he has not been able to bump his head because an opening was too low or, if he was not able to get a toy from a shelf because it was too high, he will hardly understand the meaning of those terms when theoretically explained by a teacher. There are many of these basic concepts which should be experienced in a natural way in the building. Developing this trend of thought suggests that those buildings should never be single-storey. The child must not only be able to experience the negotiating of stairs but be able to experience visual changes of objects in relation to his position of change in height. And again, an ordinary staircase between two walls with just the entrance at the bottom will not be of as much value as an open staircase which is leading directly into a room containing furniture, where children are active and where interest is aroused.

Whereas academic psychologists try to eliminate all details and influences to observe one particular aspect, the architect must provide as many opportunities for experiences and in as many relationships as possible. We are called upon to provide a functional surrounding in the widest sense of the word—functional in relation to human psychological requirements. These requirements cannot be satisfied by only listing a number of evaluations in physical terms and laying them out like a string of beads to be used—but they must be incorporated in the normal flow of living and not lose their meaning for the child because they are out of context.

### **Concluding Remarks**

This article attempts to indicate how architecture for the mentally subnormal child has to consider:—

(a) that the present institutional environment only looks after the physical needs and therefore will give no guidance as to how to set about incorporating stimulating factors.

(b) the importance of providing sensory stimulation in view of the fact that there are so many additional handicaps.

(c) the necessity of providing sensory stimulation in context and not a large number of unrelated sensory stimuli in isolation.

(d) the need for incorporating opportunities for sensory experiences as part of an environment in which the child can feel at home.