

Controversies surrounding successful architecture for care giving, on the origins of the residential care home vigs ängar in Sweden

Abstract

The Swedish welfare state is aging with an increasingly larger proportion of elderly people aged 65 years and above, about 19 per cent. Since 2006, the debate on the appropriate type of housing with 24H care giving for older frail persons has been part of the political agenda. Governmental delegations and programs have ventured out into the great unknown relationship between age-related problems and the experience of architecture. On a recurring basis, one residential care home in southern Sweden has popped up as an exemplary model for architecture that is intended for the dependent frail aging process: the residential care home of Vigs Ängar in the municipality of Ystad.

Initiated in the early 1990s as an initiative between a local anthroposophical interest group and the municipality, it manifested the problematic balance between legal frameworks for care giving, record keeping of patient data, facility management and idealistic visions for a future-oriented care giving. Despite a 20-years existence, the Vigs Ängar generated few followers but through its special profile of care giving became a smorgasbord of architectural elements, care giving ideas and therapeutic approaches that were subject to random sampling and tasting without embracing the comprehensive idea. The anthroposophical label seemed to cloud the intrinsic merger of architectural design with care giving for frail stages in life.

The aim of the present study was to go behind the controversies and unravel the generating images that help to explain why this residential care home with 32 flats has achieved an exemplary status. Critical analysis was applied to scrutinize documents and drawings originating from the design process and compare data with information extracted from interviews with more than 30 informants, among whom the architect. The research material was assembled over the period 2007-2013. The over-arching conclusion was that the exemplary status was due to a multi-dimensional architectural-existential vision for dependent aging that was made concrete through outer pressure and chiseled into a *modus vivendi* through everyday practice. Such architecture encompasses both ephemeral and tangible experiences of space and contributes to older persons' quality in life as well as staff members' work satisfaction.

Keywords: architecture for dependent aging, generator images, guiding theory, vigs ängar, anthroposophy

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Abbreviations: RCH, residential care home; RCH-V, residential care home of vigs ängar in the municipality of ystad, Sweden

Introduction

In May 2014, the local newspaper in the municipality of Ystad in southern Sweden announced that the average cost for a frail older person's stay at the only privately operated residential care home in the whole municipality, the residential care home Vigs Ängar, in the following RCH-V, was twice as high as the average cost at one of the five other municipal residential care homes, in the following RCHs.¹ Reporting from the deliberations of the local Committee for Social Welfare just before the up-coming summer vacation, the paper linked the committee's decision of postponing a continuation of the private care entrepreneur's running contract for another four-year period with these uncorroborated figures that were seeped by the head of the Social Welfare Administration, even though the figures were part

of an unpublished report on the quality in the local elder care. The reaction was instant, and the paper was filled with public indignation about the RCH-V. Readers urged the municipality to immediately stop the sponsoring of a privileged group of elderly persons of great fortune and the guiding principle for the care giving at the RCH-V, i.e. anthroposophy, was associated with sectarianism.

The exposure of the RCH-V shifted the attention from a series of debated actions of the local Social Welfare Administration, especially, tendering documentation that the administration had compiled for elder care services for the other five municipal RCHs. This documentation explained perfectly the reason for why the other RCHs were run by the municipality despite a right-wing political majority in the municipal council that praised private initiatives and opened public services to procurement. In 2012, two pan-Nordic elder care entrepreneurs publicly refused to submit bidding documents in answer to the public procurement of elder care for another municipal RCH (REF). Independently, the care entrepreneurs arrived at the

surprising conclusion that it was impossible to supply an appropriate and high-quality care giving for frail older persons for such a limited budget that the Social Welfare Administration defined in the tendering documentation.²

RCH-V-an exemplary model of care for frail older people

Some six months later, the paper reported once again from the deliberations of the local Social Welfare Committee, this time, concluding that the Social Welfare Administration had admitted to having made erroneous calculations, not only, increasing the costs for a stay at the RCH-V with 25 per cent by omitting the admissible deduction of TVA for municipal administrations, but also assembling figures that were not in any part comparable for any of the six RCHs, including RCH-V.³ In retrospect, this controversy over the RCH-V was not new, ever since its inauguration in 1992, its particular architectural design and anthroposophical care giving had generated conflicts with the municipality of Ystad that filled the local newspapers and created controversies.^{4,5} Forgotten was the circumstance that the sheer existence of the RCH-V was due to the municipality's own quest for a new type of elder care that the local left-wing majority of the early 1990s had prepared for.⁴

From a national point of view, the heated local feelings were difficult to understand. The national Guide to Elder Care, an approximate translation of the Swedish denomination Äldreguiden,⁶ established by the national Board of Social Welfare and Health in 2008, presented a drastically different opinion: approximately, 94 per cent of the residents and their relatives were satisfied with the care giving, meals and distractions that the RCH-V offered to their frail residents.⁷ On a national level, the RCH-V was propelled into becoming an exemplary model of RCH architecture and elder care. The former director of the Board of Social Welfare and Health, a well-known octogenarian liberal politician and geriatric doctor as well as a flamboyant entrepreneur and right-wing politician expressed a wish to move to the RCH-V in case of severe age-related problems that was echoed by journalists, researchers and numerous visitors to the RCH-V. In 2008, the Swedish King awarded the architect, equally, the manager of the RCH-V, Ms. Lillemor Husberg, a royal medallion for her inspirational work as an architect and a gerontologist. In 2012, the annual colloquium on appropriate elder care at the RCH-V was honored by the presence of H.M. Queen Silvia of Sweden.

Aims and purposes

Despite its national status of being both an icon model for RCH architecture and care giving for frail elderly people, the RCH-V has had a limited impact on contemporary RCHs as well few parallels with a similar type of care giving that is rooted in anthroposophical thinking. In the late 1990s, the RCH-V served as an inspirational model for renewing local elder care in Northern Sweden. However, the local opinion was not thrilled and chose to question the anthroposophical touch rather than explore the benefits. The project ended abruptly, resulting only in a sensory garden.⁸ In 2001, the municipality of Ystad commissioned a large-scale RCH on the outskirts of the city center, for which the interior colors at the RCH-V were, mimicked (Ibid). In 2008, a municipality in the vicinity made a study visit to the RCH-V. A few weeks later, a local politician triumphantly stated that the new RCH would be even better than the RCH-V, since it decided to include four inner courtyards than the meager three found at the RCH-V.

A common trait for the projects that can be linked to the RCH-V as an inspirational model is that the facility has served as a type of smorgasbord that consisted of architectural elements, care giving ideas and therapeutic approaches that were subject to random sampling and tasting without embracing the overarching idea behind the model: Few had paid attention to the underlying fit between the frail older person, the built space and the daily realization of an individualized care-giving. Until 2015, the RCH-V was repeatedly put forward as an exemplary model; in consequence, a reasonable assumption is that the RCH-V must convey essential aspects of both appropriate architecture and care giving for frail older people. Hence, the research question for this study was: Assume that the RCH-V is an exemplary model for modern elder care, then, which are the key components of this model, and could knowledge be extracted so that the planning and running of other RCHs can benefit from this know-how. The aim of the present study was to go behind the controversies and unravel the generating images that help explain for why this residential care home with 32 flats achieved an exemplary status.

Materials and methods

The research material for this study was assembled during an eleven-year period. The first contact with the RCH-V was initiated in 2003 as part of a multiple case study on exemplary models for contemporary architectural designs for Swedish RCHs.⁸ Based on expert opinions and personal recommendations from elder care staff members in a municipality outside Stockholm, the RCH-V surfaced as an exemplary model. A systematic review of Swedish and international research studies revealed that researchers also experienced a positive "je ne sais quoi" feeling when they visited the RCH-V: high work satisfaction and well-being among staff members and no sick leaves, natural ventilation technique in combination with architectural design that produced an excellent indoor air quality and climate, and an outstanding human-environment-fit that invigorated frail older persons and lowered the intake of medicine.⁹⁻¹¹

The research material was assembled through open and structured interviews with representatives of the RCH-V, care staff members, older residents and their relatives, study visits to the RCH-V and other RCHs, literature reviews, participations in annual colloquiums at the RCH-V and comparative analyses of other RCHs^{4,5,8,12-17} In 2013, the Vårdalsinstitutet at the Lund University, Sweden organized a specially designed higher education course that targeted retiring professionals under the supervision of professor Ema Bodil Jönsson. The project was sponsored by the Swedish Association of Local Authorities and Regions, SALAR. A group of 20 experienced persons from various organizations that are involved in the planning, realization and tendering processes, which Swedish elder care regularly generates, were recruited. Ms. Husberg, the architect and manager of the RCH-V, was also accepted as a student. The curriculum counted lectures, seminars and scientific literature studies, and the course ended with an individual assignment. This assignment involved writing a scientific paper on previous experiences of elder care, and each student were assigned an individual supervisor. The author of this study supervised Ms. Husberg's work entitled 'Vigs Ängar - housing and living'.⁴ These discussions proved essential for unravelling the primary generators behind the RCH-V and Ms. Husberg's professional approach as an architect and gerontologist to harmonize ephemeral existential values in dependent aging and care giving for frail older people with aesthetical, constructional and rational motives for the architectural design of this built space.

The following study is based on a broad and diversified research material that was accumulated over several years. The material was structured in a chronological order, in which a series of events could be corroborated through the study of blueprints, architect's drawings and sketches and documents in official records. The critical analysis aimed at creating a narrative that shed light on the complex process of transferring visuospatial ideas colored by ethical pathos into physical environment and practice. This analysis paid great attention to the meaning and the underlying assumptions that the interviewees tried to express when they assessed the RCH-V.¹⁸⁻²² The fundamental research question revolved around the constituents that promote an appropriate architecture for aging and its relationship with care giving and dependent aging.

Results and discussion

This study was focused on RCH-V, i.e. a residential care home that was named Vigs Ängar, which in English means shore meadows. The RCH-V was situated some 15 kilometers north-east of the small city of Ystad in southern Sweden. The location was very much like most of Swedish municipal residential care homes: mostly situated in an off-side location near a residential housing area with prefabricated detached one-family houses from the 1970s. The site demonstrates a common trait in contemporary Swedish physical planning for social usages in which the choice of the plot often is an ad hoc decision rather than a conscientious choice of appropriate land for aging.⁸ On the other hand, the architectural design of the RCH-V is rooted in the site, and the manifestation of a profound wish for a de-institutionalized elder care that a local group of older people embraced in the beginning of the 1990s. Inspired by anthroposophy, this group lobbied for an innovative new RCH in the municipality that prioritized aging comfortably, despite age-related frailties and an increased dependence on care staff to cope with everyday activities in daily life.⁴ The group promoted a salutogenic approach to growing old rather than stressing the pathological changes that the aging process might involve. Strong on inspiration, the group lacked the ability to shape a dispersed aesthetic and idealistic vision into a congenial physical idea, which made them look for an architect-trained person, capable of concretize words into built environment (ibid).

Conceptualizing a vision

The anthroposophical group's call for an architect resulted in a commission to Ms. Husberg, who as an architect had specialized in care architecture after a short stay at the national board for building matters. As an architect employed at renowned architect's office in Stockholm, she was head of the architect team that won the architectural competition about the extension of the Ryhov hospital in Jönköping (REF). In the following phase, she was chief architect for the realization of this regional hospital that yearly treats about 400.000 patients (REF). In addition to a professional experience of care environments, Ms. Husberg also carried a personal grief of lost loved parent. This parting took place in an old hospital building from the late 19th century, where the institutionalized environment supplied a tragic backdrop to this emotional parting. Originally intended as housing for destitute and poor people, it is still standing today, demonstrating the management principle for many old buildings with municipal, regional or state owners, now serving as education building for the Chalmers University of Technology.

Returning to Ms. Husberg, this personal experience forged an ambition to reform care architecture in a humane direction and conceive an environment that promoted a salutogenic perspective for

care giving for people with long-term medical conditions. Resorting to her organizational skills, developed in many final and stressful phases of architectural competitions, Ms. Husberg managed to unify the anthroposophical group's diverging ideas about a residential care home rooted in this thinking into a theorem that allowed for structuring both the built environment and the care giving activities.⁴ In 1992, the group presented their vision of an anthroposophical RCH to local Committee for Social Welfare, a political board for health and social matters in the municipality of Ystad. The presentation included preliminary sketches of a building that made the older frail person and his/her potential care or existential needs into becoming fundamental generator image for the organization of care giving as well as the conceptualization of architecture.²³

Municipal support for an innovative RCH

Although certain vagueness always applies to any innovative and visionary thinking, the members the Committee for Social Welfare grasped the very essence of the idea and the majority voted for a continued support of the project.²⁴ The committee decided to allocate means to the project, but it clearly stated that the municipality would have an external role in the project, merely leasing the plot with a long-term contract but without ownership of the building or sharing responsibility for the care giving (ibid). These tasks were to be solved by a private care entrepreneur (ibid). With the financial backup of the municipality, the realization of the project continued. However, the project now required two planning briefs, one for the built space and one for the care giving. In the absence of a local specialist on anthroposophical care giving, this also meant that Ms. Husberg had to take on a larger responsibility for the project.

The expanded commission meant that apart from defining the parameters for the architectural design, she also had to strike a balance between spatial component and key concepts for aging well according to anthroposophical thinking and an estimate of the number of care staff members.⁴ For this merger of spatial thinking with care philosophy, the anthroposophical settlement in Järna outside Stockholm served as an inspirational model and source for advice and knowledge. In consequence, analyses of functionality, investment costs and spatial ratios for recently built RCHs, which were programmed according the ordinary Swedish standard for elder care facilities, were harmonized with the anthroposophical convalescent home in Järna. This meant that sensory aspects inherent of architectural space had to be explored in relation to potential outcomes for the care giving and older people's quality in life, so that a *modus Vivendi* for built space, care giving, and everyday living was defined for the forth-coming RCH, see Figure 1.

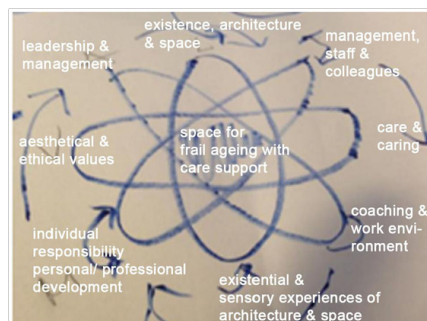


Figure 1 The generator image for the architectural design and care giving principle at the Vigs Ängar residential care home that makes the sensory aspects of architecture into key components for a user-centered care giving and inspirational living for the older person [reworked image for English use, courtesy © Lillemor Husberg].⁴

The totality of all these analyses suggested that the financial break-even point for an innovative RCH with care giving inspired by anthroposophy required at least 30 apartments with 1-2 rooms, bathroom, kitchen and storage excluded, and at least three clusters of apartments. To realize a fundamental credo in anthroposophical thinking about aging well, i.e. anchoring the older person's intellect and mind in ongoing events and present time rather than in past times and individual memories, an organizational principle was applied. This principle implied that individual apartments were to face the surrounding landscape, while communal areas with space for meals, social activities and a kitchen area had a direct access to a protected inner courtyard with remnants of the original meadow landscape that allowed for ample daylight penetration, lush greenery and sensory stimulations from birds, flowers and a water fountain. Each communal space had an individual fireplace. This organizational principle resulted in a floor-plan that resembled a lemniscate with two inner courtyards. On the top of this geometrical configuration, a third type of communal space, essential in anthropological thinking, was added that contained access to direct sensory stimulations (Figure 2):

- 1) A therapeutic space with access to an indoor pool, massage and ergo therapy;
- 2) 2 a restaurant that would serve nutritious meals prepared with ecological-friendly and local products according to anthroposophical cooking or local and traditional meals, and with opening hours that would allow for both residents, staff members and other people to visit the RCH for lunch or dinner;
- 3) An assembly hall for daily or weekly events and social activities;
- 4) A third paved courtyard with potted plants that could serve as extra space for the restaurant or the assembly hall;
- 5) An open fireplace to set an ambiance when entering the building: a warm fire during cold weather and nice flower arrangements on other days.

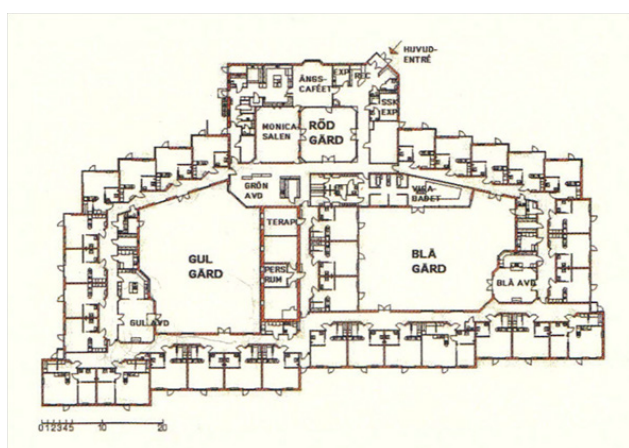


Figure 2 Floor plan of the residential care home of Vigs Ängar that is a one storey building with two inner courtyards around which three clusters of apartments are organized. A third courtyard is connected to the assembly hall and the restaurant at the top of the floor plan with entrance from top right (small arrow indication) [Courtesy © Husberg Arkitekter AB].⁵

Converting visionary thinking into realism

The architectural design for the new RCH-V envisioned a brick-laid building in white plaster, thus, integrating architectural elements

from the local vernacular architecture of southern Sweden as well an anthropological approach of using natural and sustainable materials. By now, the complexity of conceiving a residential care home based on until then unknown organizational and physical requirements, had propelled Ms. Husberg into becoming the project manager for the full project, in other words architecture merged with care giving, number of staffing and future management. Hence, it is true to claim that in this project, the professional capacity of being an architect came close to the meaning of the original word in Greek - being the main expert at the building site, steering every detail and taking the reins of the full project on behalf of the client. For this project, the client was the municipality of Ystad, or more accurately speaking, two municipal administrations, the Administration for Real Estate and the Social Welfare Administration.

The gradually increased responsibility for the project caused Ms. Husberg personal doubts and hesitations. Compared to most building projects, this circumstance in the realization of the RCH-V must be considered as unique and an essential factor in the realization process. The dual role of architect and organizer of care giving led to an intense collaboration with representatives of the municipality, mainly the head of the ASW.⁴ Despite different professional background, this close collaboration spurred a mutual respect and trust between the head of the Social Welfare Administration and Ms. Husberg, which appears to be another important factor for the realization of the project. This confidence made Ms. Husberg inclined to accept the larger burden of responsibilities, but at the same time cautious, and she increased her liability insurance as a practicing architect. In spring 1993, Ms. Husberg had assembled the necessary documentation to be able to submit an application for a building permit and start converting visions to real-life milieus (Figure 3). The construction works for the RCH-V started in the fall of 1993. A local building contractor had placed the most advantageous bidding and this firm was subsequently contracted. Foundation works were begun, and the full concrete plate was accomplished in early 1994. Unfortunately, exterior factors would affect the realization and dangerously jeopardizing the full project. During the period of 1990-1994, Sweden experienced a deep recession that primarily touched banks, financial market and loans to the real estate sector (Ref).



Figure 3 Random photographs from the RCH-V that present sensory aspects that the architectural design and landscaping integrate, e.g. lush surroundings, interior courtyards with remnants of virgin nature and waterworks, gardening, interior places and access to sensory stimulation in heated indoor pool with ergo therapy and massage.

The realization of the RCH-V was severely compromised, since difficulties in obtaining credits made the building contractor to go bankrupt. This put a brutal end to further construction work, and attempts to reverse the situation were fruitless. For almost a year, the concrete plate was openly exposed to heavy rains and seasonal variations in temperature. The situation called for a thorough rethinking of the full project, and the Social Welfare Committee had to change its initial decision of merely sponsoring the project. Due to the recession, the municipality had to enter the project and become building commissioner and future owner, since this was the only way for obtaining bank loans and accumulating new financial means for the realization of the RCH-V.^{4,5}

Given the new situation with the municipality actively involved in the project, a special solution had to be construed for the provision of a care giving built on ideas from anthroposophy. A contract for 20 years was drawn up between the municipality and a limited private care company that was specially founded to provide a care giving based on anthroposophical principles at the RCH-V. In turn, this company was a subsidiary to Ms. Husberg's individual architect's office.⁸ The new situation also necessitated further analyses of both the architectural design and the care organization and a study for trimming costs was initiated. For the architectural design this meant that functional requirements, in some cases, were merged together to form a condensed space with optimized spatial usages. Other budget cuts were made that touched the selection of building materials. Hence, the masonry was replaced with a wooden structure, and the specific interior coloring in thin coats, which was based on Goethe's color theory²⁵ was reduced to only two coatings.

The revision works also turned into a pre-test of a second generator image for the future RCH: that everyone working at the RCH-V was to have capacity to assist in other tasks outside the primary ones that were part of the individual's professional training. The new complexity of the project stressed even more the vital role that the architect-care organizer had to assume in order to safeguard the municipal client's interests and foresee consequences of budget cuts on the architectural design and changes in the care organization.^{4,5} Thus, during the building process, Ms. Husberg would assume the three-fold role of representing the client, the architect and the care company.

A dream comes true

On the 2nd May 1995, the new municipal RCH -V was inaugurated, and welcomed 32 new older residents. The municipality of Ystad could exploit the success of innovative but difficult project and present an alternative solution of elder care to the traditional Swedish municipal elder care. For obvious reasons, the first head of the new RCH-V was Ms. Husberg, who, after what could be labelled as an intensive course in gerontology, merged her competence as an architect with knowledge of elder care organization, care giving, the frail aging process and anthroposophical thinking. The intention was to create a flat organizational structure for both care giving and management without a hierarchical hinders. Ms. Husberg describes the initial staffing situation as a type of sisterhood with a direct and open communication. In retrospective, this structure resembles the organization of chores at an architect's office,²⁶ probably, influenced by Ms. Husberg's previous experience as team leader in different architectural competitions and building projects.

At this point of the realization of the RCHV, the two generator images for creating appropriate architecture and care giving for the frail ageing process were converted into a modus Vivendi for the

realization of an alternative care in an invigorating environment. The key components for making this modus to work targeted two clear players: on the one hand, the older residents and their families, and on the other hand, the fellow care providers. In this phase of space in use, the architectural design was no longer a molding factor. It was the opposite way around; the built space became the canvas for different players' personal use of space depending on age, chore or wish, in which the potential usefulness of various places of the RCH-V was exploited for human needs of sensory, social and spiritual nature. The two generator images were converted into a working mechanism for the RCH-V that revolved around the body, the mind and the soul (Figure 4).



Figure 4 The working mechanism for RCH-V-body, mind and soul-that describes how care giving inspired by anthroposophy for the frail aging process depends on the design of architecture and landscape so that these supply sensory stimuli to the older residents.

The staffing of the new RCH was guided by this working mechanism so that a care organization with shared responsibilities in a pluri-professional environment materialized. Training in care and nursing were not prioritized; rather, other abilities were forwarded like a good social competence for dealing with different personalities or complementary professions in arts and music that could animate the care giving and daily activities. The new staff had a two-week introductory course in care giving and medicine that promote a salutogenic approach supported by anthroposophical thinking.²⁷⁻³⁰ The recruitment proved to be fortunate, since, in 2015, still one third of the original group of staff members continued to work at the RCH-V.⁴ Over the years, two other persons have been appointed as head of the RCH-V, but Ms. Husberg has continued to act as an energetic motor for the working mechanism, so that the model for care giving has been subject to regular analyses to pinpoint successful aspects and shortcomings. This time for reflection seems to be an important explanation for why the RCH-V has continued to evolve and maintain high quality, i.e. the residents' positive experience of the care giving and maintained sensation of a good quality in life, along with care staff members' individual satisfaction with work and work environment.

Conclusion on an appropriate RCH

The time span between the start of the conceptualization process of the anthroposophical RCH-V and this writing of this retrospective

study of underlying generator images is more than 25 years. Like other Swedish public building projects, the correct logical course cannot be fully retraced in public archives. The documentation is often fragmented and limited to main phases in the project. The alternative source of knowledge about these projects is to be found in the memories of those who were involved in the project, actively or on randomly. However, viva voce processes are always subject to the interviewees' personal motives for enlarging or downplaying their part in the process. Hence, the researcher must assess the interviewee as a reliable or unreliable source of information, in the end, whether the person was an actual key player or a poseur whose personal vanity inclined him or her chose to idealize their involvement.³¹

The primary conclusion of this study suggests that most essential and fundamental component for the creation of an appropriate residential care home for the frail aging process resides in the conscientious merger of a strong care giving philosophy with a meticulous scrutiny of architectural elements that embrace and emphasize these ideals. In the case of RCH-V, anthroposophy supplied a framework for understanding the relationship between the human aging and the supply of sensory aspects in the architectural design. This became a guiding theory for the human fit with built space and forwarded spatial features that were essential for creating an invigorating and aging-friendly environment. This conclusion is also consistent with other research on appropriate architectural models for the frail aging process that ambient factors like interior setting, relationship between indoor and outdoor environment and location are important fundamentals in the creation of well-being among older frail people.^{11,32-34} A nationwide Danish research study from the period of 2004 to 2008 on the constituents of the appropriate habitat for aging well with a quality in life, in Danish experiencing 'hygge,' also corroborates this conclusion.³⁵ This study resulted in a twelve facet model that currently supplies holistic guidelines for the design of modern Danish residential care homes.³⁵

The realization process of the RCH-V also described an increasing weakening of core values of an architectural design when travelling from an imaginary architecture to a concrete realization of built space. This challenging of the generator images was due to the financial crisis of the early 1990. Drastic restrictions on the original architectural idea were imposed, but without hindering the metamorphosis of the original architectural design into a straight-forward building with light anthroposophical traits. This circumstance suggests that the guiding theory for appropriate care giving in harmony with congenious architecture must be flexible so that a certain level of budget cuts can realized. The guiding theory's responsiveness to threats against the assembly of spatial ideas and functional requirements for care giving constitutes a key parameter for resilient generator images. This second conclusion is consistent with Danish research on realizations of RCHs in which soft facts originating from the early phase of the design process were easily compromised by hard facts that surfaced in conjunction with the financing and building the building.³⁶

The guiding theory for the RCH-V also suggests another dimension besides sheer flexibility that can be described as a type of zooming capacity to detect flaws, strengths or new lines of thinking to explore. This capacity allows for implementing budget cuts, not in a random order with unprecise consequences, but deduced from a close analysis of potential consequences on the merger between care giving and the architectonic vision so that a list of priorities can be assembled, and the least invasive consequence could be chosen. Thus, the guiding theory requires features that are active on both an emotional level

as well as on a perceptual level so that the architectonic vision for the care giving can be perceived by both lay people and people with training in architecture or design. The third conclusion is consistent with research on how built environment is experienced by different groups of people, built environment is perceived as either an emotional reaction, a perceptual analysis or somewhere in between these extremes.³⁷ Architecture is not just a built environment; it harmonizes the imagination and memories of space into a space for living.³⁸

Besides the essential need for a clear and flexible guiding theory with a zooming capacity going from individual details to complex structures, the realization process behind RCH-V also suggests the importance of constructive dialogue between the architect and the commissioner. In the case of the RCH-V, this dialogue covered two phases, during the initial phase, the dialogue between the anthroposophical group and the architect and, during the later phase of realization, between the head of the municipal Social Welfare Administration and the architect. For the realization of the RCH-V, the architect assumed the chores of architect, artist, private care entrepreneur, municipal care planner, care staff member, project coordinator and manager, proxy for the municipal client and the private entrepreneur, and many other parts depending on the situation. Ms. Husberg's participation in the project of the RCH-V was a fundamental component for making a vision comes true.³⁹ The fourth conclusion for the case of the RCH-V is that an innovative RCH necessitates a multitude of diverse competences that converge into a driving force for the full project.⁴⁰

Finally, the realization of the project RCH-V also demonstrates the close relationship that exists between architecture and economics. In the case of the RCH-V, the municipal backup proved to be the crucial factor for being able to realize the project during a period of crisis. During such circumstances, the financial solidity that the building client presented allowed for new bank loans and the allocation of financial means. The fifth conclusion is that a solid commissioner can exploit the benefits of an investment in a new innovative RCH with a very limited input that in no way supersedes the engagement in similar building projects thanks to a clear and flexible guiding theory and a multicompetent driving force. Based on the totality of the acquired research material for this study, the municipality of Ystad was the player, who gained the most out of this innovative project. This corroborates the accuracy of an often used statement about the RCH-V: that it was realized for the same amount of money as any other ordinary RCH in a municipality, perhaps less due to the strict cost-management analyses.⁵

Concluding remarks

This paper is a case study on resilient architecture for aging, in which the focus was set on the RCH-V, often referred to as an exemplary model of architecture and care giving for frail older persons. The ulterior motive for this research has been to unravel the key constituents of this type of architecture. An analysis of the RCH-V implies an analysis of personal abilities and competences by the architect. Undoubtedly, Ms. Husberg has played the key role in the realization of the project. The majority of the sources consulted for this study corroborated the essential role she shouldered as architect, coordinator of the architectural planning and the organization of the care giving, representative of the client, but also as inspirational profile for the running of the RCH-V. One probable reason for the lack of a poignant influence on other Swedish RCHS from the RCH-V is probably a mixture of human pettiness to acknowledge the immense work that Ms. Husberg has devoted the project.

In 2009, the Swedish radio covered the yearly seminar on appropriate elder care held at the RCH-V. The head of the Social Welfare Administration of the municipality of Ystad, specially invited as a presenter at the seminar, was interviewed. In national radio, he denounced the RCH-V as an institutional and obsolete model for a RCH. Instead, the heavily refurbished old large-scale nursing home from the early 1950s, located in the center of the city of Ystad, was said to demonstrate an even higher architectural quality with access to sensory stimuli. In contrast, a municipality in the proximity liked the RCH-V so fondly that the architectural drawings for the RCH-V were copied in extenso, despite clear infringements of Swedish copyright legislation. In 2010, yet another RCH inspired by RCH-V and anthroposophy was constructed in a nearby municipality, however, omitting the essential sustainable aspect of such building, thereby, installing a sick house syndrome with lethal effects on its frail inhabitants. Over the period of 2011 to 2014, the RCH-V has turned into a utopian vision of appropriate space for aging.

Current trends in Swedish architecture for RCH promote a new type of RCHs with highly condensed space. Fueled by two random studies on the residents' whereabouts at a unit of a RCH, mostly in their flats due to few communal activities, the area for communal space has been minimized, in some cases merely five square-meters including corridors (architectural competition Norra Djurgårdsstaden, 2012). Results from a study on older people's whereabouts in a constrained and refurbished RCH, erected by the end of the 19th century,⁴¹ and supported by a doctoral thesis⁴² with extensive observational studies of usages of communal space seem to have open for a foul assumption that older people harbor a predilection to remain in their individual flats rather than using space for socializing. The simple fact that frail aging implies an increasingly larger dependence on care staff members to be able to participate in activities that the elder care supplies seem to have been severely clouded. Furthermore, studies on Swedish seniors' wishes for aging in a RCH are random,⁴³ and lacking the systematic mapping of the constituents of an appropriate space for the frail aging that could be found in Danish research.³⁵

The reduction of communal space is contrary to a long reformative tradition in Swedish architecture for societal purposes to lessen the institutional appearance by providing communal space for a variety of reasons stretching from chores and religion to entertainment and educative purposes.⁴⁴⁻⁴⁶ In addition, the growing influence of new public management on Swedish civil administration has favored the procurement of various municipal services in open competition between private entrepreneurs. In 2015, when the 20-year contract for the alternative elder care with anthroposophical inspiration at the RCH-V was up for renewal, the limited private care company that was formed with the sole intention to run the RCH-V lost the bidding process: ironically, the website for public procurements refused the upload of the file that was intended to explain the very essence of the care philosophy of the RCH-V and contained Figure 4. The bid was considered to have been submitted to late, and was rejected. In November that year, the RCH-V ceased to exist, and a pan-Nordic care entrepreneur took over. Today, only architecture bears witness of the care giving rooted in anthroposophy that once was provided here.

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Conflict of interest

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