
Volume: Special Volume 12 (2024)

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Beauty as Care. Designing Atmospheres for Healthcare Places

Elisabetta Di Stefano

Abstract

According to German philosopher Gernot Böhme, the “aesthetics of atmospheres” is highly important in architectural design. This holds particularly true in the design of hospitals and sanatoriums, where users require special care and attention. Moreover, in these marginal places of everyday life, not only the production of appropriate atmospheres but also the aesthetics of care can transform into a tool capable of influencing patients’ health. This essay aims to establish a connection between the aesthetics of atmosphere and the aesthetics of care, which stem from different philosophical backgrounds, namely phenomenology and everyday aesthetics. By examining their interrelations through the lens of artification, this paper will shed light on their potential practical applications.

Key Words

aesthetics of atmospheres; artification; aesthetics of care; architectural design; healthcare places; aesthetics of architecture; Renzo Piano; Maggie’s Centres

1. Introduction

The healing power of beauty has been renowned since ancient times. In Greece, some temples were constructed as centers of healing as well as spirituality. For instance, the sick were encouraged to sleep in the Temple of Epidauros, near the statue of the god of medicine, Asclepius, with the hope of regaining their health. The beauty of the sculptures and paintings within the temple was considered an integral part of the healing process. The hanging gardens of Babylon were regarded as a therapeutic space, because the plants, fountains, and architectural structures provided visual beauty that, in addition to promoting reflection and inner tranquility, aided in healing. In many ancient cultures, poetry and music were considered means to soothe the soul, as the beauty of words and melodies had a positive impact on one's mood.

Is it possible, then, to heal with beauty? To answer this question, we will use some insights from contemporary philosophical debate, specifically the theory of atmospheres by German phenomenologist Gernot Böhme and the aesthetics of care, recently proposed by the Japanese American philosopher Yuriko Saito, who is already a prominent figure in the field of everyday aesthetics.

The aesthetics of atmospheres plays a crucial role in architectural design, where creating comfortable environments is essential for carrying out various activities, whether domestic, recreational, work-related, or academic, in daily life. The creation of environments capable of evoking tranquility and well-being is particularly relevant in healthcare places such as hospitals and sanatoriums, where users require special attention. The theme of care is central to the research of Yuriko Saito, who has always shown interest in spaces for the most vulnerable, such as children, refugees, and the ill.

By focusing on healthcare places, this essay will seek to connect these two theoretical perspectives. Furthermore, through the concept of artification, it aims to establish a connection between two research areas that have rarely been linked. The goal is to demonstrate that beauty is not merely an ornamental element but can provide a contribution to the physical and psychological well-being of patients and, in general, enhance the quality of life for individuals.

2. Aesthetics of atmospheres: a phenomenological perspective

The philosopher Gernot Böhme has laid the concept of atmosphere as the foundation for a new aesthetics,[1] anchored in the theory of perception and the sentient body (*Leib*), explicitly referencing the eighteenth-century founder of the discipline, Alexander G. Baumgarten,[2] who defined *Aesthetica* as a "science of sensible knowledge." [3] According to Böhme, atmospheres are not something physically tangible or cognitively comprehensible, but are spatially diffused moods. They could be defined as "semi-things" or "quasi-things", [4] since they arise from the relationship between the perceiving subject and the perceived object, or rather they are what lies "between" the subject and the object. However, even though they do not exist as physical objects, they are identifiable and can be created, as exemplified in the art of the stage set. [5] Every environment can exude atmospheric qualities capable of uplifting or oppressing; for example, it can be welcoming or hostile, calming or unsettling, joyful or sad, and so on.

Consequently, a user encountering a specific atmosphere may be drawn to it or repelled by it. Through atmospheric qualities, architects can influence the emotions of the perceiver. Therefore, in building structures it would be advisable to consider not only measurable and abstract data but also emotional aspects, and create atmospheres suitable for each place. [6]

According to Böhme, beauty is also an atmospheric quality; thus, it is not solely the result of visual elements (form and color), as traditionally emphasized in philosophical traditions that prioritized sight. Like any atmosphere, beauty is apprehended through a synesthetic perception. Therefore, one could say that an environment is beautiful if it makes one feel good and this is achieved through stimuli from all the senses. [7]

The production of atmospheres becomes fundamentally relevant in the design of healthcare places such as hospitals and sanatoriums, where the psychological and emotional well-being of users can promote healing. [8] To illustrate the importance of the aesthetics of atmospheres in healthcare places, I will use the example of some works by the internationally renowned architect Renzo Piano. In recent years, while designing various hospitals, he has demonstrated

a heightened sensitivity to this architectural typology, perhaps more so than others, pondering the role of beauty in healthcare places.[9]

Although beauty is often seen today as something frivolous, external, and ornamental, Piano embraces an aesthetic ideal that harks back to Greek culture, where the term 'kalós' (beautiful) also expressed ethical values.[10] Beauty was indeed connected to what was just, good, and suitable for its purpose. The aesthetic category of appropriateness, although not explicitly mentioned, underlies Piano's reflections, where the beauty of architecture must harmonize with the place it is to occupy and the functions it is to fulfill. Therefore, before any project, the Italian architect considers it essential to grasp the *genius loci* of the territory or, in phenomenological terms, one could say he aims to perceive the "sense" of the place.[11] To achieve this, it is not enough to merely see the area to be built upon; it is also necessary to touch the earth, listen to the sounds, and smell the scents of a given location. This multisensory exploration gave birth to the Entebbe Hospital in Uganda, a hospital that, according to Renzo Piano and Gino Strada, the founder of Emergency, had to be "scandalously beautiful." [12] Inspired by the materiality of clay, the building harmonizes in its simple elegance with the surrounding nature.

This design approach, attentive to capturing the sense of place, aligns with the aesthetics of atmospheres, even though Piano probably may not be familiar with Böhme's theoretical studies. Continuing in the same vein, the architect is designing three hospitals in Greece that are slated for completion by 2025. The hospitals in Komotini, Thessaloniki, and Sparta will be constructed using wood, a material suitable for seismic areas but also one that exudes warmth and creates a welcoming atmosphere. Indeed, the qualities of materials (softness, hardness, roughness, opacity, transparency, and so on) can influence the mood of patients and staff, even their kinesthetic style, meaning how they move within the space and relate to objects. In the three Greek hospitals, large windows will allow natural light to flood the rooms, creating a sense of integration between the interior and exterior. Exposure to natural light and views of green spaces are known to promote rapid healing and positively influence the mood of patient by creating a calming atmosphere. In addition to parks where patients and visitors can meet and relax outdoors, there will be specific therapeutic gardens to aid in rehabilitation.[13]

Unlike other hospitals, the pediatric hospice of the Seràgnoli Foundation in Bologna is intended to care for children with incurable illnesses and accompany them as peacefully as possible to the end of life. Suspended on stilts and immersed in nature, it was designed as a treehouse to create a playful atmosphere and divert thoughts from death. Here, perhaps more than in other care spaces, the user-centered design is evident, with privacy and comfort characterizing both the rooms and common areas.

The integration of architecture and nature creates multisensory stimuli that generate feelings of well-being. Gardens, in particular, produce olfactory pleasure in addition to visual delight. Furthermore, natural sounds create a peaceful atmosphere in contrast to the stressful noises of cities. As demonstrated by Raymond Murray Schafer,[14] the soundscape is crucial for the acoustic characterization of places. Think of the relaxing effects produced by the flow of water or the chirping of birds, or consider how pleasant background music can create relaxing atmospheres in medical waiting rooms. In hospitals, where the normal daily routine for patients comes to a halt due to illness, even silence can be reassuring.

According to Piano, beauty is a gift for all, which is why the most vulnerable, such as the poor children, and the ill, must also benefit from it. Hence his interest in hospitals and his desire to restore a human dimension to healthcare places. This means building inclusive hospitals and allowing even impoverished populations access to medical treatments. But it also means paying attention not only to the scientific aspect of care but also to the emotional aspect of caring for patients and their families. However, this goal can only be partially achieved through design alone. It is true that a comfortable and soothing atmospheric space can alleviate stress, improve healing, and promote a sense of well-being. Still, it is also true that if the medical and nursing staff are not empathetic or even inattentive and rude, the architectural environment can only positively influence to a certain extent. It is necessary for the design of atmospheres to be enriched with the aesthetics of care to truly create a "beautiful atmosphere," understood

as a positive emotional relationship with the space and with the individuals responsible for care.

3. Care and everyday life: a pragmatist perspective

As the Covid-19 pandemic spread globally, the theme of care became central both in medical debates and in everyday conversations. The severity of the contagion prevented contact with hospitalized loved ones; as a result, the nurses showed psychological, emotional, and affectionate attentions and care towards the patients that went beyond their normal professional duties.

Yuriko Saito's research on the aesthetics of care predates the pandemic years. The theme was already present in a volume she wrote in 2007,[15] where the philosopher argued that aesthetics should not solely be limited to traditional art but should extend to daily life and everyday practices. This idea was further developed in another essay,[16] where Saito recognized the aesthetic value of ordinary actions and objects related to environmental and personal care. It reached a more mature and complete formulation in the book, *Aesthetics of Care*. [17] In this work, the scholar, confirming the close connection between ethical and aesthetic values, places the concept of care at the foundation of an aesthetics that, in line with Arnold Berleant[18] could be described as "social." Following the pragmatic perspective of John Dewey,[19] Berleant believes that human beings are aesthetic creatures, as they negotiate and interact with the world through sensory perception and sensitivity. He develops the notion of "aesthetic engagement" to emphasize the relational and participatory value of aesthetic experience. [20]

Building on this perspective, Saito considers care as an ethical and aesthetic practice that guides us in respectful, attentive, and conscious interaction with everything around us. Much of Saito's analysis focuses on objects capable of taking care of users. This occurs not because of animistic power or object agency, as interpreted anthropologically, but thanks to a user-centered design, following an approach previously developed by Ezio Manzini. [21]

This design hypothesis aligns with the aesthetics of atmospheres, because if the atmosphere arises from the relationship between subject and object, an object endowed with *affordance* predisposes the user to a positive mood. [22] If this is true in everyday life, it is even more important in objects destined for healthcare places. The design of objects not only capable of stimulating positive emotions through formal pleasantness or tactile sensations but also suitable for the needs of patients or the actions of staff makes daily practices easier and more peaceful.

However, the context where the care relationship can best express itself as an ethical and aesthetic mode of being in the world is that of interpersonal relationships: listening and respect for others and cordiality in words and actions embody the kind of attention that can make the ordinary extraordinary, giving value to the world we interact with, rather than subordinating it to our ego. This attention, already desirable in everyday life, [23] is essential in healthcare places where the empathetic and kind behavior of doctors and nurses is as important as medical treatments and therapies administered.

To interpret the care relationship in the medical context, Saito refers to the philosopher Martin Buber. [24] He emphasizes the importance of establishing interpersonal relationships in the affective form of "I-Thou," rather than the objectifying "I-It." The latter characterizes the doctor-patient relationship in conventional medical training. Medicine, as a branch of science, objectifies the patient to analyze the patient's health condition rationally, to apply the rules and principles necessary to identify the best treatment. As Saito states: "medical professionals admit that it is much more comfortable to regard the patient as an It, a patient with this disease, than as a You, a person with her anxiety, fright, as well as dignity, because the world of It can be made to be well ordered." [25]

In the doctor-patient relationship, attention usually focuses on measurable and quantifiable aspects, rather than experiential and emotional ones, because cure is aimed at the result: "that is, a successful treatment of the illness resulting in the restoration of the patient's health"

and the interaction with the patient is relegated to the expectation of the future outcome, characterized by one professional as 'disease-centered' rather than person-centered." [26]

According to Saito, the aesthetics of atmospheres, by focusing on what lies "between" the perceiving subject and the perceived object, appears as a relational and interpersonal aesthetics that allows phenomenological interpretation of care practices. Developing these premises could bridge a gap in the aesthetics of atmospheres. This gap arises because it is often forgotten that the atmospheric space is not only determined by architecture but also by actions and relationships that take place within that space.

In hospitals and sanatoriums, aesthetics of care practices play a crucial role in creating a comfortable atmosphere. This is evident when considering activities aimed at maintaining cleanliness or those related to food preparation, which greatly influence well-being. It holds equally true for the relationship between the medical staff and patients.

The interplay between the interpretive frameworks proposed by Böhme and Saito allows for the integration of reflection on atmospheres emanating from spaces and objects with the atmospheres that can be produced by interpersonal relationships.

4. Artification between creating atmospheres and the practice of care: the case of Maggie's Cancer Caring Centres

Maggie's Cancer Caring Centres [27] serve as an exemplary case study to demonstrate that the atmospheric space of healthcare places should take into account both the patient's relationship with the architectural space and the practices of care between medical staff and patients.

These are not oncological hospitals, but centers designed to provide both practical information and emotional and social support to patients and their families. The name is derived from Maggie Keswick Jencks, the wife of architect Charles Jencks, who promoted their construction and they are widespread throughout the United Kingdom. Their uniqueness lies in the fact that they were all designed by renowned architects (Frank Gehry, Norman Foster, Zaha Hadid, Renzo van Koolhaas, Kishō Kurokawa) and furnished with famous works of art.

Therefore, we could say that Maggie's Centres are an exemplary case of the artification of a healthcare place [28], since they are a kind of artwork to be experienced daily. In fact, they were conceived by "starchitects," some of whom have received prestigious awards for these projects. Much like works of art, they were designed to create beauty, with the hope, at least Jencks' intentions, [29] that such beauty can exert a beneficial influence on patients. In these centers, every detail, from spaces to furnishings, lighting to objects, is meticulously crafted. Even the artworks inside are carefully selected. As a result, Maggie's Centres create an atmosphere characterized by the aura and uniqueness typical of art; as Freja Ståhlberg-Aalto puts it, "The feeling of uniqueness is translated into the everyday experiences of art and architecture." [30]

These buildings, therefore, present themselves as the antithesis of a hospital. However, this does not mean that architecture has sacrificed the functionality in favor of aesthetics. If that were the case, we would be dealing with a "shallow" form of artification—to use the terminology of Thomas Leddy [31]—concerned only with the decorative aspects of art and aimed at producing mere external beauty. Instead, in these centers, we can observe a profound artification that draws upon the symbolic values of art and, in line with what Naukkarinen argues, [32] brings about a transformation in the way people think and act. This happens because in Maggie's Centres, the care for the design of spaces goes hand in hand with care for the emotional and relational aspects of patients' lives. Here, the patient is not objectified and solely seen as a bearer of illness, but as a "you," an actively engaged person in the care process. In this way, care is revealed as an ethical-aesthetic mode of the "I-thou" relationship, producing emotional well-being in patients.

Despite each of these centers having distinctive features, they all aim to create a familiar and domestic atmosphere. This is why in Maggie's Centres, the kitchen, the heart of the home, is the architectural space around which all other rooms revolve. The theorists of everyday aesthetics [33] have emphasized the aesthetic value of ordinary and familiar environments and objects and have focused on the stabilizing power of repetitive actions. [34] In ordinary life, w

often pay little attention to what is familiar and routine. However, in the extraordinary moment even in a negative sense, of illness, re-establishing a sense of normalcy can be comforting and reassuring.

This is why in Maggie's Centres, not only the architectural space but also the care practices are aimed at promoting social activities and creating a familiar atmosphere: there's the kitchen, where patients can take cooking or nutrition classes, prepare food, and eat together with staff; there's a reading room with books and computers; there are cozy lounges for listening to lectures, engaging in artistic workshops, or simply gathering for conversations over tea. For patients, living with familiarity means forgetting about illness and restoring the rhythm of daily activities disrupted by the disease.

According to Yuriko Saito, the practice of cooking and sharing food together is among those that generate intense aesthetic moments and can be considered a form of artification when performed with care for the gestures and consideration for the people for whom the food is prepared.[35] Following this perspective, we can say that care practices in Maggie's Centres are an example of artification, because, by creating a familiar and domestic atmosphere, they imbue aesthetic value into everyday actions, even in the condition of illness. Therefore, we can agree with Ståhlberg-Aalto, when she states, "In Maggie's Centres, the concept of patient-centered care is taken to its fullest and translated into aesthetic dimensions." [36] However, it is not only an aesthetic experience produced by art but also by ethical-aesthetic care practices within the framework of everyday aesthetics.

The integration of the aesthetics of atmospheres and the aesthetics of care can contribute to creating "beautiful atmospheres." This approach, as exemplified by Maggie's Centres, represents an innovative perspective for improving the quality of life in healthcare places and placing the individual as a person at the center, rather than as a patient.

5. Conclusion

In ancient culture, beauty was attributed with a healing value. Today, in the design of hospital sanatoriums, and healthcare places, little attention is paid to aesthetics, often considered merely a decorative and superficial factor. However, the "new aesthetics" of atmospheres proposed by Gernot Böhme, with a focus on the sentient body, can offer a useful tool to architects. Creating atmospheres that promote well-being through the stimulation of all the senses can contribute to the healing of patients. In fact, many hospital projects are centered around the patient and take into account all those factors that positively impact their emotional state: the presence of gardens and green spaces, a preference for natural light over artificial light, the presence of spacious and well-lit rooms, and comfortable and functional common areas. As an example, I have referred to the hospitals designed by Renzo Piano.

However, to create calming and healthy atmospheres, it is also necessary to establish a relationship between the medical staff and the patient that is based on empathy and ethical-aesthetic care practices, because the atmospheric space is determined by the combination of atmospheric qualities emanating from both objects and architecture, and also interpersonal relationships.

Although studies on the aesthetics of atmospheres and architecture are growing, little has been written about the connection between human relationships and atmospheric space. To bridge this gap, this essay has examined the interconnection between Böhme's aesthetics of atmospheres and the aesthetics of care that philosopher Yuriko Saito recently proposed. It has analyzed the case study of Maggie's Cancer Caring Centres, using the concept of artification, which indicates the transformation of something into art.

Designed by renowned architects, Maggie's Centres are a case of artification, since they are a kind of artwork to be experienced daily in the hope that beauty can have a beneficial effect on patients. In reality, in these centers, artification goes beyond the built and furnished space. It is also evident in the care practices through which the medical staff interacts with patients and in the everyday aesthetic activities in which patients are involved.

In conclusion, it can be affirmed that Maggie's Centres represent an exemplary case of atmospheric space, where not only the beauty of the well-designed and furnished building

contributes to well-being but also ethical-aesthetic care practices and interpersonal relationships contribute to creating a beautiful atmosphere, enhancing the quality of life for the patients.

Elisabetta Di Stefano
elisabetta.distefano@unipa.it

Elisabetta Di Stefano is an associate professor of aesthetics at the University of Palermo. Her research focuses on the theory of the arts in the Renaissance; the ornament theory; and the aesthetics of everyday life, with particular reference to architecture and design. She is the promoter and coordinator of EVAnetwork, which is developing everyday aesthetics in Europe (<https://www.evanetwork.eu/>).

Published December 10, 2024.

Cite this article: Elisabetta Di Stefano, "Beauty as Care. Designing Atmospheres for Healthcare Places," *Contemporary Aesthetics*, Special Volume 12 (2024), accessed date.

Endnotes

[1] Gernot Böhme, "Atmosphere as the Fundamental Concept of a New Aesthetics," *Thesis Eleven* n. 36, (1993) 113-126. DOI: 10.1177/072551369303600107.

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- [28] The concept of "artification" has long been established in philosophical and artistic discourse. Among the theorists of everyday aesthetics (such as Leddy, Naukkarinen, Saito), the debate has taken various positions, although it has primarily focused on the transformation of environments and behaviors that, through art, can enhance the aesthetic quality of everyday life. See the special issue of the journal *Contemporary Aesthetics*, no. 4, 2012, titled "Artification," edited by Yuriko Saito and Ossi Naukkarinen.
- [29] Charles Jencks, *The Architecture of Hope. Maggie's Cancer Caring Centres* (London: Frances Lincoln Ltd, 2010) 8-43, 29.
- [30] Freja Ståhlberg-Aalto, *The Aesthetics and Architecture of Care Environments: a Q Methodological Study of Ten Care Environments in Japan and the European Countries of Finland, Sweden, the UK, France and Austria* (Espoo, Finland: Aalto ARTS Books, 2019), 181.

[31] Thomas Leddy ("Aesthetization, Artification, and Aquariums," *Contemporary Aesthetics*, no. 4, 2012, para. I,1) distinguishes between a "shallow" artification that generates external beauty and a "deep" artification, which results in a change in the way people think and act.

[32] According to Naukkarinen, artification is a process that imparts artistic qualities to areas outside of art, such as the economy, education, and healthcare. In the healthcare sphere, exposure to artworks and artists can enhance the sensitivity and empathy of the staff. Ossi Naukkarinen, "Variations in Artifications," *Contemporary Aesthetics*, no. 4, 2012, paragraph 2.

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ISSN 1932-8478