

Roselyn Lindheim, Architect of Healthy Environments

S. Leonard Syme, emeritus professor of epidemiology at the School of Public Health, has characterized the late **Roselyn Lindheim**, a professor at UC Berkeley's School of Architecture, as one of the most profound thinkers of our time. "There is no question in my mind," he says of her innovative approach to health care facility design, "that the true dimensions of her contribution will be seen for many decades to come."

In her day, Lindheim challenged a world considered beyond architecture's ken: health care, or more specifically, conventional hospital environments, which she felt deprived patients of control and autonomy. Lindheim went on to pioneer movements advocating for alternative birthing centers, low-income housing, adult day care, and end-of-life hospice care.

Lindheim's revolutionary ideas emanated from a deeply held conviction that living environments should reflect a respect for human beings and enhance their quality of life. She infused hospital design with homelike, familiar, domestic elements that restored humanity to the natural processes of birth, illness, recovery, and death. She valued all perspectives. In designing a children's hospital, she interviewed not just medical staff, but also parents and children in order to achieve the right balance


of functionality, safety, and levity. Working with the patient advocacy group Planetree, she created a hospital model that fostered emotional aspects of the patients' healing environment—social connection, participation, control, and sense of value. It is fitting testimony to her barrier-breaking philosophies that she was the first architect to be elected to the National Academy of Science's Institute of Medicine.

For more than a decade, Lindheim co-taught the very popular interdisciplinary course "Environmental Design, Stress, and Disease" with Syme. The pairing of their interests—hers, in the way living environments influence our lives; his, in ways in which behaviors influence health and disease—resulted in a seminal article, central to syllabi in schools of public health, architecture, and city planning across the globe.



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The piece, "Environments, People and Health" (*Annual Review of Public Health*, 1983), outlined their belief in the importance to health of being connected to other people and one's biological and cultural heritage. Breaking ties between people compromises health, they showed. Lower social status and limited participation in decision-making directly correspond to higher disease rates, they said. And finally, artificial environments designed to enhance comfort, often cause collateral damage to our health in that they deny or render abnormal such rhythmic and natural things as birth and death, seasons, sunlight and darkness, and elements of nature.

"No matter how elegantly wrought a physical solution, no matter how efficiently designed a factory, no matter how safe and sanitary a building," says Syme, "unless people can, in some way, create, manage, change, or participate in activities that affect their lives, dissatisfaction, alienation, and even illness are likely outcomes." 

—Johanna Van Hise Heart

