EIDFJORD
BYGDAHEIM

A complex of buildings comprising the domestic units, functions and workplaces of elderly, functionaries and their families
DISPOSITION

INTRODUCTION
Atul Gawande on elderly care
Florence Nightingale on nursing:
  View
  Light
  Manual labour
  Personality
  Variety
-Along with depictions by Josabeth Sjöbergs
  Aim of the project

REFERENCES
Middle age Hospital
St. Jørgen Hospital
Monastries
Amsterdam Orphanage

SITE

PROCESS
Challenges on site level
Challenges on house level
  Organisation
  Construction
  Materials

END DRAWINGS & VISUALIZATIONS
INTRODUCTION
The problem with medicine and the institutions it has spawned for the care of the sick and the old is not that they have an incorrect view of what makes life significant. The problem is that they have almost no view at all. Medicine’s focus is narrow. Medical professionals concentrate on repair of health, not sustenance of the soul. Yet – and this is the painful paradox – we have decided that they should be the ones who largely define how we live in our waning days. For more than half a century, we have treated the trials of sickness, aging, and mortality as medical concerns. It’s been an experiment in social engineering, putting our fates in the hands of people valued more for their technical skills than for their understanding of human needs.¹

¹ Gawande, 99
NOTES ON NURSING:

WHAT IT IS, AND WHAT IT IS NOT.

BY

FLORENCE NIGHTINGALE.

LONDON:
HARRISON, 50, PALL MALL,
BOOKSELLER TO THE QUEEN.

[The right of Translation is reserved.]
Desperate desire in the sick to “see out of window.”

It is an ever recurring wonder to see educated people, who call themselves nurses, acting thus. They vary their own objects, their own employments many times a day; and while nursing (’) some bed-ridden sufferer, they let him lie there staring at a dead wall, without any change of object to enable him to vary his thoughts; and it never even occurs to them, at least to move his bed so that he can look out of window.

We will suppose the diet of the sick to be cared for. Then, this state of nerves is most frequently to be relieved by care in affording them a pleasant view, a judicious variety as to flowers,† and pretty things. Light by itself will often relieve it. The craving for “the return of day,” which the sick so constantly evince, is generally nothing but the desire for light, the remembrance of the relief which a variety of objects before the eye affords to the harassed sick mind.
It is the unqualified result of all my experience with the sick, that second only to their need of fresh air is their need of light.

rather have the power of carrying my patient about after the sun, according to the aspect of the rooms, if circumstances permit, than let him linger in a room when the sun is off.
Again, every man and every woman has some amount of manual employment, excepting a few fine ladies, who do not even dress themselves, and who are virtually in the same category, as to nerves, as the sick. Now, you can have no idea of the relief which manual labour is to you.

A little needle-work, a little writing, a little cleaning, would be the greatest relief the sick could have, if they could do it; these are the greatest relief to you, though you do not know it. Reading, though it is often the only thing the sick can do, is not this relief. Bearing this in mind, bearing in mind that you have all these varieties of employment which the sick cannot have, bear also in mind to obtain for them all the varieties which they can enjoy.
This is no fancy.

The effect in sickness of beautiful objects, of variety of objects, and especially of brilliancy of colour is hardly at all appreciated.

Such cravings are usually called the “fancies” of patients. And often doubtless patients have “fancies,” as, e.g., when they desire two contradictions. But much more often, their (so called) “fancies” are the most valuable indications of what is necessary for their recovery. And it would be well if nurses would watch these (so called) “fancies” closely.
To any but an old nurse, or an old patient, the degree would be quite inconceivable to which the nerves of the sick suffer from seeing the same walls, the same ceiling, the same surroundings during a long confinement to one or two rooms.

I incline to think that the majority of cheerful cases is to be found among those patients who are not confined to one room, whatever their suffering, and that the majority of depressed cases will be seen among those subjected to a long monotony of objects about them.

Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery.
Halsnøy Monastery, painting by Elias Piigenschough, 1656
EIDFJORD
-HARDANGER
SURROUNDINGS
PROCESS
- Hva skal skje på samme sted
  for en "mikrobygd" i bygda?
  "Ringer av somer?"
  Hur vender utover, hva vender innover?
  Et kvart in i overs
  kropp?
FUNCTIONARIES & FAMILIES

Frisør Lillian
Familie, ett barn. Mann jobber annet sted, barn i skolealder.

Fysioterapeut Marianne
Familie, ett barn, barnehagealder. Mann jobber annet sted.

Fotterapeut
Drifter badet
Familie, tre barn
(Badet?)

Lege Charlotte
Erlig kvinne

Sekreterer Magnhild
Gift med fruktbonden. Fire barn

Bibliotekar Ole
Pensjonert lærer. Enkemann, voksne barn

Kapellan / Kantor Simen
Drifter kupell, café (som
Ung mann samboer med kvinne som jobber annet sted

Fruktbonde Alf
Kone, fire barn
Epletrær, bryggeri, båkeri

Arbeidsvertinne Kari
Drifter arbeidsstova. Arrangerer aktiviteter

Husmor 1 Margunn

Husmor 2 Liv

Husmor 3 Borzo

Husmor 4 Kari

Dugnad / hjelpere
FINAL PROJECT
EIDFJORD BYGDAHEIM IN THREE PARTS
FUNCTIONS: CHAPEL - BAKERY - SOMA UNIT - LABOUR HOUSE - LIBRARY
Large house for families 1:100

Medium house for small families 1:100
Large house for families 1:100

Medium house for small families 1:100
OLD'S HOUSES IN THREE PARTS
PERSONAL SPACE