



SOCIAL ANALYSIS

4.1. INTRODUCTION

Humans read and interpret their physical surroundings to get clues on how to use, interact and behave in it. Although patients and staff at Weskoppies are encouraged to participate in a variety of sport and social activities to re socialize them, the outdoor environment only provides sport facilities and doesn't reflect this kind of interaction (Fig. 4.2-4.10). The Author analyzed the social environment at Weskoppies through observations, conversations with various patients, and interviews with staff and students

4.2. BUILT INFRASTRUCTURE

The land use and building functions on the campus includes housing for staff and patients, buildings and other infrastructure that accommodate the treatment of mental illnesses, as well as training for medical students from the University of Pretoria.



Fig. 4.2: western male wards without outdoor social area



Fig. 4.3: eastern male wards with a small outdoor socializing area.



Fig. 4.4: female wards without social outdoor spaces



Fig. 4.5: nurses homes with no connection to the outdoors or nature.



Fig. 4.6: nurses homes enclosed with palisade fencing



Fig. 4.7: kiosk with inadequate areas for social interaction and too little shade.



Fig. 4.8: Administration (Heritage building)



Fig. 4.9: clubhouse



Fig. 4.10: occupational therapy with no connection to the outdoors.

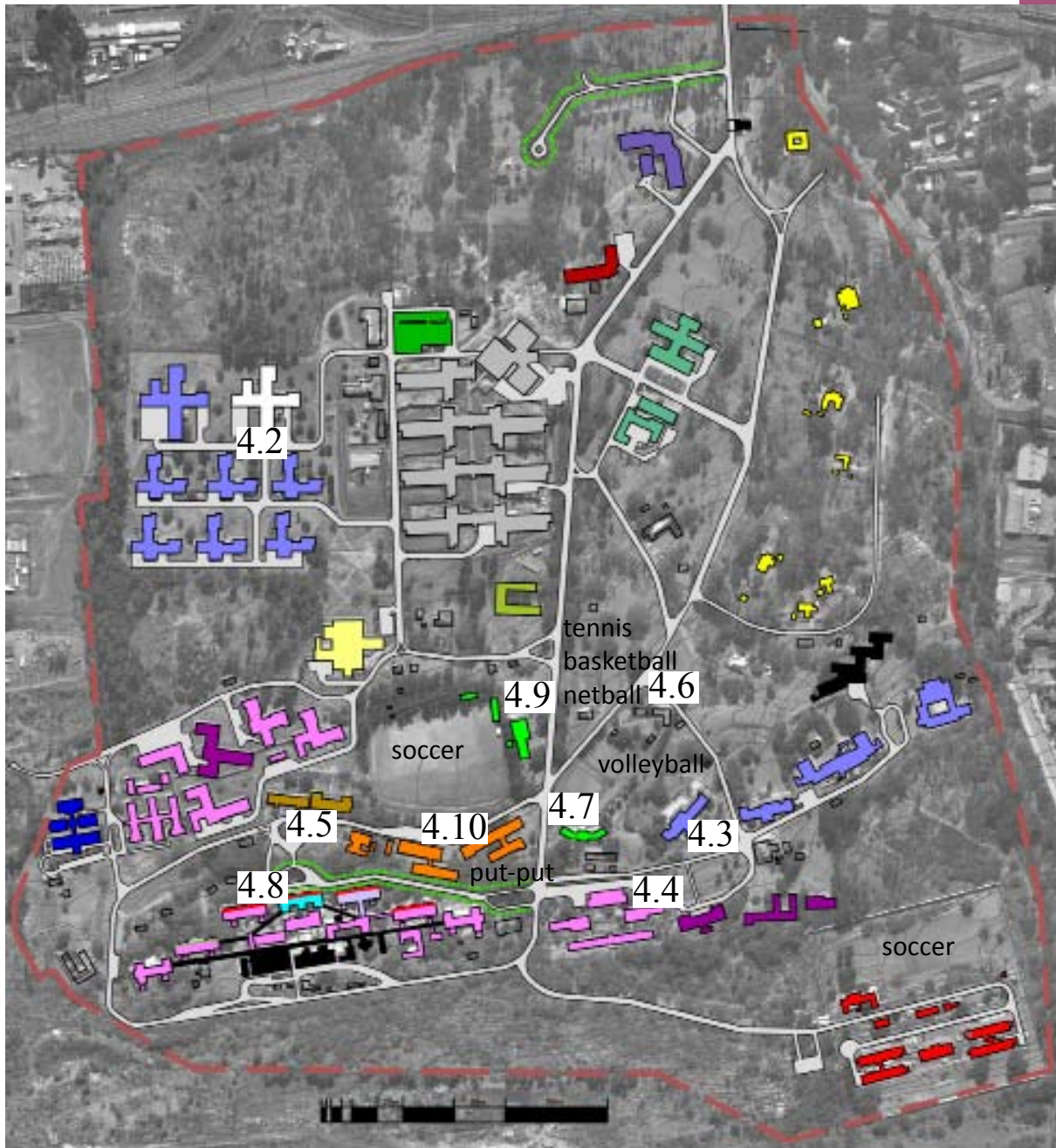
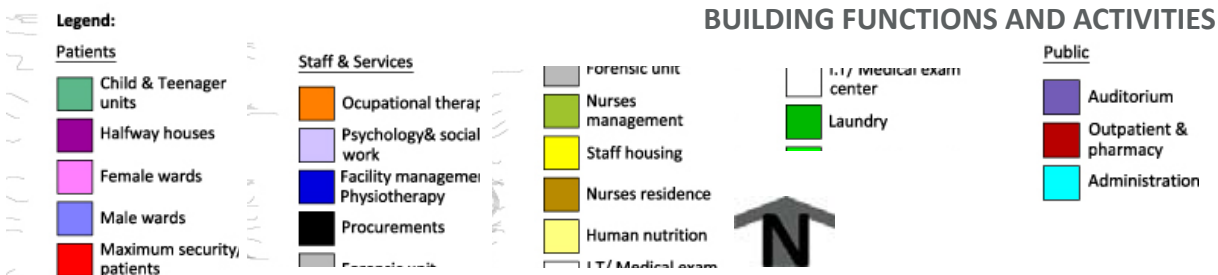


Fig. 4.11. Read in conjunction with fig. 4.2-4.10. Building Functions & Activities (Author 2009)



4.3. PATIENT CLASSIFICATION

There is two different kinds of wards

- Open wards : patients can move around freely outside the buildings and
- Closed wards : for those that are a danger to themselves and needs more supervision.

This study will aim address patients from open wards and supervised patients in closed wards.

The patients are further classified in 3 units. Each has 3-4 levels of illness

- Forensic unit- long term patients 30-40 years
- Chronic unit - long term, cannot function in society on his own.
- Acute unit - short term, rehabilitation is possible

Other patient groups

- Geriatric ward- old patients
- Children
- Adolescents

4.4. ACTIVITIES

Fig. 4.12. Read in conjunction with Fig. 4.13-4.18. Map with sport and exercise activities. Areas where patients do individual exercises like push-ups or sit-ups are indicated as red dots on this map.

(Author 2009)

A constraint for outdoor activities is the fact that supervision is needed to prevent patients from going astray or running away. (Interview with C.E.O Mabena on 16 April 2009).

4.4.1. SPORT & EXERCISE (fig. 4.12- 4.18)

The outdoor recreational infrastructure at Weskoppies facilitates a variety of sports, these include:

- Put-put
- 2 x Soccer fields
- 2 x Tennis
- Basketball
- Netball
- Volleyball
- Jukskei



The sport fields are not only for use by patients but are also used by staff members on a regular basis. The surrounding community also makes use of the sport facilities at Weskoppies. Most of the social interaction between patients occurs during the occupational therapy sessions where they engage in activities like: Target through, volleyball, basketball, soccer, boeresport, dancing and other games. Weskoppies also have a running and walking club for the staff and some patients (Mabena 2009). The author also observed that patients do physical exercises like push-ups, sit ups and stretching on their own around the kiosk area and different wards (fig. 4.18).

Fig. 4.13 (right) Put put court (Author, 2009).

Fig. 4.14 (middle) Patients playing baseball on soccer field (Author, 2009).

Fig. 4.15 (far right) Tennis courts also used for basketball & netball (Author, 2009).





Fig. 4.16: Volleyball court with no shaded places to sit for spectators (Author, 2009).



Fig. 4.17: Juksej court doesn't accommodate spectators (Author, 2009).



Fig. 4.18: Patient doing physical exercises (Author, 2009).

4.4.2. EVENTS

Patients tend to lose track of time due to their physical isolation from the world outside Weskoppies, therefore important annual events like Christmas, Valentine's Day and Spring day are celebrated. Most of these events take place in a clubhouse near the soccer field. This especially gives long term patients something to look forward to. There is also an opportunity for Weskoppies to accommodate other social events like music festivals that involves the public.

4.4.3. WORK SCHEMES

Patients are not forced to work but Weskoppies provides the patients with optional work opportunities for which they get paid. As part of the industrial therapy, patients also have the opportunity to earn money by assembling plastic funeral flowers at Weskoppies for a plastic company 'pearl plastics' (Fig. 4.19- 4.20). Due to the vast open spaces at Weskoppies, there is an opportunity to produce real flowers through cut flower farming (refer to 7.9).



Fig.4.19 & 4.20: photos of the workshop where plastic funeral flowers are being assembled by Weskoppies patients (Author 2009)

Some of the workers in the gardens are older generation patients and very few of the younger people work in the gardens. This becomes a problem because the productivity of the older patients are decreasing. There exists a need to encourage the younger generation of patients to become involved in outdoor work schemes and develop a sense of self worth, ownership and responsibility for their outdoor environment (Mabena, 2009).

The advantage of accommodating more job opportunities in the outdoor environment at Weskoppies is that employed rehabilitated patients will not relapse due to unemployment and an inability to sustain themselves. Through this, rehabilitated patients can be monitored and seek necessary treatment when needed.

4.4.4. SOCIALIZING

The kiosk in close proximity to the sports fields is a popular social gathering point. Seating in this area does not encourage social interaction between different sizes of groups. Male and female patients from different wards, staff, students and visitors interact with each other around this area. This area is busy throughout the day and as an outsider the author perceived this area as the safest (Fig.4.21). This area was chosen by the author for the development of a sketch plan which will serve as a catalyst project. Patients also socialize with each other around their wards (Fig. 4.22).

Fig. 4.21: (top right) Male patients socializing around their ward (Author 2009)



Fig. 4.22: (top far right) patients socializing outside the kiosk (Author 2009)



4.4.5. STROLLING

Fig. 4.23: (right) patient on vehicular route (Author 2009)

Patients that need supervision are occasionally taken for walks in groups or individually. Patients are often seen wandering around and strolling on their own or in pairs making use of vehicular routes (Fig. 4.23) and informal paths (Fig. 4.23). There exists no pedestrian movement system. Due to the potential variety of the outdoor environments at Weskoppies there is an opportunity to provide Weskoppies with pedestrian routes that exposes the pedestrian to a variety of experiences.

Fig. 4.24: (far right) patient wandering around on informal path (Author 2009)



4.4.6. INDIVIDUAL ACTIVITIES

These activities are unique to every individual at Weskoppies but are reflective of typical behaviour of patients with mental illness as a result of medication, the emotional state and environment. These include amongst others smoking, sleeping, contemplating playing guitar and pacing.

RESTING

Fig. 4.25: (right) Weskoppies patient sleeping on the lawn (Author 2009)



Fig. 4.26: (middle) Weskoppies patients lying on the lawn (Author 2009).

Fig. 4.27: (far right) Contemplating Weskoppies patient. (Author 2009).

Patients sleeping or lying on grass is a common sight at Weskoppies and other mental institutions as a result of boredom, lack of motivation and the medication that causes drowsiness.

CONTEMPLATION



Patients are often seen sitting alone, doing nothing. The landscape should provide patients with private and public areas for reflection which forms important part of the healing process

4.5. SOCIAL PROBLEMS

The following problems were identified by the author through interviews with patients and staff members.

4.5.1. UNEMPLOYMENT

Due to an inability to adapt in society, as well as difficulty in finding an appropriate job for the patient's mental condition and abilities, many rehabilitated patients end up on the streets or relapse after rehabilitation.

4.5.2. LACK OF SUPPORT

Rehabilitated patients often have no community support system to return to when they leave Weskoppies. A lot of patients especially the long term chronic patients have lost complete contact with any family or friends. Anel de Beer (De Beer 2009) a chronic occupational therapist in an interview said that patients are encouraged to make Christmas, Valentines and Birthday cards as well as photo frames etc. but often have no one to give it to, or no one's picture to put in the frame. This often has a further negative effect on the patient's mood and condition. She also stated that there is a need for activities that allows patients to feel that they are doing, and accomplishing something for themselves. They also need to be encouraged to get involved in community projects to establish a support system.

4.5.3. LACK OF MOTIVATION

Staff members often have difficulty to get patients involved in activities and community projects due to a lack of motivation the patient feels as a symptom of their mental illness.

Vincent(2009: 24) states that: *"your will is what makes you feel human. This is the paradox of asylums, and their fatal flaw. Put a person in a cage and you cannot help him. But leave him to his devices and he cannot help himself, or will not. Freedom is a prerequisite for healing a broken mind. It cannot be fixed against his will. Yet a broken mind is a broken will, a freedom that does harm, even potentially serious physical harm to itself and possibly others. A freedom that can attack or maim."*

An outdoor environment with a positive, inviting character and identity could provide an additional motivational component, a key ingredient to emotional healing.

4.5.4. BOREDOM

Casual conversations with patients by the author revealed that a lot of patients experience boredom, due to their monotonous outdoor environment and daily routine. There is a need for a variation of exiting outdoor experiences and daily activities.

4.5.5. TIREDNESS

As a result of their medication, patients need to sleep or rest for longer hours than healthy individuals during the day. Due to tiredness, patients are not always physically able to be involved in outdoor activities when they need to. The outdoor environment should provide individuals with comfortable areas that accommodates rest.

4.5.6. ISOLATION

Patients are physically and emotionally isolated from the outside world. In conversations with patients most of them were unable to tell how long they have been in Weskoppies, what the date was and what was happening in the news. This causes additional stress and a feeling of helplessness. It could also make it difficult for patients to cope with life outside Weskoppies.

4.5.7. STIGMATIZATION

Unfortunately mental hospitals like Weskoppies get a lot of publicity for isolated negative events and criminal patients. (Fig. 2.3). The name Weskoppies is well known amongst Pretoria and the rest of South Africa and mostly associated with the negative events as portrayed by the media. Most people could tell some or other funny or scary story they heard about Weskoppies or someone hospitalized there, even though the story teller has never been there and don't know where it is. People who have visited Weskoppies before, often sketches a different more positive picture. It is therefore important that the outdoor environment should assist in establishing a positive identity and character that could eventually result in more positive publicity (Fig. 2.4).

4.6. CONCLUSION

The social analysis indicated that patients and staff members at Weskoppies are encouraged and have a need to participate in different outdoor social activities. However, the outdoor environment doesn't reflect and support social interaction adequately. The physical outdoor environment should be designed to encourage community participation, invite and accommodate the necessary social activities and processes. This will also give the outdoor environment at Weskoppies a unique positive identity, which will influence the way people behave and feel in it significantly.

The following opportunities was identified in the social analysis:

- The accommodation of social events like music festivals and a flower or vegetable market that is open to the public.
- Creating job opportunities by using the open spaces at Weskoppies for agricultural purposes (refer to 5.3.1. & 7.9)
- Designing spaces that encourages social interaction (refer to 5.6.1).
- Providing pedestrian routes that expose the pedestrian to a variety of experiences (refer to 7.4).
- Opportunity to accommodate outdoor resting spaces for patients (refer to 5.5).
- Accommodating private areas for reflection & contemplation (refer to 5.5.1).
- Accommodate community projects and a sense of ownership (refer to 5.3.4).
- A Design where the patient is engaged with his natural surroundings to improve motivation.
- Communicating time & change in the design (refer to 5.4.2).