Dying in an institution or living in a home

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Diploma 2020

CONTEXT

The nursing home is dreaded by society, and is considered an undignified and demeaning place to live, and yet, as a result of high birth rates in the 20th century as well as low birth rates and high life expectancy today, the society is growing older, and the need for care will continue in the future.

The «aldersinstitusjon» (elderly institution) was started from a focus/belief, in the 19th century, that certain «categories» (here; elderly) should be separated from the rest of the society. The alders- and pleiehjem became institutions with the purpose of helping needy elderly, but also «storing» elderly away from the society. This hidden ideology seems to have become embedded in the practice of nursing homes, and only in recent times has the focus on integrating frail elderly in the society been considered. The historical development of the nursing home's function has gone from; a place for storing elderly, to a place for treating elderly (1950s-) and then to the situation that we have today; as both a home for elderly (long-term department) and for the purpose of treatment (short-term/rehabilitation department).

WHY

Through the past decade, I became familiar with the place where we put those who are perceived a burden to our society - the place where we «store» them until their anticipated death. From my countless meetings with the institution, following dear grandparents, my mind grew uneasier every time. Today, I am left with a desire to see a considerable change in these places, a change that acknowledges that frail elderly are not waiting to die, but, still, very much alive.

WHERE

In 2018, a new nursing home in Stavanger (Norway), Lervig sykehjem, replaced four old, existing nursing homes; Mosheim, Vålandstunet, St.Petri and Domkirkens. These were all situated in different «bydeler» (neighbourhoods), and were, historically, meant for inhabitants from these particular areas. However, due to the increasing need for nursing home placements, nursing homes have operated from a municipal need rather than local, and needing elderly are placed in whichever nursing home that has a vacant room. The new nursing home, Lervig, is situated on a segregated site at Storhaug; a different bydel than the others, and evidently, this tendency of storing elderly away (from the society and their known neighbourhood), and the focus on efficiency (operation of nursing home and size) seems to continue.

With residents from the old Domkirkens sykehjem moving into the new Lervig sykehjem, the old building is left empty and with an uncertain faith - but will most likely be demolished. The building has many institutional characteristics; which makes it a challenging starting point, but it sits on a perfect small-scale site at Eiganes - an area, now, in need of a local nursing home, and it is important to show how this project could be a realistic and sustainable approach to housing for frail elderly in the future. With many institutional buildings, like this, situated in central residential areas, the project aims to show how an existing, obsolete building could be transformed into a home for elderly and into a place of enriched life - both for the elderly living there, and for the community around.

HOW

In recent times, the understanding that the nursing home is the last home for many elderly, has lead to a focus on improving the living conditions in nursing homes and creating a homely environment, but the historical use and the requirement for efficiency seem to be in conflict with this change. In order to perceive a place as home (and private), there also needs to be a clear contrast to the public; and this is something that elderly in nursing homes are lacking today. The concept of the project is therefore based on two strategies; to separate the functions; long-term (home) and short-term (treatment), and to consider the opposite ideology of integrating the elderly in the society rather than separating them from it.

To develop the project, three different scales/actions have been addressed:

1. From «city/municipal» to local (city scale): every bydel (neighbourhood) has their own local nursing home, specifically for the inhabitants of that area (and for elderly with a specific wish to live there), with the intention of keeping the elderly in their familiar context and as an integrated part of the community.

2. From institutional/large to human/homely scale (form): focusing on creating a form out from the function as a home - integrated in the community, rather than an institutional where form is shaped by efficiency.

3. The function as a home (content): creating a plan/interior that ensure qualities of the home, which means considering identity (heterogeneity), privacy, autonomy, familiarity (and safety).

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Diploma program

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Diploma
Bergen School of Architecture
2020

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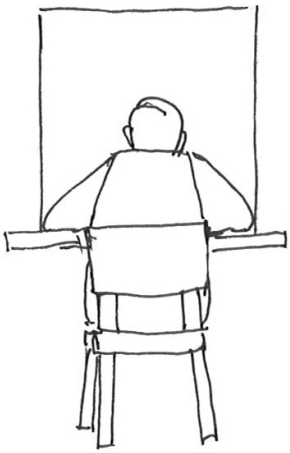
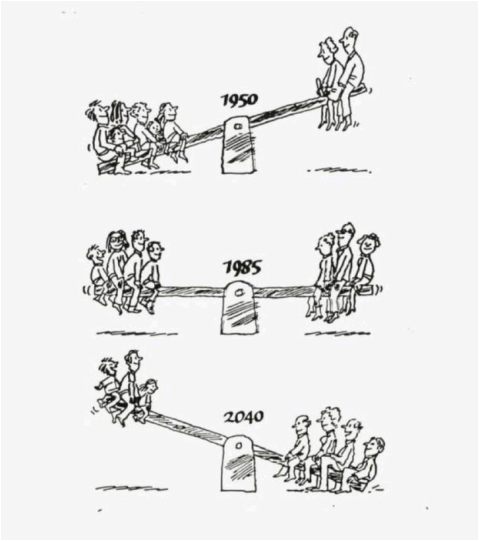


INTRODUCTION TO PROJECT

The nursing home is dreaded by the society, and is considered an undignified and demeaning place to live, and yet, an increasing amount of elderly are spending the last chapter of their lives in nursing homes. The approach for the diploma project is to improve the living conditions in nursing homes by finding ways of regaining the sense of home, control and meaning for elderly living there.

BACKGROUND

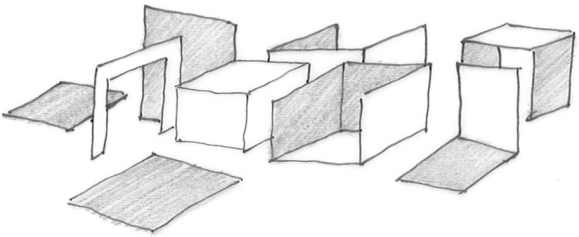


In Norway, today, around 40 000 elderly are living in nursing homes, and despite many elderly wishing to die at home, over 50% spend their last living days in nursing homes or other health institution (FHI 2017). It is alarming then, that these places are dreaded by the society, and are considered to be the exact opposite of what is thought of as a good home. In recent years, home and home-like environments are seen as the ideal place for elderly to live in, in order to thrive, and although much focus and effort has been given to achieve this characteristic in nursing homes, it can be discussed to what extent this is actually achieved.

Since 1980, the global population aged 60 years or over, has more than doubled from the nearly 400 million that existed then. This is the result of increased life expectancy and ongoing decrease in fertility rates, worldwide. Towards 2050, this older part of the population is expected to reach 2.1 billion, and this process will be most advanced in Europe and Northern America. This demographic upheaval is unprecedented, and will cause an enormous societal impact on the world, and especially on these more affected areas. In Norway, the total fertility rate, as of 2018, is the lowest ever registered, and still, life expectancy has never been higher. This means that the Norwegian society needs to prepare for a change where the amount of elderly will be greater than young.

Consequently, more and more people will become residents living in nursing homes.

INTENTION



During the diploma I will investigate what the potential future of nursing homes could be. I will especially focus on the institution's counterpart; the home, and look into the resident's spatial, psychological and social relations. The intention is to find ways to regain the sense of home, control and meaning for elderly living in nursing homes.

I will look into existing nursing homes and depict what is working and what is not, and I will look into the history of elderly care - how the elderly were taken care of before compared to now. What can be learned from this? What has developed in a positive direction, and what was, perhaps, better before?

Is there a way to re-structure the nursing home-system that we are used to? - In a way that will allow the resident control over their private and public relations, over their rythms/habits and over the remains of their senses?

What are the different perspectives on the nursing homes? How do we negotiate the space so that it can work well as both a home and workplace? Is it possible, or will practicalities, efficiency and economy become an issue?

HISTORY

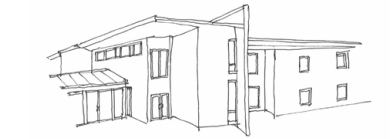
ELDERLY CARE IN NORWAY

Before 1800: Family care/legd: The organisation of "legd" has existed since the Middle Ages, and was a system where the old and sick without a family to care for them, had the right to a limited stay at different farms. This meant that the old was sent around from farm to farm.

1800 - Kår/legd: The principle of the"kår"-system meant to resign the rights to a family farm in exchange for shelter, food, treatment and care. For the poor, the "legd"-system was still used.

1850 - 1950: Alders- og pleiehjem: In the late 1800s, the "old" became a category that the general understood to be separated from the rest of the society. In this period, the "alders - and pleiehjem" became a solution for "storing" elderly.

1950 - 1985: Sykehjem: Around the 1950s, a criticism was directed towards the low standard of care and the "passive" storage of elderly. This resulted in a new institution with the ideology of treatment of patients in a hospital-like environment.



1985 - today: A further criticism, initated by research by Goffman, Løchen and Townsend, and the growing understanding that the "sykehjem" is the last home of the elderly, caused a further change where the instituion from now on should be both a treatment institution and a home.

THE INSTITUTION

Associations to the word 'nursing home':
long corridors, white beds, impersonal atmosphere, lack of well-being, non-stimulating environment, storage and food delivery (sentralkjøkken), isolation, high medicine consumption, rigid circadian rhythm and lack of autonomy.

The Canadian sociologist Erving Goffman popularised the term «total institution» with his book *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates.* In Goffman's perspective, a nursing home would be a type of institution that is «established for persons felt to be both incapable and harmless». This is one of the five groups of institutions that he lists in his book. The central feature for all of them, is described as «a breakdown of the barriers ordinarily separating these three spheres of life», where «spheres», here, is the basic social arrangement in modern society, which according to him, is that «the individual tends to sleep, play, and work in different places, with different co-participants, under different authorities, and without an overall rational plan.»

In nursing homes, this is shown as a clear contrast between the residents and the staff; whilst the residents live in the institution and have limited contact with the outside world, the staff spend a given number of hours in the institution, and live their social lives on the outside. Another characteristic of total institutions are that they, with regard to capacity, treat the population as homogeneous, rather than a group of diverse individuals. The nursing home residents are victims of routinised eating, sleeping and activities, although this might not be the intention of the nursing home management.

THE HOME

The home is an expressive statement, a symbol that can signify individual identity as well as family solidarity and many other values.

In Norway, like in other northern European countries, we do not only have houses, but we have homes. A home is something that we all know, and seemingly understand the meaning of. We associate it with a private sphere, care, family, belonging, freedom and identity, and according to social anthropologist, Marianne Gullestad, the home is a key context for intimacy. The word hjem (home) has both tangible and intangible connotations; it brings together, in one notion, both the idea of a place and the idea of a social togetherness. All types of study have revealed the same recurrent meanings of home as: the center of family life; a place for retreat, safety and relaxation, freedom and independence; self-expression and social status; a place for privacy; continuity and permanence; a financial asset; and a support for work and leisure activities. The author that states this, Peter Somerville, also divides the meaning of home into three key concepts, because of their characteristically different emphases: privacy, identity and familiarity, where privacy suggests spatial relations, identity psychological relations, and familiarity social relations.

In Norway, it is usually only friends that are allowed to pass through the doorway, and «in many neighbourhoods, a line is drawn between the people one visits (går inn til) and others.» The privacy of individual persons within the home has become less clearly defined, due to the change in history from master/servant relations to today's family relations, but still, different rooms within the home varies a lot in degree of private and public. The parents' bedroom is usually considered the most private for outsiders, whilst the hall and the living room the most public. The hallway is an important room in the Norwegian society; it extends the transition from the outside to inside, and so, gives control to both the guest and the host. It conveys important identities of the residents living there, and allows the residents to prepare for the visit. The home is an expressive statement, a symbol that can signify individual identity as well as family solidarity and many other values. People create themselves as individuals and as families through the processes of objectification involved in creating a home.

STAVANGER

OVERVIEW OVER EXISTING NURSING HOMES

Public:

1. Bergåstjern sykehjem (Hillevåg)

2. Blidensol sykehjem for demens (Hillevåg)

3. Boganes sykehjem (Gauselvågen)

4. Haugåstunet sykehjem (Hillevåg)

5. Lervig sykehjem (Storhaug)

6. Ramsvigtunet sykehjem og bofellesskap (Storhaug)

7. Rosendal sykehjem og omsorgsboliger (Storhaug)

8. Slåtthaug sykehjem (Madla)

9. Stokka sykehjem (Stokka)

10. Sunde sykehjem (Sunde)

11. Vågedalen sykehjem (Hinna)

Private:

12. Frue Gamlehjem (Hinna)

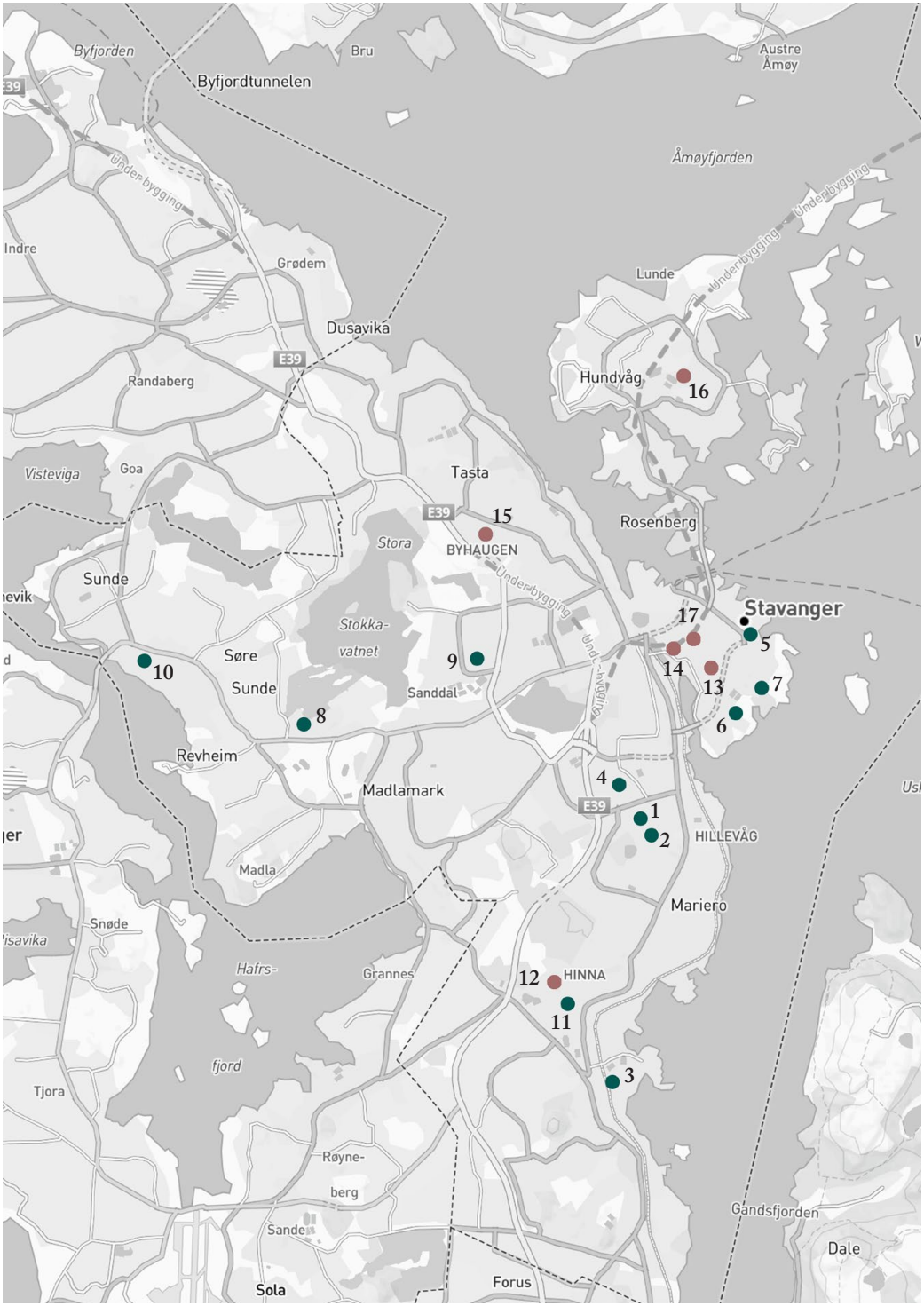
13. St. Johannes sykehjem (tilskudd fra Stavanger kommune) (Storhaug)

14. Stavanger sparekasses sykehjem (Storhaug)

15. Tasta sykehjem (Tasta)

16. Øyane sykehjem (Hundvåg)

17. Alders Hvile (Storhaug)


Byfjorden
Bru
Byfjordtunnelen
Austre Åmøy
Åmøyfjorden
Under-bygging
Indre
Grødem
Lunde
Dusavika
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Randaberg
Hundvåg
16
Visteviga
Goa
Tasta
15
Rosenberg
Stora
BYHAUGEN
Sunde
Stavanger
17
Stokka-
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9
5
14
13
7
10
Søre
Sunde
Sanddal
8
6
Revheim
4
Madlamark
1
2
HILLEVÅG
Madla
Mariero
Snøde
Hafrs-
Grannes
12
HINNA
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Public
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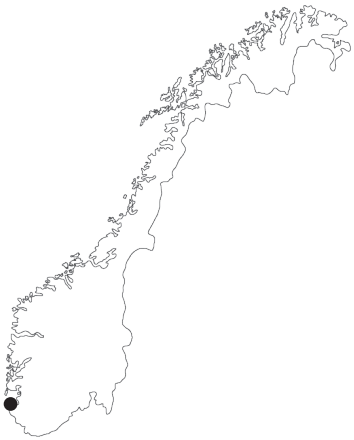


SITE

The site for the project will be in Stavanger, and will be found during the study trip at the beginning of February. I have some alternatives that I will look further into, once there, and I will also visit some existing nursing homes that might help to understand where the site should be located.
I further need to decide whether the project should be on an empty site or on the site of an existing building - and if so, should it be demolished or re-used in a different way?

CURRENT OPTIONS

Mosheim (Tjensvoll): From 1956 this site has been the location for Mosheim aldershjem. At the end of 2017, the residents were moved to the new nursing home, Lervig, and the building is left unused.

Eiganes: The site has since 1939 been the location for Domkirkens pleiehjem, and like Mosheim, the building is left unused after the residents moved to Lervig.

Madla/Ullandhaug: This area is currently without any nursing homes, and it is the future site of Stavanger's new hospital that is expected to be partially finished in 2023.

Analyse based: Finding the site based on the project approach

KEY TERMS

Autonomy
the ability to make your own decisions without being controlled by anyone else

Heterogeneous
consisting of parts or things that are very different from each other

Reciprocity
the practice of exchanging things with others for mutual benefit

Threshold
the level or point at which you start to experience something, or at which something starts to happen

Transition
a change from one form or type to another, or the process by which this happens

APPROACHES

The home

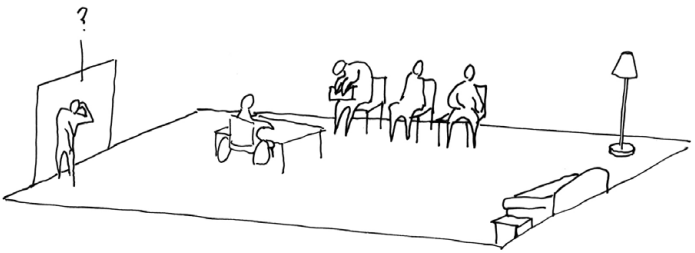
Spatial relations:
private-public, thresholds/transitions, flexibility in solutions, the potential of rooms: corridor, time/stages of private-public, personal belongings

Psychological relations:
identity, patient type (personality, interests, disability), senses: thresholds, rythms/habits

Social relations:
relationship with staff, residents, "quid pro quo", contrast to the not-homely/public

Perspectives:
residents, staff, family/public, mine

SPATIAL RELATIONS



«This conflicting image of what the living room, and also the kitchen, actually is; it is neither private nor public, or it is both at the same time, makes it difficult for the residents and visitors to understand how to behave.»

PRIVATE - PUBLIC

IN NURSING HOMES

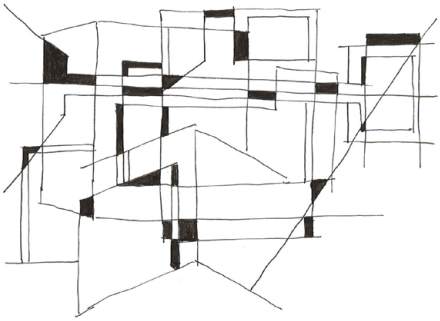
In nursing homes, the residents live in an arena with unclear borders between what is public and what is private, and consequently lose the social control usually related to private arenas. The rooms seem to be heterotopian places, meaning places that can be interpreted as more than one at the same time. The residents' room, is their bedroom, but seemingly also their living room; it is a place where they sleep, but also a place where they spend time; watch TV, reads and listens to radio, and have visits from family and friends.

The living room has for many years been a room where a wide range of activities happen. At first glance, it seems to be a living room; with furnitures like: a piano, TV, chairs, radio and coffee table, but also a dining room; with tables, chairs and an adjoining kitchen; all indicating a private arena, but when looking again, the amount of furnitures and the shape of the furnitures, and also the lack of certain furnitures, indicate something other than a private arena. This is reinforced by the fact that the kitchen, which seemingly is something you would find in a 'normal' home, is primarily used by the staff, and not by those who live there; and not for cooking food, but for doing dishes, reheating food, or preparing the tables to be set. In a nursing home studied by Solveig Hauge, she found the tables to be something you would see in an office or a meeting room, and they were too many, the placement of the chairs and other furnitures seemed strange, and there was no carpet or book shelves in the abnormally large room. This nakedness and the association of certain furnitures to what you would find in a waiting room, indicates that this is a public arena.

This conflicting image of what the living room, and also the kitchen, actually is; it is neither private nor public, or it is both at the same time, makes it difficult for the residents and visitors to understand how to behave. This is further reinforced by the fact that the relationship between the residents is also both private and public; they live in a home together, but they don't really talk much to each other, and they have generally little contact overall, in fact, based on different research, the residents seem to withdraw from the living room community as soon as they can.

The field work references used for the social anthropology essay, interestingly shows that smaller changes in plan and interior over the years, result in new routines; like, for example, knocking on the residents' doors rather than walking straight in, and this suggest that alterations in the overall plan of the nursing home, can change both routines, and the understanding and use of different rooms. It implies that architecture can improve the living conditions in nursing homes, and make them more homely, but to what extent; that is yet to be tested and explored.
With a focus on the relationship between private and public, I will try to reorganise the logic of the nursing home, both within and also in relation the wider society.

THRESHOLDS AND TRANSITIONS



The hallway is an important room in the Norwegian society; it extends the transition from the outside to inside, and so, gives control to both the guest and the host. It conveys important identities of the residents living there, and allows the residents to prepare for the visit. In the same sense, the doorway can be seen as a threshold from the "wild" outside to the "tame" inside. It is a protection of the home's values and a barrier against the dangers of the outside world.

I want to investigate this language within the situation of a nursing home, and see if there might be somehting to gain from that; something to look further into. The corridor in the nursing home, for example, has become shorter with the years, but is still something one cannot seem to get completely rid of. The use is mostly the same; for walking and as means of commuting. Does it have the potential to be something different?

«The doorway can be seen as both a protection of the values of the home, and a barrier against the outside world.»

Marianne Gullestad

PSYCHOLOGICAL RELATIONS

«The place is the concrete manifestation of man's dwelling, and his identity depends on his belonging to places»

Christian Norberg-Schulz

heterogenous - homogeneous

autonomy

preservation of one's habits and values

rythms/rituals

control

IDENTITY

Identity is the distinguishing character or personality of an idividual; it is who a person is, and the qualities that makes them different from others. Nursing home residents are known to lose their autonomy; they become victims of routinised eating, sleeping and activities; they eat breakfast at 8, dinner at 13 (!), and are taken outside whenever the staff has the time to do so. With regard to capacity, the nursing home population is treated as homogeneous rather than a group of diverse individuals.
Refugees are often said to lose their identity; driven from home and homeland; losing the familiar. In many ways, this can also be said for nursing home residents.

I want to look into how (and if) it is possible for the residents to preserve their habits and values, their rythms and rituals; their autonomy and identity.

"If the one thing that defines who you are was taken away...
What would you do?"

RE - STRUCTURING

Fieldwork and research show that nursing home residents socialise very little with each other. Why?

As mentioned later, Hauge thinks that a part of this has to do with the unclear border between public and private. Another explanation can be that as more people are becoming older, an increasing amount of elderly suffering from dementia, are bceoming a part of the nursing home community, and they might not be easy to befriend for those who are more capable mentally. Other explanations might simply be that they did not chose to live with the other residents themselves, and that it appears that they, unfortunately, have very little in common.

Could a solution be to re-structure the logic of the nursing home community by looking into individual's personalities, interests, gender and type of disability? Maybe this proves to be discriminating towards certain groups, or that some will be worse off by such a division, or maybe it proves to be too unpractical to be realised, but looking into it might uncover useful information.

TYPES OF DISABILITIES

The anthropologist Renée Rose Shield divides the nursing home residents into three major groups based on health: those with physical infirmities but largely intact in cognitive ability; the demented, who may or may not have physical limitations; and those relatively capable both physically and mentally, although their medication and care needs may vary.

The idea is that the project considers frail elderly in general, and not a very specific type, but the intention is also to use the population of long term-departments within the nursing homes as a reference, rather than focusing on dementia or palliative care-departments. The way in which different nursing homes are organised and structured might vary, and I expect to also meet a variety of user disabilities.

VISCERAL

adjective

1. relating to the viscera

2. based on emotional reactions rather than on reason and thought

3. relating to deep inward feelings rather than to intellect

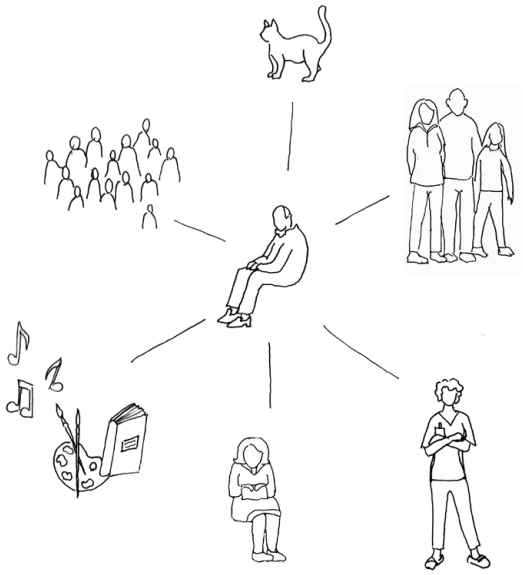
THE AGING OF SENSES

Our senses receive information from our environment, and can be in the form of sound, light, smells, tastes, and touch. Sensory information is converted into nerve signals that are carried to the brain. There, the nerve signals are turned into meaningful sensations.
A certain amount of stimulation is required before you become aware of a sensation. **This minimum level of sensation is called the threshold. Aging raises this threshold, and you need more stimulation to be aware of the sensation.**
Aging can affect all of the senses, but usually hearing and vision are most affected. Aspiring to maintain physical and cognitive functions as human beings are important for being in possession of control.

I think it is necessary to consider our senses in this project - and establish an understanding for what senses remains and to what extent they are used or can be used. What is the continuum of thresholds found in the nursing home?

"The hand wants to see, the eyes want to caress."
J.W. von Goethe

SOCIAL RELATIONS



What sort of relations do the resident have: with family and friends?, with staff?, with other residents?, with the society?, with animals?, with activities?

FAMILIARITY

The residents do not socialise with other residents, but they do seek social contact with the staff instead. Hauge's theory on why this happens, is because the staff only works in the nursing home, they do not live there permanently like the residents, and so their presence create a more distinct boundary between what is public and what is private. When they are in the living room, the situation becomes more public, and the residents are able to use familiar cultural, social codes. These codes are something we all develop through life, and are something that makes it possible for us to move between a private and a public arena, but without a clear boundary between these, we risk that appropriate actions become inappropriate because they were performed in the wrong place; like a resident sleeping in the "public" living room.

The majority of the residents are looking very much forward to visit from someone they know. This shows that, besides the joy of social contact, this extreme focus on visit, also proves that the familiarity of friends and family stimulates and maintains the roles that the resident had outside of the institution, and help them to keep the nursing home's shaping forces at a distance. When the residents are visited by someone, there is a lack of a rooms for receiving the visitors; they have to either settle for the living room, where everyone can listen in on their conversations, so that they will have to limit the private content, or they have to bring them into their rooms; into their private sphere.

"Quid pro quo" - a favour for a favour, exchange of services: Residents - staff relation, what can the resident give back, with their depository of a whole life of knowledge.
Being able to feel useful often gives meaning to existence.

A topic that has received a growing public awareness the past decades, is the qualities of the nursing home's surroundings. **It is not only the home itself that is of importance, but also the contrast to the not-homely; to the public.** It has become important to establish green environments like sensory gardens that are easily accessible for people with disabilities, and also to consider the proximity and accessibility of public places like; shopping malls, cultural centres, restaurants, parks and more. When the nursing home residents are unable to travel a certain distance to public arenas, it becomes important that these are in close proximity to the nursing home, and so, easily accessible.

The resident's relations to animals, and interests and activities are usually also of importance. The bond between a dog, or other animal, and a human is proven to reduce depression. To care for someone or something is further proven to give meaning to an individual's existence. Despite this, residents are usually not allowed to keep a pet, and they are usually not able to, healthwise, either. Activities and interests that was a big part of a resident's life, may not be possible to do anymore, or they require help from the staff to do it.

I want to investigate how the different social relations of a nursing home resident can be improved, and how they might be able to give something back - to the staff and to the wider society.

PERSPECTIVES

The nursing home from the perspective of the

RESIDENT

STAFF

FAMILY/PUBLIC

REFLECTION

THINGS TO CONSIDER

Not all nursing homes are entirely bad, and not all homes are good.
It is also understandable that creating a 'good' nursing home is a difficult task, not only because of the issues related to the design and organisation of the nursing home itself, but also because the elderly are moving in with some serious emotional baggage; like the loss of friends and family, and the loss of the home they had built a whole life and an identity in, over many years. The physical shape (sometimes mental shape) that these humans are in, is the reason why they move into a nursing home in the first place, but with these disabilities, the precondition for creating a (good) new home and a (good) new chapter in life, is limited.

THE WAY FORWARD

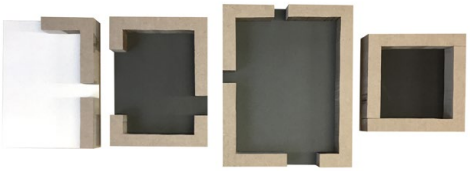
Act 1: I am visiting Stavanger to locate a site, for which I need to know; where does it make sense to place another nursing home in the city, and why? And; will I reconstruct the logic of an exisiting, abandoned nursing home - the prefered option in a sustainable view, or does the beginning of a new elderly home also require a fresh beginning?

I have organised to visit five different nursing homes within the city, three publicly owned; Bergåstjern sykehjem, Lervig sykehjem and Stokka sykehjem, and two privately owned; Stavanger sparekasses sykehjem and Tasta sykehjem. Bergåstjern is from what I know, one of the more "ordinary", Lervig is the most recent; finished in 2017, Stokka is rather special with a bird-garden and a mix of both elderly and drug addicts, Stavanger sparekasses is from 1924 and known for a homely environment and Tasta is run by an ecclesial/Christian congregation. From these visits, in the role of an architect, I will try to understand what works and what does not. Later, I will take the role of family and friends; as a visitor, to see how consistent the understanding of the nursing home is.

Act 2: After gaining a view on the situation, I will look at plans of different nursing homes from different decades to understand their logic, and see what is working and what is not. Then, I will look at the different stages in the history of elderly care, and see if there is something there to investigate further.
I will use the home as an outset for the project and depict and term the qualities that I find, and study them more thoroughly.

Act 3: From this, I will develop a more specific way forward and relate it to the site, and find the concept. I will work through photography, mapping, models, skecthes, interventions and explorations. Later the project will be about different design stages with more finalised drawings, models and other material.

INITIAL CONCEPT



Thresholds and transitions of private and public

CALENDAR

JAN	FEB	MAR
WEEK 1 (6 -12. Jan) Clearance meeting	**WEEK 5** (3 - 9. Feb) Visiting nursing homes in Stavanger: Bergåstjern, Lervig, Stokka, Sparekassens, Tasta Find a site	**WEEK 9** (2 - 8. Mar) **2. diploma presentation**: conceptually elaborated material with models, drawings, etc.
WEEK 2 (13 -19. Jan) Social anthropology essay	**WEEK 6** (10 - 16. Feb) Investigate history of elderly care/ways of living (close together) before - what can be used today?	**WEEK 10** (9 - 15. Mar) Design phase
WEEK 3 (20 -26. Jan) Program/process	**WEEK 7** (17 - 23. Feb) Analyse/research/concept phase	**WEEK 11** (16 - 22. Mar)
WEEK 4 (27. Jan - 2. Feb) Program/process **1. diploma presentation**: social.ant., program, concept	**WEEK 8** (24. Feb - 1. Mar)	**WEEK 12** (23 - 29. Mar)

APR	MAY	JUN
WEEK 13 (30. Mar - 5. Apr)	**WEEK 17** (27. Apr - 3. May)	**WEEK 22** (1 - 7. Jun)
WEEK 14 (6 - 12. Apr)	**WEEK 18** (4 - 10. May)	**WEEK 23** (8 - 14. Jun)
WEEK 15 (13 - 19. Apr)	**WEEK 19** (11 - 17. May) **External review** 14. and 15. May	**WEEK 24** (15 - 21. Jun)
WEEK 16 (20 - 26. Apr) **3. diploma presentation**: show drawings and models in different scales	**WEEK 20** (18 - 24. May)	**WEEK 24** (22 - 28. Jun) **EXAM** 27-29. June
	WEEK 21 (25 - 31. May)	

EXCERPTS

CV

Education

Bergen School of Architecture, Bergen (2018-)

Master in Architecture

- Fall 2019: Complex Context, André Fontes/Tom Chamberlain
- Spring 2018: Infrastructure Space, Christof Mayer/Tom Chamberlain/ Nancy Couling
- Fall 2018: Open Form New Wood, Marco Casagrande/Charlotte Erckrath/Jacob Schroll

Kingston School of Art, London (2015-2018)

Bachelor in Architecture (B.Arch)

- Year 3: The Deep City, William Burges/Kate Nicklin
- Year 2: In Residence, Andrew Budd/Jane Houghton
- Year 1: Zoe Jones/Ralf Pflugfelder, Matt Phillips/Thom Bates

Bergen University College, Bergen (2011-2014)

Bachelor in Structural Engineering

Experience

LINK Arkitektur, Stavanger (Summer intern 2019)