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The influence of environmental aesthetics in mental health

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Spatial aesthetics in health settings remain a challenge due to the difficulty in balancing disease prevention, such as the aseptic and ergonomic protective needs of clinical hospital design, with health promotion through exposure to beauty. The objective of this work is to identify the importance of the aesthetics of the environment in the treatment of mental health, through bibliographic research of qualitative character using PubMed and SciELO databases, between the years 1996 to 2018, with the key words: design, architecture, art, mental health, humanization, psychiatry and aesthetics. The indications of this work being that the aspects making up the design were extremely important as attributes of humanization because they produce a sense of belonging, respect and dignity in the patient, as well as the sense of control of the environment. The main variables influencing the aesthetic environment highlighted in this article are: light, sound, color, aroma, texture and shape. The design belongs to the aesthetic-artistic perspective, reinforces the protagonism of the sick human being in detriment of the disease, reinforces the expansion of the concept of care and enhances the patient's response to treatment. The conclusion reiterates that the multi-axial aspects brought about by the design of environments within hospitals, is in line with the biopsychosocial model of health, producing health promotion and positive responses to patients.

Recent Publications:

1. Carr Evan W and Winkielman Piotr (2014) When mirroring is both simple and "smart": How mimicry can be embodied, adaptive, and non-representational. *Frontiers in Human Neuroscience* 8:505.
2. Casile Antonino, Caggiano Vittorio and Ferrari Pier Francesco (2011) The mirror neuron system: a fresh view. *The Neuroscientist* 17(5):524–538.

Biography

Ferraz I C is a Medical Psychiatrist, with expertise in clinical practice and passion to improve the health and well-being of her patients. Her model of care, with an important technical foundation but open and contextual basis is quite divergent from the biomedical model. Based on the absolute protagonism of the human being, her model of care is a source of encouragement to understand the influence of multidisciplinary factors in the response to the patient's treatment, converging to a model similar to the Holistic of Health. She sediment this model in her clinical practice after 15 years of experience in hospital institutions, being currently in research, builds its theoretical foundation, seeking increasingly to understand pluralism in Health and the purification of the physician-patient relationship and its therapeutic function.

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