


FROM  
BUILDINGS  
THAT HARM  
TO BUILDINGS  
THAT HEAL







A New Era in Psychiatric Design:  
How might buildings heal?





## **ABSTRACT**

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From buildings that harm to buildings that heal. This research project aims to discuss how psychology and design might come together to attempt to solve the wide-ranged problem of mental health issues. Initially it will be brought to light how psychiatric hospitals through history, despite their purpose of helping individuals, actually perpetrated more harm than healing. Referencing social and political factors. How has design and society changed to improve the function of psychiatric hospitals?

The case study of the former Colney Hatch hospital will be examined from a historic, present and future perspective, discussing its historic premisses and its transformation into a luxury apartment complex, as well as proposing a design visualisation to identify how the site could have be used to ultimately benefit society. How can we apply the knowledge we possess today to attempt to propose a solution to this wide-ranged problem?

"Let's dive deeper into the ways - Good and Bad - that  
Architecture affects our Health"  
David Staczek



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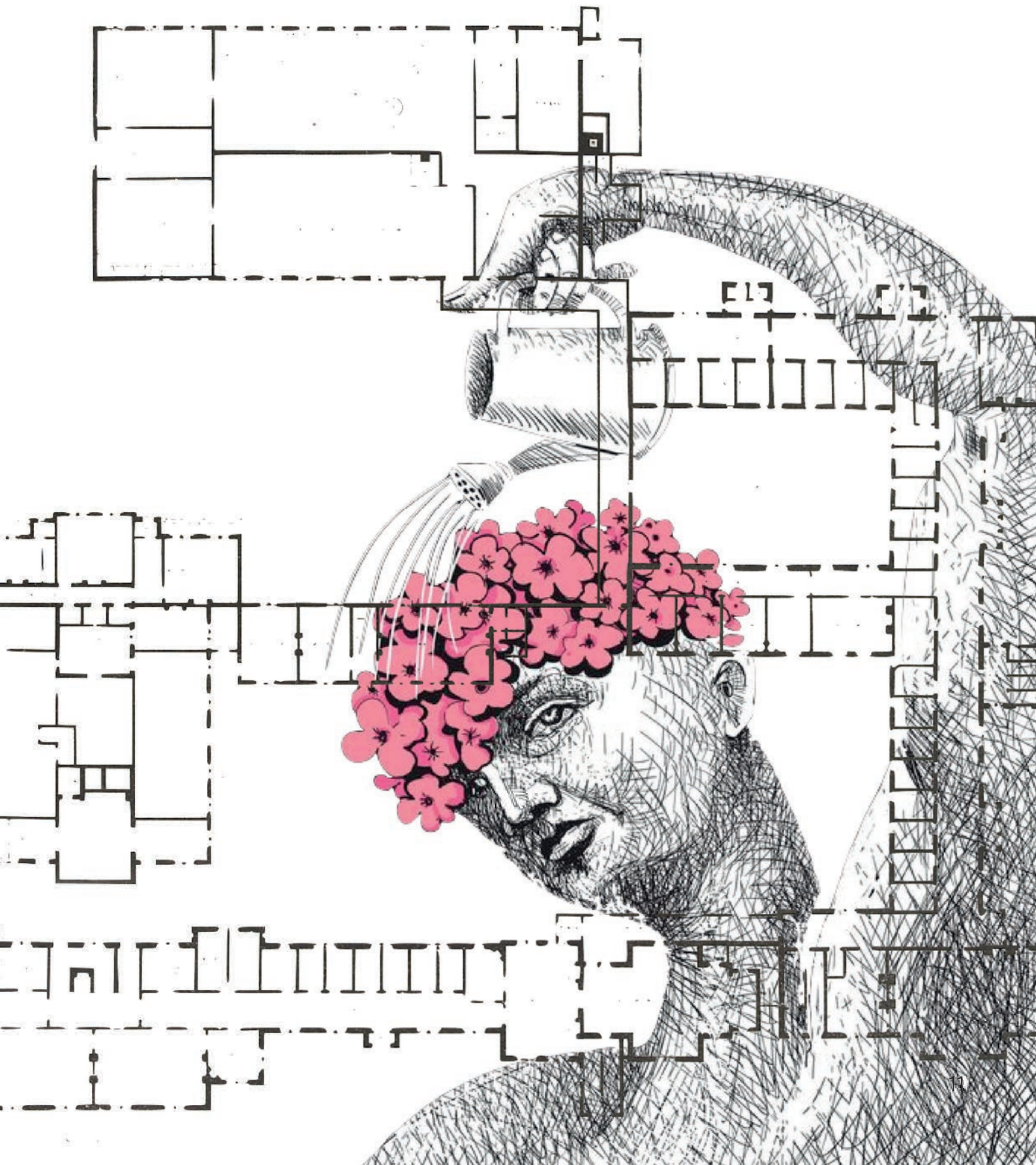
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# INTRODUCTION

## Architecture for Mental Health

We live in a world of constant transformation and change, in which we are confronted with many issues that concern every single individual. It is evident that mental health awareness has increased drastically over the past eight years, considering that this has been an issue that has concerned our society for centuries now, extending all the way to the Victorian Era, which refers to the period of Queen Victoria's reign from 1837 to 1901 and the Madhouse Act of 1828 (Mayes, 2017). Statistically seen, one in every eight people in the world live with a mental disorder, which may include issues such as depression, anxiety, PTSD, schizophrenia, etc. (WHO, 2022). While some disorders may be of greater concern, if diagnosed with one of the previously mentioned mental health issues, whether diagnosed as 'mentally ill' or not we all face momentums of mental stress and overwhelming feelings. Looking back into history, during the Victorian Era, an individual with mental health issues was considered "mad" (2018) and if not able to be taken care of by their family, was forced to the streets or admitted to a lunatic asylum, where they were kept in inhumane ways against their will, referred to as an inmate rather than a patient (Channon, 2019). Mentally mad? Is it morally correct to call someone mentally mad or a lunatic, simply because they may face mental health issues? The architecture of these buildings may have been fascinating, however what actually happened within these walls and how has design negatively impacted the so called "healing" process? How are we using the power of constant surveillance?

As we as humans, as well as research methods and technology have developed over time, there are many methods of successfully treating mental health problems today that actually enable one to heal, but the question is, how are we able to use architecture and design to attempt to solve this wide-ranged issue? This is where Design and Psychology come together to propose an attempted solution. While the need for healing mental health facilities/psychiatric hospitals has been evident going all the way back to the Victorian Era, recently, many architecture and design firms with expertise in health care buildings, have reported an increase in activity (Staczek, 2021).



When approaching these projects, architects will work together with medical planners to translate research into a term called “evidence-based” design. This term may be defined as “a scientific analysis methodology that emphasizes the use of data acquired in order to influence the design process in hospitals. It measures the physical and psychological effects of the built environment on its users. EBD uses formularization of hypothesis, testing/analyzing and outcome gathering as a framework.” (Alfonsi, Capolongo, Buffoli, 2014) Over the years, the generalization of design practices being based on aesthetical, legal, technical/functional (building/design regulations) knowledge, has been shifted towards a new dimension, after the implantation of EBD (Malathouni, 2020). As a result, in the past 30 years many case studies were collected, which demonstrate how the built environment may impact the user, through new facility development and modernization/transformation of existing sites. While it will only discuss the practice of psychiatric hospital design, this topic may be applied to any given site. Our surroundings will always be able to control our emotions and impact our mental behaviour and capability. This research paper will aim to answer the question: To what extent have buildings that harmed developed into buildings that heal, considering social, political, and scientific factors branching into research and technological development?

This is a rather bold research question and in order to successfully answer, we must recognize that architecture, design, and planning are in fact able to dominate our society (Staczek, 2021). Initially, we must define what is meant by buildings that harm vs. buildings that heal. When placed in association with the term ‘building’, the term ‘harm’ refers to the negative impact the site has on humans. Not only does it highlight the impact of architecture and design on human behaviour, but also the role of social and political factors during these historical time periods, and how these attitudes have shifted to bring us to where we are today. The term ‘heal’ contradicts the given definition and relates to the modernization of mental health facilities, discussing how EBD and design principles, including biophilic design can be implemented to benefit our society and promote healing. Furthermore, how we are able to use existing sites to propose a solution that will essentially benefit society.



Figure 1: Green Healing, Thomas Heatherwick proposes a garden wrapped design for Maggie's Centre

# METHODOLOGY

The data and information for this project was collected through examinations from a site visit to the Bethlem Mental Royal Hospital, as well as observations from exhibitions at the Bethlem Museum of the Mind in Beckenham and the Freud House in London, developing researcher understanding on Victorian era asylums, concepts of mental health, and psychiatric office design. In his seminal work *Asylums*, Goffman described 'psychiatric institutions' as a closed system apart from the rest of society (Goffman, 1961). His definition of such facilities may correlate to possible limitations that arise during the site visit to a psychiatric facility. Following the encounter with a woman working at the Bethlem Royal Hospital, one of the limitations during site analysis included patient confidentiality. This means that as a researcher, it was not allowed to enter the separate building complexes, nor capture pictures of the actual interior design and architecture of the facility in case a patient were to be accidentally caught on camera, going against patient rights.

This placed a restriction on the visual content that was able to be gathered, but allowed for visual interpretation of the site, that would later be turned into writing. Furthermore, due to the medium security supported at the facility, it was under constant surveillance, with certain areas restricted to visitors. This medium security estate beautifully links with the concept of the watcher and watched, which will be discussed with reference to the panopticon. In this case, the watched refers to the patients living at the facility, which are being watched over by modern technology in the form of security cameras. This observation opens up an interesting contradiction between historic design decisions and modernization of technology to push the concept of constant surveillance.

Books on behavioural health design, journals, discussing evidence-based design, various Online sources, as well as three structured interviews, exploring three different mental health facility environments have successfully informed this research paper, providing a detailed insight into the how psychology and design come together from different viewpoints.

# LIMITATIONS

To discuss the level of success of this research paper, it is essential to appraise any possible limitations. This might include implementation of data collection and method, sample size and lack of previous studies within the chosen research area (Worldvice, 2021). If the sample size is too small or there are not many existing research papers, or statistical tests, this might result in a lack in the depth of this paper. Primary observations can be used as a research aid to strengthen arguments. On the other hand, identifying limitations can be observed to be a momentous chance to bring to light literature gaps and to present the require for further research development in the specific area of study. Taking into consideration existing research papers, that cover the chosen topic, this dissertation differs as it will aim to propose a unique design solution, using an existing site located in the UK. Through various digital programs, this section will visually discuss how existing design can be altered using research and evidence-based design, considering function and aesthetic to fundamentally improve user experience and to a certain extent, cure mental health issues.



# 'Power To' vs. 'Power Over'

'Power Over' and 'Power To' are two important terms that will be used throughout this research project. Sites that have been designed to contain and oppress emphasize the power of authority over patients and the roll that architecture and design plays to highlight the dominance of power over the patients staying at these facilities. This concept will be compared to sites that promote a healing environment that ultimately benefits society, using the term of 'power to'. Through the development of architecture and design over time, the position of power shifted towards individuals, by creating a healing environment that allows for occupants to simply use design to their advantage of healing mind and soul.

Two distinct concepts of power? Or two analytically separable aspects of a single unified social power? An existing definition states: 'Since 'power to' is used to indicate the ability-to-act of an individual, and 'power over' is used to refer to the ability of an individual to produce other individuals' actions, they find it reasonable to infer that, in order to have some kind of power over, the same individual needs some kind of power to' (Pansardi, 2012). This paper approaches the two concepts in a historical and modernized way, discussing distribution of authority within the field of psychiatric design, considering social and political terms. The concept of 'power over' patients by authority, brings to light the idea of 'the watcher and the watched', within these historic asylums, with reference to the abstraction of the panopticon. It will be discussed how the position of power has shifted, giving 'power to' society during architectural/design modernizations and transformations of former mental health facilities. Furthermore, the idea 'loss of power', through poor government decisions will be introduced and reverted to a 'gain of power' by society through a detailed design proposal, transforming the site of the Colney Hatch Hospital before it was modernized into luxury apartments.



"...we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the darker he represents..." - Erving Goffman



Figure A: Erving Goffman

# PART 1: BUILDINGS THAT HARM





## Historical Evolution: Victorian Era Asylum

The mental asylum is the historical correspondent to what we now refer to as a modern psychiatric hospital or mental health facility. For over 100 years, Britain's mentally ill were hidden from society in vast Victorian asylums. During this time period, treatment was undergoing a revolution, in which patients believed that science might have been pushed too far. Patients were 'dumped' in these places by their relatives and by society, against their will, "they weren't wanted" (BBC, 2014). Not only were design decisions poor, but the architecture of the building itself was bad, with patients being forced to 'live' in these conditions. For centuries, psychiatric hospitals were shocking settings, in which patients were forced to stay, left to the mercy of their keepers, crowded into communal rooms during the day and collective dorms during the night (Margolies, 2021).



Figure 2: The Victorian Era 'Asylum'

Defined by Erving Goffman – a Canadian-born sociologist, social psychologist, and writer –

**"As a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" - Erving Goffman, 2007**

Dissecting Goffman's definition, the description 'enclosed formally administered' brings to light the idea of power of authority with relation to constant surveillance and monitoring over patients. The term 'enclosed' refers to the patient's state of isolation from society, while 'formally administered' by authority figures through closed off spaces with locks and physical restraints. Now the question is, did these buildings do more harm rather than heal? These buildings were designed with the goal of controlling and isolating patients rather than promote mental health and recovery. Where they rather inmates than patients? Many of these asylums were overcrowded, understaffed, and lacked basic amenities and medical resources. The architecture and design of these buildings was affiliated with that of a prison, promoting repression and control over the patients (Grandhare, 2022). Thick walls, a lack of windows and natural light, communal bedrooms, beds cramped one next to another, individual rooms with locks, long corridors, dark colours, poor artificial lighting conditions. Who would not go insane in a place like this? It is evident that while social and political attitudes had an impact on the treatment of mental health issues, the historic format of blueprints and design of these facilities vastly impacted a patient's healing ability.

## Social and Political Considerations

During the Victorian Era, the social and political attitudes had a significant impact on the functioning and treatment of psychiatric hospitals.

| <b>Social &amp; Political Factors</b>                  | <b>The Victorian Era</b>   |
|--|--|
| Disgrace and societal attitudes towards mental illness | Mental illness was often seen as a moral failing rather than a medical condition. As a result of this, individuals with mental illnesses were often condemned and excluded by society. Consequently, this led to increased discrimination and mistreatment of the mentally ill, resulting in imprisonment in psychiatric hospitals, where they would be forced to stay.                                      |
| Political and Economic Factors                         | Urbanization and industrialization was quite present, which led to social unrest, overcrowding and poverty. As a method of controlling and managing these societal problems, individuals with mental illness, as well as the poor, the homeless and people with disabilities, were all placed in psychiatric hospitals.  |
| Limited Knowledge of Mental Illness                    | During the Victorian era, society's understanding of mental illness and how it was caused was limited, which resulted in ineffective and harsh treatment methods. This limited understanding led to a lack of solicitude and compassion towards those affected by mental illness and fundamentally contributed towards the inhumane conditions that existed within the walls of these psychiatric buildings. |

Figure 3: Social and Political Factors during Victorian Era

Through these strong social and political attitudes of discrimination towards these individuals, which to certain extents are still present today, treatment for mental health could not really be considered as 'treatment' but rather a way of hiding souls in these buildings, from the rest of society.

The limited amount of information available about the causes and treatment of mental health issues, led to society not being aware of how our environments affect our state of being. As a result, this lack of awareness of the impacts of architecture and design on an individual's mental well-being or healing process led to poor design decisions and settings of misery and discomfort.

**'Power Over': A Mental History of the Madhouse BBC Documentary, 2010**

"Upstairs they had 2 big dormitories and each of them had about 30 beds in one dormitory, so the top of one bed was down this, way the next bed up that way and the next one down here and the next one up there so that we wouldn't breathe into one another because we were all so close together"

"The facility was just miles of corridor"

"Asylum life was empty and repetitive, dominated by security, everything was all rubber, if you shouted, they wouldn't be able to hear you, because of the thick walls"

"Doors were always closed, like a prison, these asylums housed inmates rather than patients"

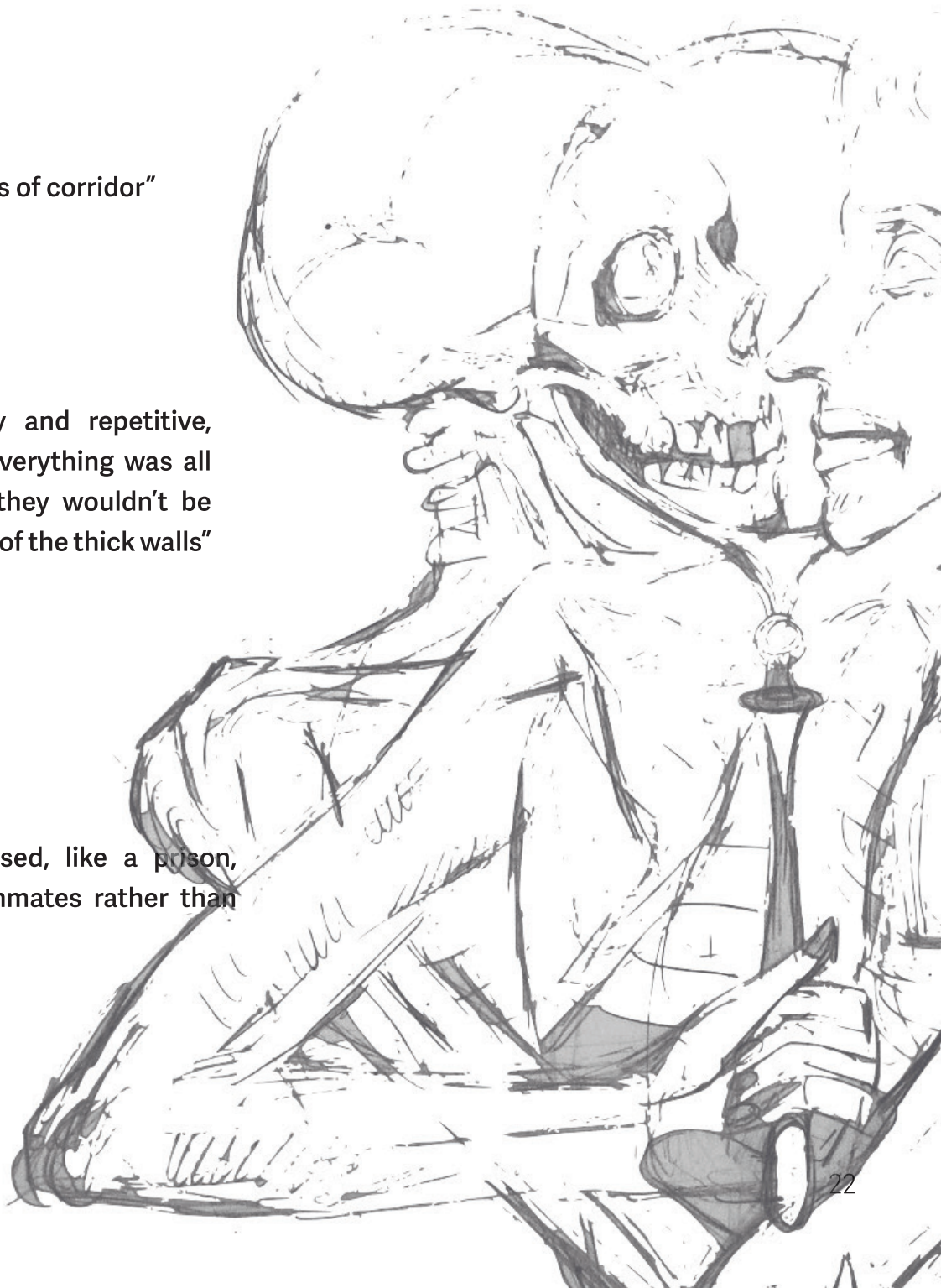


Figure B: Interviews with Patients

"I was shocked when I saw the charge nurse that was walking me around smacked a little old blind man across the back of the head, so fiercely that he flew across the room and hit the wall"

"If you live amongst shit, you become shit"

"I used to have insulin in my arm, but it was not really nice to have"

"I think it made them feel queer"

"It could be a recipe for abuse"

"The hospital itself became the problem"

"Run in some respect like a prison"

## The Panopticon Effect

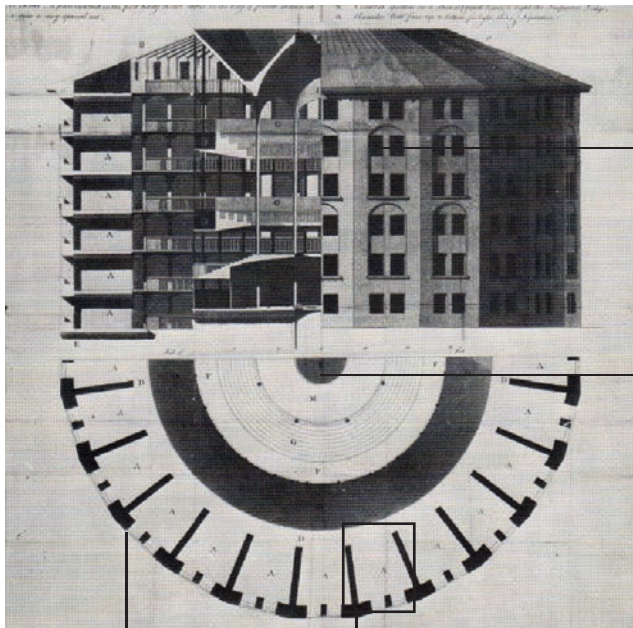
The BBC Documentary published in 2014 discusses the low quality of life within former mental asylums and emerges the comparison to a prison setting. The concept of 'power over' derived from the original examination of the panopticon effect when discussing power and authority within prison environments and initially sheds light on the idea of 'The Watcher and the Watched'. The group of authority, being the watcher, in this case the guards, possess the 'power over' the group of society within these walls; the inmates, or the watched, which is metaphorically expressed through the interior design of these buildings.

The relevance of this prison example referred to as the panopticon comes from the constant idea that historic mental asylums were often referred to as prisons for inmates rather than mental health facilities for patients. The layout and design of Bentham's panopticon allows a "watchman to observe occupants without the occupants knowing whether or not they are being watched" (McMullen, 2015). At the edge, a circular building, a tower with pierced windows in the centre that open up to the inner side of the ring; cells arranged around the outer wall, extending through the whole width of the building; they each have two windows, one corresponding to the central watch tower and one at the back allowing light to come in and cross the entire cell. Through the careful decision of window placement, the back lighting allows the watcher from the tower, to observe the small captive shadows in the cells of the periphery (Foucault, 1995). In his book, *Discipline and Punish: The Birth of the Prison*, Foucault discusses that permanent visibility became a way to exercise power and in doing so persuade "in the inmate a state of conscious and permanent visibility" (Foucault, 1995).

In the position of 'power', the guards are watching 'over' the inmates from the centre of the prison, however the inmates are unable to see into the tower to observe whether they are being watched or not. With this case study, the guards possess the full 'power over' their inmates and are able to watch them at all times day and night. Introduced by English philosopher Jeremy Bentham, this evidently constant surveillance was a manifestation of his belief that "power should be visible and unverifiable" (Ethics Centre, 2017). Using this manifestation it is evident that this led to his belief that all groups of society could be altered, including societal alterations such as health preservation, industry invigoration, reformation of morals and so on. They were all a subject of observation. Think about this. If you're at work and your boss walks in, wouldn't you sit up straight and work harder? Now imagine he stays in the room, and you are under constant observation. They wouldn't be watching you the whole time, but you would feel they were there. That is the power of persistent surveillance and the concept of the panopticon. To take the concept of 'power over' further and apply it to the psychiatric field in the UK, the former site of the Colney Hatch Lunatic asylum, later renamed to Friern Hospital will be analysed from a historic perspective. What was it like to be a mental patient at this facility and what happened within the walls of this Victorian building?







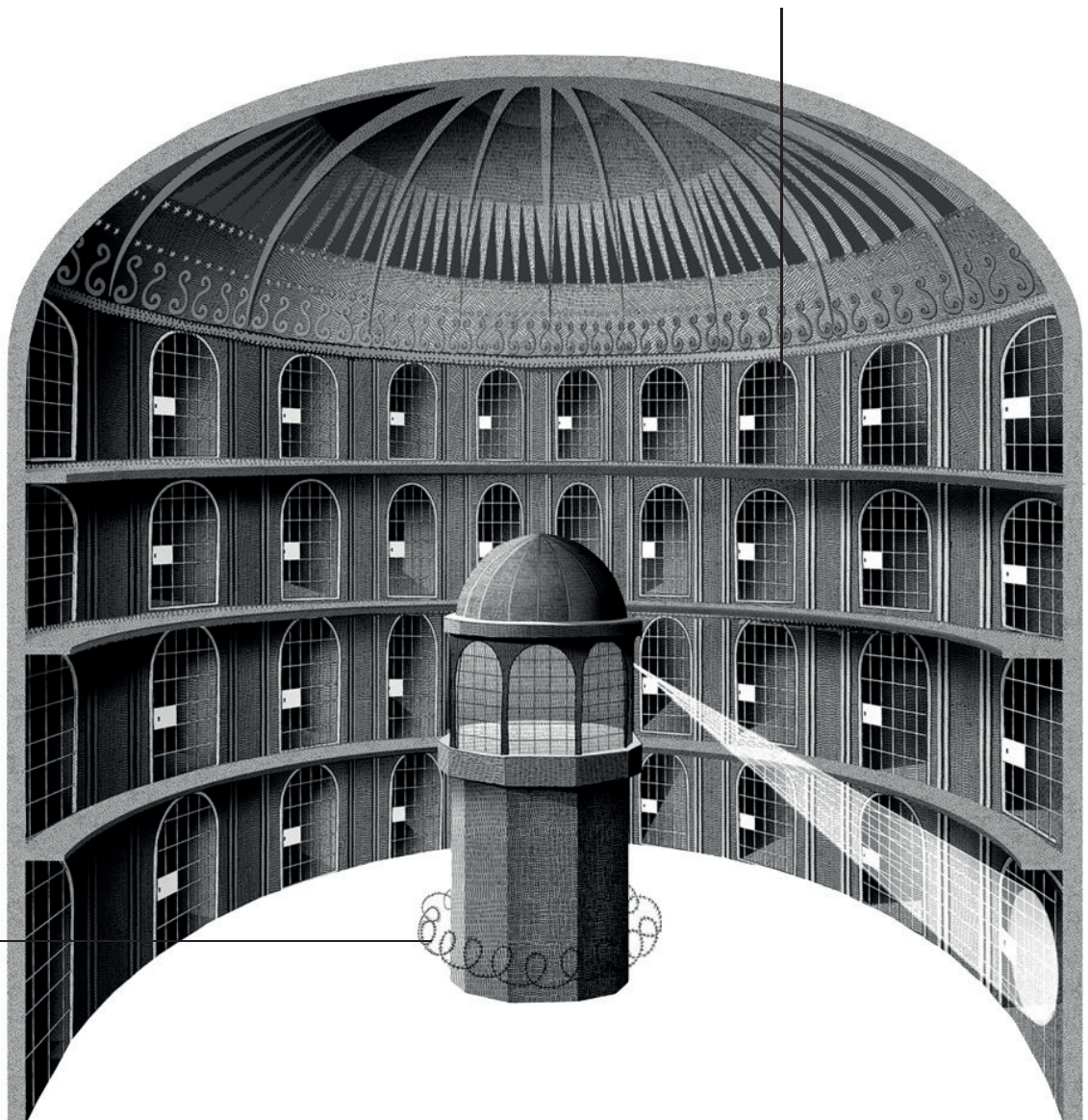
Natural light entering the building through windows on the back to create silhouette of inmates

The guards tower in the centre of the prison, with a watch angle of 360 degrees

Cells stretching across the entire width of the building

Inmates cells aligned around the outer wall of the circular complex of the Panopticon

Circular shape of building allows for 360 degree vision angle and places cells at optimal angle

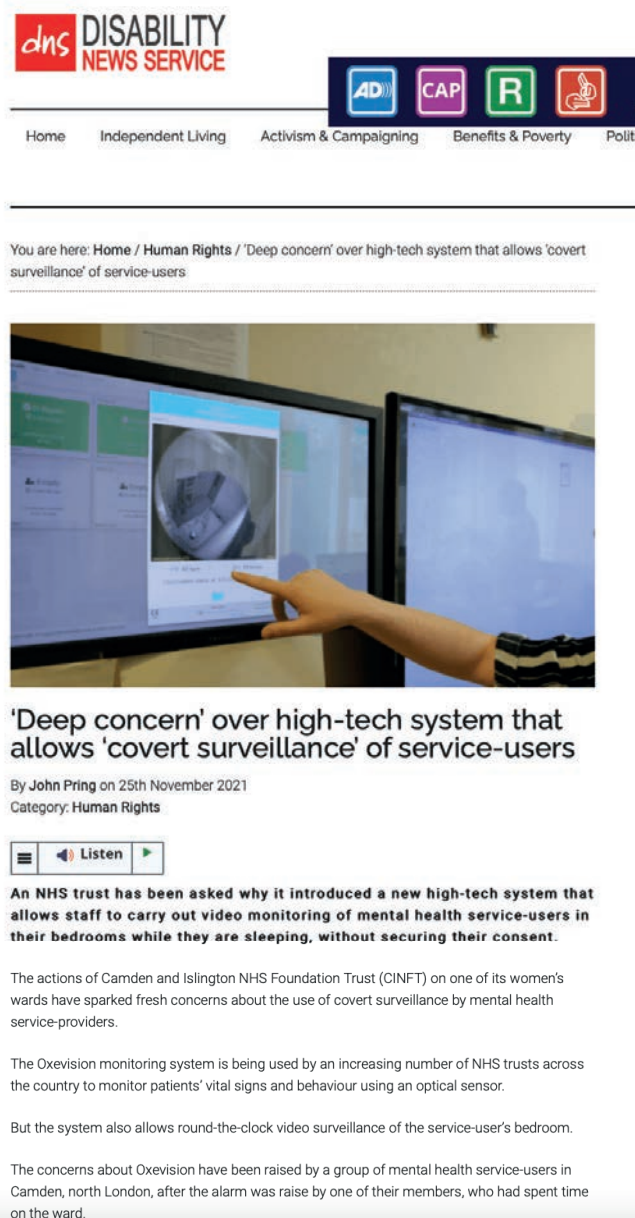


Protective wire to stop inmates from climbing the tower

Figure 4: Interior cell arrangement with central watch tower

## Constant Surveillance in Modern Facilities: Back to History?

Moving away from the poor historic design decisions of placing patients all in one room, bed next to bed, modernized mental health facilities have developed a single-patient bedroom layout to enhance the mental healing experience of individuals and avoid overcrowding of spaces. Recent research has shown that although the design of mental health facilities has been enhanced using evidence-based-design and other design principles to promote a healing environment, there has been an arising deep concern of staff-patient monitoring against human rights. To bring back the concept of constant surveillance and the idea of the watcher and the watched, an article published in 2021 by John Pring, brings to light the Oxevision System; introduced by the NHS trust; and its breach of privacy in modernized mental health facilities. The Oxevision System is defined as “a contact-free vision-based patient monitoring and management platform” (Oxehealth, 2023). To further elaborate, it introduces a new high-tech system that enables and ‘allows’ members of the staff within mental health facilities to carry out video monitoring of patients in their bedrooms while they are sleeping, without securing their consent (Pring, 2021). This system is used by 23 NHS trusts in various psychiatric wards in the UK and includes a live video feed of the patient, recorded, and kept for 24 - 72 hours, depending on the NHS trust and then deleted (Batty, 2021).



The image shows a screenshot of a news article from Disability News Service. At the top, there is a navigation bar with the logo 'dms DISABILITY NEWS SERVICE' and several category icons: AD, CAP, R, and a person icon. Below the navigation bar, the article title is 'You are here: Home / Human Rights / 'Deep concern' over high-tech system that allows 'covert surveillance' of service-users'. The main image shows a person's hand pointing at a computer monitor displaying a video feed of a patient in a hospital room. Below the image, the article title is repeated: ''Deep concern' over high-tech system that allows 'covert surveillance' of service-users'. The author is listed as 'By John Pring on 25th November 2021' and the category is 'Human Rights'. There is a 'Listen' button with a speaker icon. The article text begins with: 'An NHS trust has been asked why it introduced a new high-tech system that allows staff to carry out video monitoring of mental health service-users in their bedrooms while they are sleeping, without securing their consent.' The text continues: 'The actions of Camden and Islington NHS Foundation Trust (CINFT) on one of its women's wards have sparked fresh concerns about the use of covert surveillance by mental health service-providers.' 'The Oxevision monitoring system is being used by an increasing number of NHS trusts across the country to monitor patients' vital signs and behaviour using an optical sensor.' 'But the system also allows round-the-clock video surveillance of the service-user's bedroom.' 'The concerns about Oxevision have been raised by a group of mental health service-users in Camden, north London, after the alarm was raised by one of their members, who had spent time on the ward.'

Figure 5: Technology for Constant Surveillance

Although the purpose of these Oxevision systems may have been with positive intention of using technology to our advantage to carefully monitor activity and support/improve patient care, this appraises the question: Does this breach their right to privacy and worsen their distress? Is this a question we even need to ask? The development and implantation of modern technology is able to aid society with the treatment of mental disorders, however, comes with moral questioning.

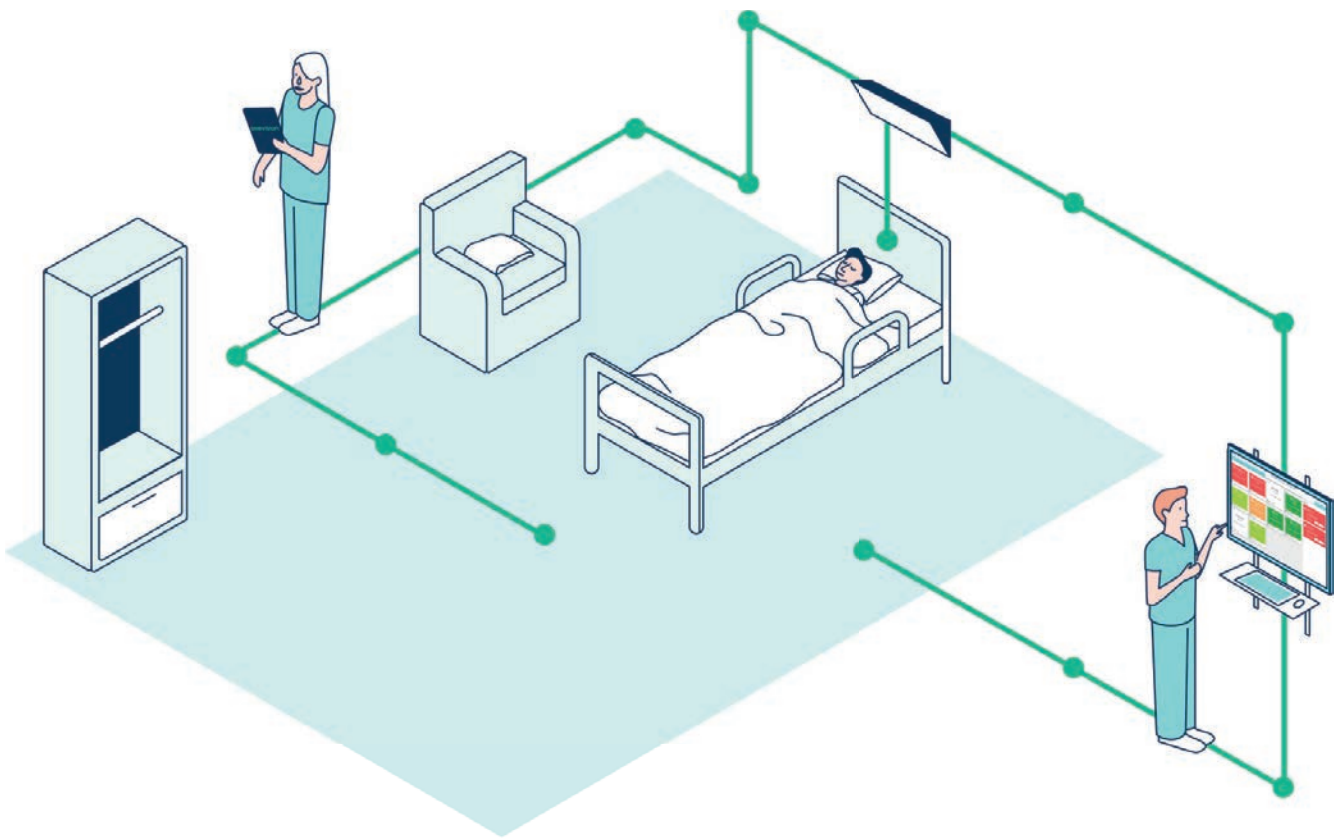


Figure 6: The Oxevision System

# Colney Hatch Psychiatric Hospital



Figure 7: Colney Hatch Lunatic Asylum, 1851

Introducing the Colney Hatch Lunatic Asylum, at the time the largest asylum in Europe, designed by Samuel Daukes under the guidance of John Connolly, the asylum was originally designed in a beautiful Italianate style. The interior was blueprinted in the corridor format, which was commonly used at the time. Six miles of corridor were running throughout the building. The first patients arrived on July 17th, 1851, and not long after, the hospital was facing serious issues of overcrowding.

The Colney Hatch Lunatic Asylum, part of Britain's psychiatric history. This case study will be approached from three different perspectives, the past, the present and the missed opportunity of a potential future. This will be explored through a detailed design proposal of an alternated version of the historic premises, analyzing floor plans and discussing better design decisions.

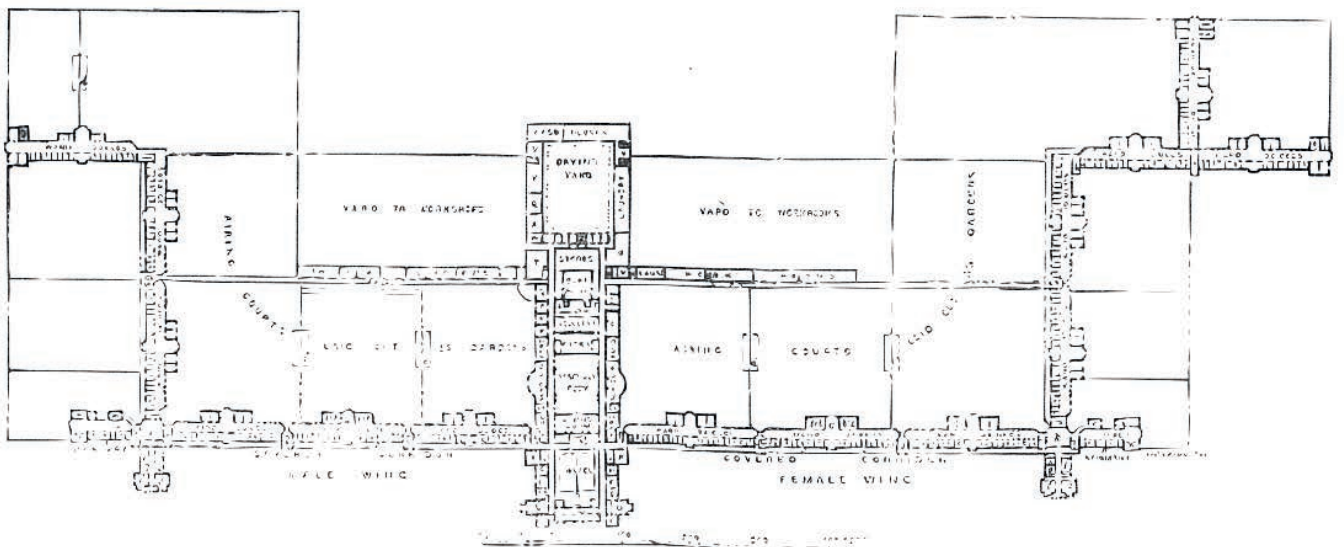
The facility was built to house a maximum of 1000 patients, but due to an increase in population in Middlesex, extensions were required and built between 1857 and 1859 to house up to 2000 patients. At its peak, the facility was occupied by over 3,000 mental patients, the so called 'pauper insane'. To cope with the extensive amounts of patients, staff was required to use methods of physical restraints, which by the 1880s led to unpopularity and public disgrace of the hospital. The word 'Colney Hatch' had become a standard word amongst Britain's and used to describe something irrational, which led to the conversion of the facilities name and was then known as Friern Hospital.



Figure 8: Communal Dormitories



Figure 9: Communal Bathrooms



MIDDLESEX COUNTY LUNATIC ASYLUM, COLNEY HATCH.  
MR. DAVKES, ARCHTCT

Figure 10: Existing Blueprints of Colney Hatch, 1851

By 1857, not only was the building facing some serious construction issues, with walls separating and patients in a highly poor condition, but the facility had been recognized as at significant fire risk by the authorities. As already identified in the BBC documentary, the building was known for its miles of corridors, where many of the inmates were housed in temporary timber wings. In 1903, due to poor weather conditions, one of the timber wings caught fire; flames spreading quickly across the building.

Diving further into the historic premises of the Colney Hatch Lunatic Asylum, an article published in 2021 brings to light one of London's forgotten disasters. Not long ago "in a room packed with London historians, we asked for a show of hands: How many people had heard of the Colney Hatch Asylum fire? Only one person raised a hand, and he was a member of the London Fire Brigade" (Brown, 2021). Due to overcrowding within the facility, some of the patients were temporarily moved to the timber wing, when in 1903 the unavoidable happened. Due to the poor choice of building material, one of the timber wings caught fire and through the contribution of strong winds quickly spread throughout the ward. Lunatics were burned to death in their beds (Brown, 2021). Many historians are evidently not aware of this catastrophe. The asylum, like all others, was then closed decades later in 1993 after dramatic shifts in social and political attitudes towards mental health treatment, which will be discussed in further detail. What happened after the closure of the facility?



Figure 11: Miles of Corridor in the Interior

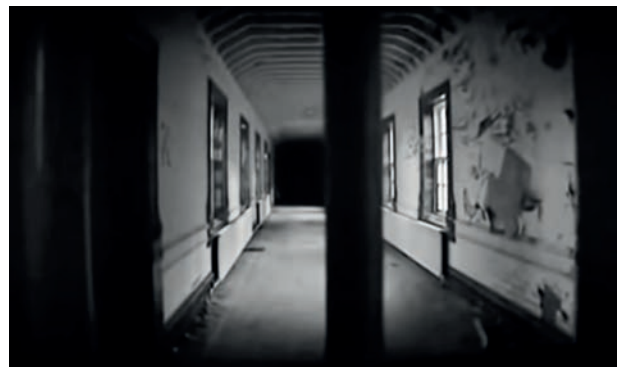


Figure 12: Abandoned Asylum after closure



Figure 13: Disastrous Fire at Colney Hatch Asylum, 1903

## **Political shifts and Design Development: Moving towards Care in the Community**

In the 1950s, more than fifty thousand patients were housed in mental hospitals, reaching higher numbers than at any point in Britain's psychiatric history. At this point, politicians from all parties had begun to question the morality of these facilities and agreed that the asylum regime was very expensive. In 1959, the conservative government passed a radical act of parliament that brought to light a more empathetic approach towards the treatment of individuals with mental disorders. This new mental health act suggested that mental disorders should no longer be an illness with a stigma but the approach to treatment should have the same sympathy and understanding as to any other physical disability. Psychiatrists moved away from locking patient doors and started to question why they were being locked from the start. Why do patients have to be locked into small closed off rooms? The mental health act of 1959 represented the final break and evolved to be the turning point as it recognized that mental hospitals of the future were not going to be the main hub of treatment for individuals with mental health issues. British politician and a Conservative Member of Parliament, active between 1950 to 1974, Enoch Powell came forward and said, "old mental institutions were shameful relics of the past" (BBC, 2014) and as a result proposed the closure of Britain's asylums. Although during the 1960s, the UK was undergoing massive shifts in social attitudes, a BBC documentary of 1969 established that conditions within UK's mental hospitals were still disturbing. Scottish psychiatrist Ronald David Laing wrote extensively about mental illness and in his book 'The Politics of Experience and the Bird of Paradise' outlined a new approach to treatment of mental illness in which not the doctor, but the patient knew best. This was the first approach towards giving the 'power to' the patients, ultimately resulting in a better healing process.



In the 1980s, asylums began to close, shifting patients to the community. This was the beginning of the British policy of Care in the Community as we are familiar with it today. Individuals now had the right to determine their own future and began to take control over their life again. Have we finally found an effective way of healing these individuals? After an incident of a mental patient, cared for by the community, stabbing an individual in the Finsbury tube station in London, panic sparked amongst society. The act of releasing thousands of mental patients to the community was now being questioned and raised a new set of problems. Care in the community was not enough (BBC, 2014). It had failed. Doctors were given the 'power to' force patients in the community to take medication or else would risk losing their freedom. Is this a step back towards history? This is where architecture and design make an appearance to create new modernized facilities, that promote a mentally healing environment.

Newly developed buildings emphasize sunlight and fresh air and visually appeared more like lavish estates rather than prisons, where patients were kept in inhumane ways in the past centuries (Meier, 2017). They were awful places; they were demeaning devaluing places, promoting a more harmful rather than healing environment. "I know no one who would want to go back to a 40 bedded dormitory and their bed and their locker and the shared clothes" (BBC, 2010). Britain's asylums are now closed forever, but we will forever be aware of the past.



**"We live in a mad world, and the normal response to a mad world is to be mad. The sanity that most of us manage to maintain is the more abnormal response."**

Figure 14: Scottish Psychiatrist Ronald David Laing

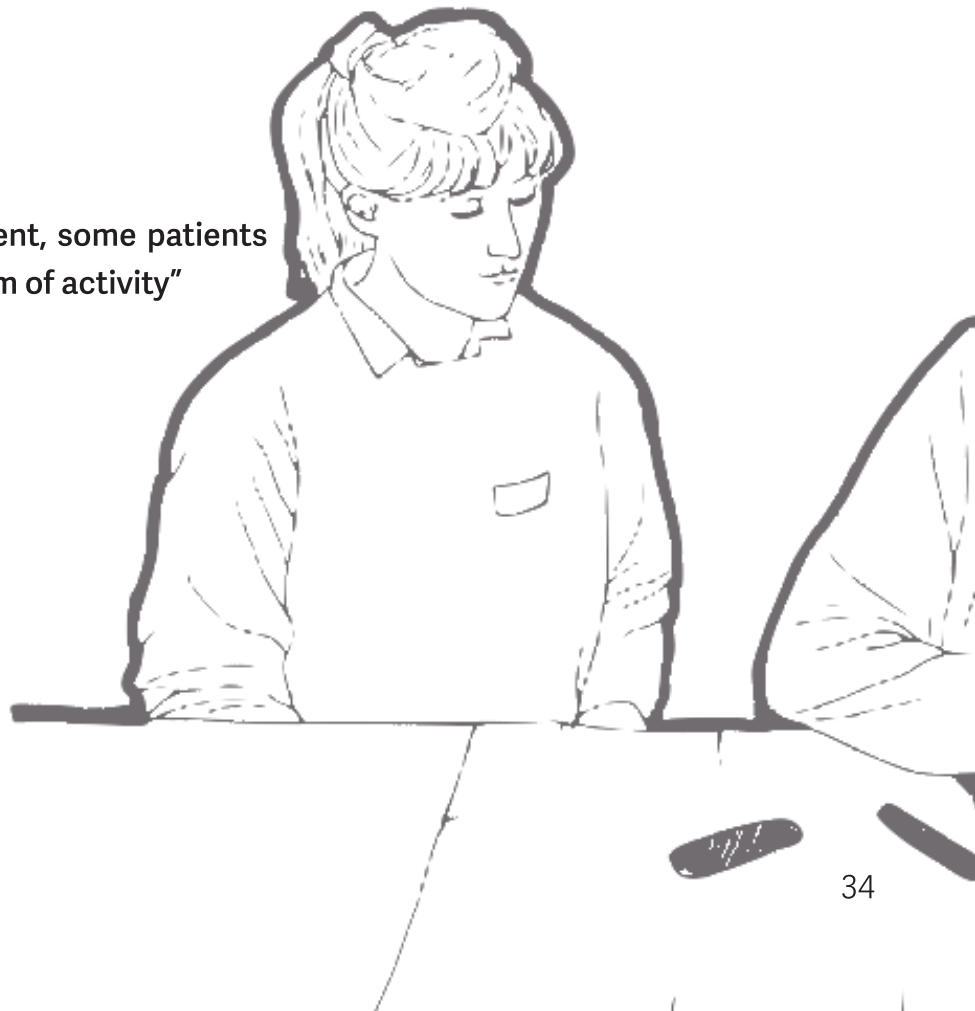
**"Healing is the hallmark of a hospital"**

**"Patients had nothing to do than to walk around the inside air in courts, and now one of the first things I did was to soar down the railings"**

**"Occupational therapy"**

**"Along the improvement of treatment, some patients were now being given a new program of activity"**

**"These drugs promised the end of locked doors and iron bars"**



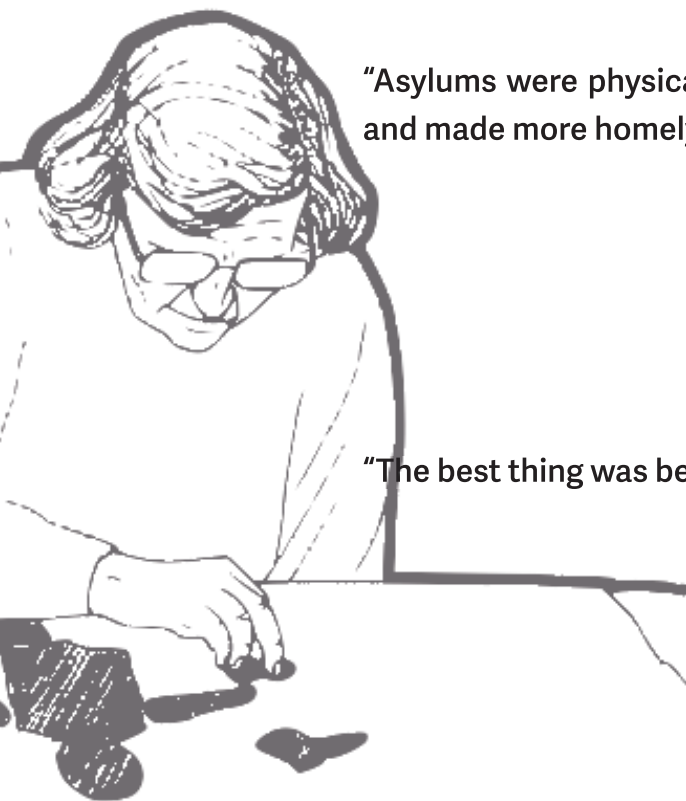
**"First hospitals were now experimenting with an open-door policy, something that would have once been anathema to the ethos of asylum"**

**"The first thing we did apart from improving the clothing and decoration of a place was to find occupation, I worked on the principle that unemployment was evil"**

**"A more humane approach to care on the wards"**

**"Asylums were physically spruced up, decorated and made more homely"**

**"The best thing was being free"**



## ALTERNATIVES TO LARGE SCALE HOSPITAL SETTINGS: FREUD'S OFFICE AND THE INFAMOUS ANALYTICAL COUCH

Approaching the theory of Sigmund Freud, a famous Austrian psychoanalyst, who conceived the term 'psychoanalysis' in 1896, creates a new dimension of how we are able to use design to promote a healing environment, which is worth mentioning. The term 'Psychoanalysis' describes the treatment of mental disorders, emphasizing on the unconscious mental process (Burton, 2015). Although the Freud House approaches the idea of buildings that heal, the space of treatment in this case study was composed of only two rooms. Freud's office and the consulting room. Freud's office was able to contradict existing spaces that would rather harm than heal.

In psychoanalysis, the 'setting' is a term "used to describe the main conditions of treatment, within which the psychoanalytic encounter occurs" (Rendell, 2017). Freud's office was able to create a residential-like feeling environment, a design method commonly used today, to make his patients feel comfortable, which today highlights the modernization of psychiatric treatment hospitals through spatial room separations, color, and texture, as well as natural light and evidence-based biophilic design.

The idea was to physically but not visually separate spaces, which refers to his office and the consulting room. The importance of mentioning this case study comes from Freud's use of modern design principles as metaphorical props to enhance the healing process of his patients. When entering the office, one would be confronted with a tightly clustered space, which aimed to enclose patients, by creating a so-called analytical box in the centre of the room, resulting in full exposure during examination. As one of the modern design principles, natural light was also of high importance and used to capture the vulnerability of his patients.

As doctor and patient moved to the consulting room, patients would lie down on the consulting couch. Patient exposure is minimized, and find themselves in a metaphorical 'protected enclave' (Weinthal, 2011), suggesting control and security (Rendell, 2017).



# “When making a decision of minor importance, I have always found it advantageous to consider all the pros and cons” - Sigmund Freud

The consulting chair was intentionally placed behind the couch, to give Freud the power of his patients, which at the time allowed for more effective treatment and healing.

Questioning the ethics behind Freud’s method of psychoanalysing patients. To what extent do Freud’s methods replicate the panopticon effect, as to authority having the power over a weaker figure? His system of psychoanalysis might have been able to heal patients at the time, however placed his patients in a very vulnerable position, which might not be a preferred method to use in today’s healing process. Simply re-positioning the couch and desk to allow therapist and patient to see one another addresses this power imbalance.



Figure 16: Sigmund Freud's Office



Figure 17: The Consulting Room



Figure 18: The Analytical Couch

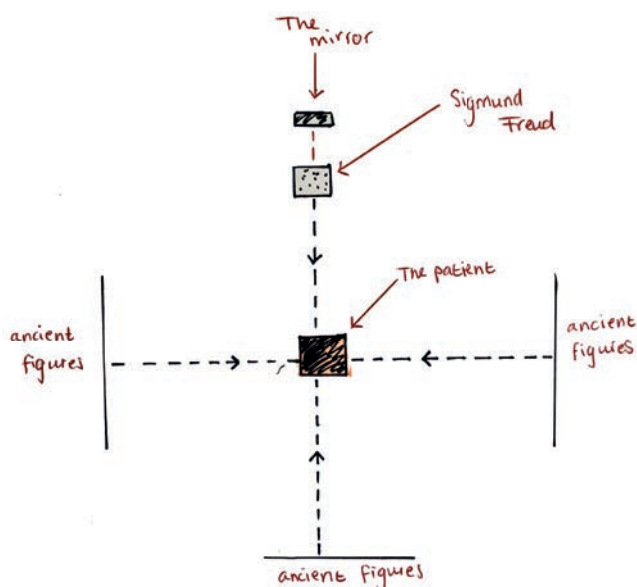


Figure 15: Visual demonstration of axial lines within the office to expose patients

# PART 2: BUILDINGS THAT HEAL



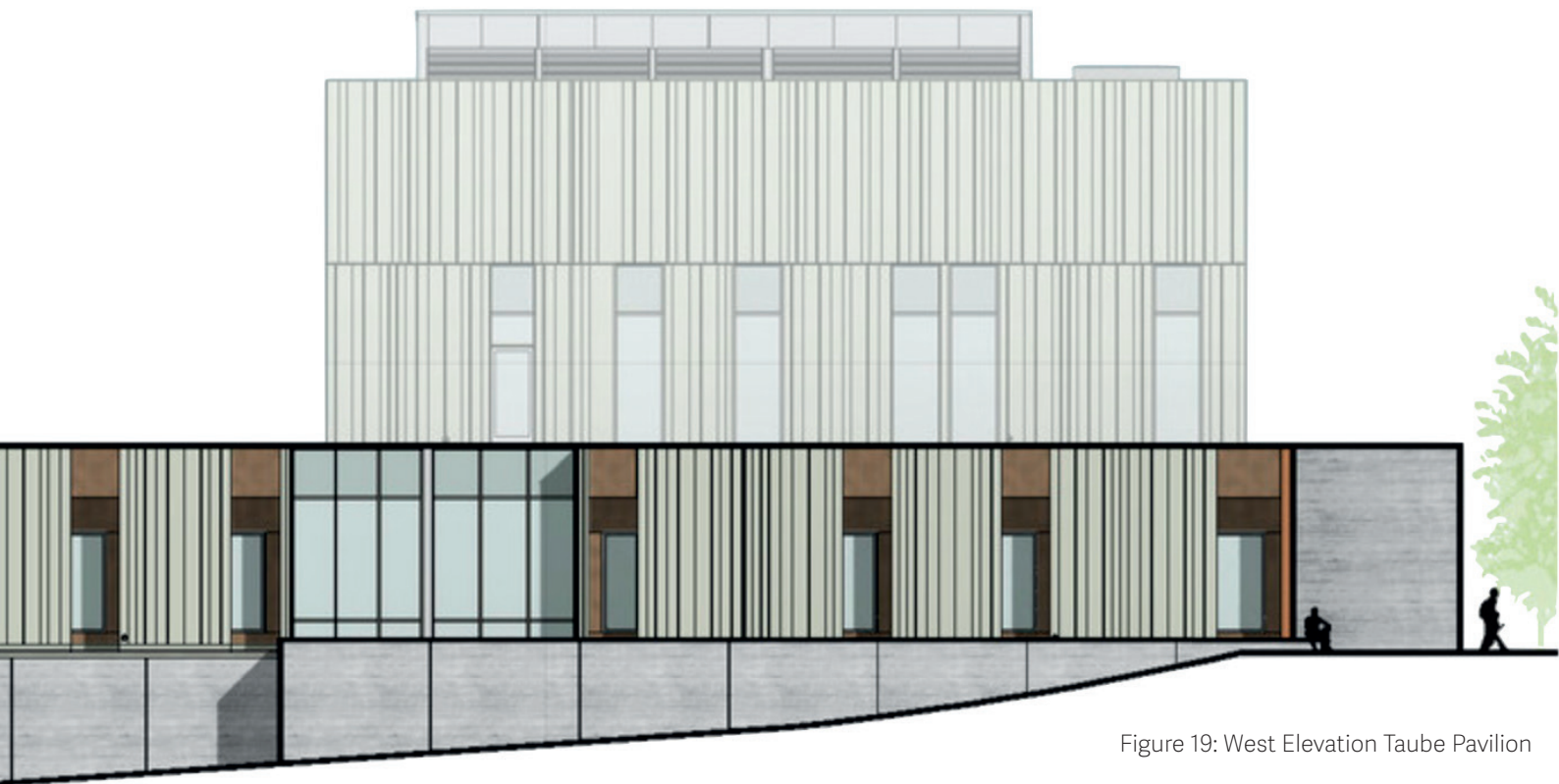


Figure 19: West Elevation Taube Pavilion

## The Evolution of Design:

Architecture for the mentally challenged should not differ but become rather sensitive (Grandhare, 2022). Considering the tragic past of mental asylums and their evolution through history, which eventually led to their closure and moving towards the system of Care in the Community, which also failed, as architects and designers, how are we able to step in to propose a solution to this problem? How are we capable of changing direction, to explore how good architecture can benefit our society and make us healthier?

## Evidence-based Biophilic Design

Humans are creatures of habit. We are drawn to nature to embrace tranquillity and get away from our busy urban life's. It has been proven, that being surrounded by nature has therapeutic properties and promotes mental well-being. In 1984, biologist E. O. Wilson conducted a people-nature experience, which suggests that human seek connections between nature and more forms of life (Hung, 2020). This emphasizes the concept of evidence-based Biophilic Design and its health benefits towards psychiatric environments. To identify design elements that contribute towards a healing environment, we must define what is meant by biophilic design and evidence-based design. Evidence-based design is defined as "a scientific analysis methodology that emphasizes the use of data acquired in order to influence the design process in hospitals. It measures the physical and psychological effects of the built environment on its users" (Alfonsi, Capolongo, Buffoli, 2014).

The design of psychiatric hospitals has changed significantly over the past decades as a result of shifts in understanding of mental illness. Recently developed, modern psychiatric hospitals are often designed with the intention of creating a welcoming, therapeutic environment that promotes healing and recovery (Shoemaker, 2010).

Biophilic design "promotes physical, emotional and intellectual well-being in humans when implemented into the built environment" (Whitehead, 2021). Emotional and intellectual well-being can be defined as persistently experiencing positive emotions, which translate into improved mental well-being, happiness, and learning/working performance. Implicating evidence-based biophilic design into our lives will not only benefit the general society but when used as a tool for psychiatric purposes can aid in the healing process of the mentally ill.





| <b>Evidence-based Principles</b> | <b>Mental Health Consideration</b>   |
|----------------------------------|--|
| Natural Light                    | Maximizing exposure to natural light has proven to increase mental well-being. Strategically placing windows, preferably floor to ceiling, enhances the vision connectivity between humans and nature. Furthermore, exposure to sunlight not only provides the body with Vitamin D, but cues special areas in the retina, which triggers the release of serotonin and ultimately promotes more positive emotions. This exposure to sunlight is called light therapy or photo therapy and is able to help combat depression (Nall, 2019, medically reviewed by J. Legg).  |
| Colour                           | Using color as a mental health treatment aid has proven to be quite effective and is known as color psychology. Certain colours have been associated with psychological changes (Cherry, 2022) like lowering of blood pressure, stress and anxiety levels, increased concentration, and overall positive mental health. Implementing color psychology into the psychiatric design field can impact moods, feelings and behaviours and ultimately improve the healing process.  |
| Residential Feeling              | To improve the healing process of patients facing mental health problems at psychiatric facilities, architects and designers aim towards making spaces feel more open and welcoming. This means working with open floor plans to create a homely feeling as well individual dormitory rooms, placing emphasis on privacy. Furthermore, this branches into comfortable artificial lighting conditions that create a relaxing and cosy atmosphere (Kenny, 2020).   |
| Living Architecture              | Introducing plants and flowers into a space, is what architects call biophilic design, as it promotes a healthy indoor air quality (Whitehead, 2021). When placed correctly, not only does it impact people's well-being but may also aid in the reduction of thermal costs, as when shielding direct sunlight, causes glare and heat build-up. With a new approach to psychiatric hospital design, promoted as healing and therapeutic, architects and designers were able to yield more calming and supportive environments, resulting in a successful healing process that will ultimately benefit society. |

Figure 20: Evidence-Based principles and their healing effect

## A Step towards Healing Spaces: Taube Pavilion El Camino Hospital

Sounds like a resort, designed by WRNS Studio, the Taube Pavilion, newly developed as part of the El Camino Hospital offers a healing experience. What does your stay at the Taube Pavilion look like? Waking up in a private room with a view over the wooded Santa Cruz Mountains, having breakfast in open and airy communal spaces and spending your free time in courtyards covered with nature during the day (Margolies, 2021). Doesn't that sound like a place you would want to be when facing mental issues. Drifting away from the outdated facilities and grim settings of the past, where patients were crowded into one room day and night, new research into the effects of design on our mental health has transformed mental health facilities into a more residential feeling building using evidence-based design, with welcoming entrances, smaller private living areas within bigger spaces and a variety of spacious communal areas featuring biophilic design (Lee, 2022). Considering one of the most important design principles, nature plays a major role in this newly developed mental health facilities.



Figure 21: The Exterior of the Taube Pavilion



Figure 22: Floor Plan of the Facility

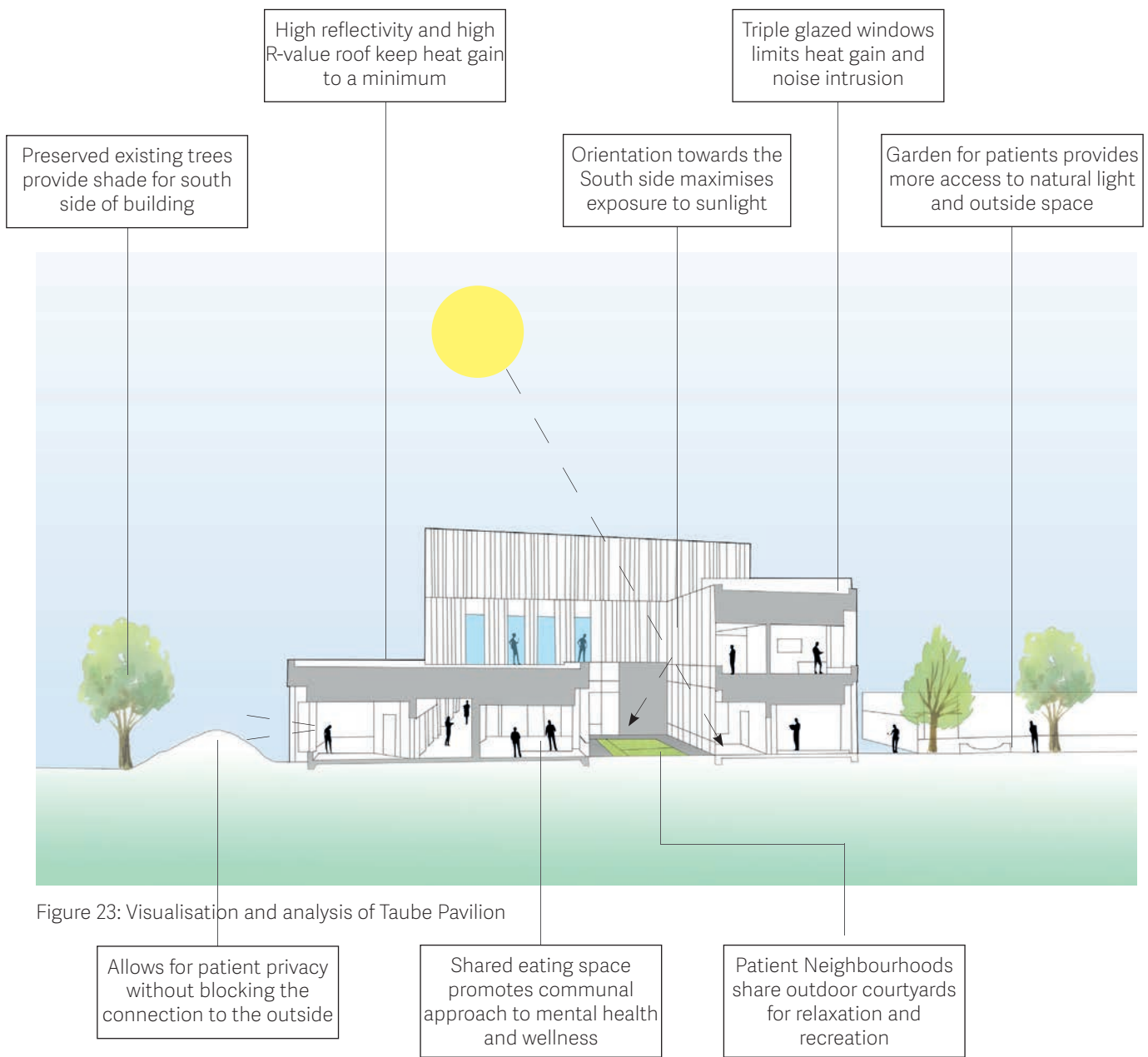


Figure 23: Visualisation and analysis of Taube Pavilion

|  |   |   |
|--|---|---|
|  |   |   |
| <p>The entrance of the wing features floor to ceiling windows, allowing a luminous amount of sunlight to pass into the space, bringing the exterior to the interior and connecting humans to nature. High ceilings open the space.</p> | <p>The facility also features an outside communal space, allowing individuals access to fresh air and nature by incorporating biophilic elements and natural materials. Mood created through artificial lighting gives a residential feeling.</p> | <p>The private care suites feature rich materials and soothing colours to create a comfortable atmosphere, that ultimately support the healing process of individuals. The bed looks comfortable and the large window dominates the room.</p> |

Figure 24: Welcome Area

## Lapinlahti Psychiatric Hospital in Helsinki, Finland

### **A progressive reimagining of a former Psychiatric Hospital - The Benefits of Retaining Physical Premises opposed to moving to Care in the Community**

Situated in a quiet area on the west side of downtown Helsinki, in 1841, the Lapinlahti became the first Psychiatric hospital in Finland. Post closure, after 160 years of operation was reopened in 2016 as a cultural centre. When the hospital's last patients were transferred into other facilities in 2008, the structure of the building was unsuitable for a modern health facility and remained empty for five years. Commencing the project in 2013, a group of mental health practitioners came together to transform the heritage complex into a cultural centre. With the decision of not only dedicating the space to arts and culture, but also mental well-being, the historical purpose of the complex was preserved.

**"Arts and culture are a great way of bringing people together...promote participation, a sense of belonging and mental well-being" (Doshi, 2022).**

The site hosts numerous free functions and activities, including art exhibitions, nature tours, workshops, art and music performances and alternative healing sessions to the conventional therapy session, hence attracting and welcoming a large group of users.

Individuals are able to visit the site at their own freedom, to experience the diverse occupations that offer a healing and mindful experience. The beautiful surrounding park and garden of the site was used as a benefit towards the successfulness of the site. Through art exhibitions and music, cultures are brought together which ultimately brings the community together and exposes freedom of expression.

The Lapinlahti community centre targets a wider audience range and proposes the ideal of what a mental health facility should appear to be.



Figure 27: Lapinlahti Centre Courtyard

## The Social and Political Factors in Finland that enabled this

Although the societal and political views towards mental disorders still involves stigma and discrimination (Mental Health Foundation, 2022), caring for individuals with mental health issues has significantly improved.

The UK has implemented a policy referred to as 'Care in the Community', defined as the 'de-institutionalization, treating and caring for physically and mentally disabled people in their homes rather than in an institution' (Department of Health, 2022). It refers to a system in which individuals with a reduced mental ability or mental disorder are allowed to continue living at home with provided treatment and are not kept in a hospital or forced to a mental institution, reflecting the past. The term 'De-institutionalization' can be defined as the 'process of replacing long-stay psychiatric hospitals with less isolated community mental health services for those diagnosed with a mental disorder or development disability'. However, whilst Care in the Community has many benefits, Lapinlahti shows what can be gained when re-imagining & re-purposing a site.

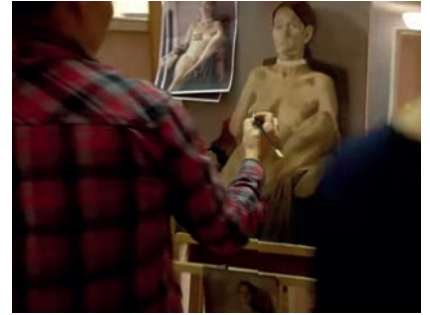


Figure 28: Interior Communal Area

Figure 29: Lapinlahti Communal Activities

# Princess Park Manor Residential Project

## What was lost when former Hospital Sites were sold off

After the closure of mental asylums that initiated during the 1980s after the implementation of Care in the Community, some of the abandoned properties were bought by developers who planned to enlarge the luxury flats market. A former historic lunatic asylum now luxury apartments? The former site of the Colney Hatch Asylum was developed into a residential project and is now known as Princess Park Manor. While the architecture of the building is identical, the blueprints and interior design have been altered to express the essence of residential luxury flats.

Although living in these newly developed luxury apartments in London may seem like a dream come true, but can one really feel at home when aware of what happened within these walls not too long ago? Questioning the moral intentions, the developer's website of these luxury residential complexes fails to mention the tragic fire of 1903, as well as the historic background of the building and its former function as an asylum for the insane. This might lead to a misperception in public opinion towards the project and can arouse issues towards the developer, resulting in the loss of vast amounts of money and respect.

Comparing the Princess Park Manor to the cultural centre in Helsinki, it can be argued that there was a missed opportunity by the government to use the existing site and transform it into a modernized mental health facility that benefits society. To an extent, this can be considered a loss of power by the government, and This arises the question: What would the site have become if the government would have increased its capital and invested this to build more and develop therapeutic progressive models of health care and healing environments?



Figure 30: Luxury Flat Bathroom



Figure 31: Princess Park Manor

# PART 3: AN ATTEMPT TO SOLVE

Re-imagining & Re-purposing a Former Psychiatric Hospital





## Re-imagining & Re-purposing

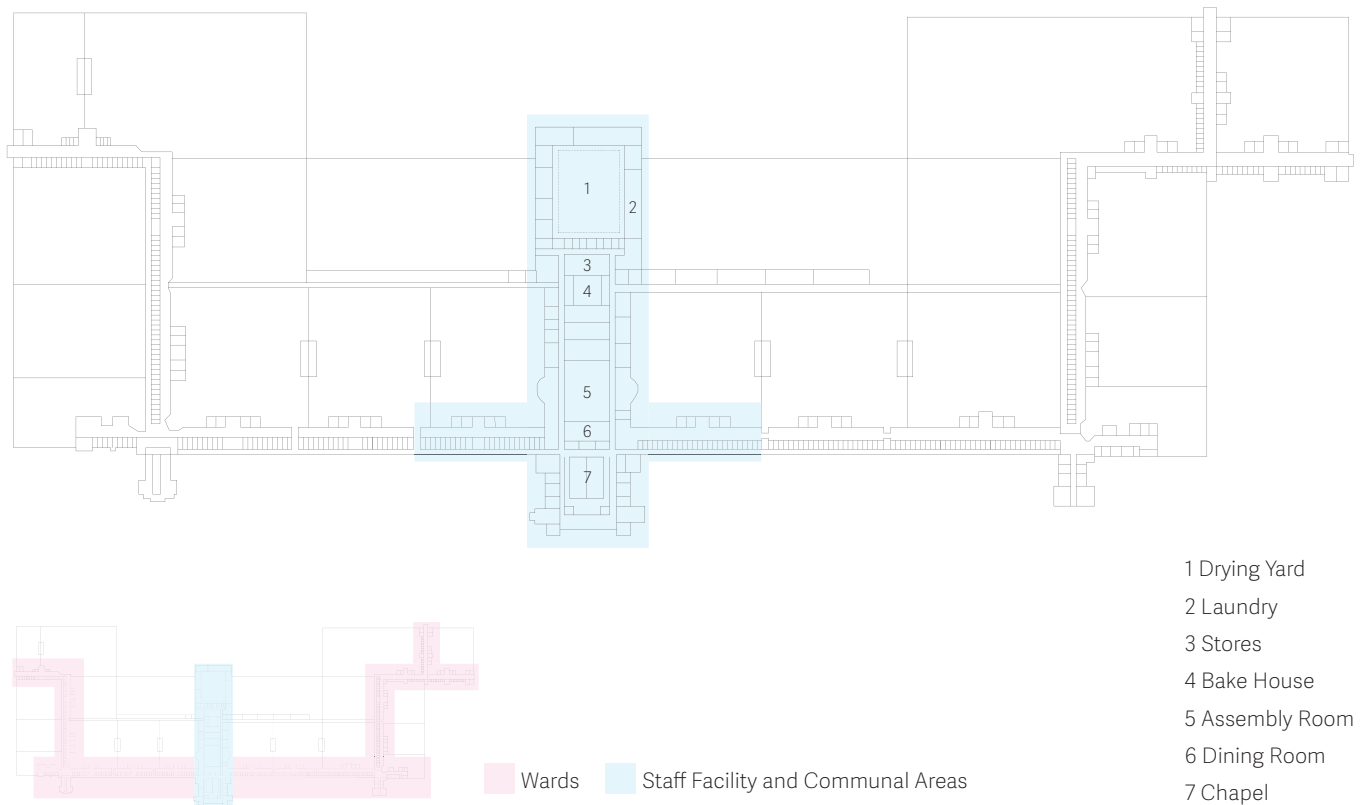
This section explores how a former psychiatric hospital can be re-imagined and re-purposed to promote a healing and therapeutic space for the whole community.

Using the existing historic premises of a former psychiatric hospital and transforming this into a modernized health facility can be a difficult task and comes with certain disadvantages and limitations with regards to social and economic factors:

| <b>Possible Limitations</b>        | <b>Research</b>   |
|------------------------------------|---|
| Cost of Renovation                 | Transforming a former psychiatric hospital into a modern health facility concerns economic factors as it might be very costly and requires an extensive amount of renovations to ensure that the modern building meets the modern healthcare standards.   |
| Restricted Space & Outdated Design | Due to poor design decisions in the past with no consideration of effective mental healthcare, it can be difficult to provide the desired healing experience and healthcare services.   |
| Stigma & Perception                | The history of these places and the possible stigma attached to mental health treatments may affect the public perception and dissuade individuals from seeking medical care there. Furthermore, this might also lead to a staffing problem, as mental health professionals may be hesitant to work at a facility with a history of abuse and mistreatment of patients. |
| Safety Issues                      | The outdated infrastructure and building systems that may not meet modern safety standards with concerns including insufficient ventilation systems and fire safety.  |
| Poor Architectural Decisions       | Former psychiatric hospital lacked windows and therefore access to natural light, to promote a healing environment, which may be challenging to implement into the existing building. Furthermore, blueprints need to be altered to eliminate miles of corridors and small rooms that result in a prison feeling.   |

Figure 32: Possible Limitations to Re-imagining & Re-purposing a former psychiatric hospital

## Colney Hatch Existing Floor Plan



- 1 Drying Yard
- 2 Laundry
- 3 Stores
- 4 Bake House
- 5 Assembly Room
- 6 Dining Room
- 7 Chapel

Figure 33: Colney Hatch Existing Floor Plan

### Design Considerations for a Modern Health Facility

How can we keep a medical space feeling as ‘normal’ as possible to help break the stigma encircling mental health issues? How can we create spaces that consider integration into the community? How can both of these design goals be accomplished while maintaining a safe environment for patients, staff and visitors? What to keep in mind during the design process:

1 Select safe materials that feel non-institutional but considering safety features, detailing and performance.

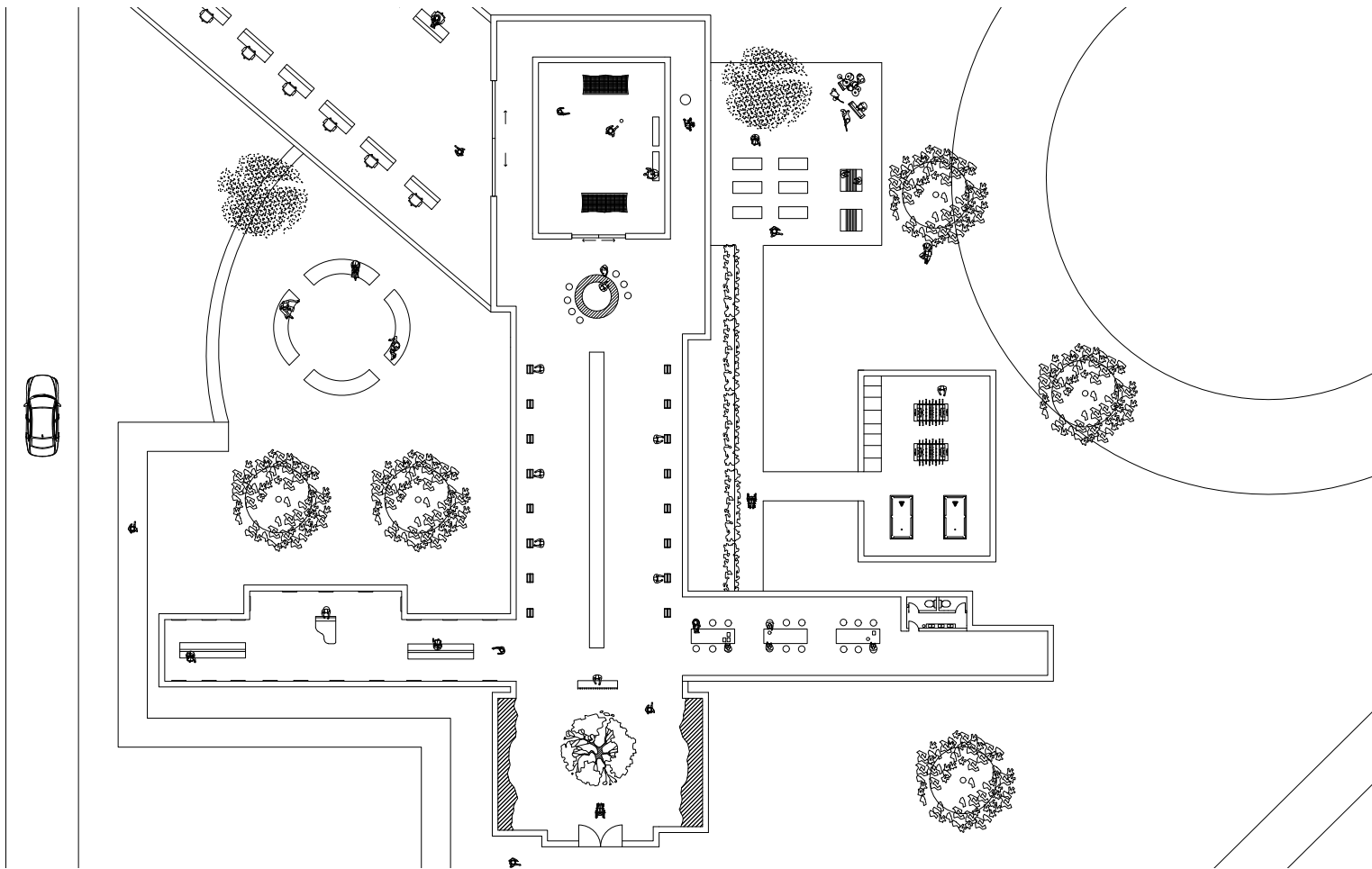
2 Creating open spaces that avoid promoting physical distancing and congestion through large outdoor areas, open planed communal spaces, wide corridors and large windows to promote healing.

3 Establishing a friendly atmosphere through a well considered reception area, open floor plan and clever colour and material choice. Biophilic elements help to connect humans to nature and initiate a healing experience.

4 Integrating art to create a welcoming space and provoke thoughts through recognizing the value that art has on a space. Art can engage, inspire and act as a positive distraction. Considering budget, art can also be in the form of patterns or artistic space dividers.

5 Make mental health accessible to the public through universal green spaces, visible access and a central location.

## Colney Hatch Re-imagined: A Proposed Transformation



1 Reception Area: Welcomes users and provides a seating opportunity for individuals

2 Arts and Painting Workshop: Individuals are able to observe but also create their own art

3 Exhibition Gallery: The gallery features work created by individuals visiting the site, users are able to observe and listening to the live music

4 Sculpture workshop: Individuals are able to hand craft and participate in group/team work activities

5 Cafe/Bar: Towards the end of the arts and painting workshop, users find a cafe during the day and bar during the night

6 Working Space: Specifically targeting students who need a work/study place, individuals of all age can come in and work

7 Football Court: The former courtyard remains and now features a football court to encourage physical activity

8 Communal Space: This outdoor area features yoga classes and a live music band, both ran by locals

9 Recreation Area: This space features pool tables and table football tables to allow users to interact and engage

10 Outdoor Spaces: To enable human and nature connection, the centre features numerous outdoor spaces with provided seating area and greenery

Figure 34: Re-imagining & Re-purposing Colney Hatch Proposed Floor Plan

## Colney Hatch Re-imagined: A Colourful Experience



Figure 35: The Rendered Experience of the Former Colney Hatch Site turned into a Community Centre bringing together Society

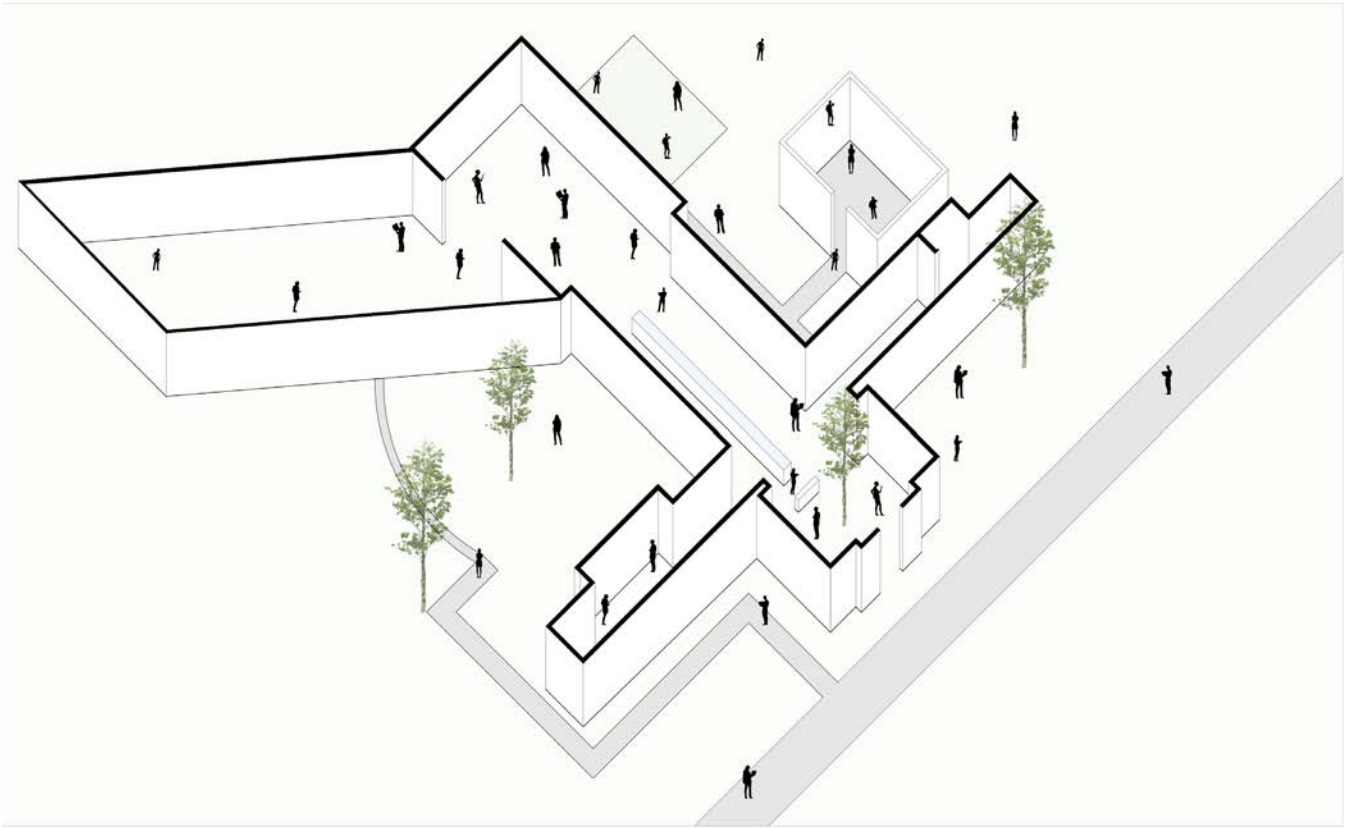


Figure 36: Axonometric Inhabitation of Community Space and Biophilic Elements

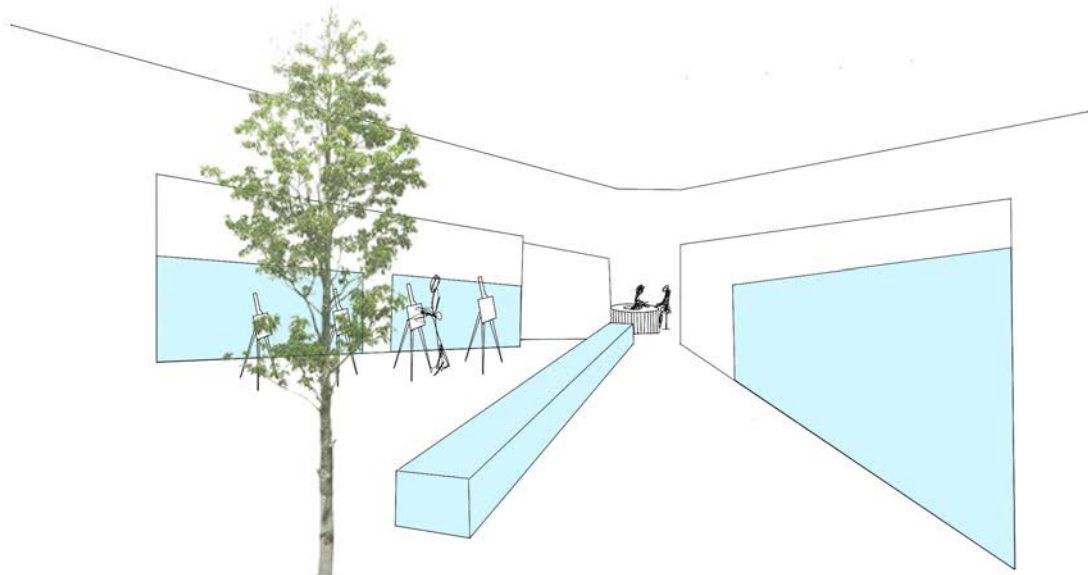


Figure 37: Perspective Sketch of Main Hall (Arts and Painting Workshop)

# CONCLUSION

This paper has aimed to answer the following research question: To what extent have buildings that harmed developed into buildings that heal, considering social, political, and scientific factors branching into research and technological development? Through transformation, change and development, it has been proven that buildings that harmed have in fact turned into buildings that now heal. The architecture of former asylums was meant to express the notions of their day and are now no longer existent to express the tragedies of history. Society's perception towards mental health and its treatment method has changed dramatically and is increasingly shifting towards using architecture and design, alongside medication and therapeutic sessions/care taking, to propose a community space that heals and cures.

These findings indicate the desire for further improvements in psychiatric hospital design to eliminate the term 'Harm' and replace this with the term 'Heal'. With further technological and research advancements we are able to use design as a method of change for the better to improve the state of mind and body of many individuals. It is also evident that due to social and political shifts in attitudes towards mental health and its treatment, over time and essentially the development of technology and design all contributed towards the evolution of the psychiatric world. Furthermore, based on these conclusions, using evidence-based biophilic design, architects and designers have the power to create a healing environment that promotes patient recovery.

What will the future of mental health facilities look like? How is architecture and design able to shape our society to create a mentally healing world, resulting in a healthier life? Lessons from the past must be learned to ensure that spaces that contained, restricted and punished no longer feature in any aspect of the spaces of future mental health recovery.



# Bibliography

## BOOKS:

- Battisto, D., and Jacob J., W. (2020) *Architecture and Health: Guiding principle for Practice*. Routledge, Taylor & Francis Group, 2020.
- Channon, B. (2018). *Happy by Design : A Guide to Architecture and Mental Wellbeing*. London: Riba Publishing.
- Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.
- Foucault, M. (2001). *Madness and Civilization: A History of Insanity in the Age of Reason*. Routledge, New York
- Goffman, E. (2007). *Asylums: Essays on the Social Situation of Mental Patients and other Inmates*. Routledge, New York ; First edition
- Laing, R. D. (1967). *The Politics of Experience and The Bird of Paradise*. Penguin Books, United Kingdom ;
- MacKenzie, D.E., Kiepek, N., Picketts, L., Zubriski, S., Landry, K. and Harris, J. (2021). Exploring simulation design for mental health practice preparation: a pilot study with learners and preceptors. *The Open Journal of Occupational Therapy*, 9(4), pp.1–17. doi:10.15453/2168-6408.1799.
- Mcgrath, L. and Reavey, P. (2019). *The handbook of mental health and space : community and clinical applications*. London ; New York: Routledge.
- Nickl-weller, C. (2017). *Healing Architecture: Research and Teaching*. Germany : Braun Publishing
- Pasha, S. and Shepley, M.M. (2017). *Design for Mental and Behavioral Health*. Milton Park, Abingdon, Oxon ; New York: Routledge.
- Rendell, J. (2017) *The Architecture of Psychoanalysis: Spaces of Transition*. I.B. Taurus
- Riley, S. (2019). *Mindful design : how and why to make design decisions for the good of those using your product*. Berkeley, California: Apress, New York, Ny.
- Rogerson, M., Haines-Delmont, A., McCabe, R., Brown, A. and Whittington, R. (2021). The relationship between inpatient mental health ward design and aggression. *Journal of Environmental Psychology*, 77, p.101670. doi:10.1016/j.jenvp.2021.101670.
- Tchi, R. (2019). *Feng shui for healing : a step-by-step guide to improving wellness in your home sanctuary*. Emeryville, California: Rockridge Press.
- Wendel, S. (2014). *Designing for behavior change : applying psychology and behavioral economics*. Beijing: O'reilly.
- Winterbottom, D.M. and Wagenfeld, A. (2015). *Therapeutic gardens : design for healing spaces*. Portland, Oregon: Timber Press.



## WEBSITES:

Amhp, T.M. (2012). The Masked AMHP: A Stroll Down Memory Lane: The Lunatic Asylums Act 1853. [online] The Masked AMHP. Available at: <https://themaskeamhp.blogspot.com/2012/05/stroll-down-memory-lane-lunatic-asylums.html> [Accessed 15 Nov. 2022].

Architizer. (2018). How bad architecture can make us sick. Available at: <https://architizer.com/blog/inspiration/stories/bad-architecture-harmful-to-health/> [Accessed 10 March 2023].

Batty, D. (2021). NHS trusts urged to ditch Oxehealth system that allows covert surveillance of mental health patients. The Guardian. Available at: <https://www.theguardian.com/society/2021/dec/13/nhs-trusts-urged-to-ditch-oxehealth-system-covert-surveillance-mental-health-patients> [Accessed 12 March 2023].

Bradford, A. (2016). Sigmund Freud: Life, Work & Theories. [online] Live Science. Available at: <https://www.livescience.com/54723-sigmund-freud-biography.html> [Accessed 22 Dec. 2022].

Cherry, K. (2021). The Psychology of Color: How Color Affects Human Behavior. Verywell Mind. Available at: <https://www.verywellmind.com/color-psychology-2795824> [Accessed 4 March 2023].

Denny, F. (n.d.). The Architecture of Madness: An analysis of English Psychiatric Institutions since the Eighteenth Century. www.academia.edu. [online] Available at: [https://www.academia.edu/15363989/The\\_Architecture\\_of\\_Madness\\_An\\_analysis\\_of\\_English\\_Psychiatric\\_Institutions\\_since\\_the\\_Eighteenth\\_Century](https://www.academia.edu/15363989/The_Architecture_of_Madness_An_analysis_of_English_Psychiatric_Institutions_since_the_Eighteenth_Century) [Accessed 17 Nov. 2022].

Ding, S. (2016). Evidence-based design utilized in hospital architecture and changing the design process: a hospital case study. [online] mospace.umssystem.edu. Available at: <https://mospace.umssystem.edu/xmlui/handle/10355/62509> [Accessed 3 Jan. 2023].

Doshi, R. (2022). What to do and see at Finland's mental hospital turned visitor attraction. [online] South China Morning Post. Available at: <https://www.scmp.com/lifestyle/travel-leisure/article/3203505/what-see-and-do-finlands-oldest-mental-hospital-helsinki-reborn-cultural-centre-and-tourist> [Accessed 26 Nov. 2022].

Burton, Eleanor S. (2015). Sigmund Freud. The Institute of Psychoanalysis. Available at: <https://psychoanalysis.org.uk/our-authors-and-theorists/sigmund-freud> [Accessed 22 Dec. 2022].

Ethics Centre Australia. (2017). Ethics explainer: Panopticon – What is the panopticon effect? Available at: <https://ethics.org.au/ethics-explainer-panopticon-what-is-the-panopticon-effect/> [Accessed 12 March 2023].

Green Cap Tours. (n.d.). Lapinlahti – Former psychiatric hospital – Unique Helsinki experience. Available at: <https://greencaptours.com/lapinlahti-former-psychiatric-hospital-unique-helsinki-experience/> [Accessed 28 Feb. 2023].

Guy, Leanne (n.d.). Design for mental health: The role of the built environment. Available at: <https://www.hassellstudio.com/conversation/design-for-mental-health> [Accessed 3 Feb. 2023].

Lee, L. (2022). Mental Health Pavilion at El Camino Hospital by WRNS Studio. [online] www.architecturalrecord.com. Available at: <https://www.architecturalrecord.com/articles/14703-mental-health-pavilion-at-el-camino-hospital-by-wrns-studio> [Accessed 2 Jan. 2023].

Margolies, J. (2021). A New Tool in Treating Mental Illness: Building Design. New York Times. [online] 5 Jan. Available at: <https://www.nytimes.com/2021/01/05/business/mental-health-facilities-design.html>. [Accessed 3 Feb. 2023].

Mayes, A. (2012). St Bernard's Gate: Brand new apartments with a historic past. [online] LiFE Residential. Available at: <https://liferesidential.co.uk/news/st-bernards-gate-brand-new-apartments-crazy-past/> [Accessed 22 Dec. 2022].

Meier, A. (2017). Studying the Design of a 19th-Century Mental Asylum. [online] Hyperallergic. Available at: <https://hyperallergic.com/373920/architecture-of-an-asylum-building-museum/> [Accessed 12 Dec. 2022].

Ottin, T. (2022). What Was Life Like in a Victorian Mental Asylum? [online] History Hit. Available at: <https://www.historyhit.com/life-in-a-victorian-mental-asylum/> [Accessed 11 Dec. 2022].

Parrish, S. (2015). The Panopticon Effect. [Blog]. Available at: <https://fs.blog/the-panopticon-effect/> [Accessed 4 March 2023].

Pring, J. (2021). Deep concern over high-tech system that allows covert surveillance of service-users. Available at: <https://www.disabilitynewsservice.com/deep-concern-over-high-tech-system-that-allows-covert-surveillance-of-service-users/> [Accessed 4 March 2023].

Roberts, D. (2021, January 5). Designing mental health facilities that respect dignity and promote well-being. The New York Times. Available at: <https://www.nytimes.com/2021/01/05/business/mental-health-facilities-design.html> [Accessed 15 March 2023].

Science Museum (2018). A Victorian Mental Asylum | Science Museum. [online] Science Museum. Available at: <https://www.sciencemuseum.org.uk/objects-and-stories/medicine/victorian-mental-asylum> [Accessed 20 Oct. 2022].

Staczek, D. (2019). Is Bad Architecture Harmful to Our Health? - Architizer Journal. [online] Journal. Available at: <https://architizer.com/blog/inspiration/stories/bad-architecture-harmful-to-health/> [Accessed 27 Dec. 2022].

VPRO Documentary. (2019). The Panopticon: A prison that changed the world – Future Affairs [Video]. YouTube. Available at: <https://www.youtube.com/watch?v=oswUssXzFIY> [Accessed 28 Feb. 2023].

West, C. (2018). 12 Mental Health Design Principles to Replace This Thing. [online] Mad In America. Available at: <https://www.madinamerica.com/2018/07/12-mental-health-design-principles-replace-thing/> [Accessed 19 Nov. 2022].

Whitehead, J. (2021). Ways Biophilic Design Promotes Human Health and Well-being — Art and Design. [online] uca.edu. Available at: <https://uca.edu/art/2021/03/30/ways-biophilic-design-promotes-human-health-and-well-being/> [Accessed 9 Nov. 2022].

West, C. (2018). 12 Mental Health Design Principles to Replace This Thing. [online] Mad In America. Available at: <https://www.madinamerica.com/2018/07/12-mental-health-design-principles-replace-thing/> [Accessed 19 Nov. 2022].

Wordvice (2021). How To Present Study Limitations and Alternatives. [online] Wordvice. Available at: <https://blog.wordvice.com/how-to-present-study-limitations-and-alternatives/> [Accessed 20 Oct. 2022].

World Health Organization (2022). Mental disorders. [online] Who.int. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-disorders> [Accessed 3 Dec. 2022].

## JOURNALS:

- Alfonsi, E., Capolongo, S. and Buffoli, M. (2014). Evidence Based Design and healthcare: an unconventional approach to hospital design. *Annali Di Igiene: Medicina Preventiva E Di Comunita*, [online] 26(2), pp.137–143. doi:10.7416/ai.2014.1968.
- Davidson, L., Rakfeldt, J., & Strauss, J. (2010). *The roots of the recovery movement in psychiatry: Lessons learned*. John Wiley & Sons, Ltd. doi: 10.1002/9780470661277.ch10
- Duxbury, J. (2002). An evaluation of staff and patient views of and strategies employed to manage inpatient aggression and violence on one mental health unit: a pluralistic design. *Journal of Psychiatric and Mental Health Nursing*, 9(3), pp.325–337. doi:10.1046/j.1365-2850.2002.00497.x.
- Ha, J. H., Kim, J., Kim, D. J., Kim, H., & Bae, S. J. (2011). An interactive mobile-based system for personalized stress monitoring. *Journal of Medical Systems*, 35(5), 1235-1243. doi: 10.1007/s10916-010-9538-3
- Levin, A. (2007). Psychiatric Hospital Design Reflects Treatment Trends. *Psychiatric News*, 42(2), pp.9–31. doi:10.1176/pn.42.2.0009.
- Malathouni, C. (2020). Beyond the asylum and before the 'care in the community' model: exploring an overlooked early NHS mental health facility. *History of Psychiatry*, 31(4), pp.455–469. doi:10.1177/0957154x20945974.
- Mclaughlan, R., Lyon, C. and Jaskolska, D. (2020). Architecture as change-agent? Looking for innovation in contemporary forensic psychiatric hospital design. *Medical Humanities*. [online] doi:10.1136/medhum-2020-011887.
- Seppänen, A., Törmänen, I., Shaw, C. and Kennedy, H. (2018). Modern forensic psychiatric hospital design: clinical, legal and structural aspects. *International Journal of Mental Health Systems*, [online] 12(1). doi:10.1186/s13033-018-0238-7.
- Seligman, M. E., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, 61(8), 774-788. doi: 10.1037/0003-066X.61.8.774
- Shoemaker, L.K., Kazley, A.S. and White, A. (2010). Making the Case for Evidence-Based Design in Healthcare: A Descriptive Case Study of Organizational Decision Making. *HERD: Health Environments Research & Design Journal*, 4(1), pp.56–88. doi:10.1177/193758671000400105.
- Van Voorhees, E. E., Scarpa, A., Fremont, W. P., & McAleavey, A. A. (2018). Changes in distress, hope, and coping self-efficacy in adults with serious mental illness: A pilot study of a peer-to-peer digital network. *International Journal of Mental Health Systems*, 12(1), 1-10. doi: 10.1186/s13033-018-0238-7
- Xiong, G. L., Bermudes, R. A., & Torres, S. N. (2014). A review of mindfulness-based interventions for mental health. *Journal of Clinical Psychology*, 70(6), 539-555. doi: 10.1002/jclp.22057

## LIST OF FIGURES:

- Fig. 1  
Frearson, A. (2015). Thomas Heatherwick's Maggie's Yorkshire gets green light. [online] Dezeen. Available at: <https://www.dezeen.com/2015/08/04/thomas-heatherwick-leeds-yorkshire-maggies-centre-green-light-pot-plants/>.
- Fig. 2  
Moyle, W.S. (2020). The Derivations of Charles Koch. [online] American Affairs Journal. Available at: <https://americanaffairsjournal.org/2020/02/the-derivations-of-charles-koch/>
- Fig. 3  
Social and Political Factors during Victorian Era
- Fig. 4  
Shone, T. (2013). Surveillance State. The New York Times. [online] 18 Jul. Available at: <https://www.nytimes.com/2013/07/21/books/review/the-panopticon-by-jenni-fagan.html>.
- Steadman, P. (2007). 1791 design for the Panopticon by Jeremy Bentham. Research Gate. [online] Available at: [https://www.researchgate.net/figure/1791-design-for-the-Panopticon-by-Jeremy-Bentham-Samuel-Bentham-and-the-architect-Willey\\_fig15\\_277987398](https://www.researchgate.net/figure/1791-design-for-the-Panopticon-by-Jeremy-Bentham-Samuel-Bentham-and-the-architect-Willey_fig15_277987398)
- Fig. 5  
Pring, J. (2021). 'Deep concern' over high-tech system that allows 'covert surveillance' of service-users. [online] Disability News Service. Available at: <https://www.disabilitynewsservice.com/deep-concern-over-high-tech-system-that-allows-covert-surveillance-of-service-users/>.
- Fig. 6  
Oxehealth. (2023). Oxevision - Oxehealth. [online] [www.oxehealth.com](http://www.oxehealth.com). Available at: <https://www.oxehealth.com/oxevision>.
- Fig. 7  
Hilton, C. (2021) Colney Hatch Lunatic Asylum, Southgate, Middlesex, Panoramic View. Research Gate. [online] Available at: [https://www.researchgate.net/figure/Colney-Hatch-Lunatic-Asylum-Southgate-Middlesex-panoramic-view-undated-Wellcome\\_fig2\\_346514437](https://www.researchgate.net/figure/Colney-Hatch-Lunatic-Asylum-Southgate-Middlesex-panoramic-view-undated-Wellcome_fig2_346514437)
- Fig. 8  
Jessel, A. (2010) A Mental History of the Madhouse. BBC. [online] Available at: <https://www.youtube.com/watch?v=Z0vuheEKMml>
- Fig. 9  
Jessel, A. (2010) A Mental History of the Madhouse. BBC. [online] Available at: <https://www.youtube.com/watch?v=Z0vuheEKMml>
- Fig. 10  
Hilton, C. (2021) Colney Hatch Lunatic Asylum. Research Gate. [online] Available at: [https://www.researchgate.net/figure/Colney-Hatch-Lunatic-Asylum-Southgate-Middlesex-panoramic-view-undated-Wellcome\\_fig2\\_346514437](https://www.researchgate.net/figure/Colney-Hatch-Lunatic-Asylum-Southgate-Middlesex-panoramic-view-undated-Wellcome_fig2_346514437)
- Fig. 11  
Donovan, J. (2010) The corridor had a distinctive honeycomb ceiling. Friern Barnet Photo Archive. Available at: <http://www.friern-barnet.com/picture/number2361.asp>
- Fig. 12  
Jessel, A. (2010) A Mental History of the Madhouse. BBC. [online] Available at: <https://www.youtube.com/watch?v=Z0vuheEKMml>
- Fig. 13  
Jones, R. (2017). A Disastrous Fire At Colney Hatch Asylum - 27th January 1903. [online] [www.jack-the-ripper-tour.com](http://www.jack-the-ripper-tour.com). Available at: <https://www.jack-the-ripper-tour.com/generalnews/fire-at-colney-hatch/> [Accessed 18 Apr. 2023].
- Fig. 14  
Godwin, F. (1970). Ronald David Laing. National Portrait Gallery. [online] Available at: <https://www.npg.org.uk/collections/search/person/mp06456/ronald-david-laing>
- Fig. 15  
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- Fig. 16-18  
Freud Museum London (2018). Freud Museum London Digital Archive. Freud Museum London. [online] Available at: <https://www.freud.org.uk>

Fig. 19, 21, 22, 24-26

Bitterman, J. (2019) The Behavioural Health Services Taube Pavilion in Mountain View, WRNS Studio. The Plan. [online] Available at: <https://www.theplan.it/eng/award-2021-health/the-behavioral-health-services-taube-pavilion-in-mountain-view-wrns-studio>

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Stane, S. (2022). Lapinlahti Hospital. Atlas Obscura. [online] Available at: <https://www.atlasobscura.com/places/lapinlahti-hospital>

Fig. 28

Pila. (2017). Hidden Secret of Helsinki. Lapinlahti Former Psychiatric Hospital. Word Press. [online] Available at: <https://tickettoadventures.wordpress.com/2017/09/10/finland-helsinki-lapinlahti-psychiatric-hospital/>

Fig. 29

Lähde, L. (2022). Welcome to Lapinlahden Lähde. Youtube. [online] Available at: <https://www.youtube.com/watch?v=55t7fLZJXDc>

Fig. 30,31

Richardson, H. (2020). Stunning flat in development loved by celebs goes on sale for £900K. [online] Mail Online. Available at: <https://www.dailymail.co.uk/femail/article-8864747/Luxurious-flat-development-popular-celebs-goes-sale-900-000.html> [Accessed 18 Apr. 2023].

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Unknown. (2018). Plans of Men's division blocks at Broadmoor Criminal Asylum. Look and learn. [online] Available at: <https://www.lookandlearn.com/history-images/YW038516L/Plan-of-Mens-Division-blocks-at-Broadmoor-Criminal-Asylum>

Unknown. (2016). The Mental Health Benefits of Art. Custom canvas prints. [online] Available at: [https://store.customcanvasprints.com/blog/blog\\_posts/benefits-of-art](https://store.customcanvasprints.com/blog/blog_posts/benefits-of-art)

Pg. 18-19

Schweitzer, A. (2017). The Sorrow And The Beauty: D.C.'s St. Elizabeths. [online] WAMU. Available at: <https://wamu.org/story/17/03/29/sorrow-beauty-d-c-s-st-elizabeths/>.

Pg. 22

Glitano, A. (2018). Pencil Drawings devoted to dejavu phenomenon. Twitter. [online] Available at: <https://twitter.com/antonioglotano/status/992764136504418305?lang=de>

Pg. 36

Bulgaria, M. (n.d) Sigmund Freud Illustration, Psychology. Pinterest. [online] Available at: <https://www.pinterest.co.uk/pin/247909154467525512/>



# APPENDIX

## Site Visit #1: Bethlem Museum of the Mind & Bethlem Royal Hospital in Beckenham

23. February 2023

### 9:45 - Arrival at the Site

On another rainy day in London, I took the train to Beckenham to visit the Bethlem Museum of the Mind, which was located on the site of the Bethlem Royal Hospital, which believed to be the world's oldest psychiatric hospital. The most common known name for the facility is 'Bedlam' and became the identifier for the chaos that was often associated with the early care for mental health. The main entrance of the campus is a large gate and is open to visitors all day. To the left was a large reception building and to the right a little chapel, used by the patients staying at the facility. A two minute walk and a round about later, I arrived at the entrance of the Bethlem Museum, which was the first stop.

### 9:50 - Walking into the Museum

#### Ground Floor

Upon entering the museum, visitors are confronted with two large sculptures made of Portland stone (Figure 2 above), by Caius Gabriel Cibber in 1676, representing the raving and melancholy madness, which between the years of 1676 - 1815 were mounted on Bethlem's gateposts. Due to the limited knowledge within the psychiatric field, 'raving' and 'melancholy' were the two categories by which mental disorders were understood. The statues serves as a symbol for the hospital and after the relocation of Bethlem, to the South of the Thames in 1815, they were installed in the new building. In 1858 they were exhibited in the South Kensington Museum and 30 years later in the Guidehall Museum. In 1970, they finally returned to Bethlem and in 2014 were conserved and mounted to their current position.



Figure 1: Bethlem Museum



Figure 2: 'Raving Madness' Statue in Entrance

The first exhibition, 'Being Present' was located on the ground floor and represents a group exhibition by artists from Bethlem Gallery and Primary, Nottingham. This was an opportunity for artists to come together and connect as they were navigating varying levels of isolation and living in different areas of the country during the Pandemic. The exhibition explores the meanings of being present, and the nature and practice of collaboration. This was very interesting and there was one series of multi-media artworks that particular grabbed my attention due to its use of color and expression of emotions.



Figure 3: 'Being Present' Exhibition

By 1403, the hospital had housed 6 'insane patients' and by 1676 the hospital was relocated to a new site in Moorfield, now featuring a newly developed large impressive building designed by Robert Hooke. Phrenology and Physiognomy were two practices commonly used during the 19th century as treating methods had developed over time. The exhibition also shed light on the act of chemical and physical restraint, treating individuals like inmates rather than patients.

Phrenology: Science of the brain used by psychiatrists in the 19th century

Physiognomy: Practice of trying to assess a person's character and mental health/state by looking at facial features

Overall the exhibition allowed me to obtain new dimensions of knowledge on this dissertation topic and after talking to a staff member, I became familiar with more of the history and the architectural style of the facility and site itself, which was very helpful.

#### 11:00 - Exiting the museum & Starting tour of Campus

After the exhibition, we took a walk around the campus of the facility. This exploration came with two limitations, as no pictures were allowed to be taken and we were not allowed to enter the buildings, due to patient confidentiality.

#### First Floor

Moving to the first floor, I came across a timeline that ranges from 1247, when Bethlem Hospital was established by Simon FitzMary all the way up to what it is today. The exhibition was very interesting and featured artworks created by patients staying at Bethlem Hospital or its sister hospital Maudsley. This included one artwork, which was very interesting, painted by Charlotte Johnson Wahl. She was not a patient at the hospital, but the painting was part of a show that she contributed in for the Maudsley Hospital. The gallery was divided into four different categories, taking visitors through the stages of labelling and diagnosis, freedom and constraint, heal or harm and recovery. This exhibition layout guided visitors through the gallery efficiently.

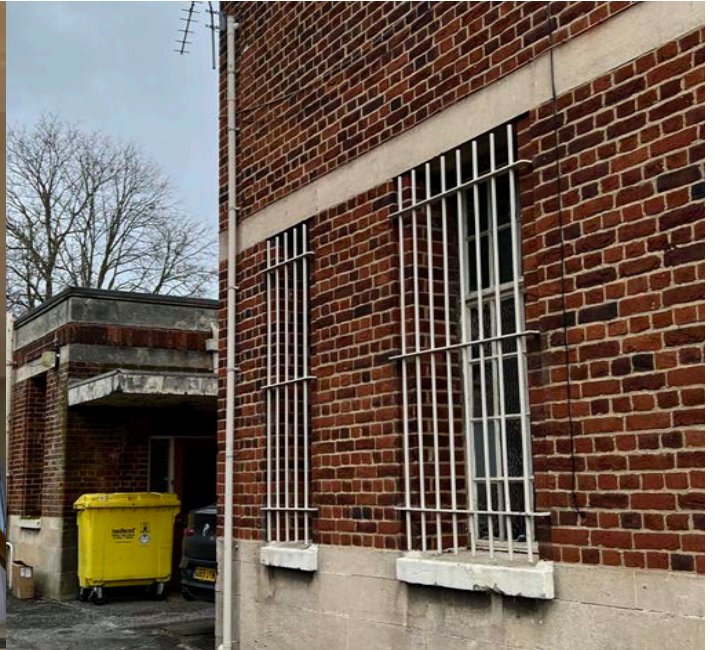
The architectural style of the buildings follows villa style and simple brick design, to create a residential feeling, aiding in the healing process of individuals. The facility itself is a medium security system; as opposed to Broadmoor, which is a high security facility; featuring security cameras and partial electrified fencing. Moreover, some of the windows were covered with metal bars, which gave the impression of a prison like environment. The overall setting of the campus seems quite oppressing for patients staying at the facility. One of the benefits was the communal areas including many outside spaces, a bowling centre, coffee shops, a chapel and many more. This gives patients the freedom to part take in any desired communal activities to enhance the overall healing process.

#### 11:30 - Completing Site Visit & Returning to London

"Overall, this was a very interesting and successful site visit and was able to help me a lot with my research to support my arguments. Furthermore, it was an mind-opening experience to walk through the premisses of an actual psychiatric facility and be able to determine from my own perception and experience what it would feel like to live on this campus, from just walking around. And to be honest I would not want to stay here."



# Pictures captured from the Site Visit



## Site Visit #2: Sigmund Freud House in London, UK

20. April 2023

### 15:58 - Arrival at the Site

Arriving at the Freud House was an enlightening experience. The bright blue entrance immediately attracts visitors as one is guided through the front garden towards a beautiful pathway that leads to the back of the house, where one encounters a cleanly arranged garden with a table and benches. The first room is the dining room, introducing Freud and his theory of psychoanalysis and one is then directed to the hall which branches into the access to the first floor and the study room that encloses the office desk and consulting couch. The half landing seen on figure 5 is where his wife Martha and her sister Minna loved to sit for needlework. The first floor features the Anna Freud room and an exhibition space that displays his love for collecting antiques. The house itself is quite spacious and is located on a beautiful side street near Finchley road station. Overall a successful site visit.

Thoughts and Impressions:

Being very familiar with the space and his methods of psychoanalysing patients, standing in the space itself for the first time was interesting. I noticed the space overall was quite bright, except for the study room, which is where all of his work and therapies took place. The dominant red color and the large amount of antiques made this a very intimate and almost intimidating space. As discussed in the section of Freud's psychoanalysis, of his having the power of his patients through the carefully spaced out furniture, seeing the chair placed behind the couch, was more powerful than simply looking at a picture. All other rooms were rather empty and bright. From this site visit I discovered the power that a space can have and how design plays a big role in the way a space is perceived.



Figure 4: Freud House Museum Entrance



Figure 5: Freud House the Hall



Figure 6: The office desk and chair (Ground Floor)



Figure 7: The famous Consulting Couch (Ground Floor)

## **Interview Research Preparation:**

### **Why am I conducting these interviews?**

Generally, incorporating interviews into a research project is very effective to obtain qualitative research, as well as help explain, understand and explore opinions, behaviour and phenomenon specific to the subject. They allow the researcher to collect unique data directly from a reliable source, to support secondary and other primary research. The reason for interviewing three different individuals that have stayed at different facilities around the world, adds cultural diversity to this research project and allows for a variety of opinions and results, discussing different settings within the field of hospital/mental health facility design. The psychiatric facility in Munich, Germany embodies a regular mental health hospital that may or may not promote a healing environment. The psychiatric office in Madrid, Spain creates relation towards Sigmund Freud and his office space and consulting room and allows me to prove my secondary research findings. The silent relaxation retreat in Bali brings to light a completely new healing setting, creating research diversity.

### **Limitations to sample size:**

Due to the relevant target group for the purpose of these interviews and patient confidentiality, there is a research limitation on the desired sample size. This led the researcher to the decision of interviewing familiar individuals.

### **Semi-structured interviews vs. structured interviews:**

**Semi-structured Interviews:** During a semi-structured interview, questions are partially prepared in advance. Participants are asked some predetermined questions while other questions just arise during encounter. This interview structure provides and opportunity to explore different sides of the topic, that may arise.

**Structured Interviews:** During a structural interview, questions are planned and prepared in advance. All participants are asked the same question in the same order. As all questions are the same, answers are able to be easily compared for research purposes.

The interviews conducted for this research purpose, will follow a predetermined set of questions that will be sent out to familiar individuals. The interviews will not take place face-to-face but will be done via voice recordings to obtain an openly flowing answer for each question. This way individuals are free to speak from their mind rather than writing up the response. Question will be almost identical for each individual interviewed, with some alternations s due to the distinction in facilities.

### **Closed-ended vs. open-ended questions:**

**Closed-ended questions:** Individuals are asked to choose from a list of possible responses.

**Open-ended questions:** Provides individual with the freedom of constructing their own response.

Interview questions will be composed of closed-ended and open-ended questions to create variety and to allow interviewed individuals to explore their thoughts. The prepared interviews will compose of mostly open-ended questions, with only a limited amount of closed-ended questions. This will give the interview more depth and allows for individuals to give a detailed description of the site as well as explore their thoughts and emotional connection to the site.

### **Hypothesis: What to I expect out of these interviews?**

It is hypothesised, that from these interviews, the researcher expects to prove secondary findings, analysed and discussed as well as obtain valid opinions from familiar individuals that have stayed at or experience the embodiment of such facilities, whether this might be a psychiatric office, a hospital or a relaxation retreat. Furthermore, the researcher hopes to identify some cultural differences varying from country to country in terms of design decisions.

# INTERVIEW TRANSCRIPTS

## Interview with Selina: 14.03.2023 / Isar-Amper Hospital, Munich, Germany / 2 Weeks

Language: German (Original)

Interviewer: Was ist der Name der Klinik, in der du warst?

Selina: Isar-Amper Klinikum Region München

Interviewer: Was kannst du mir über die Lichtverhältnisse sagen? Natürliches Licht und künstliches Licht?

Selina: Es war eine Mischung aus natürlichem und künstlichem Licht, in dem Zimmer wo ich war. Da war ein großes Fenster, wodurch viel Sonne rein kam was gut war welches jedoch vergittert war...Es hat sich wie ein Gefängnis angefühlt Daher kam viel natürliches Licht rein, aber bei Wolken war es nur künstliches Licht. Dieses war sehr weiß, hell und unangenehm für die Augen.

Interviewer: Auf einer Skala von 1-10, wie sicher hast du dich gefühlt? Warum hast du dich so gefühlt?

Selina: 5 – Ich habe mich in manchen Situationen sicher gefühlt und in anderen nicht. Man hat von drinnen alles gehört was draußen passiert ist die Fenster bzw. die Wände waren sehr dünn, das hat einem nicht so ein sicheres Gefühl gegeben.

Interviewer: Findest du das, das Interieur eine heilende Umgebung fördert? Erkläre.

Selina: Nein, man fühlt sich sehr gefangen und kriegt eine Krankenhaus Atmosphäre, es hat sich nicht sehr heimlich angefühlt sondern wie als würde man bestraft werden das es einem nicht gut geht. Es waren sehr Kahle Farben und stellen an der Wand, die betten waren eher unbequem und auch der Boden. Also im ganzen hat es mich persönlich schlechter fühle lassen als besser es fehlte dieses vertraute und bequeme Häusliche das man sich wohl fühlt.

Interviewer: Welche Materialien wurden verwendet, an die du dich erinnern kannst?

Selina: Stahl, Stein, Beton, Plastik

Interviewer: Welche Materialien wurden verwendet, an die du dich erinnern kannst?

Selina: Stahl, Stein, Beton, Plastik

Interviewer: Beschreibe mir die räumliche Anordnung des Zimmers.

Selina: Wenn man ins Zimmer kommt ist rechts ein Schrank für Klamotten und Wertsachen gegenüber ist das Badezimmer mit einer offenen Dusche, Waschbecken und Toilette, Hinten im Zimmer am Fenster ist das Bett und neben dem Bett ein Tisch mit Stühlen. Das Zimmer war sehr klein.

Interviewer: Würdest du sagen, das ihr Geist sich entspannen konnte, oder waren sie ängstlich?

Selina: Ich war eher ängstlich und habe kaum geschlafen da es auch keine angenehme Atmosphäre war für jemanden.

Interviewer: Wie hast du nicht nach deinem Aufenthalt gefühlt?

Selina: Ich habe mich nicht gut gefühlt, weil man sich einfach wie gefangen vorkam ich war froh wieder Zuhause zu sein und meine vertraute Umgebung sowie heimliche Möbel und ruhige Atmosphäre hatte.

Interviewer: Würdest du die Klinik an jemanden mit psychischen Problemen weiterempfehlen?

Selina: Wenn es um das Personal geht dann ja sie waren sehr freundlich und zuvorkommend wenn es um die Einrichtung und generell geht dann nein, ich hatte das Gefühl ich wurde da mehr depressive als ich schon war, aus persönlichen Gründen kann ich sagen ich würde eher Zuhause mich wohler und besser fühlen als in einer Einrichtung wo man sich gefangen und nicht sicher vorkommt.

**Language: English (Translated from German)**

Interviewer: What is the name of the facility you stayed at?

Selina: Isar-Amper Hospital Region Munich

Interviewer: What can you tell me about the light conditions? Natural light and artificial light?

Selina: It was a mixture between natural light and artificial light in the room that I stayed in. There was a large window which allowed sun to enter the room, however there were bars in front of the window...It felt a little like a prison. A lot of natural light came in during the day and when it was sunny, however when it was cloudy or dark, the artificial light was over powering, which was white, very bright and really uncomfortable.

Interviewer: On a scale of 1-10, how safe did you feel? What made you feel that way?

Selina: 5 -- I felt safe in some situations, however in others not. Within the walls, you could hear everything that was going on outside, which was scary at night. The windows, or better the walls were very thin and just gave me an uncomfortable feeling.

Interviewer: Do you think the space promotes a healing environment? Elaborate.

Selina: No, I felt very trapped and the atmosphere gave me a very hospital feeling, which did not feel very homely and comfortable but rather felt like one was being punished for being unwell. The colours were very monotone and there were marks of dirt on the walls, the beds were very uncomfortable to lie in and the floor uncomfortable to walk on. So overall, I personally felt worse staying there, because the familiarity and residential feeling was missing to make one feel better.

Interviewer: What materials were used that you can remember?

Selina: Metal, stone, concrete and plastic

Interviewer: Describe to me the spatial arrangement of the room.

Selina: When you enter the room, there is a closet for clothes and valuables on the right side. Opposite of the closet is the bathroom with an open shower, sink and toilet, at the back of the room by the window is the bed with a table and chairs next to it. The room was very small.

Interviewer: Would you say your mind was able to relax or did you anxious?

Selina: I was rather anxious, because I felt trapped and imprisoned. I was happy to be home again and to have my familiar surroundings as well as have my homely furniture and calm atmosphere back.

Interviewer: How did you feel when you left the facility?

Selina: I did not feel good, because I like I said, I just felt trapped and I was honestly happy to be back home again and within my familiar surrounding as well as have my homely furniture and calm atmosphere back.

Interviewer: Would you recommend this facility to individual's experiencing mental health issues?

Selina: If we are talking about the staff, yes, because they were very kind and polite, however talking about the interior design and spatial arrangement, no, it felt like my depression was getting worse than it already was. My personal opinion is that I would feel more comfortable at home, rather than in a space where I feel trapped and unsafe.

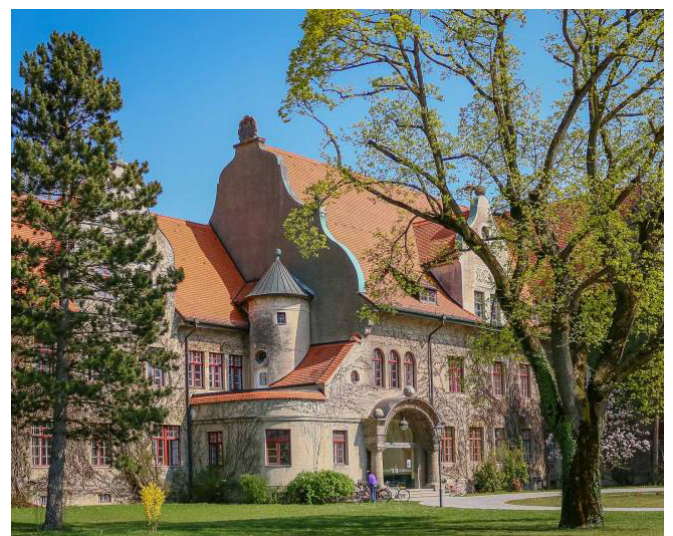


Figure 4: Isar-Amper Hospital Region Munich Exterior

## Interview with a Emma: 15.03.2023 / Sign News Psychiatric Office in Madrid / 2 Years

### Language: English

Interviewer: What is the name of the facility?

Emma: I think it's called Sinews or something and it is a Psychologists office with many psychologists, like a shared space...and they each have an office within that building where you can go.

Interviewer: What can you tell me about the light conditions? Natural light and artificial light?

Emma: So, its usually natural light, like there are a lot of windows where light comes in, but the windows are a little bit...covered so people from the street can't look inside so you have the feeling that you are a bit more separated and taken away from everything else, and there are also artificial lights but its a warmer light, not so fluorescent or artificial, so it feels very bright but not like at the Metzger, okay Im sorry like at the Butcher...

Interviewer: On a scale of 1-10, how safe do you feel? What makes you feel that way?

Emma: I feel very safe, so I would probably say a 10, I think mainly because it is so light...and because the light is very comforting and there are also a lot of paintings around his office of flowers and just generally a lot of plants which make me feel a bit more...it gives it a more comfortable and almost homely vibe.

Interviewer: Do you think the space promotes a healing environment?

Emma: I think the plants like I really like that there are a lot of plants and poster of plants and paintings of plants and the room is quite colourful as well, natural colours, a lot of greens and some yellows and reds on the flowers, so I think for me that gives it kind of like a healing environment I guess.

Interviewer: What materials were used that you can remember?

Emma: I think most of it is wood. There are a lot of rugs around the office but all the furniture is made out of wood...and some of it is painted again like neutral ish colours...nothing crazy like neon pink...everything looks a little more natural.

Interviewer: Describe to me the spatial arrangement of the office.

Emma: You come inside from I guess the back of the room and then there is the psychologists desk and he usually has a computer there but he rarely opens it. There are two chairs in front of the desk, where I can sit and then on the side there are also two couches, where sometimes we go over to the side of the room and sit on the couches so that it is a bit more intimate.

Interviewer: Do you think the facility is helping you?

Emma: Honestly, yeah I think it is helping me a lot. I don't know how much it is the layout and the structure of the office, beyond the actual therapy, which is helping me a lot, but I've had therapy through zoom before and that made me much more uncomfortable, even though I was in my own space at home, I prefer actually going to the office and being there.

Interviewer: How do you feel right before you get there?

Emma: Sometimes I feel a bit nervous, before I get there...but then once I get there and once I sit down in the office I calm down a little and I become more relaxed.

Interviewer: How do you feel when you leave the office?

Emma: When I leave the office I usually feel a little bit relieved like sometimes if the session was more intense, I am still thinking about a few things discussed but I generally feel like there was...weight that has been lifted off my shoulders or something.



Figure 5: Sinews Therapy Office Interior

## Interview with an Maria: 19.03.2023 / Silent Relaxation Retreat in Bali / 2 Weeks

Language: English

1. What is the name of the retreat you stayed at?
2. What can you tell me about the light conditions?  
Natural light and artificial light?
3. On a scale of 1-10, how safe did you feel? What made you feel that way?
4. Do you think the space promotes a healing environment?
5. What materials were used that you can remember?
6. Describe to me to the spatial arrangement of the room you stayed in.
7. What does a day at the retreat look like?
8. How did you feel when you left the retreat?
9. Would you recommend this retreat to individuals who are struggling to relax?

Scan for Interview:



SCAN ME

Duration: 12 minutes 23 seconds



Figure 6: Bali Silent Relaxation Retreat Interior



Figure 7: Bali Silent Relaxation Retreat Interior

## Knowledge Obtained from Interviews:

Proving the Initial Hypothesis:

"It is hypothesised, that from these interviews, the researcher expects to prove secondary findings, analysed and discussed as well as obtain valid opinions from familiar individuals that have stayed at or experience the embodiment of such facilities, whether this might be a psychiatric office, a hospital or a relaxation retreat. Furthermore, the researcher hopes to identify some cultural differences varying from country to country in terms of design decisions."

After conducting three structured interviews and having gathered all responses, the hypothesis has been proven and the researcher was able to use this primary research to back up secondary research. Moreover, it has been hypothesised that cultural differences will be able to be identified in terms of design decisions, which was more or less been proven, looking at design, materiality and setting of each site, which was a rather interesting discovery. Overall, the interviews were able to successfully inform this research paper.

Interview #1: Mental Health Facility in Munich, Germany  
The first setting was a mental health hospital in Germany. Looking at the interview responses the designed site was rather unsuccessful. The responses collided with secondary research discussing the panopticon effect and psychiatric facilities during the Victorian Era. Selina, compared the hospital to 'a prison like setting' feeling rather like an inmate than a patient. She felt as if she was being punished for being unwell. The design of the hospital was dull and basic, promoting a rather unsettling environment as opposed to a healing one. Grey colours, cold materials and fluorescent artificial lighting with little windows composed the interior of the building. She had the privilege of having her own room, but this was due to increased costs in stay, which not every individual would be able to afford. With smarter design decisions this modern facility could be transformed to create a healing space for individuals.

Interview #2: Psychiatric Office in Madrid, Spain

The psychiatric office in Spain promoted a whole different setting and collided with the secondary research discussing the theory of Sigmund Freud and his psychoanalysis and was therefore able to test the effectiveness of some of his methods and what has changed over time due to immorality. Emma described that the initial doctor patient encounter takes place at a desk and patient chair and later on in the session moves towards a couch, carefully placed within the interior, to allow the patient to feel more comfortable and therefore enhance the healing process. The dominant use of carpets and art within the office, reflects the Spanish culture, and as described by Emma, creates a comfortable setting.

Interview #3: Silent Relaxation Retreat in Bali, Indonesia

To explore a culturally completely different setting, the last individual stayed at a silent relaxation retreat in Indonesia, which aims to promote mental well-being through spiritual wisdom and nature's abundance, furthermore committing to sustainable principles. There focus lies on materiality and biophilic environments to create an experience like no other. As identified by Maria, banana leaves and wood were commonly used, "it was all very natural, nothing was hard on the eye". Featured colours included brown, beige and green, which creates a very natural environment. The design feature that stood out the most was the non existent doors and windows, which were rather simply openings, creating a very strong connection between humans and nature. Eventually, using elements of all three settings and combining these creates a quite successful mentally healing environment that will ultimately benefit society.







## **An Insight into the Researchers Mind**

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After having done all this research, what are my thoughts on this dissertation? Wouldn't you like to know. Overall, the research journey was quite fascinating and opened my mind to the wider context of what we as architects and interior designers are able to achieve with the work we do. We are able to create settings and environments that not only make a city or place unique and beautiful but are also able to benefit society in all ways. The topic of using design to create healing settings may not only be applied to the medical field as was done for the purpose of this dissertation, focusing on hospitals and mental health facilities, but can also aid us on a daily basis. Thinking about residential design, commercial design, restaurants, offices, stores, community centres, schools, right to the point of thinking about the design of public bathrooms or factories. All these places, besides serving their purpose are able to create a mindful experience that allow us to enjoy life and feel good at the end of the day. As an upcoming interior design I plan to use the knowledge I have gained from this research project and apply this to my future dream of working within the residential sector, to create private homes that deeply reflect my clients in every way as well promote a comfortable and healing setting. My interest in psychology and passion for interior design will come together to become something successful.





Nathalie Huber