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THE ARCHITECT'S EXAM WITH OTHER SPACES: A STUDY ON MENTAL ASYLUMS

Evin Eris

Siegen University, Germany

Burcin Basyazici Kulac

Istanbul Technical University, Istanbul

The nature of the architectural discipline is based on designing for human needs. However, when the subject of this design changes according to age and social form, the design process of the architect is interrupted. Although the way of thinking and needs were changed by itself, the concept of 'standardization' is still maintained by architects. From this point of view, this study is a critique of modernity through the architect's technocratic position whose designs according to standard social forms also caused undesigned environments. Thus, nonstandard users have to be contented with these undesigned environments. Foucault explains this relationship between standards and others by using the concept of "Other Spaces", and he questions this relationship via spaces established on the basis of the practices of power, and called these spaces as "confinement spaces". With the thought of the design subject whose personality is not embodied by public, architect may set his/her own way of thinking from a different point of view, with spatial preferences of those outliers. To reinterpret this particular point of view in architectural discourse, this study investigates the space experiences of mental patients. As a method; a comprehensive in-depth interview is held with three psychiatrists that have worked with "psychosis patients".

Keywords: Other spaces, Modernity criticism, Mental asylum/Mental hospital architecture.

Introduction and the Research Problem

It is a known fact that the search for scientific correctness that has developed with the effect of positivism sets forth the practicality of the profession in terms of quantity in architecture knowledge and modern architecture in the first half of the 20th century. This quantitative side should not be perceived in just functional and technical terms; it must not be forgotten that the emphasis on form and aesthetic concerns leads to the organic connection between the profession and the "person" taking a back seat. While an architect that believes in the straightness of the physical space and visual layout tries to connect society with the ideals of the physical environment using their "life design" ability, they accept certain standards in accordance with the nature of the scientific method. This acceptance is comprised of the physical standards and social standards that form the backbone of architectural design. However, environments designed by the architect within certain norms bring with it the non-designed that has to suffice outside such norms. Non-designed environments retain their own subject within, and results in an approach that marginalizes one from the other due to the tension created. The solution in the modern era is

a system comprised of a space created by the other. Within this system, the architect's tendency towards standard norms leaves them face to face with the threat of landing a technocrat role that supports space organization, and standardization and marginalization of society.

While Foucault explains the relationship between subject and power (government) using the concept of "Other Spaces," he questions this relationship via spaces established based on the disruptive practices of power. He identified the subject of this disruption as society that separated the mad from the sane, criminals from good children, and the ill from the healthy; he started designing corrective structures for the negative side of the equation. One of the most distinctive elements of this system is psychiatric hospital, one of the structures developed after the Western World's revelation, labeled by Foucault as "confinement spaces." In such structures, the variable subject of the design or users that are not directed by society and the process with a tendency to develop standards accepted in general by the architect based on space preferences can be changed. The individual and space marginalized by the social system can add a new point of view to standard education of an architect limited to positivism norms. In other words, the architect is forced to question their own professional practice as a result of their exam with "other spaces."

In accordance with all such views, this study starts with the question "what does designing a psychiatric hospital as an "other space" contribute to architectural knowledge" as opposed to "how an architect designs a psychiatric hospital" by reading architectural-social-design principles backwards in order to contribute a mannerist point of view to architectural theory.

This study identifies the research method to question the relationship between the architect and madness. The madness' spatial equivalent (if applicable) will be discussed after re-assessing "other space" concept set forth by Foucault that creates the theoretical starting point of this study within the critical movement it was set forth in.

Theoretical Framework of the Research

2.1. Break Point in World Perception and "Anti"/"Post" Prefix

The idea of modernity that developed at the end of the 18th century and beginning of the 19th century after the revelation period, created a dominant senior set up in all disciplines that effect life such as philosophy, art, sociology, architecture, and technology. It was welcomed with excitement at the beginning due to its potential in creating a new and modern society by promoting beneficial approaches and empiric methods in positive sciences. However, the second half of the century illustrates the increase in criticism from all professional disciplines towards this approach. Various disciplines demolished the theories they were party to with anti or post prefixes and presented "humans" against positivism.

It is thought that the break in philosophy started with phenomenology. During this process, initiated by Husserl, philosophers such as Heidegger, Sartre, and Merleau-Ponty argued that science isolated humans from their nature with an implicit approach by manipulating "things." As an anti-thesis to all positivism approaches, phenomenology highlights that the life and perception of people must be priority over the objective reality of science.

Sociology and psychology experienced similar break points during the same years. While Adorno spoke about how the domineering and destructive effect society has over individuals sets individuals in a one-type cultural form, 1967 was the year the term "anti-psychiatry" was born. This important concept, which was first set forth by David Cooper, was defined as an ideological

science used to put individuals' regime within norms. In 1972, Deleuze and Guattari published *Anti-Oedipus,* in which both philosophers criticized the effort of the "schizo-analysis" method to reduce psychiatry to one, and set forth that plural is more valuable than single.

The effect of this new movement of the era portrays itself in architecture with reactions that arise from the same subjective issues observed in social sciences. As of the late 19th century the world of architecture criticizes the domineering, senior, and minimalist role pragmatist modern architecture has on individuals. One of the most notable of such criticisms is *"Rot Manifesto"* by Hundertwasser, published in 1958. Hunderwaaser argues that people should resist being locked up like chicken and rabbits, which is against their nature. He sets forth that regardless of the purity and sterilization idealized against the life experience and irregularity created by the marginalization of modern architecture, real life is in rooted spaces. Thus, "post" modernist trends followed this movement.

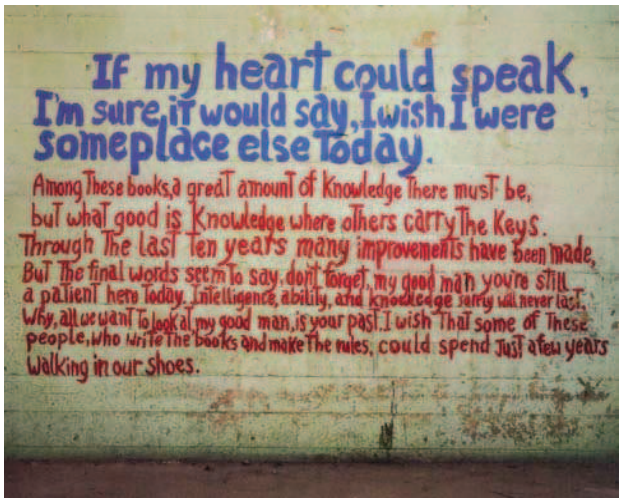
The concept "other spaces" was set forth in 1961 by "*The History of Madness*" published by Foucault during the same era such reactions were being experienced. In his study, Foucault analyzes the general social map that positions him as insane as opposed to madness. It accepts that existence or behavior types of individuals create problems at certain times in history, and criticizes the space construction created based on such problematizing.

This study, questions the role of the architect in a significantly critical position in the face of all such appeals. Were structures designed for bad fathers confined with the mentality in 1656 when the great confinement was experienced in line with social standards during its own production period?

2.2. The Spatial Ability of Madness

In his book *Morias enkomion seu laus stultitiae,* which he wrote in the 16th century, Erasmus, asks the question, "isn't madness the way mankind can be free and break free from all chains?" According to Foucault, madness must be analyzed as a social issue; the need for confinement is a result of increasing capitalism as individuals that do not contribute to production must not restrict others. The history of psychiatric hospitals seems to confirm such a perception. Designing madness as a structure, as opposed to being defined and accepted as a mental stated coincides with the revelation era and after.

Within this entire social structure, architects design such spaces such that the mentally ill are trained and their physical realities are met. Works conducted in the field of architecture under this heading are in line with building rehabilitation spaces for patients associated with the psychological effect design and standard architecture information of general tendency has on individuals. However, the fact that the architect cannot empathize with the user in this example, raises the question as for who the space is designed. While the designer is a normal architect by social standards, the subject of the design is non-standard users marginalized by society. Under such circumstances, is it designed for space organizations required by government or individuals isolated due to the fact that they are outside social norms? In other words, can an architect that takes pride in "designing life for society" design a space for madness?



A poetry that is written by a mental patient in Augusta State Hospital (Sacks & Payne, 2009)

Literature Review on Madness and Architecture

To discuss about the relationship between architecture and asylums as an "other space", it should be emphasized that environmental psychology studies are crucial in mental health facilities design. Many architectural studies based on these environmental researches. In accordance with all such views; firstly environmental psychology concept will be discussed in this chapter. After that, to investigate and discuss the effect of these studies to the architectural design, mental health hospital design principles will be analyzed.

3.1 Environmental Psychology and Design

Environmental psychology is a study field that emerges during 1960's as a result of scientific and social concerns. It is defined as the study of human well-being in relation to psychophysical environment (Stokols, Altman; 1987)

The main idea about the cooperation of environmental psychology and design can be evaluated in two titles. According to environmental determinism; the environment shapes behavior, and according to architectural determinism; changes architectural elements of the environment will result in changes in social behavior. But, if we accept architecture as a part of the environment, the first statement is more inclusive. Many of the architects also think about that way. For example, while defining the effect of Industrial revolutions to the 19th century cities, Lang (1987), asserted as;

It is easy to conclude that changing the built environment would change not only the living conditions but also the lifestyle and aesthetic values of the people concerned.

However, there are also opposite views about the relationship between architecture and environmental psychology. The art and architecture theoretician Simon Richards (2012), claims that the theories about cooperation of environmental psychology and architecture is a little unwarranted. He accused environmental psychologist to make their behaviorist claims on a smaller scale which makes them seem more "scientific". And when it comes to design, he criticizes the generalization of users. Richards claims that they (environmental psychologist) generally discuss about how to build for the different personality types of "Introvert, Extrovert,

Sensory, Intuitive, Thinker, Feeler, Judger, and Perceiver" that suggest as there are only eight types of human in the world. Another researcher who also studies about environmental psychology and design, Sanjoy Mazumdar (2005), also stands up to the generalization of humans as a user. He claims that non-positivistic and "qualitative" approaches offer the most promising results. Despite their idiographic and singular nature, emphasizing the "subjective" point of view provides a deep understanding. He said that, there is no need to reach the most prevalent, the most dominant, or the most powerful for designing.

These claims remind the phenomenological nature of architecture and design. Especially, if the subject is asylum, due to its extracanonical and marginalized users, it could be thought that these buildings should be evaluated by nonstandard and even phenomenological methods. However, when we analyze the main tendency about designing an asylum, it could be said that the dominancy of positivist generalization and functional design principles are still effective in architectural discourse. To reinterpret these thoughts, the design principles of mental hospitals will be discussed on the basis of some researches in the next chapter.

3.2.Asylums or Mental Health Hospital Design Principles

From the 4th century A.D. many public buildings such as monasteries, nunneries and churches were used for healing mentally deranged persons. At the middle age, one of the most known hospital which still stands, Hotel-Dieu, also accepted these people as a new type of patient. The first name of mental hospitals was "lunatic asylum" and the first professional clinic Bethlem Royal Hospital was found in London, in 1247 (Sacks and Payne, 2009).

Figure 1.a. Hotel-Dieu, Paris
Image's References: Wikipedia

Figure 1.b. Bethlem Royal Hospital, London

Since then, mental hospitals have been designed as a new type of hospital. When we analyzed the design theories and principles of asylum or psychiatric hospital design, it could be said that researches are still infancy. The main aim of these researches is to create physically and psychologically healthy spaces for patient to help them heal. Besides, new psychiatric theories of contemporary world about mentally deranged people should not be confined to a building (Wright, 1997; Bakers, et.al, 1957), many researchers still probe about how an asylum space should be designed.

As an example of these researches, according to Baker, Davies and Sivadon (1959), psychiatric hospitals should not be designed as prisons-like hospitals. They classified the architectural needs of hospitals in to five titles; living quarters for patients, workshop facilities for group therapy, social center (for dining, sports etc.), the medical center and administrative units. Even if they emphasized the psychological needs of patients but their architectural proposals are much more functional. But there are also more technical researches about design standards. According to Mental Health Facilities Design Guide (2010), despite it is published 50 years later Bakers's book, the main tendency is also designing according standard physical needs. As an example of standard inpatient room in mental hospitals they emphasized the importance of an inviting non-institutional environment without features that may harm the patience. But their architectural proposal about these rooms is also institutional. Here are some of their principles in a patient room;

There should be no sharp wall, furniture or fixture edges that patients could injure themselves on. Finishes and furniture should be attractive yet durable, able to resist some abuse and allow for cleaning. All wall mounted items should be flush mounted and securely fastened with security screws. (p. 68)

Another research about psychiatric patients and environment seems much more theoretical. The researchers emphasize that environment plays an important role on psychiatric hospitals. They identified important environmental issues across multiple domains and classified into the following five categories; ambient features, architectural features, interior design features, social features, and specific issues (Karlin & Zeiss, 2006). They recommend indirect-soft sunlight, fresh air and natural odors for ambient features; large windows with view of nature, common areas and gardens as architectural features and also suggest not designing long and echoic corridors to prevent perceptual distortions. Furnishing and color choices are analyzed in terms of interior design features. They recommend homelike environment with homelike furnishes and warm blue tone colors for common areas.

3.3 Chapter Summary

As is also understood from these examples, these design principles are suitable not only for mental patients but also for every kind of user. There is no difference from standard space design according to spatial psychology. As Mazumdar (2005) claims, the humanist and subjective nature of the users are ignored. The other important point is; these researches are often rebroadcasted with little differences, there is not any new thought in terms of architectural discourse. It is thought that to design for individuals who are isolated from society; it is important to discuss what "space" means for them and what is the role of the architect in this equations.

4. Case Study

4.1. Method

In accordance with such views, it is thought that it is more beneficial to re-interpret space evaluation and ownership of "madness" by stepping outside the standard user and space relationship. For an architectural analysis, the relationship between perceiving and usage must be taken into consideration, and the important question to be asked is how they position themselves

in the world. A comprehensive in-depth interview will be held with three psychiatrics that have worked with "psychosis patients." The items stated below shall be interpreted during the interview;

- -The definition of normality and abnormality;
- -Relationship of the insane with his/her environment and space;
- -Space personalization methods patients use in relationships between space and the relationship they establish;
- -Space perception distortion of patients, if applicable;
- -What can they suggest as a psychiatric space?

4.2. Study Area and Participants

Two main mental health hospitals Bakırköy and Erenköy Psychiatric Hospital in İstanbul are chosen as study areas. However, due to the limited study time, bureaucratic procedures and permissions it is not possible to interview with patients. Therefore, three psychiatrics that have worked with psychosis patients in those hospitals are chosen for an in-depth interview. Participants' profiles are as follows;

Table 1. Participant Profiles for in-depth interview.

	Hospital and Working Experiences	Age	Gender
P1	Bakırköy P.H. – 15 years	38	Female
P2	Erenköy P.H. – 6 years	30	Male
P3	Bakırköy P.H. – 8 years	33	Male

An in-depth interview was separately conducted with each participant in order to gather their descriptive answers. Care was taken not to direct their answers in any way. The participants were encouraged to talk about whatever came to mind in association to the question. The researcher adapted interactive questions according to the participant's responses and commentaries. No time limit was imposed for answering the questions. The answers were recorded with permission.

4.3. Interview Results

The contents of participants' answers were studied in order to identify common themes. The aim was to identify patterns between each account, rather than analyzing and presenting all of an individual's responses. The findings are presented here featuring notable accounts from answers across all questions.

- When it is asked them to define normality and abnormality, or what causes to take a person to a mental hospital, all of three participants define it as; if a person is potentially harmful for him/herself or around due to mental disorders, then it is decided to hospitalize in a confined ward. And they also emphasized that according to contemporary psychiatric researches,

mentally disorder person should live in society with his/her family and friend unless s/he damage him/herself.

- When it is asked the relationship of the insane with his/her environment and space; All of the participant define their spatial perception by their spatial experiences.

P1 defines her patient as a frightened child. She defined "their" space perception as:

"Space is exactly nothing for them. They create a space on their mind with persons. The reality of the space is not important; people make space good or bad … They like or dislike a space according to what they live in it"(P1).

P2 also asserted that;

"No matter where they are, they are not aware of it anyway … The place attachment in a space is just related with who cares with them and what they live in there" (P2).

P3 defined this with an example;

"There were many homeless schizophrenia patients in Bakırköy Psychiatric Hospital; they lived there approximately 20 years. One day, they were transferred to another clinic in Antalya, the spatial conditions were much more better than Bakırköy. But they all got worse, because they did not want to leave their daily routine in Bakırköy. It was not because the building it was because the life in it" (P3).

- When it is asked P2 and P3, according to their answers, isn't there any difference in their place attachment or perception with any particular design in a hospital, a view, a color or etc.

"They just need to live humanly in a healthy space (he means clean and suitable as healthy); design can provide nothing to a psychosis patient" (P2).

"These color and shape theory is not practically used for mentally disorder people. They does not any effect for psychosis patients, only small room affect manic patient negatively" (P3).

- When their space personalization methods is asked; P1 told that one of her patient specified a stone in the pavement as a toilet; she said that he was inconvincible. P2 said that a new room designed in Erenköy Hospital to socialize the patients. But none of the patients stay in that room, they prefer to sit in the corridors as it always has been. P3 also said that they do not use a space as normal person, their space preferences are expectable. As an example he said that one of his patients always sits on a radiator not a couch.
- When it is asked if they have any space perception distortion, P3 and P1 said that their perceptual distortions are generally about humans not space. However, P2 told one of his patients imagine all the walls of the room as a monster. So it was nearly impossible to keep him in a closed room unless he took his pills.

Finally, when it is asked to the psychiatrics what they suggest for a psychiatric space, all of them described just clean and physically sufficient sized spaces.

"They just need a clean space which everybody has its own bed and fresh air that's all. Who is going to care for them is much more important" (P2).

Only P1 emphasized a special point;

"I do not think that space or design mean anything to them, they just deserve to live as a human. But I think if they have pure and high white walls, maybe they can write or draw something on them, because they need to feel they are breathing and make someone to feel them" **(P1).**

5. Discussion and Conclusion

These interviews were made for think about relationship between madness and their architectural needs. There is no doubt that, it is impossible to get a conclusion for architecture by three interviews but it is also important to think about architecture's relationship with "the others" and "other spaces" and accepted design principles as an architect.

These interviews show us, space does not mean same thing to a mentally deranged person as it means to a normal person. Neither space ambiance nor functionality creates a space concept for them, instead of this; their experiences make a space definable. Architect cannot think as them or cannot put his/herself into their position. That's why all other researches and projects just create a functional building scheme for nurses or doctors, not for patients. Besides, according to these interviews, the design clues that are thought to help healing also mean nothing for them.

In conclusion, standard design principles that architect accept as true may not be suitable while designing "other space". In other words, this is phenomenological process so its researches should also be done by phenomenological methods.

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