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I, Bailey M Metzner, hereby submit this original work as part of the requirements for the degree of Master of Architecture in Architecture.

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Rehabilitative Architecture’s Sociological Impact: Transforming Treatment for the Imprisoned Mentally Ill

Student’s name: Bailey M Metzner

This work and its defense approved by:

Committee chair: Aarati Kanekar, Ph.D.

Committee member: Michael McInturf, M.Arch.
Rehabilitative Architecture’s Sociological Impact: Transforming Treatment for the Imprisoned Mentally Ill

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Bailey Metzner Bachelor of Science in Architecture University of Cincinnati, 2012

Committee Chair Aarati Kanekar, Ph.D.
abstract

Research has shown that the physical environment in which treatment occurs impacts both the treatment’s progression and its effectiveness. Today, prisons have become the involuntary, unconventional home for the imprisoned mentally ill. Though there are facilities for mental health care, there is not a specialized, unique location for those that are serving time. Studies by Perkins and Will, Gerald Landsberg, Marjorie Rock and several others have evaluated the effects of psycho-environmental design and found positive results that demonstrate desirable behavioral changes due to appropriate treatment conditions. Concurrently, the stiff, authoritative nature of prison schemes are being reevaluated. It has been proven that an environment that more clearly mimics real-world conditions produces less recidivism and resentment amongst inmates. Even with current reforms to prison and health care institutions, the changes do not provide an adequate environment to promote rehabilitation and manageable treatment options, while taking into account the humane control and security of this unique sub-group. The lack of specialized space leads to placelessness within these institutions, de-emphasizes social obligations and architectural responses, and underutilizes the effectiveness of the relationship between building and user. This thesis offers humane design techniques found within the changing models of psycho-environmental facilities and prison designs as a way to create a new building typology that focuses on the needs of this specific group in society.

This thesis proposes a deliberate juxtaposition of old and new structures in order to highlight social, institutional, and architectural conditions through the design of an prison for the mentally ill at the urban location of Hart Island in The Bronx, New York. The design utilizes theories of rehabilitation viewed through the lens of designers, sociologists and judicial practitioners, to define the imprisoned mentally ill’s humane environmental needs. This design integrates these themes to create a new type of architectural experience. An intimate attention to detail engages the user in a way that promotes recovery and evokes relationships between people, experience, place, and culture.
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introduction
introduction

The built environment, which is made up of designed spaces, and the activities, interactions and daily lives of individuals, are inter-related and inseparable. It is our job, as designers, to understand this relationship and to use this undeniable fact as a way to reevaluate, invigorate, and rearrange the built world for the better. Buckminster Fuller once said, “we are called to be architects of the future, not its victims. The challenge is to make the world work for 100% of humanity in the shortest possible time, with spontaneous cooperation and without ecological damage or disadvantage of anyone.”

Over the course of our history, we have consistently questioned what we can do to improve our quality of life through innovation and conscious design. Looking at an emphasis on the social dimension of architecture, especially while considering new research findings, it is clear that some of our old design models have outgrown their effectiveness and need to be reassessed – none more than the antiquated prison model.

The simple fact is that prisons are failing to adequately punish criminals, to deter the recommitting of crimes, and most importantly, they are failing to rehabilitate. The number of incarcerated individuals in the U.S. alone would make up the fourth largest city in the country, and roughly half of that population has reported mental health problems. It is estimated that there are 1.25 million inmates in either prison or jail that suffer from mental health issues. This puts a large amount of pressure on these systems to accommodate this growing population. “While the number of mentally ill inmates surges, prisons remain dangerous and damaging places for them.”

Prisons are simply not equipped to offer the correct treatment for individuals with mental health issues. There is a shortage of qualified staff, a major lack of space within the institutions, inappropriate facilities, and regulations that stop proper treatment from being administered.

Facilities that would be better suited for the treatment of mental illness are either not equipped to control those criminals suffering from mental illness in a way that meets the requirements of the judicial system, or they are out of reach for the largest population of the mentally ill (the homeless) even before they’ve committed a crime. These individuals could not afford to be treated and, therefore, find themselves incarcerated and in the prison system. They are taken to an environment that is not suitable for their
mental state, punished for symptoms of their illness, and forced to serve additional time in an environment that only adds to their problem. “Mentally ill prisoners are more likely than others to end up housed in especially harsh conditions, including isolation, that can push them over the edge into acute psychosis.” It is an extremely vicious circle that forces them deeper into a system that works against them. Most prison administrations recognize the problem, but have their hands tied by the limited funds and exceedingly strict regulations in which they are forced to run their prison under.

A terrifying fact that we must address is that our highly outdated model for prisons is being used as the blueprint for prison design all over the world. The perpetuation of the current handling of mentally ill persons and the inhumane and inappropriate conditions within the prisons have quadrupled the number of imprisoned mentally ill over a 6-year span. If this model continues to be duplicated, the outcome could be dire.

Many architects, sociologists, judicial practitioners and even governments have started to question what happens in their prison and what changes need to be made. We too have to start asking questions about this grossly popular model. It is clear that prisons can no longer house this group and psycho-environmental facilities will not suffice. The solution needs to focus on a facility that serves their unique condition, considers their treatment needs, and keeps humane practices in the forefront. By creating a new asylum that is juxtaposed with the old model, a negative space for people suffering from mental illness, the imprisoned mentally ill could flourish and transition back into society. Using this contrast will not only help highlight the humane aspects of the new design, but it will also allow for the image of the existing building to change through its rehabilitation. The asylum would become the safe-haven for those serving time and in need of treatment for any diagnosed or undiagnosed mental illness. This facility would bring back the basic principals of the sociological architect and become a model for the reawakening of the social obligations of architecture.

3 Human Rights Watch. “U.S.: Number of Mentally Ill in Prisons Quadrupled.” September 6, 2006
4 Fellner, Jamie. Quoted by Human Rights Watch. “U.S.: Number of Mentally Ill in Prisons Quadrupled.” September 6, 2006
the sociology of architecture and the treatment-driven environment
“The question is not whether architecture constructs identities and stabilizes meanings, but how and in whose interest.”7 Kim Dovey has described the symbiotic relationship between architecture and its user in a way that can be applied to how design should work today. Architecture is an active object in the life of the user and it “creates spaces for everyday living, coexists with the human body, enables his affects, movements, views, actions, and interactions.”8 Knowing that this relationship exists, facilities that house individuals for long periods of time, such as prisons or hospitals, need to utilize designs that take into consideration those that will use the spaces daily. Many theorists, from Vitruvius to Bourdieu, have examined this relationship and found that the tension and struggle for control has to exist in order for the relationship to exist.9 This means that the two sides must play their part in order for both to work. Designers can use this idea to create architecture that aids in enhancing both sides simultaneously, and thus aiding in the overall relationship. Today, this relationship between the built environment and its occupants is known as the sociology of architecture. This, however, is not a new concept, but is one that has unfortunately been overlooked.

“An object-centric approach runs the risk of overlooking the crucial connections between elements of the built environment in the broader urban fabric and discounting the crucial social externalities that often go unremarked in accounts narrowly focus on the building’s form.”10 Facility design can impact not only how the individual feels through their beliefs, expectations, and perceptions, but also their relationship with staff, the service they receive, and the larger system.11 When examining how treatment and rehabilitation can benefit from conscious design, the most important thing to do is ensure that place attachment and trust are in place. Treatment works best when the subject feels that their surroundings are familiar and encouraging. Architecturally, this means breaking down the feeling of authoritative control. The design has to walk a fine line between control and trust. It is important to think about the architecture from multiple viewpoints in order to make sure that the collaboration works for the administration and for the individuals who use the space. Only then can the architecture begin to accelerate the effectiveness of treatment and create harmony between building and person.

7 Dovey, Kim. Becoming Places: Urbanism/Architectural/Identity/Power. 2009. 45
11 Design Guide: Mental Health Facilities.
from suffering to rehabilitation
from suffering to rehabilitation

In the past, imprisonment was used as a way to keep balance within society by inflicting suffering on the body – the concept of an ‘eye for an eye.’ Socially, the prison has always represented a form of repayment for a crime that was committed against the community. Today, imprisonment isn’t just used as, “an acute form of corporal punishment,” but rather it attempts to be a method for working on the mind and the body through three distinct areas: punishment, deterrence, and rehabilitation.¹²

Throughout history, many designers worked to help change this meaning. John Howard, one of the leaders in the first real prison reform since the dark ages, changed the way prisons were set up including separate cells, professional staff, and healthier living conditions in the late 1770s. This was the beginning of the movement that turned into one of the most famous principles in prison designs - the Panopticon (1791). Jeremy Bentham’s design used the architecture to minimize staffing while maximizing control over large groups of inmates through the use of a single watchtower with visual access to all cells, while the inmates were unaware of whether they were being watched or not. Though never actually built, the model would come to serve as a precedent for the way in which prisons function through surveillance and social control.¹³ Criminals were now to live out their sentences under the control of the law where they were watched, guarded, and controlled by a paid group.¹⁴ Another big change came about when Benjamin Rush experimented with free forced labor, and found that the punishment for bad behavior should be kept out of the eyes of the public. This furthered the grip of control the system had over it’s inmates. The prison walls became a way to hide the harsh realities from the world, control every aspect of the inmates’ lives, and a way to decide the severity of their punishments without having to answer to the public. The continued concern of the public put the prison through many changes in rules and regulations (some as strict as no talking amongst the inmates during meals and work), but ultimately, the core values of control by the

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authorities, hyper-vigilance, and equitable payment for crimes stayed as the essences of the prisons we see today.  

The main solidifying theme seen throughout the history of prisons is the iconic architectural aspects of control such as the prison bars, layered spaces, heavy materiality and the separation from the public. The main goal of the design, no matter the time period, was control and security. The most common security feature that keeps this control over inmates was the wall. The ‘wall’ was represented through actual walls made of stone, brick or concrete, fences, earthworks or other exaggerated barriers. The ‘wall’ (or in some cases multiple layers of ‘walls’) represents the threshold. This controlled views, means of movement, and kept zones of space separated from the inmates. It also keeps the inmates in the prison and deterred any attempt to escape. The prison ‘wall’ has always been the iconic image that signifies the line where freedom stops and starts.

Security is also seen in the form of the guard tower, the cage-like bars in the cells, and the lack of natural light/ windows. The guard tower uses Bentham’s concept of the panopticon to keep inmates aware of their behavior at all times. By controlling not only where a person can go, but what they can and cannot see, the administration is able to use deprivation as a form of punishment. These aspects not only allow the administration to keep an eye on the inmates, but also to make sure that the prison itself works to push the feeling of control onto the inmates as a reminder of where they are and who they are within the social structure of the prison environment.

Foucault questioned this old system of relying simply on disciplinary practices and pushed to focus more on the ability of the system to actually rehabilitate people. The refocusing of prison efforts though admirable are still not tailored to deal with special need groups that are simply handled on a case by case basis. Prisons are not designed to accommodate individuals, but rather to accommodate the general population in a fair and equal way. Original designs took on this model of fairness and simplicity and as time went on, every new prison and addition used the same model because no

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one had questioned it or offered any other options. One of the main reasons that the additions to current prisons are so ‘cookie cutter’ is because “the rapid (and seemingly continuing) growth in prison numbers put enormous pressures on administrators to provide, rapidly and economically, as many new spaces as possible.” 18 The facility needs more space and cannot afford to pay for design, it doesn’t have time for debates on new ways to house inmates, and really looks to a model that has been marginally successful in the past. This additive characteristic of dealing with overpopulation is adding to the architectural problems prisons face.

The way in which the prison was viewed had a tremendous impact on the way it was designed. As it went through the stages of reform, the shifts in how security and control worked shaped the buildings. From the Panopticon design with eyes always on your subjects, to the wheel and spokes, prisons have been shaped by what they are meant to do to their inmates. Typically, prisons are set up in one of several different ways- wheel and spokes, linear, campus/ dormitory style, and are most often part of the 1930s rural institution design. 19 Even new prisons that are built to replace old, extremely outdated facilities stay true to the designs utilized over the past 100 years. The major changes we see today in prisons are the dedication of space to focus on rehabilitation, learning socialization and group activities, which the judicial system uses as an example of how they are working towards a more humane environment.

Though some regulation changes have helped to bring programs to prisoners, most are only helping a small group of people who are willing to seek rehabilitation. There are typically three types of prisoners - those who fight the system, those who cope with the system, and those who embrace the system. Surprisingly, as much as length of sentence has an impact on prisoner outlook, it does not always dictate which group an inmate will fall into. 20 Two of the three lead to issues with recidivism and resentment because they do not embrace any positive changes. This is only worsened by the conditions in which these individuals find themselves. The hopeless feeling that inmates already have because of the drastic change in
their lives is not helped when they are forced to live in cramped quarters and conditions that are not suitable. The materials of the prisons are cold and hard, the layouts are outdated, and the overall design of the prison does not allow for layers of social activity to happen in a way that is nurturing to a person who is trying to begin again.

For those prisoners seeking to use the system to their advantage, rehabilitation is key. Rehabilitation is defined as “restoring to good health or useful life, as through therapy and education; to restore to good condition, operation or capacity; to reinstate the good name of; to restore the former rank, privileges or rights of.” What this means to prisoners is that they first have to recognize what they did as being wrong and why it is wrong; second, understand why they are where they are, and third, they have to want to change their behaviors to have a better life. Rehabilitation relies on the will-power of the individual, which is directly connected to how they view themselves and the environment around them.

Rehabilitation does not have to stop at the person, but rather can be carried over to the architecture as well. By taking existing buildings and improving their design, we can begin to restore the views society has on these institutions. Restoring their faith in the ability of the system to not only correctly punish a wrong-doer, but to also deter any further behavior and to return someone who has no problem assimilating back into society.

Many people are already calling for a reevaluation of the system in place and a restoration of a positive relationship between building and institution. In the book, Architecture and Justice, the authors examine this relationship through information gathered in the fields of criminology, philosophy, architectural history and theory, and many others. The book investigates issues that the justice system is questioned about, often by the public, which brings Raphael Sperry to center stage. Sperry contributes to the field of humane architecture and played a large role in helping to change the way designers look at prison design. Sperry asks that designers think twice before agreeing to state-funded prison work until the demand for a

18 Architects/Designers/Planners for Social Responsibility.
19 ADPSR “Prison History.”
conversation about the antiquated design be met. Even though the conversation hasn’t happened yet, Sperry’s work is getting attention and causing future designers to question the judicial system and to look for alternative solutions.23

There are many new proposals that follow the same principles as the sociology of architecture and humane design that Sperry has proposed, such as Glen Santayana “Radical New Approach to Prison Design,” which looks at the future designer’s ideas on how to address these issues. The core motivator is to combine two schools of thought: that we need to educate our prison population in order to reduce recidivism rates, and that our current designs and layouts are inhibiting people from being rehabilitated. His work looks at the process of being rehabilitated as a mechanism for spacial arrangements. This idea is helpful to consider because of the implications it could hold. If an inmate sees an opportunity to move to a better portion of the facility (one that is the next step up) then the individual’s behavior may change for the better in order to have access to that portion of the prison. “This promotes a sense of dignity and empowerment which can reduce their chances of re-offending.” 24

The design focuses on making sure that those that are in the system understand where they stand within it and how they can move through it, which is crucial in motivating a person.

A trend for real world applications of new standards for prison design has begun to emerge in Europe. Several more liberal countries have built new-age prisons and the results are coming in that prove that a change in design has a change in the outcome of prisoner’s decisions. The Leoben Complex in Leoben Austria was designed by Josef Hohensinn in 2004 and has seen improvement in the inmates’ spirits and behavior. “The more normal a life you give them here, the less necessary it is to resocialize them when they leave.”25 Hohensinn recognized the core problem with the old model of prisons and decided to think in terms that were more humane and really focused on the inmate, and not the administration. This made it easier for prisoners not only to transition into prison life, but to also
transition back out of it. The building really does rehabilitate by providing spaces that allow prisoners to reflect on their lives and to make conscious efforts to do better.

By understanding where designers are currently positioned in the prison design debate, we can see what we can do, what is working and how it effects society. With a shift of public interest, questions from influential practitioners and the rising concerns of the citizens, there is hope that prison reform will come about in more ways than just simply changing how we deal with the imprisoned. This reform and restoration of the prison system is about the social implications and the rehabilitation efforts that are grounded in the architecture.

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experiencing the asylum
experiencing the asylum

“Our true character as a society is revealed by how we care for our most vulnerable members.” Throughout history, society has always had a sense of discomfort with mental health conditions. The misconception of mental illness resulted in fear. Today, mental health is a top priority for most hospitals, which results in institutions becoming a place of healing, humanity, rehabilitation, and understanding.26

‘Different’ has historically been viewed negatively because of the ignorance and lack of understanding of the society in which the individual resides. The odd or sick are cast to the side. This reigning view in most societies very early on added to the assumption that the insane were under the influence of the Devil and needed to be taken out of society for fear of their influence on others. The asylum became a way to contain those that were ‘possessed’ and put society’s minds at ease by ensuring that these outcasts were no longer a threat.

The idea that asylums were a storage facility for the mentally ill went on for many years until the Enlightenment. The ruling monarch of the United Kingdom, George III, suffered from a mental disorder. He experienced remission in 1789, which allowed the world to see that mental illness could, in fact, be treated and in some cases cured. This and the changing views of society created the ‘Moral Treatment’ movement within asylums.27

Many major theorists and designers came about thanks to the Moral Treatment period. One of the most influential was Dr. Kirkbride, who changed the construction and operation of many American asylums during this time. He promoted a set of detailed principles that allowed the buildings and the surroundings to be active participants in the therapy of the users. The Kirkbride hospitals were located on vast farmlands (similar to standard prison locations). He used the necessary physical labor to run the facility as a form of treatment. The hospitals were usually quite large and housed thousands of patients cared for by a limited staff. The staff would stay in the hospital or even in the same ward as the patients. This not only allowed them easier access to their jobs, but also promoted the
trust of the patients to their caretakers. This plan showed the success the architecture could have in aiding in treatment rather than deterring it. 

Unfortunately, however, in the early 1900’s, the Kirkbride hospitals were seen as too expensive to maintain. This caused most administrations to fall back on old models as the location for the mentally ill.

Around this time, most asylums had become the breeding grounds for new radical treatment methods. These usually consisted of test treatments that were performed without much research on the subject. They included shock therapy, lobotomy, drug treatment and even the birth of the eugenics movement. Over the years, the treatments were viewed as inhumane and even barbaric in nature. Society’s disgust with the treatment methods lead to pressure to abandon the asylum.

This downfall in popularity forced administrations to turn yet again to new spaces to house the mentally ill, which lead to the mental hospital as a replacement for the costly, inhumane asylum. Though the mental

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26 “Psychiatric Hospital.” 2014.
hospital still took cues from the Kirkbride asylum, they were focused on the experiential aspects of design and layout.

The user’s experience (in this case the patient) is defined through the user’s thoughts, feelings, actions, and awareness of their surroundings, both built and natural. “This is the process of enhancing user satisfaction by improving the usability, ease of use, and pleasure provided in the interaction between the user and the end product.” The experience one has can either be enhanced or diminished by the architecture that the experience takes place within.

The user’s experience, especially a patient’s, hinges on the abilities of the building. Kirkbride saw this potential and attempted to harness it. Though at the time the methods of treatment and state of security over the patients was uncalled for, his idea of allowing the built and natural environment to be tools in treatment were exceptional for his time.

Many asylums have been demolished despite the efforts of organizations to renovate the old facilities. Asylums were abandoned in the early deinstitutionalization efforts in America, leaving behind many forgotten structures. There have been many advocates for the re-use of these asylums for both hospital and retrofit uses.

A few of these old facilities are actually being re-used for different purposes across the United States. A good example of this is the Broughton Hospital in North Carolina which is undergoing renovations to house forensic patients and staff. In New York, the majority of old facilities were simply taken over and repurposed for functions that better served the surrounding site, such as school support areas, church additions, hotels or residential spaces.

Re-use and retrofits are becoming even more popular in the United States. Historic Preservationists and designers want to utilize historic structures as a way to push the past into the future. A great example of this is the American Brewery in Baltimore, Maryland. The building was abandoned in 1973 and after many years of debate, the community won the
opportunity to bring it back to its former glory. A place that once was associated with Baltimore's booming times, could once again rise from the plight and be celebrated through revitalization. The brewery now functions as a community base, with office spaces, community areas, and a showcase of the old architecture that makes it so iconic. Not only does this building now serve a purpose once again, it is starting point for revitalization of the entire surrounding neighborhood.

Similarly, asylums are now being explored and discussed as great opportunities for re-use projects. Bringing them back to their former glory and redefining their purpose could bring them into the positive light and out of the negative connotation of ‘asylum.’ Revamping these structures could lead to a better understanding of the institution. Having been used as the agent to respond to social conditions, the asylum could once again become the spark of change needed architecture and the care of the mentally ill.  

Fig. 27-32 American Brewery, Baltimore, MD: Renovation and Re-Use.

31 Perkins and Will. "Past, Present and Future of Asylums."
32 Perkins and Will. "Past, Present and Future of Asylums."
changing how we treat people
It is a well-known fact that psycho-environmental facilities replaced the insane asylum due to their conditions. In early years, those locked in institution were usually forced into containment where they were restrained for very long periods of time and once committed, rarely released again. These terrible embodied ideals were finally discarded during the transition phase into modern mental health care where the focus shifted towards rehabilitation and a positive experience for the user, rather than containment. Today, mental health care is an extremely important issue for those looking to put their loved ones in a facility.  

Institutionalization became a huge factor in the success of a patient’s ability to cope with their condition. When Erving Goffman, a world renown sociologist, explored the theory of the “total institution,” he found that the consistency of the relationship between the guard and the captor is in constant flux due in part to the institution’s ability to serve as the ritual space that ensures both classes of people know their function and social role. The relationship is never consistent and when applied to the institution, it gives the guard ultimate control while stripping down the rights of the captor to a minimum. This ‘institutionalization’ made the patients’ needs and desires subordinate to the need for an excellent appearance of the hospital.  

Many designers and practitioners started to question what a mental hospital could do. Franco Basaglia, a leading Italian psychiatrist, also questioned the mental hospital and described it as “an oppressive, locked and total institution in which prison-like, punitive rules are applied.” As time passed, new facilities were developed and became crucial in the deinstitutionalization movement. Long-term care facilities had the goal to treat and rehabilitate individuals so that they could go back into society within a short time-frame (two or three years). With the waves of reform, facilities became suitable places for evidence-based treatment, where treatment is the most crucial aspect. The key difference in these facilities was their ability to help patients control their own lives with the use of psychiatric drugs and therapy. Humane treatment was of the utmost changing how we treat people
importance in order for the facility to be successful in helping it’s patients.36

Humanity is an extremely important aspect of the major changes to psycho-environmental facilities because of its ability to define how a space will help or hurt the user. ‘Humanity’ is “marked by compassion, sympathy, or consideration for humans or animals.”37 To be humane is to have or show compassion or benevolence, to inflict the minimum amount of pain, and is intended to have a civilizing or refining effect on people.38 Humanity is what separates humans from animals and directly influences how we as a society are viewed by other cultures and throughout history. It determines how we as a society treat one another, which is crucial to understand when dealing with such delicate patients.

Humane treatment of patients made not only an impact on the way in which the administration functioned, but also a dramatic effect in the

fig. 33-37 “Weird Face Art”: The Different Sides of Humans
fig. 38-39 “Hemispheres” by Don Stewart: What Makes Up Our Brain?
fig. 40-42 Water Walk by Paul Housberg: Soothing Design for Patients

33 Perkins and Will. “Past, Present and Future of Asylums.”
34 Thio, Alex. Deviant Behavior. 2010. Print
35 Perkins and Will. “Past, Present and Future of Asylums.”
36 Perkins and Will. “Past, Present and Future of Asylums.”
way in which the architecture was designed. Health care facilities wanted to move:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Accommodation</td>
<td>Diagnosis</td>
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<tr>
<td>Segregation</td>
<td>Integration</td>
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<td>Provider Focused</td>
<td>Patient Focused</td>
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<td>Institutionalized</td>
<td>Community Care</td>
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<td>Separate Care Sectors</td>
<td>Continuum of Care</td>
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<td>Disciplined Based</td>
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<td>Containment</td>
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<td>Dependant Patients</td>
<td>Independence and Responsibility</td>
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<td>Outdated Therapy Models</td>
<td>Evidence Based Treatment Models</td>
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Perkins and Will did a study looking at the history of these design changes as a way to create a new health care facility. The new facility focus on operational flexibility to help account for the changing patient population, provides a secure dignified environment for the families, and staff, an open conversation with the community, and an appropriate amount of privacy for the patients. It is set up as communities or campuses in order to have a clear organization to help facilitate patient orientation and movement. The facility still takes safety measures with ‘crisis stabilization units’ to help with troubled patients on the campus. The design also utilized a distinct transition between administration and patient spaces which gradually moves from control, to care, to patient spaces which help break up the feeling of authority. The facility uses “humanely scaled home-like environments coupled with a community of treatment, recreational and support programs” that still focus on the security and safety of the patients. These detailed techniques helped to move psycho-environmental facilities into the future.

New health care facilities now use both science and technology to aid in therapeutic treatment and to better respond to the needs of the patients. The building must respond in similar ways through dignified spaces for the patients, their families and staff in order to contribute to the healing process. It is the architects job to understand how an individual’s immediate environment affects their sense of well-being. As seen throughout history, this is especially crucial when the individual is struggling with a mental illness. “Facilities designed for health care must provide a supportive and responsive atmosphere—one that shelters, comforts, and contributes to the healing process.”

Fig. 43 Perkins and Will: Asylums Over the Years - Looking at Layout Patterns
understanding the client in the placeless institution
Though an argument can be made that there are other groups in need within the prison system, all evidence points to the imprisoned mentally ill as the ones who are stranded within the vast majority of institutions available. While other groups suffer, there are options being explored in their favor, however, this is not the case for the placeless imprisoned mentally ill, which leaves them to be dealt with by each institution’s administration.

To be placeless is to not have a space to occupy both in terms of the physical and social environment. Placelessness can also occur in terms of the space itself. “If landscapes lack cultural diversity and are impersonal (nobody identifies with them), placelessness results, creating ‘thin’ places and/or turns ‘thick’ places into thinner ones.”

Prisons are in fact very ‘thick’ places, meaning they have an identity that is undeniably recognizable (institution). This is not the correct place for those suffering from mental illness, so as more individuals that are in fact ‘placeless’ within this environment are introduced, they thin out the thick identity of the prison. It adds extra stress and asks for accommodations the prison, as an identity, cannot allow. There is no room for personalization and connection within a prison. For the mentally ill (as stated above), it is crucial that place attachment occurs in order to optimize the effectiveness of the treatment environment and the trust of the patients to their caretakers.

A specialized approach in design needs to be presented in order to alleviate the placelessness of the imprisoned mentally ill. A facility that takes the humane approaches found in new prisons, the user-friendly qualities of the psycho-environmental facility and the secure treatment ideals from the asylum to create a more appropriate location for the imprisoned mentally ill. Placelessness amongst the institutions is not acceptable. As Reginald Wilkinson, director of the Ohio Department of Rehabilitation and Correction, so profoundly stated in his Frontline interview, “We [want] to have a state-of-the-art mental health delivery system, rather than just thinking we can continue to put Band-Aids on problems associated with psychiatric treatment.”


the site
the site

In order for a facility to successfully care for this very specific group of people, analysis of the locality of current facilities is crucial. Traditionally, prisons were built in very rural locations to avoid too much contact with the outside world, to allow for growth, and overall control of individuals. The original idea was that prisoners would repent more readily if isolated from urban distraction and kept away from family contact. Though these locations are economical, generally politically neutral and effective in containing those that are serving time, they are counterproductive to the ability of the individual to transition into and out of a strict, rigid system.

To go to prison means to have most of your basic rights and ability to make choices stripped away. Add this to the fact that the vast majority of prisoners are from urban areas, there becomes a huge disconnect between cultural, physical and emotional environments. These rural locations are unfamiliar and in some cases completely foreign to the prisoners. The prison system employs qualified applicants that usually reside relatively close to the location. This means the majority of the guards and other administrators are from the rural areas and do not understand their prisoner’s backgrounds. The social norms that surround these two types of living conditions are so dissimilar that the expectations of the guards are not the same as the expectations of the prisoners. To be forced into a different routine, moved to a foreign location and then to be supervised by a different group of people adds an immense amount of stress on an already difficult transition.

In order to alleviate this additional stress, a site that is more closely related to the subgroup’s home is preferred. The site would be connected to a large urban area, but with enough distance for security and piece of mind. The site could use the visual connection as a way to help ease the transition for prisoners, along with bringing in administration that is more familiar with the backgrounds of the prisoners they guard. By bringing in culturally similar guards, the chances that the prisoners can form the ‘trust bond’ that is crucial to their successful rehabilitation is much higher.
An ideal location that fits these parameters would be an island facility, similar to Bastøy Prison in Norway. This prison uses the island’s natural barriers as a humane way to keep prisoners to a restricted area. By placing this prison on an island, the prisoners cannot escape with ease. This also allows the facility to abandon the use of the “wall” that makes a prisoner feel as though they are caged. They are granted a connection back to the community through views from the island, but they are still separated enough that the surrounding community and civilians feel safe. Though this prison is quite liberal, to the point that the prisoners work along side the guards, it shows a good example of how natural boundaries can be enough to control and seclude the prisoners without them feeling completely trapped and dehumanized by the facility’s design and seclusion.

For this project, an island near an urban area in the United States has been selected. Hart Island in The Bronx, New York houses the perfect

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conditions that fit the needs of a new facility. Not only is it closely located to one of the largest, dense urban areas in the country, it is ideally placed where access is limited and already heavily controlled by the city’s government. Hart Island is home to a large assortment of buildings and spaces that have had multiple uses over the years, but currently lie abandoned. The views, control, and reuse of existing structures all work perfectly to create an asylum for the imprisoned mentally ill that utilizes current humane strategies for both prisons and mental healthcare facilities.

Currently, The Department of Corrections controls access to this island due to the active Potters Field on the North side. This field is still used today as a burial site for the unclaimed deceased of the city, and run by the D.O.C. through the use of Riker’s inmates for upkeep and good behavior outdoor work. There is one port on the island that directly connects it to City Island which sits roughly a half mile away. This limits accessibility to the island and allows it to stay under the D.O.C.’s watch.
New York is the ideal location because of the high number of prisons, the large numbers of residents and the high population of mentally ill in the city. Within the state, the prison population is roughly 77,000 inmates, with 11,000 of those in New York City. Of those 11,000 inmates, 38% are reported to be suffering from some form of mental illness. Even though the prison population has decreased, the number of reported mentally ill has increased. This means the demand for a new facility within the city is quite high. So high that a Task Force on Behavioral Health and Criminal Justice System was established to try to reduce the number of mentally ill that serve time. Mayor De Blasio said,

“For far too long, our city’s jails have acted as de facto mental health facilities. Everyone deserves access to quality medical and mental health care—and addressing these needs within the criminal justice system will improve public safety for all New Yorkers.”

A new facility would help in relieving this pressure and allow for existing structures to be put to use yet again. These are important factors

in New York due to lack of room to build new facilities and a serious need for resolution of abandoned structures. Hart Island is one such place that houses a large number of unused existing structures. On the Southern end of this eclectic island sits the old ward of the women’s asylum built in 1855. Occupied until 1976, this asylum was used for mental health care, a boys correctional house, prison work space, and a rehab center.51

Built in the typical hospital layout commonly used in the 1850s, this ward utilized large central space with circulation wings and office spaces as a way to form defined lines between the patients and their caretakers. The large central spine was originally open and housed patient beds. The ends of the main spine had closed-off offices, which sat perpendicular to the large staircases at each end. This layering allowed for the caregiver to keep an eye on patients and their movement between floors. Off of the center of the spine, the main entry and the chapel sat perpendicular to the patient spaces.52 This layout allowed for easy movement and flexibility that was needed to care for the changing groups of patients.

The simplicity of the building aids in its ability to be multi-functional.
Once the women’s asylum had moved to a new location due to growth, the space was used as a workhouse for misbehaving boys for a period of time, then turned into a workspace for prisoners, and eventually rehabilitated for use by the Phoenix House as a rehab center in 1966. The Phoenix house used the Pavilion (a sister building to the ward), the ward and a few other buildings on the island for patient rehab. The ward was used mainly for rehabilitation through the making of shoes and farming. After it was proven too costly to keep up, the Phoenix House moved out of Hart Island and left the building abandoned in 1976, as it still sits today.

Currently, a portion of the northern central spine has been destroyed due to weather damage, but the rest of the building is still intact. The site is an ideal candidate for a rehabilitated facility for the imprisoned mentally ill because it is a great example of historic asylum architecture, it has a simple layout, its design aids in the ease of use necessary for a new facility type, and is located in a secure area with room for growth.

57 “Buried From the Public: Hart Island, New York.”
design strategies
fig. 58 Renwick Smallpox Hospital  
fig. 59 NYU Hospital - New H.C. Wing  
fig. 60 The Tombs - NY Jail / Prison  
fig. 61 Bellevue Hospital  
fig. 62 The Octagon - Entry Stair  

fig. 63 Children's Asylum at The Cathedral Church of St. John the Divine  
fig. 64 Bayview Correctional Facility
design strategies

New York’s Hart Island is an ideal location for the rehabilitation of an asylum for the imprisoned mentally ill, therefore it becomes crucial to then understand how these types of institutions fit within the urban context of New York. Looking at examples of current prisons, current mental health care facilities and re-used asylums, it is clear that New York has found ways to create space for all building and use types. Originally, hospitals and asylums were located on the islands that are scattered along the coast of the city. As time went on, these island locations became obsolete, and it was more economical to move institutions to more populated areas. These areas became more densely packed and eventually prisons, asylums and hospitals simply became part of the urban fabric.

For instance, several active prisons in New York are scattered amongst a variety of neighborhoods. The best example of this is the Bayview Women’s Correctional Facility that sits across the street from the Chelsea Piers. Though it has since been closed due to hurricane flood damage, it was used for several decades as a prison for women serving a variety of sentences (since 1931). The building itself is similar to most buildings its age in the area - it is surrounded by newer structures, a variety of uses, and busy streets. The only real differences architecturally are the bars on the windows, the bright blue door with signage indicating the presence of the prison (pictured to the left), and the fenced in roof deck. The building fits in well and has become part of the urban context in a way that aids in the transitions of its users.

Another institution that works to help transitioning individuals is the Bellevue Hospital which sits directly in the heart of Kips Bay. This was one of the first public hospitals in the United States and had one of the first psychiatric wings in Manhattan. Currently, the psychiatric wing serves as a homeless shelter and is surrounded by the growing medical campus, which makes it stand out amongst the new facilities. The positioning of the building in relation to the medical campus makes it seem as though it is undesirable. It does not engage the surroundings as well, but still serves

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Looking at the women’s asylum ward (the Phoenix House) on Hart Island, it is clear that there are many opportunities to use the existing structure in a way that helps the user feel connected, accentuates the history of asylum, leaves room for additional growth, and allows for exploration into new design strategies.

When thinking of the user’s need to not only feel connected to the administration that cares for them, but also to the environment in which they are receiving their treatment, Perkins and Will’s example of a new mental health care facility comes to mind. It shows the benefits of zoning spaces according to the user groups. By going from public to private (from authority to patient), in a step-down design, both the user and the caretaker are eased into a shared space. Based on this research, the Hart Island site will be split into three distinct zones: administration, social/rehabilitation, and incarcerated patient.

Site studies were used to deduce the best arrangement for these spaces (see figures 66 and 67). Due to the position of the front of the
fig. 65 Site Study Diagram: Separation of Zones and Views
fig. 66 Site Study Diagram: Separation of Zones
fig. 67 Site Study Diagram: Separation of Zones
fig. 68 Site Study Diagram: Movement and Connections
fig. 69 Site Study Diagram: Infill with Similar Architecture
fig. 70 Site Study Diagram: Infill Space within Site
fig. 71 Site Study Diagram: Juxtaposition Overlap
fig. 72 Site Study Diagram: Juxtaposition Infill
building, it was best to let the administration zone sit within the existing structure (figure 67), as it would have in the original asylum layout.

The new incarcerated patient’s spaces could then fill in the gaps of the existing building (see figures 69-72). This could be done in a similar footprint as the old asylum (figure 69) or in a new geometry within the leftover space (figure 70 and 72). This presented an opportunity to accentuate the tension between old and new design. By playing up this tension through juxtaposing strategies, the meeting of new and old could speak to the transformation of the treatment of the imprisoned mentally ill.

There are many great examples of this deliberate juxtaposition of old and new that play with this tense relationship. This can be successfully created through an insertion of new space, like in the Dovecote Studio (figures 73-75); through an overtaking of the old space by the new, as seen in The Toronto Contemporary Art Museum (figures 76-78); or through a mixture of both that directly relates to the programs happening within, like
the spaces in the SCAD Museum of Art (figures 79-81). Each uses juxtaposition as a way to create a relationship between these two opposing spaces with their own opinion of what that relationship means. Though these may be extreme examples, they show the ability that new architecture has in transforming existing structures without completely dismissing their existence.

These examples can be used as a way to understand how to connect the old and new spaces within the Hart Island site. Having established the tense relationship between the two, the design could then start to relieve the tension through transitional, connective zones. These areas would house the social/rehabilitation spaces and allow for the incarcerated patients to focus their attention on transitioning back into the real world (see figure 71). It then becomes a buffer between the administration and the incarcerated patients, which is crucial for both groups to form the ‘trust bond’ that is needed for successful rehabilitation.

Rehabilitation is also achieved through connections made with the surrounding environment. This connection is back to urban life, back to nature, and back to normalcy. This can be directly translated into the architecture using the Kirkbride plan that has “long rambling wings arranged en echelon (staggered, so each connected wing received sunlight and fresh air), to promote privacy and comfort for patients.” Using this idea, the layout of the spaces would be influenced by visibility (see figure 65) as a way to organize the patient’s rooms.

This organization of spaces, visibility and connection will then be further enhanced through movement, which is a tool for way-finding and transitioning between zones. The layers of movement work to help each group (administration and incarcerated patients) move within their own zones and between them (see figure 68). This allows the zones to overlap in a way that encourages rehabilitation and thus allows the building itself to have a “curative effect, ‘a special apparatus for the care of lunacy, [whose grounds should be] highly improved and tastefully ornamented.”

60 “Psychiatric Hospital.” 2014.
61 “Psychiatric Hospital.” 2014.
spacial experience and quality of life
The spacial experience and quality of life are both directly linked to the organization of the site. As the design moves into the details of space, the strategies laid out in the site are used as a way to continue to create areas that aid in the treatment’s effectiveness. Through site and precedent studies, the design can utilize theories from the sociology of architecture to help enhance the experience for the user. This includes spacial relationships, room layouts, light quality, and accessibility.

Understanding the relationship between spaces helps to create environments that work together. Taking into consideration the studies discussed earlier, such as Perkins and Wills zones and Kirkbride’s use of building as treatment, the thesis looks at the best ways to form incarcerated patient, administrative, and social rehabilitation spaces that all work together to create a healing environment through their direct and indirect relationship and connections (see figure 84).

Looking first at the incarcerated patient zone, the design uses connection through mimicry, spacial relationships and light to perpetuate humane conditions. Connection is crucial in the ability for treatment to work, as shown through prior discussion and research, and plays a large role in the design. Looking at the Leoben prisoner cell layouts, it is clear that the connection back to normalcy is key. This design uses small numbers of shared rooms, private bathrooms, and common areas as a way to help the incarcerated patients feel as though they are in a typical New York living environment, and not one that is reduced to maximizing the space for the highest volume of beds. This relief is furthered with tall ceilings and clearstory windows that help to make the rooms feel larger while allowing for more personalization. Each set of rooms consists of two beds with their own storage, study space and a private bathroom. This dorm styled space is repeated and a small common area connects each set of rooms (see figures 96 and 97). The layouts mimic university housing and European prison designs as a way to bring security and control to a more familiar environment.
Another connection found in every patient room is the connection back to nature and light. Studies have shown that light plays a huge role in our emotions and how we perceive our surroundings. By offering as many opportunities as possible to allow natural light into the space (see figures 89 and 93), the imprisoned mentally ill can focus on their treatment in a more positive way. This alleviates the deprivation control they would typically experience in a prison spaces. This also allows opportunities for visual connections both to the natural surroundings found on the island and back to the urban condition. Each set of rooms has a small balcony that allows the incarcerated patient secure exposure to the outdoors (figure 95), which helps in their treatment and allows for flexibility within the spaces.

The last major connection for the incarcerated patients is back to the group. By creating ‘wings’ of spaces, the incarcerated patients are given a sense of a neighborhood community. Abandonment can be a negative

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issue for the imprisoned mentally ill and studies have shown that group treatment and socialization help to promote a healthier understanding of an individual’s illness and treatment. The community feel also helps to normalize the conditions so that the incarcerated patients can start to trust the facility and the caretakers.

Next, the design utilizes physical connections to bring the private intimate spaces (the incarcerated patient’s rooms) into a more public space (social rehabilitation areas) through connective corridors. These corridors are well lit and aid in wayfinding. As the incarcerated patients move from their rooms to the main building, they pass through the threshold, or connection, between the existing structure and the new structure (see figures 93 and 101). These physical connections not only help to signify where the wings of the new building are, but they also help in transitioning the individual into a shared zone.

Within these shared zones (social rehabilitative spaces), energy and treatment are equally important. These spaces are used in either a traditional sense - for family visits, doctor’s offices, and private treatment, or in new ways - for work, group activities and movement. These areas are purposefully dynamic and use the color orange to encourage energy and movement, which helps to encourage positive treatment that will eventually result in their release.

One particular area (or ‘prism’) emphasizes this more than the others - the point of reconnection. Within this social space, the design utilizes the existing condition of the original building as an opportunity to branch across the threshold of authority and touch back down on the outside of the prison (see figure 88). Within this rehabilitation prism, the incarcerated patients are shown the hope and promise that treatment can bring through visualizing their change and having a clear goal to work towards. This is enhanced through visual connections that are unique to the space. This prism acts as a motivator and a tool to help enable these individuals to become the types of prisoners that embrace the facility and treatment, as opposed to fighting it.

55 Landsberg, Gerald; Rock, Marjorie. Serving Mentally Ill Offenders. 2002.
The last point of connection comes in the form of the traditional institution and authority. The relationship between the incarcerated patient and the administration is extremely important because it dictates the effectiveness of their treatment. The administrative spaces are designed with the traditional architecture that the original institution would have had. This includes typical office spaces, intake and security spaces, and visitor check in areas. All of these areas are heavily regulated by the administration and show their authority over the incarcerated patients.

The administration is not limited to just their zone when it comes to authority, however. In the shared social rehabilitative spaces and the incarcerated patient spaces discreet security is a must. Each of the patient wings has a set of security desks located on each floor. This is not only to help the administration regulate the activities of the incarcerated patients, but to also be close by in case of emergency. These rooms are open and act as secure nurse’s stations. By putting a small number of security and nurses close by the incarcerated patient spaces, the patients can feel as though they are working with the administration and not under it, unlike in the environment of typical prisons where authority is forced upon them.

This openness and fluidity will also help the incarcerated patients feel that they have some control over their daily lives, instead of feeling as though they have simply been locked away. This has shown to improve quality of life because it allows the prisoner to make a decision instead of following orders. A break in the monotony of the institution helps to bring back the feeling of normalcy, encourages growth, and improves the overall outlook of the user.

In an effort to continue to improve the quality of life of the users, the design uses materiality, light, and texture as another way to enhance daily living. Using materials that are softer and less harsh than concrete block such as dent resistant sheetrock, 3M unbreakable glass, sheet metal and paint, helps to break up the regularity and coldness felt in current institutions. It becomes a way to identify ones surroundings and a clear

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navigation tool throughout the building. Materiality also makes the patients feel as though they are not in an institution, but rather in a place that encourages them as they go through treatment. Hospitals use these techniques and material changes to make the rooms feel more like ‘home’ to their visitors.

Lighting is also used as a way to break up the uniformity and institutional feel. By creating groups of lighting, the open floor plan starts to become a group of spaces without the use of walls. In this design, the corridors are lit directionally as a way-finding mechanism. In the existing portion of the building, the corridor lights would be standard downlights that run parallel to the hallways, whereas in the new patient wings, the lighting becomes hidden (in perimeter coves) and casts a soft light through the hallways (see figure 85). The social rehabilitative spaces utilize dynamic lighting, meaning the lighting does not face one direction, which encourages movement, play, and activity (see figure 87). Finally, the programmed spaces (stopping points) use grids of light which encourages working, making and conversing (see figure 86).

These details are crucial in stimulating treatment, increasing the quality of life of the user, and reducing the resentment felt towards the institution by this unique group. By paying attention to details found in humane designs and specialized spaces, the facility becomes a safe-haven for the imprisoned mentally ill as they work towards rehabilitation.
conclusion

Treatment is directly affected by the environment in which it occurs. Today, reformation of treatment-driven environments is at the forefront of most designers’ minds. By understanding the history of the prison, the mental health care facility and the asylum, better strategies that encourage humane treatment conditions can be established. When the architecture focuses its attention on designing for specific groups in need, in this case the imprisoned mentally ill, it can then begin to reestablish its relationship with the user.

After evaluating the effects of psycho-environmental design on users, it is clear that the treatments were more successful due to appropriately designed conditions, which can be seen in the successful application of new design models. Add this to the overwhelming data that suggests prison reform is a necessity in the United States, and it becomes clear that there is a need for a specialized facility to rehabilitate the imprisoned mentally ill.

This thesis uses theories of rehabilitation from architecture,
sociology and the judicial system to define the imprisoned mentally ill's humane environmental needs. This design provides a facility that takes into account the history of the institution, the progression of reform in treatment environments, and the influx of this unique group within existing facilities. Through a deliberate juxtaposition, this thesis questions the antiquated asylum model and provides a new building typology that focuses on the user within a treatment environment. This is successfully completed through the use of humane design techniques found within the changing models of psycho-environmental facilities and prison designs.

By reconnecting the imprisoned mentally ill with a new type of architectural experience tailored to their needs, their successful assimilation back into the general public through rehabilitation is more likely. Each aspect of the design considers the user at a human scale, which engages them in a way that promotes recovery and rehabilitation, while simultaneously stimulating relationships between people, experience, and place.

The relationship between the authority figure and the patient is mutually beneficial and encouraged through the use of spacial adjacencies and zoning that help these two very different groups meet, work together and create a trusting bond. With discreet security and less authoritative presence, patients can start to see the administration as helpful rather than hurtful.

This facility will not only help the imprisoned mentally ill, but it will also help the general population. It will help those with mental illness learn how to cope with their issues, assimilate and transition into society correctly, and drastically cut recidivism and prison sentences. It could be used as a model for facilities across the United States as a way to change the relationship between the imprisoned mentally ill and the institution.

Through a clear understanding of the user group, knowledge of new strategies of design, and thorough attention to detail, this thesis provides an appropriate place for the once placeless imprisoned mentally ill.
references


