

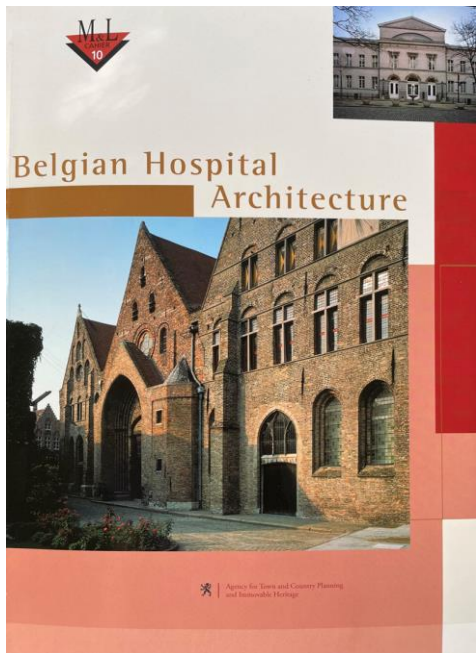
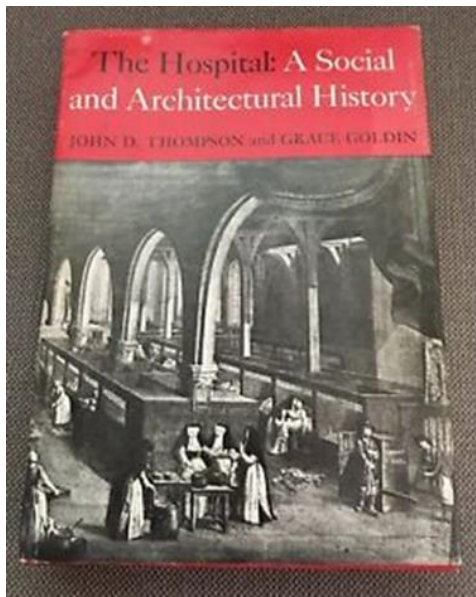
A silhouette of a woman in a business suit walking from left to right in a hallway. The background consists of vertical blinds, creating a pattern of light and dark vertical stripes. The floor is polished and reflects the light from the blinds.

Uitnodiging UPC KU Leuven

Permanente vorming Psychiatrie

Donderdag 12 oktober 2023

# Architectuur en psychiatrie



# Architecture and Psychiatry

## Consensus, Evidence-Based & Sociopetal Design

**Dr. Martin Voss**  
Consultant Psychiatrist

Psychiatric University Clinic of the Charité  
at the St. Hedwig Hospital / Berlin  
[www.soteria-berlin.de](http://www.soteria-berlin.de)

**Jason Danziger**  
Architect BDA

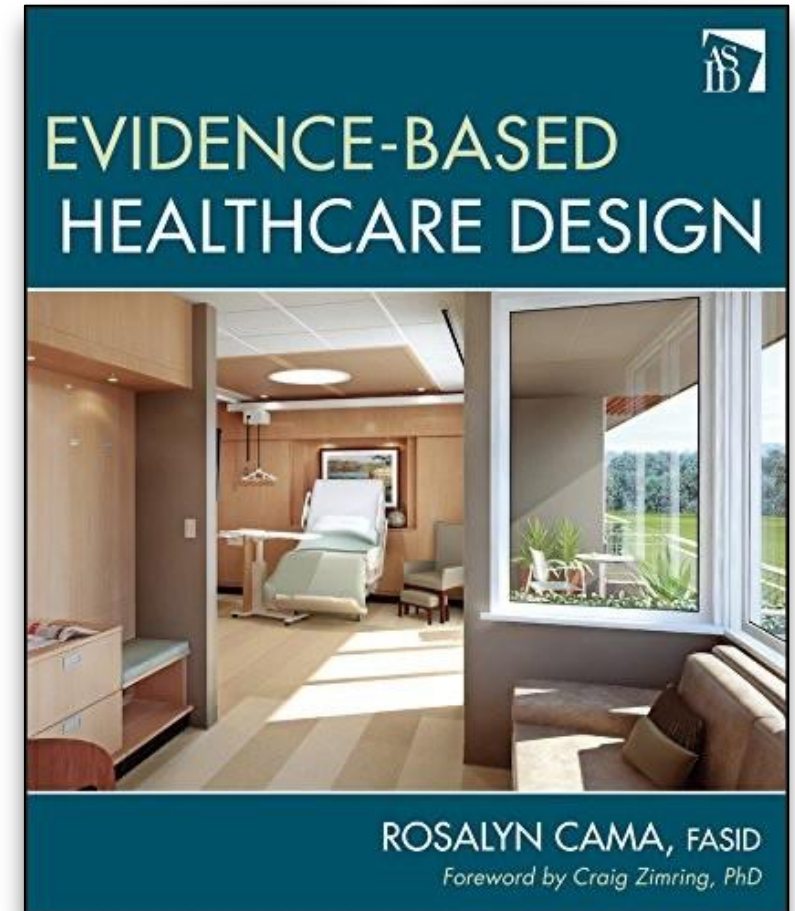
thinkbuild architecture / Berlin  
[www.thinkbuild.com](http://www.thinkbuild.com)  
[www.psychraum.de](http://www.psychraum.de)



## Evidence-based design

### The four components of Evidence-based Design:

- Gathering qualitative and quantitative information
- Establish strategic, cultural, and research goals
- Hypothesize outcomes, develop innovations, and implement translational design
- Measure and share results







## **View Through a Window May Influence Recovery from Surgery**

*Abstract. Records on recovery after cholecystectomy of patients in a suburban Pennsylvania hospital between 1972 and 1981 were examined to determine whether assignment to a room with a window view of a natural setting might have restorative influences. Twenty-three surgical patients assigned to rooms with windows looking out on a natural scene had shorter postoperative hospital stays, received fewer negative evaluative comments in nurses' notes, and took fewer potent analgesics than 23 matched patients in similar rooms with windows facing a brick building wall.*

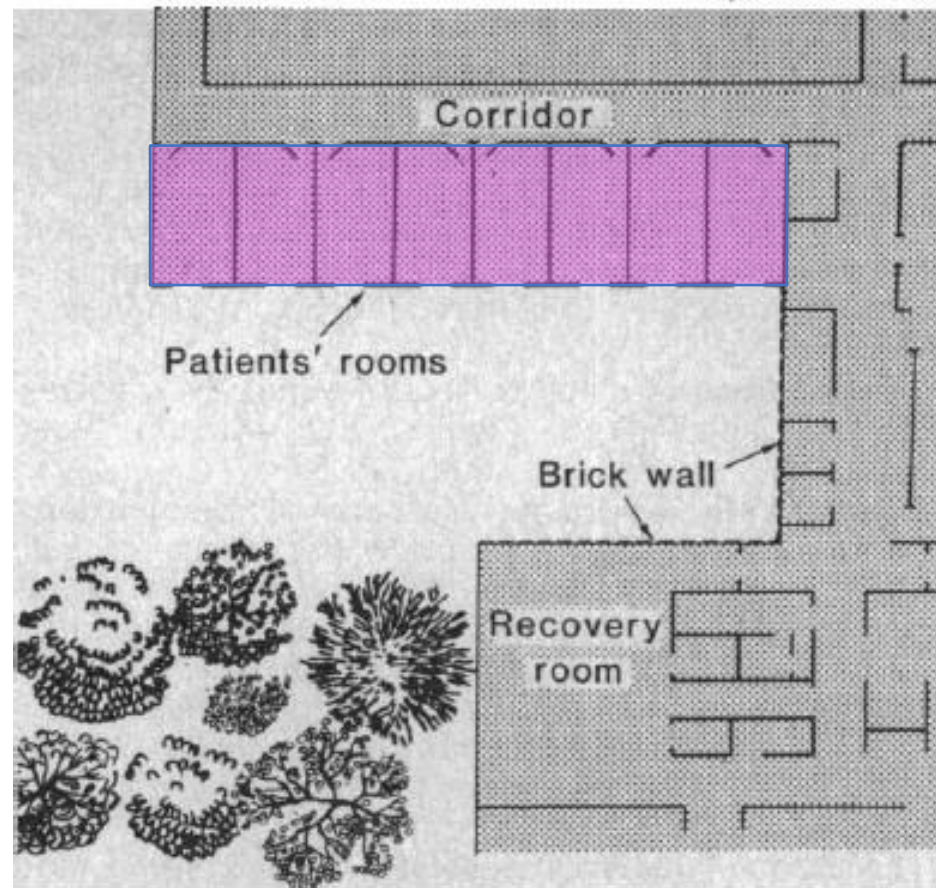


Fig. 1. Plan of the second floor of the study hospital showing the trees versus wall window views of patients. Data were also collected for patients assigned to third-floor rooms. One room on each floor was excluded because portions of both the trees and wall were visible from the windows. Architectural dimensions are not precisely to scale.



## Research report

# Sunny hospital rooms expedite recovery from severe and refractory depressions

Kathleen M Beauchemin, Peter Hays \*

*University of Alberta, 1E7.31 Mackenzie Health Sciences Centre 8440-112 Street, Edmonton, Alberta T6G 2B7, Canada*

Received 25 January 1996; revised 1 February 1996; accepted 4 April 1996

---

**Abstract**

Bright light therapy is an effective treatment for seasonal affective disorder, an uncommon condition marked by mild winter depression. Bright lights have been used as adjuncts in the pharmacological treatment of other types of depressive illness. The rooms in our psychiatric inpatient unit are so placed that half are bright and sunny and the rest are not. Reasoning that some patients were getting light therapy inadvertently, we compared the lengths of stay of depressed patients in sunny rooms with those of patients in dull rooms. Those in sunny rooms had an average stay of 16.9 days compared to 19.5 days for those in dull rooms, a difference of 2.6 days (15%):  $P < 0.05$ .

*Keywords:* Depression; Phototherapy; Cost

---





## Brief report

## Morning sunlight reduces length of hospitalization in bipolar depression

Francesco Benedetti\*, Cristina Colombo, Barbara Barbini, Euridice Campori,  
Enrico Smeraldi

*Istituto Scientifico Ospedale San Raffaele, Department of Neuropsychiatric Sciences, University of Milan, School of Medicine, Via  
Prinetti 29, 20127 Milan, Italy*

Received 3 June 1999; received in revised form 5 November 1999; accepted 15 January 2000

---

**Abstract**

*Background:* Bright artificial light improves non-seasonal depression. Preliminary observations suggest that sunlight could share this effect. *Methods:* Length of hospitalization was recorded for a sample of 415 unipolar and 187 bipolar depressed inpatients, assigned to rooms with eastern (E) or western (W) windows. *Results:* Bipolar inpatients in E rooms (exposed to direct sunlight in the morning) had a mean 3.67-day shorter hospital stay than patients in W rooms. No effect was found in unipolar inpatients. *Conclusions:* Natural sunlight can be an underestimated and uncontrolled light therapy for bipolar depression. *Limitations:* This is a naturalistic retrospective observation, which needs to be confirmed by prospective studies.

© 2001 Elsevier Science B.V. All rights reserved.

*Keywords:* Sunlight; Bipolar depression; Hospitalization

---

# PSYCH.RAUM

Autoren	Publikationsjahr	Land	Kliniktyp	Setting	Stichprobe	Intervention/Unterschied	Outcome	Studien-design	Ergebnisse
Kasmar et al. [46]	1968	US	Allgemeinpsychiatrie	Institutsambulanz	115	unterschiedliche gestaltete Räume (Böden, Tapeten, Beleuchtung)	Stimmung	KG	+
Higgs [47]	1970	US	Allgemeinpsychiatrie	Stationen	125	neue Stationsumgebung (keine Detailangaben)	BPRS, Verhaltensbeobachtungen	KG	+
Ittelson et al. [48]	1970	US	mehrere Kliniken	Patientenzimmer	n. b.	geringere Bettenzahl pro Zimmer	Sozialverhalten	KG	+
Holahan [49]	1972	US	Allgemein-	Tagesraum	120	unterschiedliche	Verhaltensbeobach-	KG	++

Daffern et al. [58]	2004	AUS	Forensik	Klinik	n. b.	Renovierung	Aggressionsereignisse	PP	=
Kagan u. Kigli-Shemesh [59]	2005	IL	Allgemeinpsychiatrie	Stationen	61	Umzug auf neu renovierte Stationen	Angst, Unsicherheit	PP	+=
Vaaler et al. [60]	2005	N	Allgemeinpsychiatrie	Isolationszonen	56	Renovierung (wohnliche Einrichtung)	Aggressionsereignisse	KG	=
Olver et al. [61]	2009	AUS	Forensik	Stationen	15	Umzug auf neu renovierte Stationen	Psychopathologie, Aggressionsereignisse	PP	+=
Payne u. May [62]	2009	UK	psychiatrische Intensivstation	Station	n. b.	Renovierung (Böden, Möblierung, Vorhänge etc.)	Krankheitstage MA; Aggressionsereignisse	PP	-+
Edgerton et al. [63]	2010	UK	Allgemeinpsychiatrie	Korridor	100	Renovierung	Behavioral Mapping	PP	+=
Southard et al. [64]	2010	US	Akutklinik	Stationsempfang	81	offen vs. verglast	Stationsatmosphäre (WAS)	PP	=
Long et al. [65]	2011	UK	Forensik	Stationen	9	Umzug auf neu renovierte Stationen	Stationsatmosphäre (WAS), Psychopathologie, Zufriedenheit	PP	+++
Nanda et al. [66]	2011	US	Allgemeinpsychiatrie	Warteräume	n. b.	Kunstinstallationen	Bedarfsmedikation	KG	+

Edgerton et al. [63]	2010	UK	Allgemeinpsychiatrie	Korridor	100	Renovierung	Behavioral Mapping	PP	+=
Southard et al. [64]	2010	US	Akutklinik	Stationsempfang	81	offen vs. verglast	Stationsatmosphäre (WAS)	PP	=
Long et al. [65]	2011	UK	Forensik	Stationen	9	Umzug auf neu renovierte Stationen	Stationsatmosphäre (WAS), Psychopathologie, Zufriedenheit	PP	+++
Nanda et al. [66]	2011	US	Allgemeinpsychiatrie	Warteräume	n. b.	Kunstinstallationen	Bedarfsmedikation	KG	+
Imman et al. [32]	2011	UK	Allgemeinpsychiatrie	Stationen	n. b.	offene vs. geschlossene Stationstür	Entweichungen	MLA	-

Richter D, Hoffmann H. (2014): Architektur und Design psychiatrischer Einrichtungen. **Psychiatr Prax.** 41(3):128-34.







## Psychiatric ward design can reduce aggressive behavior<sup>☆</sup>

Roger S. Ulrich<sup>a,\*</sup>, Lennart Bogren<sup>b,c</sup>, Stuart K. Gardiner<sup>d</sup>, Stefan Lundin<sup>e,f</sup>

<sup>a</sup> Center for Healthcare Architecture and Department of Architecture and Civil Engineering, Chalmers University of Technology, 41296, Gothenburg, Sweden

<sup>b</sup> Sahlgrenska University Hospital, 41650, Gothenburg, Sweden

<sup>c</sup> Linköping University, Faculty of Medicine and Health Sciences, 58183, Linköping, Sweden

<sup>d</sup> Legacy Research Institute, Legacy Health, Portland, OR, 97232, USA

<sup>e</sup> Center for Healthcare Architecture and Department of Architecture and Civil Engineering, Chalmers University of Technology, 41296 Gothenburg, Sweden

<sup>f</sup> White Arkitekter AB, Sweden

### ARTICLE INFO

Handling Editor: Prof. Robert Gifford

#### Keywords:

Aggressive behavior  
Psychiatric hospital  
Evidence-based design  
Stress  
Psychiatric patients

### ABSTRACT

The article describes a conceptual model proposing that aggression in psychiatric facilities may be reduced by designing the physical environment with ten evidence-grounded stress-reducing features. The model was tested in a newer hospital in Sweden having wards with nine of the ten features. Data on two clinical markers of aggressive behavior, compulsory injections and physical restraints, were compared with data from an older facility (replaced by the newer hospital) that had only one stress-reducing feature. Another hospital with one feature, which did not change during the study period, served as a control. The proportion of patients requiring injections declined ( $p < 0.0027$ ) in the new hospital compared to the old facility but did not change in the control hospital. Among patients who received injections, the average number of injections declined marginally in the new hospital compared to the old facility, but increased in the control hospital by 19%. The average number of physical restraints (among patients who received at least one) decreased 50% in the new hospital compared to the old. These findings suggest that designing better psychiatric buildings using reasoned theory and the best available evidence can reduce the major patient and staff safety threat posed by aggressive behavior.

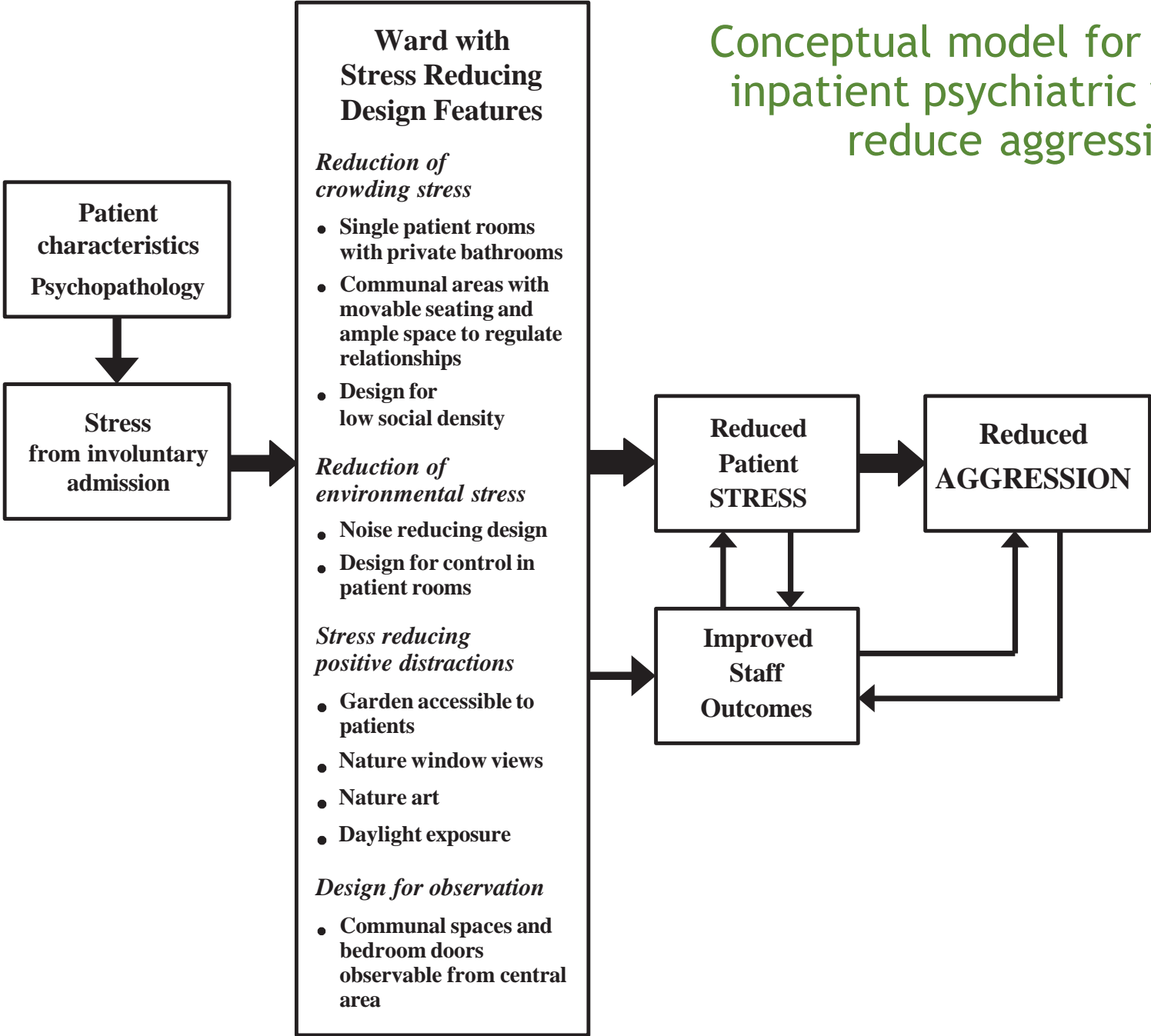
### 11. Introduction

Patient aggressive behavior in psychiatric facilities is a serious and worldwide problem that may be increasing (Bowers et al., 2011). Incidents of violence are alarmingly prevalent and cause psychological harm and often physical injury to patients and staff. A review of 122 studies carried out in 11 countries (among others, United States, United Kingdom, Australia, Sweden, Germany, Netherlands) found that 32.4% of patients admitted to psychiatric facilities engaged in aggressive behavior or violence (Bowers et al., 2011). The mean incidence of violent events internationally per 100 patients sampled randomly was 224. Rates are somewhat similar across different countries but vary by type of psychiatric diagnosis and treatment setting (Bowers et al., 2011). Different definitions and measures

violence over the course of a year (Bowers et al., 2011). Similarly, a study of psychiatric personnel in Sweden (731 nurses, 320 psychiatrists) found that 57% had been the target of physical violence in the past 12 months (Soares, Laoko, & Nolan, 2000). International data suggest that 37% of violent or aggressive incidents result in physical injury to staff (Bowers et al., 2011), an alarming figure that underscores the seriousness of aggression as a staff as well as patient safety hazard.

Much research in psychiatry to predict and reduce aggressive behavior has focused on patient characteristics (such as diagnosis or history), as well as improvements to staff training and care processes (Daffern & Howells, 2002; Dolan, Fullam, Logan, & Davies, 2008; Forster, Cavness, & Phelps, 1999; Privitera, Weisman, Cerulli, Tu, & Groman, 2005). By contrast, few studies have examined the possible influence of architectural features on outcomes (Papoulias, Cspike, Rose, McKellar, & Wykes, 2014). There is also a lack of reasoned and evidence-based approaches to designing psychiatric facilities to lessen aggression.

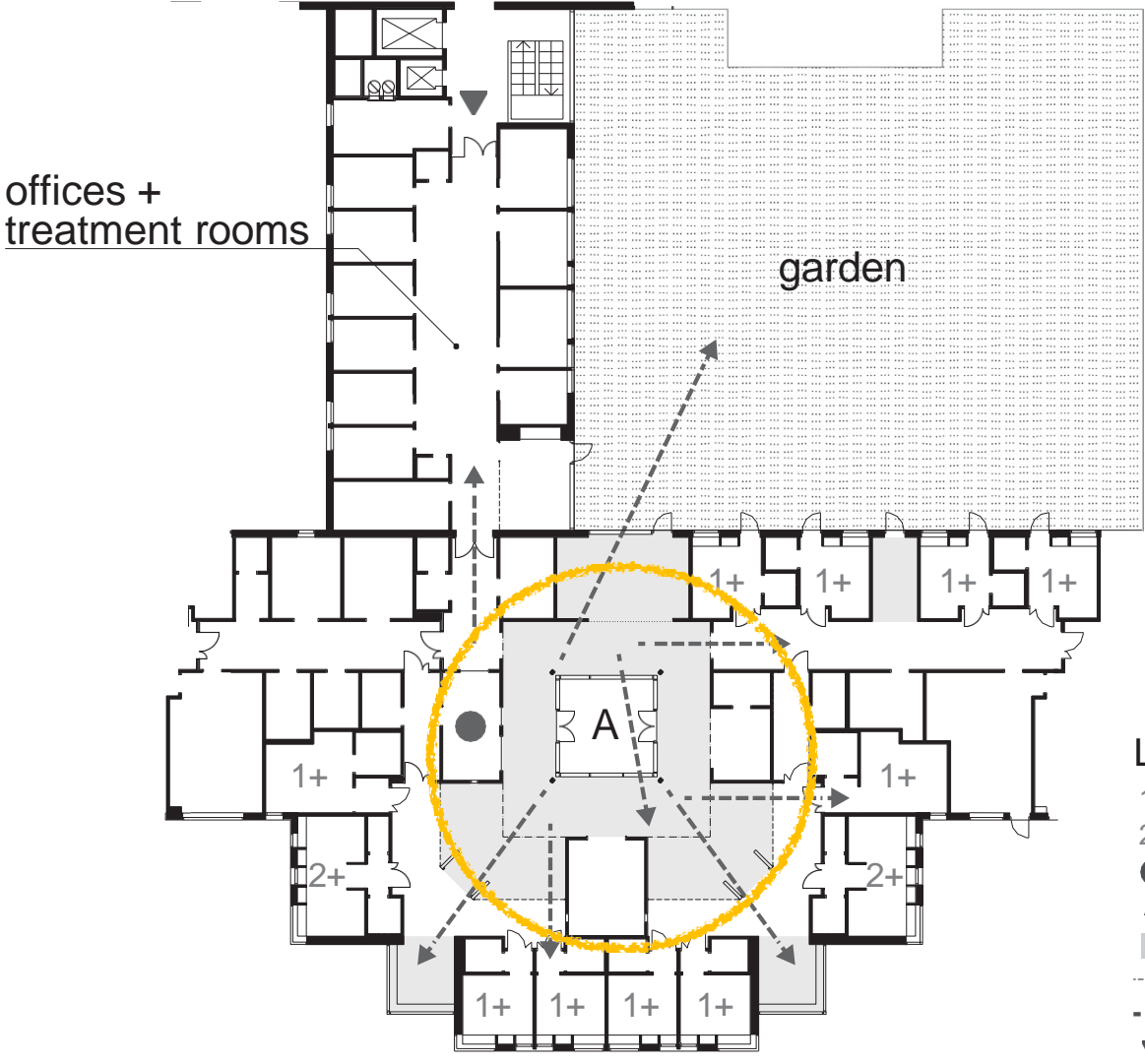
Conceptual model for designing inpatient psychiatric wards to reduce aggression



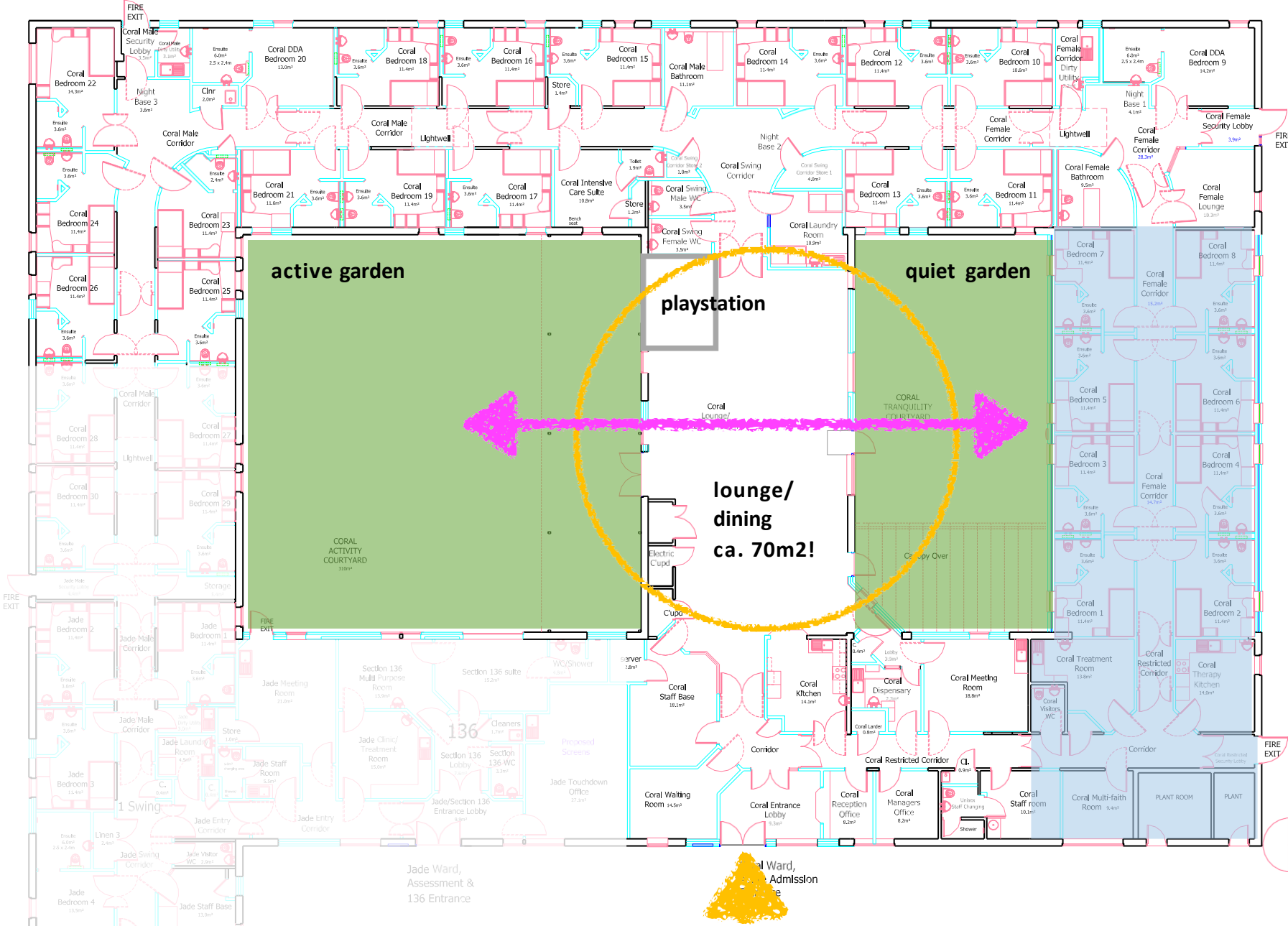
PSYCH.RAUM

*low social density!*

*few if any corridors!*

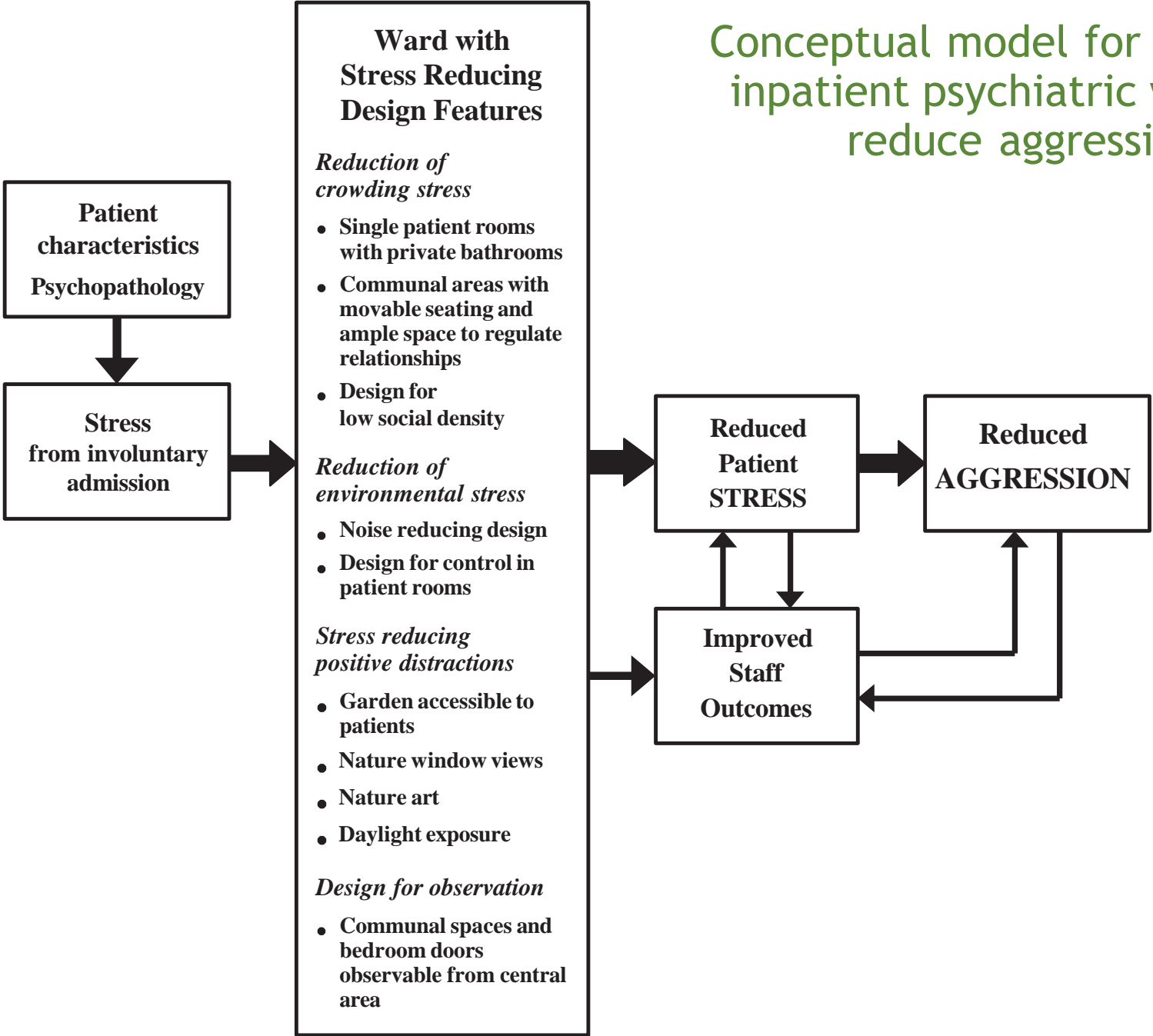






Coral Ward - as built (ca 2012?)

Conceptual model for designing inpatient psychiatric wards to reduce aggression



## challenges of the planning process

- *users know what they need, but may not be able to imagine what it can look like...*
- *designers know what they can build, but not necessarily what is needed...*

**! translation ! or Interpretation? (übersetzungsarbeit!)**

- *as a result ...what often happens:*
  - *users are involved too late in the decision-making process = default solutions are repeated ... because: same is safe!*
  - *users often have to make architectural decisions, and ... planners (unconsciously) make therapeutic decisions.*



# Spatial Requirements - „Hard“ and “Soft” Factors

*Spannungsfeld - „field of tension“?*

## “Hard” Factor

*...defined by standards, regulations and rules*

---

*Hospital Regulations*

*Building and operational fire safety*

*Technical regulations for workplaces*

*Guidelines for hospital hygiene*

*Barrier-free construction - DIN 18040*

*Heritage issues (listed buildings)*

*Requirements for Building in existing structures*

## “Soft” Factors

*...not (yet?) defined by standards*

---

*Atmosphere - φαινόμενο (Phenomenon)*

*Encouraging social interaction (sociopetal)*

*Orientation in space*

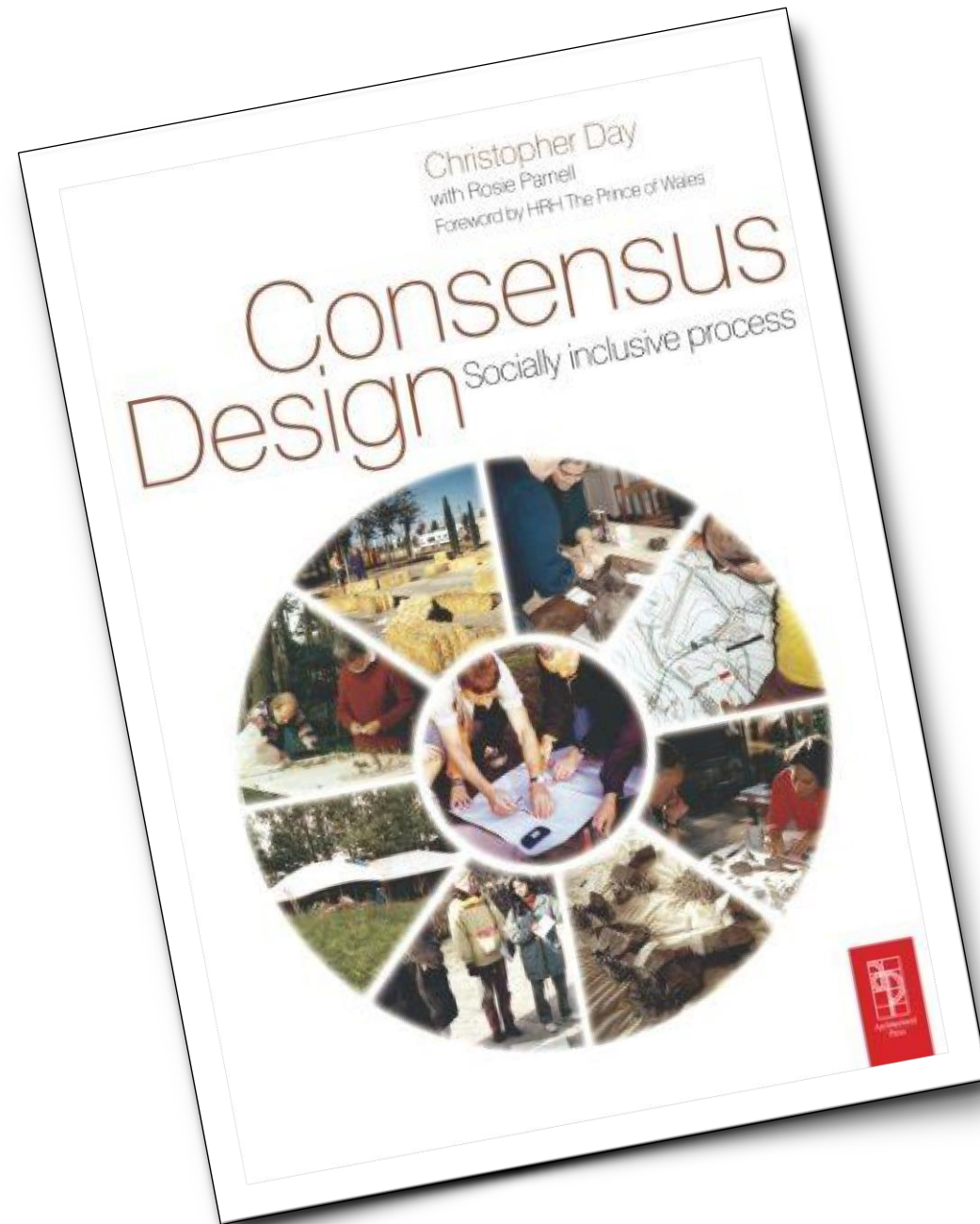
*Spatial support for therapeutic processes*

*Stimulation vs. protection from stimuli*

*Zoning - privacy vs. community*

## Participation & Consensus

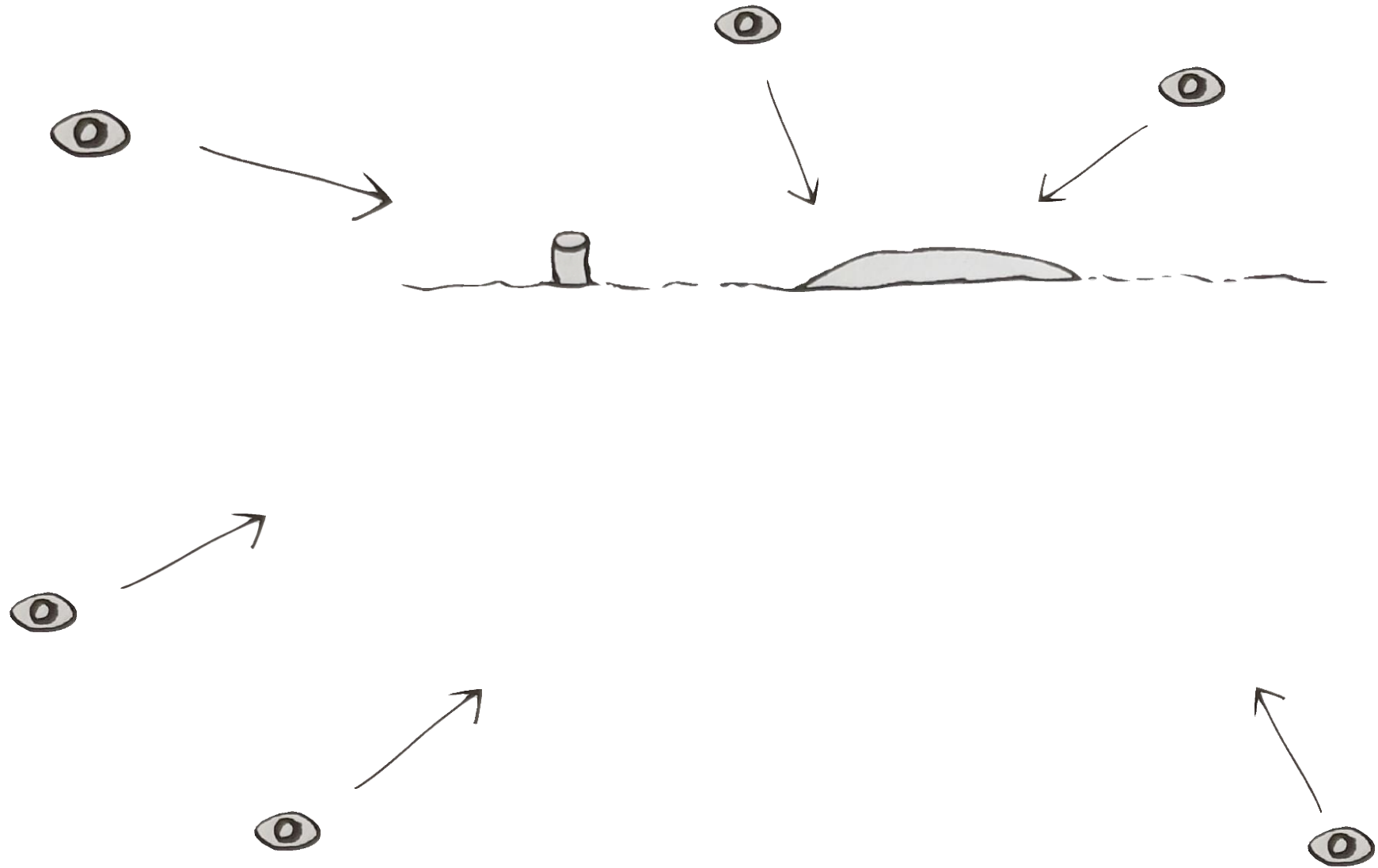
*"Phase 0" as a basis for successful  
interdisciplinary cooperation*





PSYCH.RAUM

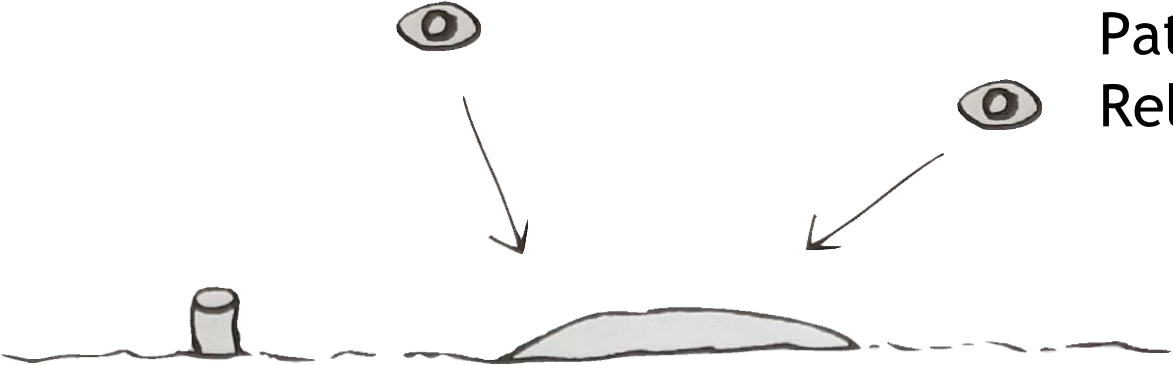




Doctors / Psychologists  
Therapists & Nursing Staff

Management board

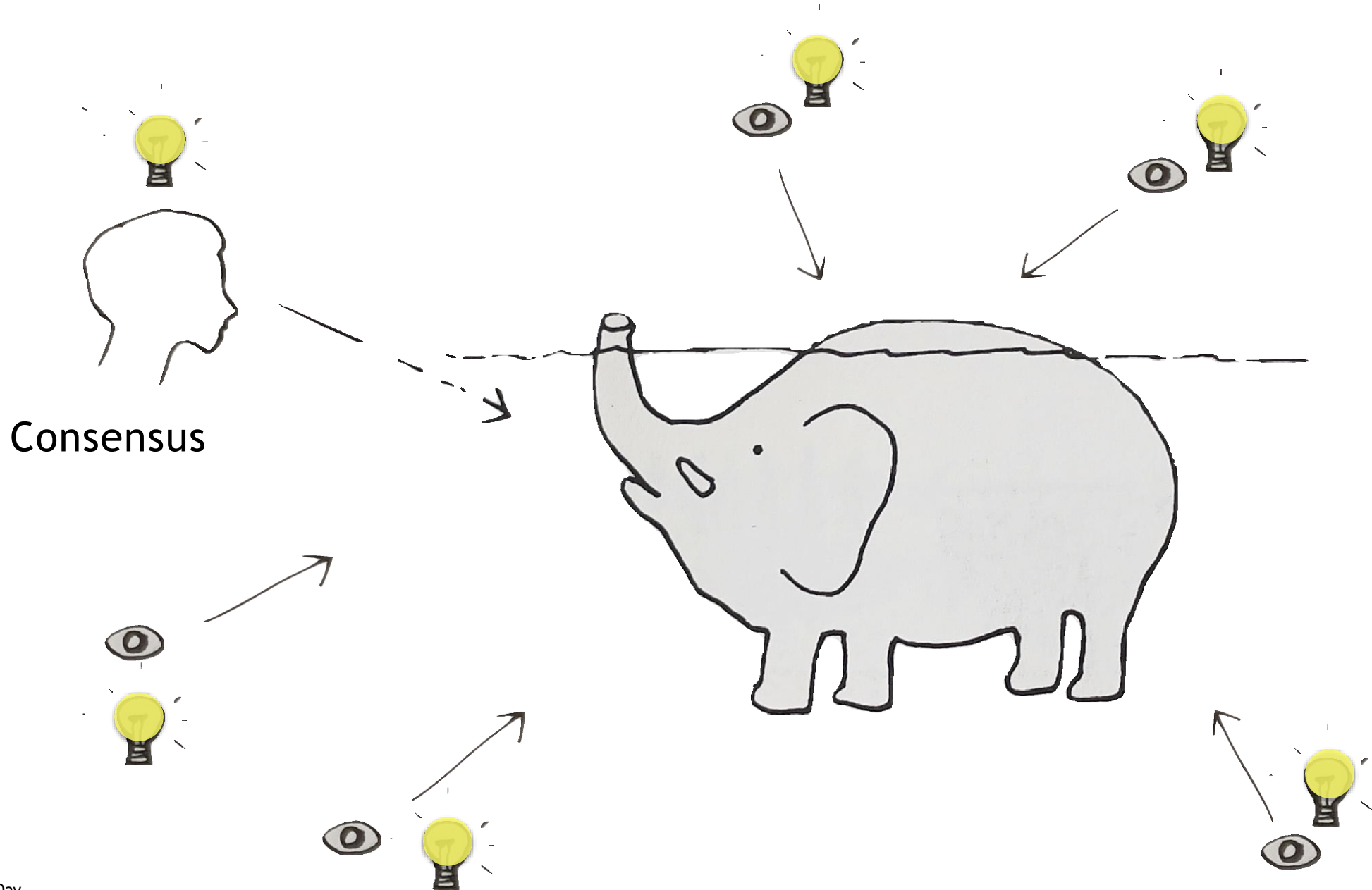
Patients &  
Relatives or Friends



Facility Management

Public authorities

Technical  
Systems

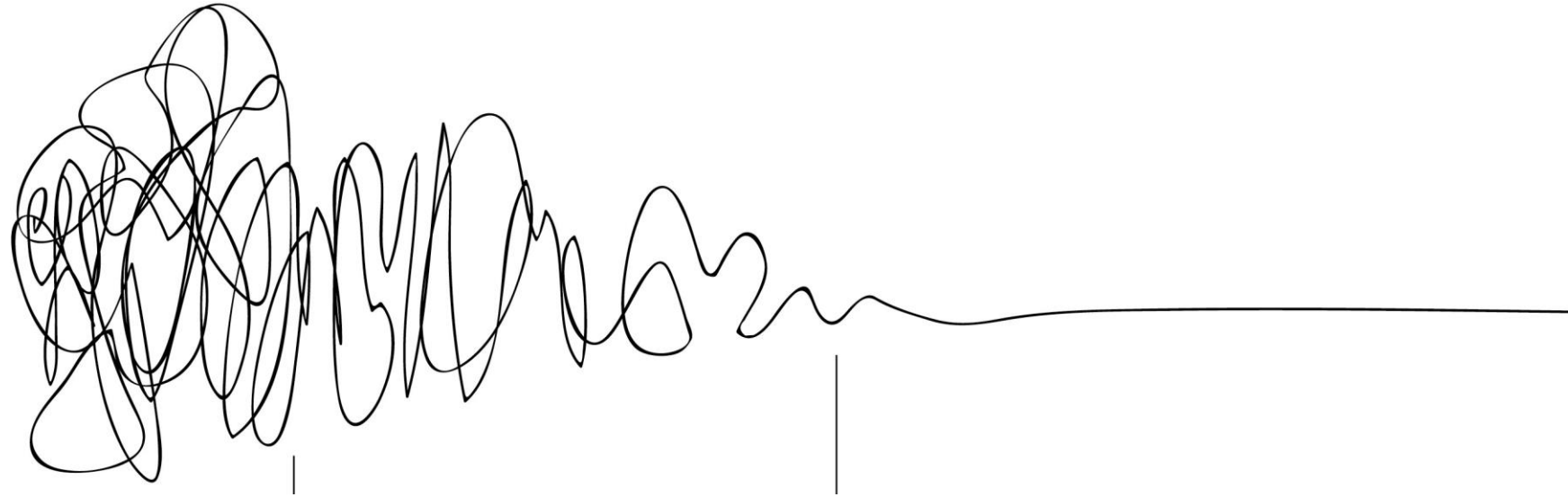


Consensus



uncertainty / patterns / insights

clarity / focus



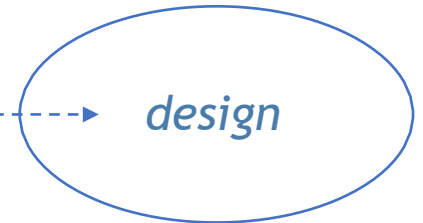
*research*

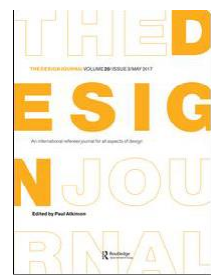


*concept*



*design*





The Design Journal  
An International Journal for All Aspects of Design

ISSN: 1460-6925 (Print) 1756-3062 (Online) Journal homepage: <https://www.tandfonline.com/loi/rfdj20>

DESIGN FOR NEXT  
EAD12-ROME

doi: 10.1080/14606925.2017.1352765

*Design for Next*  
12th EAD Conference  
Sapienza University of Rome  
12-14 April 2017

## The fuzzy front-end and the forgotten back-end: User involvement in later development phases

Frida Almqvist <sup>a\*</sup>

<sup>a</sup>The Oslo School of Architecture and Design

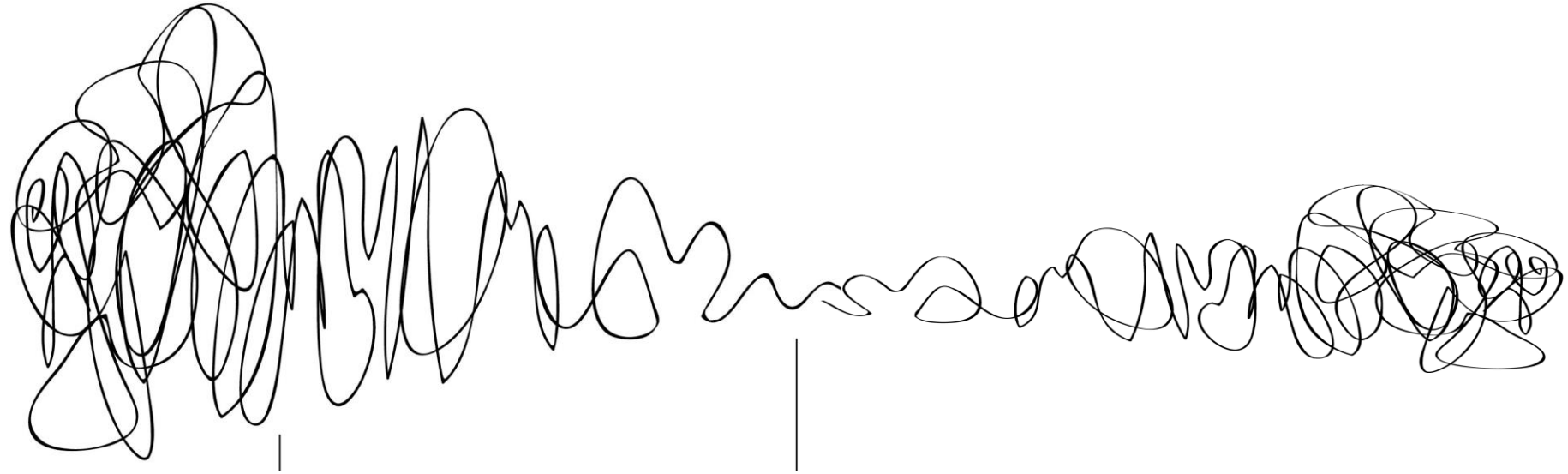
\*Corresponding author e-mail: [frida.almqvist@aho.no](mailto:frida.almqvist@aho.no)

### Abstract:

The early design phases, often referred to as the “fuzzy front-end”, have been closely examined by scholars and have a tendency to dominate the content of service design handbooks. However, there has been less focus on the back-end of the development process, both in practice and in academia. By combining theoretical perspectives with interviews of five service design practitioners and researchers, and observations of service design projects in healthcare, this work contributes to an initial exploration of the later phases. Findings indicate that service designers often have the deepest user insight knowledge in a team; hence, knowledge is lost when the designer leaves the project. This can make the project drift away from initially identified user needs, here called “user insight drift”. Drift can lead to an unintended mismatch between user needs and the service experience, due to decision-making in the later phases with limited consideration of user needs.

uncertainty / patterns / insights

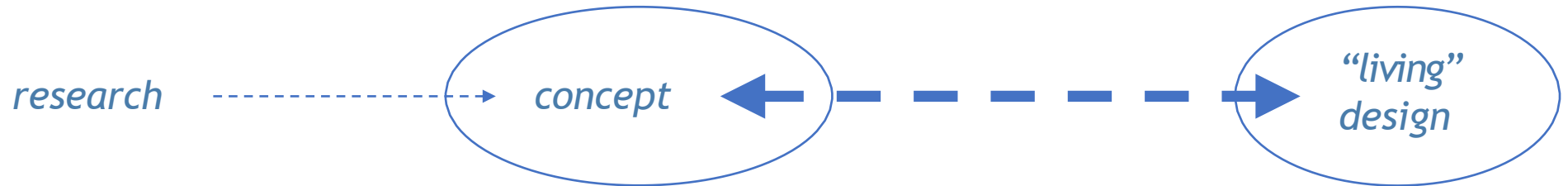
clarity / focus



research

concept

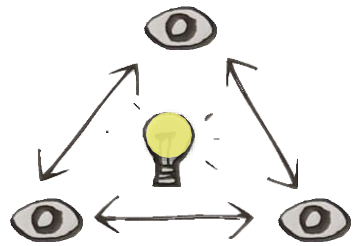
“living”  
design



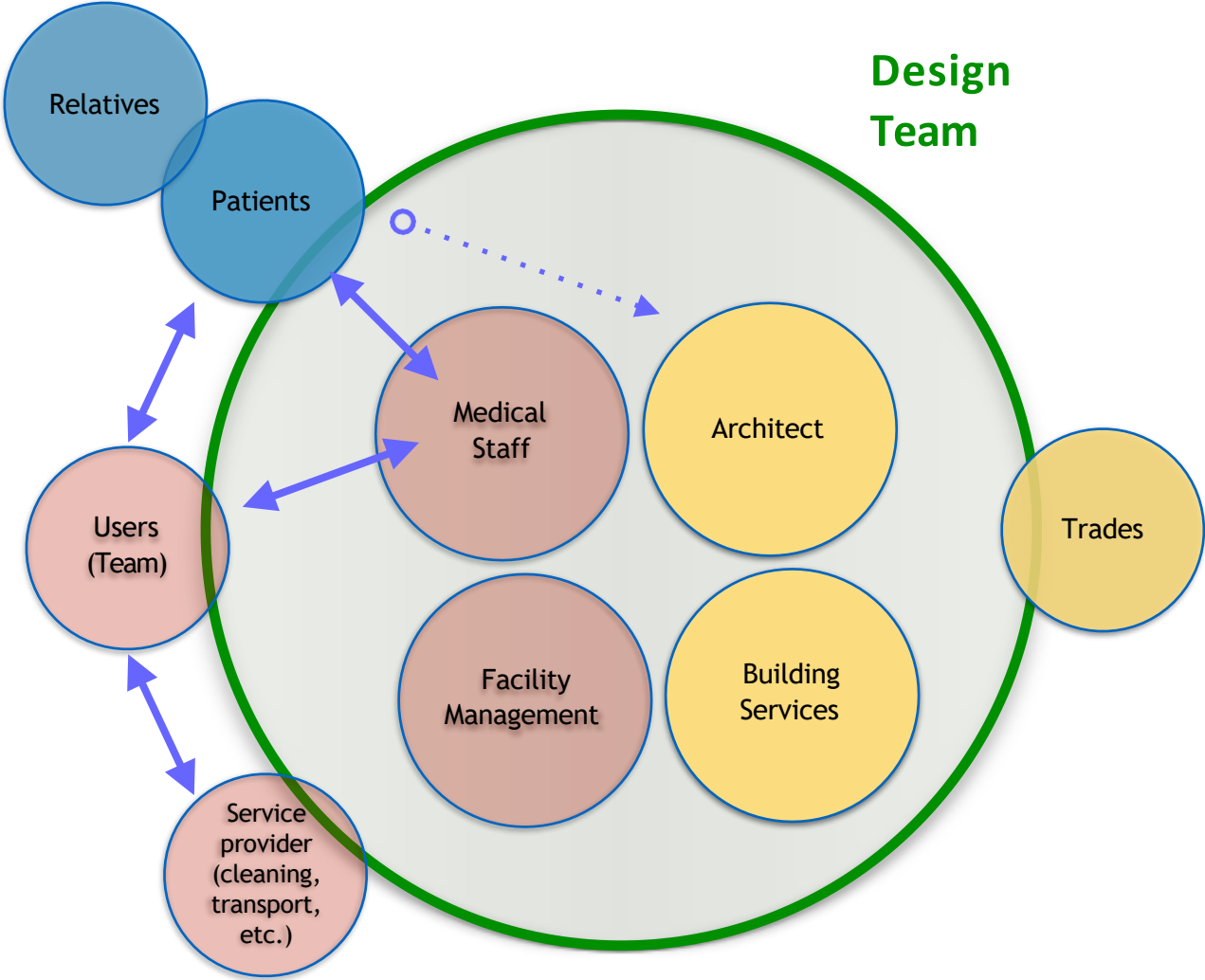
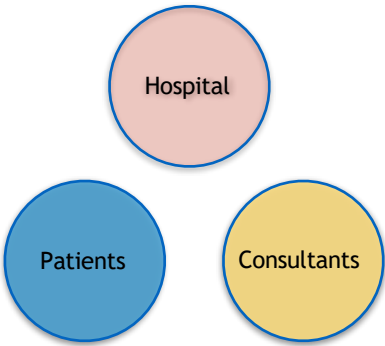
## Principles of the (joint) planning process

- All stakeholders at the same table FROM THE BEGINNING and throughout the entire planning and construction process.
- Continuous "translation work": clinical / everyday problems must be translated into architectural solutions
- Common language, interdisciplinary exchange
- "Poetry" / "spirit" of the project, *“active atmosphere”*
- Design as an ongoing process – *“living design”*
  
- CAVE: in large (new) construction projects, there is a frequent change of decision-makers.
- -> All the more important is the broadest possible consensus!

# Dialog or communication channels *ex. renovation of existing buildings*



Co-learning





# Introducing the clinical model

# The clinical model / therapeutic concept

- differentiated from a *Clinical Strategy*
- --> centred on the *Service Users* themselves and the way services are provided.
- understand and optimise the experience individuals might have in their various interactions with staff of diverse disciplines within the larger service, including
  - Inpatient services
  - Outpatient services
  - Home treatment (crisis intervention teams etc.)
- diagrammatic or schematic understanding of the way - and the locations within which - services will be provided forward.
- Helps top generate a more efficient Schedule of Accommodations (SoA) for BHV.

## **The clinical model can be used to:**

- ...trace the path of a service user in and around the service;
- ...explain how therapists, nurses, caretakers work together - finding synergies between them;
- ...clarify or define how different services (inpatient, outpatient, community services etc.) interact;
- ...guide a developing SoA to ensure a bespoke solution appropriate for the community it serves.

# Example questions

**... on coordination btw service users and staff / different services:**

- How do therapists (e.g. occupational therapy, music, arts etc.) operate? On each ward or as part of each team? Centrally located?
- How does the interaction with community services and outpatient dept. work?

**... on organization of the wards:**

- What role do the following criteria currently play in assigning service users to a particular wards?
  - *Gender*
  - *Diagnosis / DSM Criteria*
  - *(estimated) Duration of stay*
  - *Address of home (within Bedfordshire)*
  - *Consultant psychiatrist*
  - *Previous contact person within the therapeutic staff = is there a „home“ lead available for specific Service Users?*

inspirations.

"Places are material, but its their spirit that matters to us - and this is include by how, and why, people use them..." - Christopher Day (2003)



1 light as material (phenomenon)

Wilhelm Hammershøi, Dust Moten Dancing in the Sunbeams, (1900).



2 piazza - community (activated public space)

Canaletto, Piazza San Marco with the Basilica, Venezia, Italy, (1723).

3 figure-ground (context and point of view)

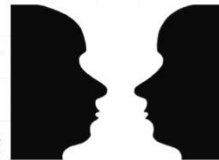


Figure-Ground Diagram, Anonymous.



4 community (activated street)

Aart Klein, The Swans Walk, Arzwiep, Belgium, (1949).

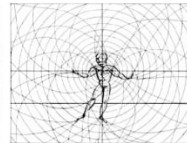
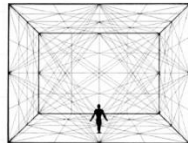


5 material and body (architectural dialog)

Sou Fujimoto, Casa de Madera, Kumamoto, Japan, (2006-8).

6 left > the body in architecture right > the body perceiving space (perceptual dialog)

Oskar Schlemmer/bauhaus, Figur und Raumlineatur (left), Egozentrische Raumlineatur (right), (1924).



Maybe we're here only to say: house, bridge, well, gate, jug, olive tree, window, At most, pillar, tower... But to say them, remember, Oh, to say them in a way that the things themselves never dreamed of existing so intensely. — Rainer Maria Rilke

7 affordance & genius loci (spirit of place)

Photos (left) Danziger, (right) Danziger, (2017).



Sketch above, Christopher Day (2003)



8 body & landscape

(left) Richard Serra, Schunnenmunk Fork/Storm King, (1991). (right) Peter Zumthor, Bruder Klausen-Kapelle, Mechernich/Eifel, Germany, (2007).



9 body & building

(left) Peter Stutchbury, The Israel House, Sydney, Australia, (1994). (right) Louis Kahn, Fisher House, Harboro, Pennsylvania, US, (1960-1967).

RED RED They call me Red.



RED BED I am in bed.



10 archetype (inhabitation.1)

Dr. Seuss, from "Hop on Pop" New York: Random House, (1963), pp. 22-23.



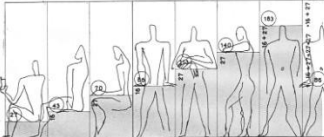
11 detail & colour (inhabitation.2)

Walter Gropius, bauhaus-dessau, Interior of the Director's Office, (1924).



12 scale & proportion

(left) Albrecht Dürer, from "Vier Bücher von menschlicher Proportion," (1471-1528) (right) Le Corbusier, sketch from "Modulor" (1955)



13 Roof as shelter (concept)

(left) Arch Studio, A brick holiday home in Tangshan, China



14 Light / Colour (atmosphere)

(left) Sainte Marie de La Tourette, Le Corbusier (1961). (right) Louis Kahn, Escherick House, Philadelphia, USA, (1960).

# spirit

## inspirations.

start here & browse through our inspirations

"Places are material, but to their spirit that matters to us - and this is crucial for how, and why, people use them..."  
- Christopher Day (2015)

**1** light as material (phenomenon)

Yuhani Palmeiras, Door Works (Service of the Suburbs), 2016

**2** piazza - community (activated public space)

Caravaggio, Piazza San Marco with the Basilica, Venice, 1720

**3** figure-ground (context and point of view)

Figure-Ground Diagram, Anonymous

**4** community (activated street)

April Klein, The Street, Ghent, Belgium, 1965

**5** material and body (architectural dialog)

Sho Aojima, Casa de Matías, Kawamatsu, Japan, 2009-16

**6** left > the body in architecture right > the body perceiving space (perceptual dialog)

Oliver Schreiner/Hofhaus, Egor and RainerMaria Rilke, Spreerheide Kuchentisch, 1926

**7** affordance & genius loci (spirit of place)

Yoshio Kuroki, Nishiki-dō (Shrine), Kyoto (1976); Rainer Maria Rilke, Sketch, about Christopher Day (2015)

**8** body & landscape

John Richard Serra, Sculpture Center, 1983; 1978 Peter Zumthor, Bruderhof, Gais, Switzerland; 2007 Rainer Maria Rilke, Spreerheide Kuchentisch, 1926

**9** body & building

Jeffrey Heiser Architects, The Seed House, Sydney, Australia, 1994; 1978 Peter Zumthor, Bruderhof, Gais, Switzerland; 2007 Rainer Maria Rilke, Spreerheide Kuchentisch, 1926

**10** RED BED They call me Red. I am in bed. RED archetype (inhabitation n.1)

De Smedt, From 'Wag en Pog' (1985), pp. 22-24, 1985

**11** detail & colour (inhabitation n.2)

Rainer Maria Rilke, Spreerheide Kuchentisch, 1926

**12** scale & proportion (shelter/body, support)

1978 Rainer Maria Rilke, Spreerheide Kuchentisch, 1926

**13** Roof as shelter (concept)

1978 Rainer Maria Rilke, Spreerheide Kuchentisch, 1926

**14** Light / Colour (atmosphere)

1978 Rainer Maria Rilke, Spreerheide Kuchentisch, 1926

# mind

## references.

check here if you want more, download the texts to explore next to a cup of coffee... and if you want even more ... tell us!

**Institutional Environments**  
Mayer Spivack (2007)

click & drag to download PDF

How do people use physical perceived sensory information in an institutional environment?  
How do people perceive architectural and urban forms in a built environment in a meaningful way?  
How do spaces become recognizable as places in a built environment?  
How does architectural and urban design contribute to a sense of place?  
What meanings do people derive from, or impact on, the physical space when they live, work and do business?

source: Mayer Spivack, 2007, (self-published)

**Body, Mind, and Imagination...**  
Juhani Pallasmaa (2015)

click & drag to download PDF

"In my way of thinking, a sincere architect cannot authentically design a house facing the client as an external other; the architect has to internalize the client, to turn himself into the client, and eventually design the building for himself. At the end of the design process, the architect offers the house to the real client as a gift. Profound architecture is always a gift of imagination, as it necessarily transcends to given points of departure and initial conditions. It is always bound to certain qualities that no one could have expected or foreseen."

- Juhani Pallasmaa

source: Robinson, S. and Pallasmaa, J. Mind in Architecture, London: MIT Press, 2015, (Chapter 3)

source: Robinson, S. and Pallasmaa, J. Mind in Architecture, London: MIT Press, 2015, (Chapter 3)

# body

## precedents.

we don't need to reinvent the wheel here we are looking at how towards the next generation.

**Vejele Psychiatric Hospital - Denmark**  
Arkitema Architects (2017)

A series of linked "bags" connected by a single upper level bagel

The building is located in a picturesque, sloping "rural village" landscape, which offers an opportunity for an architectural design. The background for the project is a regional focus on independent residential care and a new conceptual approach to independent residential care through digital applications for physical activity and other elements of therapy. The building is designed to be a place where people can live and work together, and where they can experience a sense of community and belonging. The building is designed to be a place where people can live and work together, and where they can experience a sense of community and belonging.

**Children's Center for Psychiatric Rehabilitation - Japan**  
Sou Fujimoto Architects (2009)

ground floor, parking & landscape

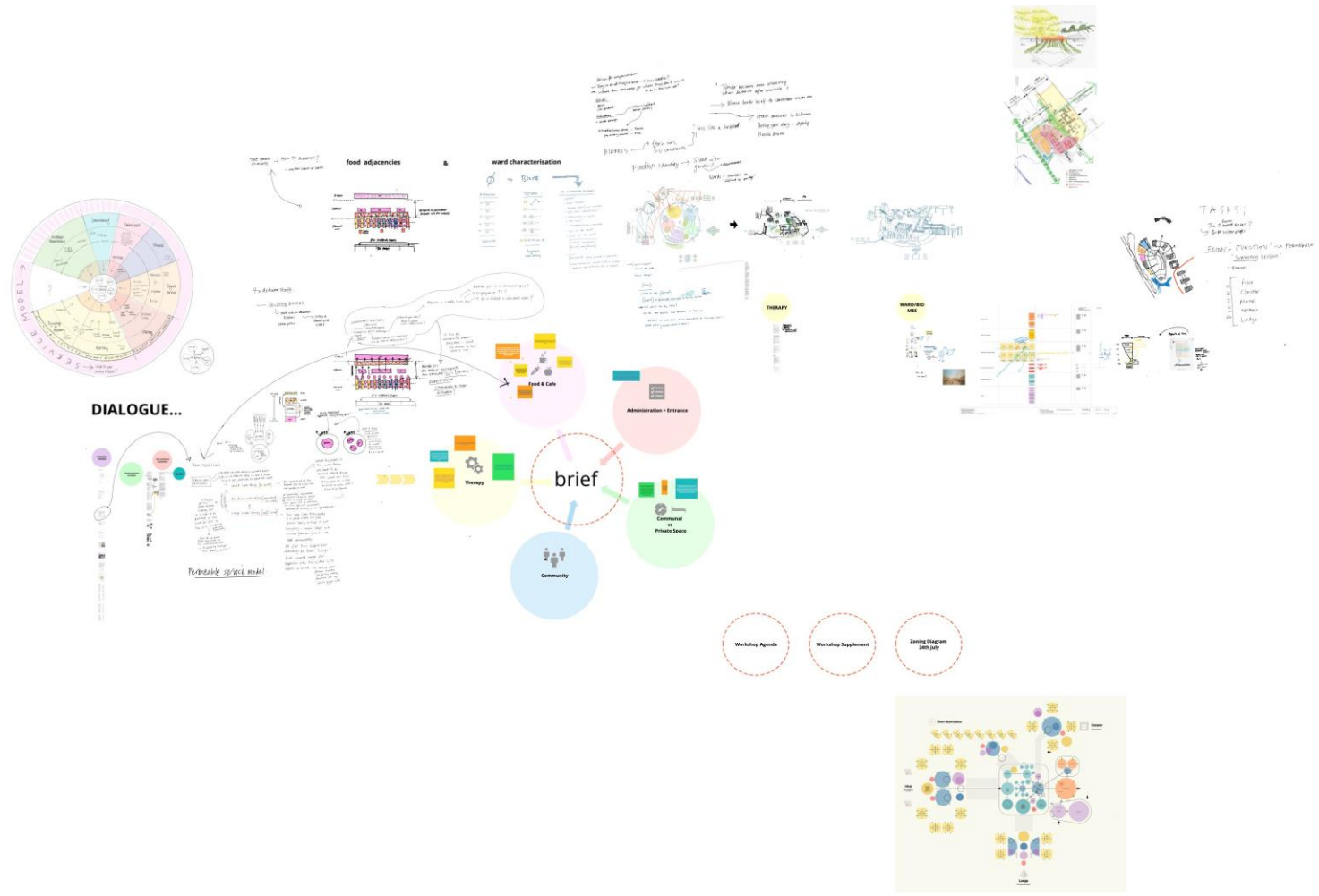
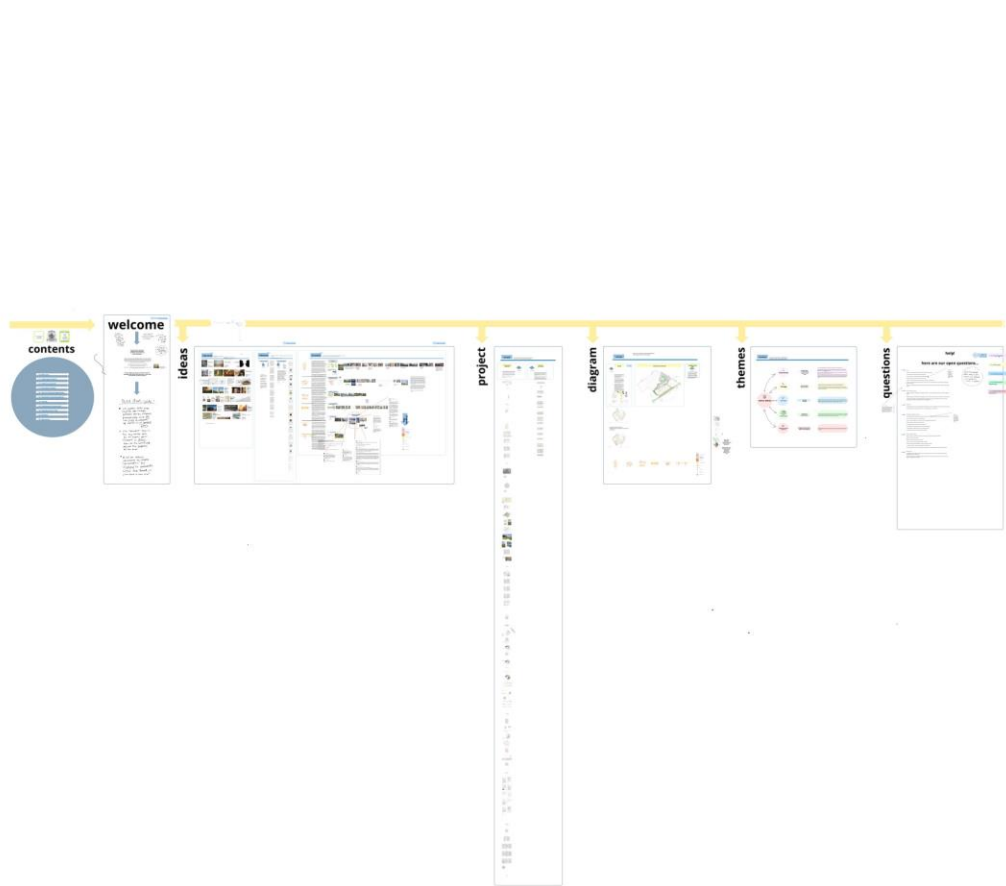
"This is the treatment center for severely disabled children. It is a building in an environment where they are right in the middle of the city. The building is designed to be a place where children can live and work together, and where they can experience a sense of community and belonging. The building is designed to be a place where children can live and work together, and where they can experience a sense of community and belonging.

**Kingfisher, Hertfordshire**  
Wendy de Silva - P+HS Architects

Kingfisher, Hertfordshire

The building is designed to be a place where people can live and work together, and where they can experience a sense of community and belonging. The building is designed to be a place where people can live and work together, and where they can experience a sense of community and belonging.





...iterative process

Hellesdon Hospital / Wensum?

# Clinical Design Brief

August 2020 - Issue P11



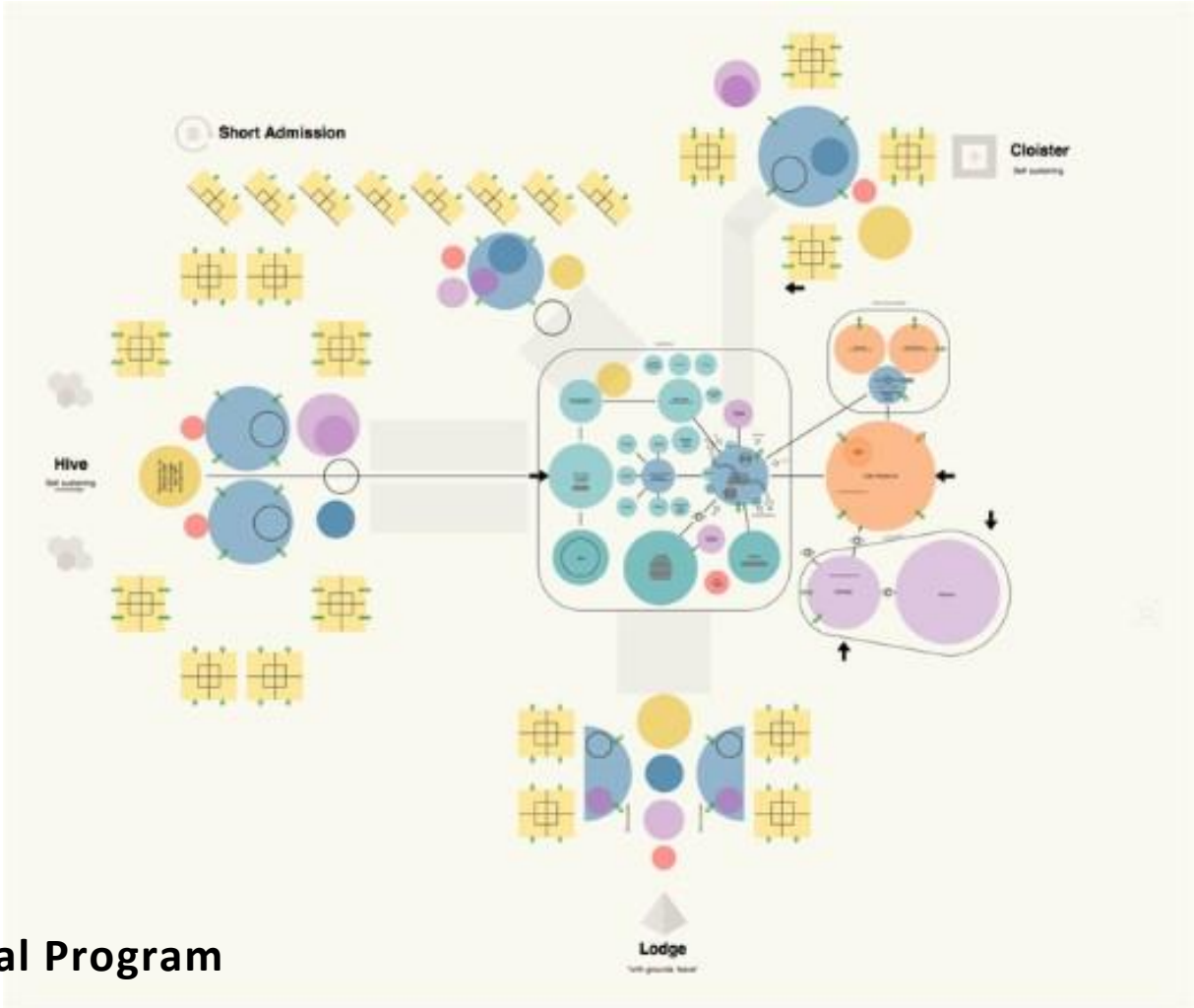
hoopers.+ PSYCH.RAUM + Castons

## Clinical Design Brief

...from "Phase 0 " to Spatial Program



Clinical Design Brief

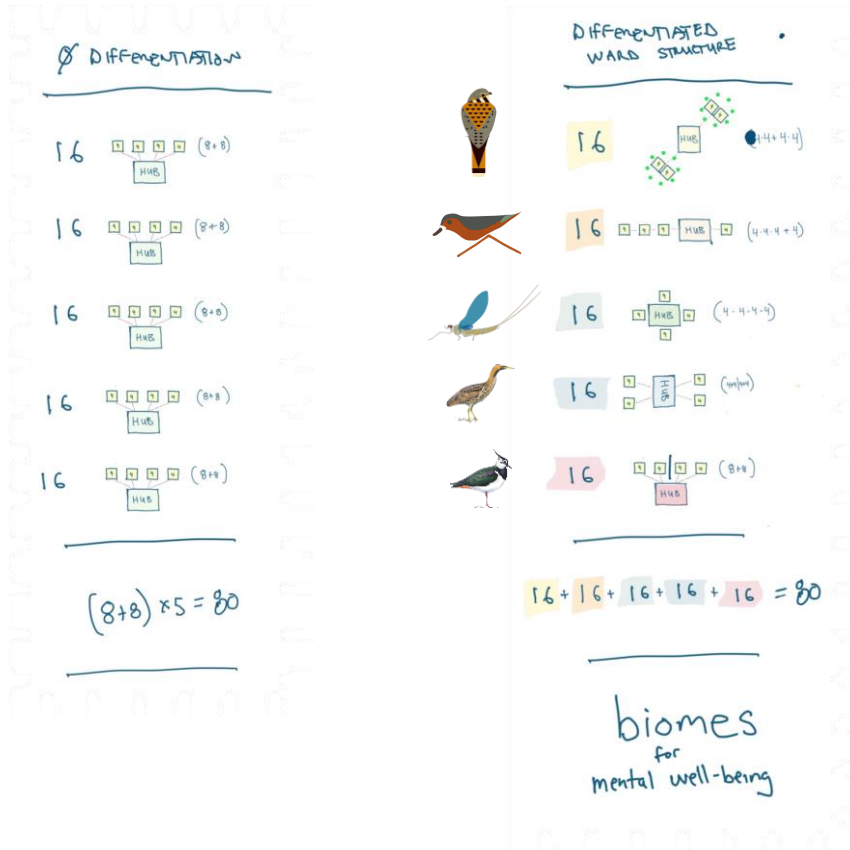
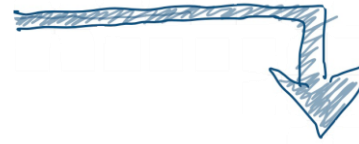


Spatial Program

# Ward Characterisation - „Stationscharakterisierung“



vs BIOME

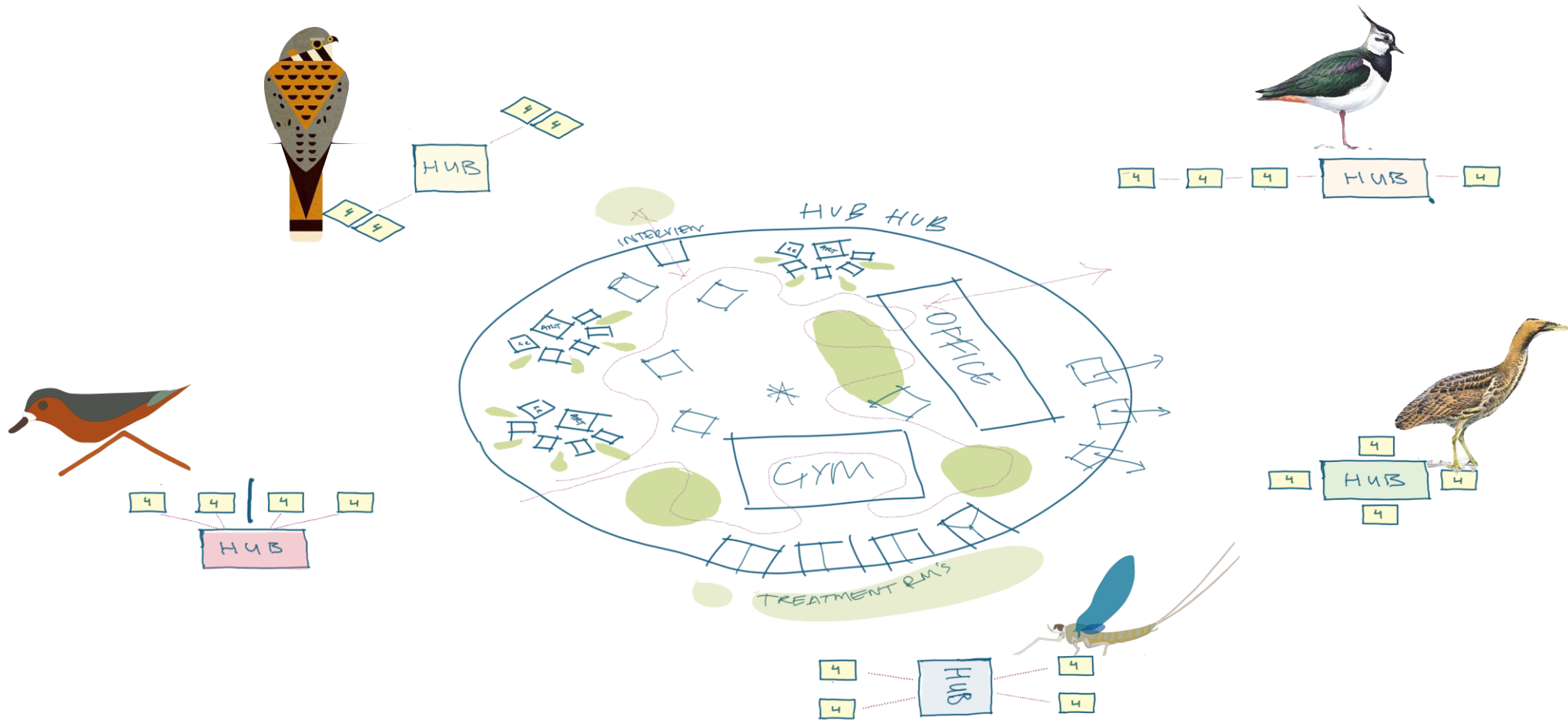


## HOW TO DIFFERENTIATE THE BIOMES?

- GENDER?
- DSM - CRITERIA?
- GROUNDS - LEAVE / ANTI-LIGATURE?
- SELF-CARE OPPORTUNITIES
- STIMULATION VS. CALMING
- TIME-SCALE?
- ATMOSPHERIC / MILIEU-CHARACTER
- ALL OF THE ABOVE?
- NONE OF THE ABOVE?
- Emotional characteristics?
- [ACTIVITY] based [environments]

[PERMEABILITY OFFERS A RANGE OF EXPERIENCES ...  
WHILE MAINTAINING CONTACT WITH A CONSISTENT  
GROUP OF CARE-GIVERS (AS FAR AS POSSIBLE)]

# Biome (Ward) & Hub



*Biomes & Hub-Hub*

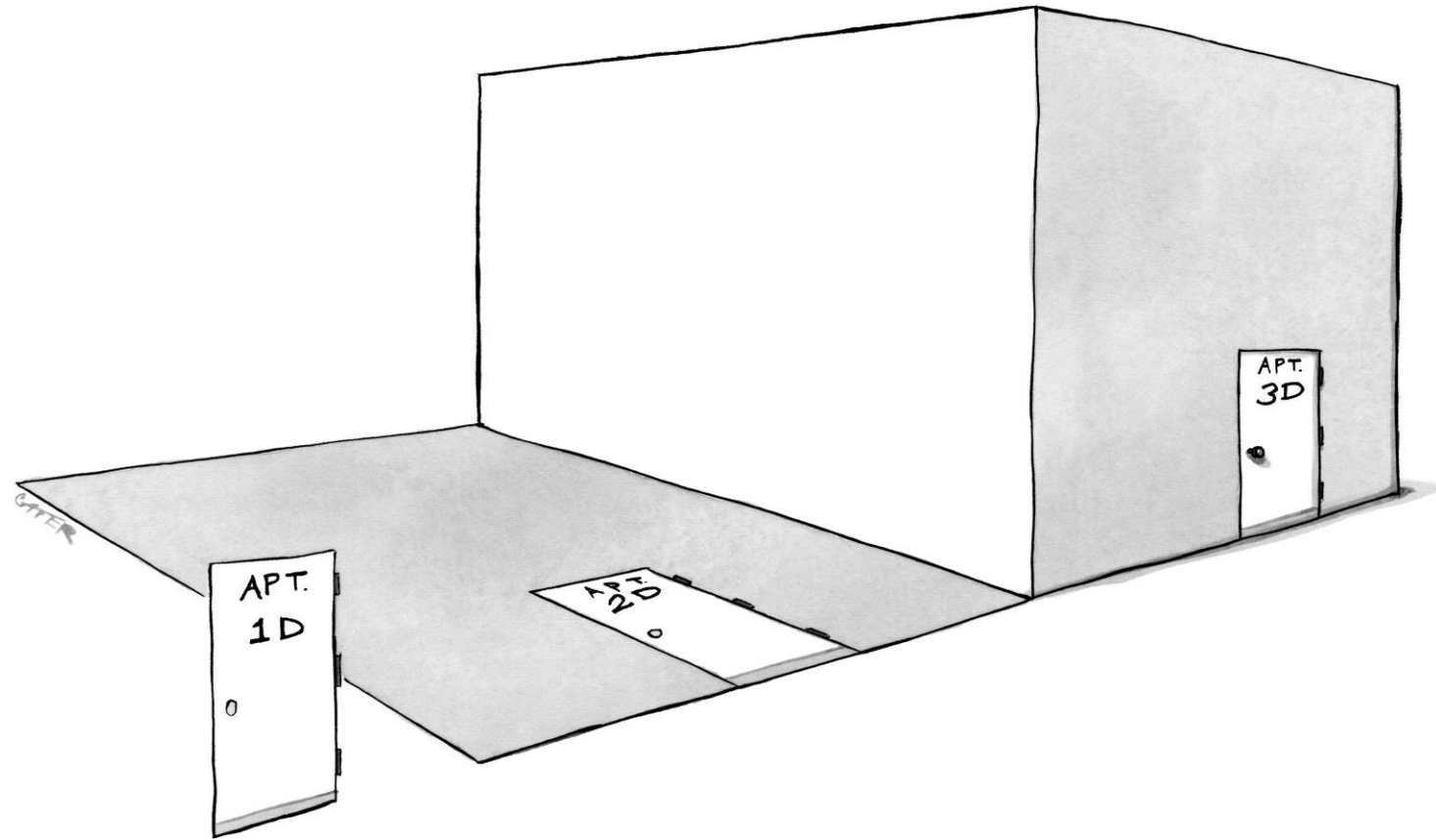


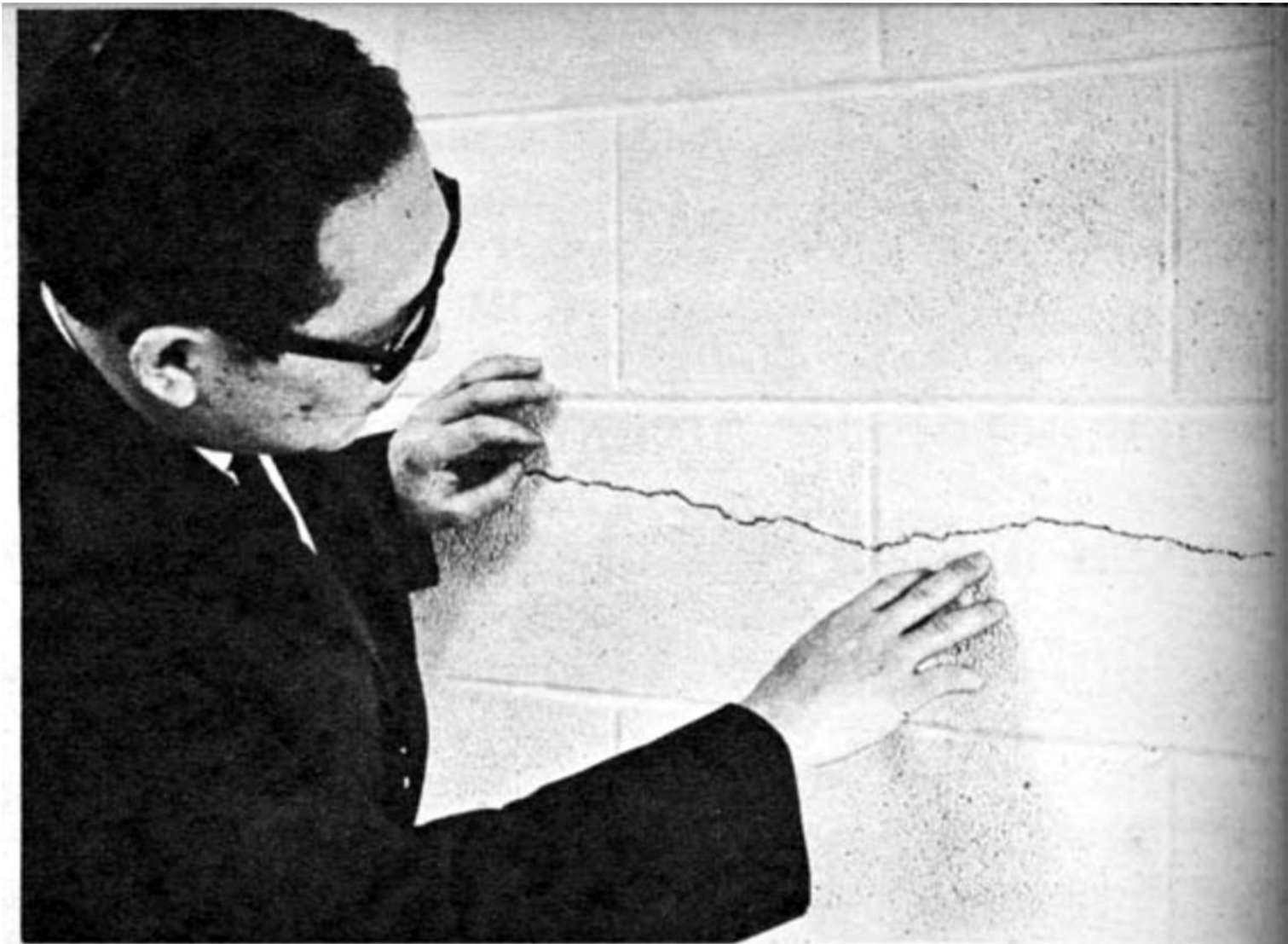
## *Recommendations for effective interdisciplinary project work:*

- Pay **equal attention to "hard" and "soft" factors;**
- Effective psychiatry projects begin with Phase 0 (concept + clinical design brief); **only then does "traditional" needs planning begin;**
- Consensus process is **iterative and ongoing**, and extends throughout the design and construction phases as well as during use;
- continuous joint learning in a **permanent consensus process;**
- **sufficient** staffing and other **resources** must be available for this.



## sociopetal design





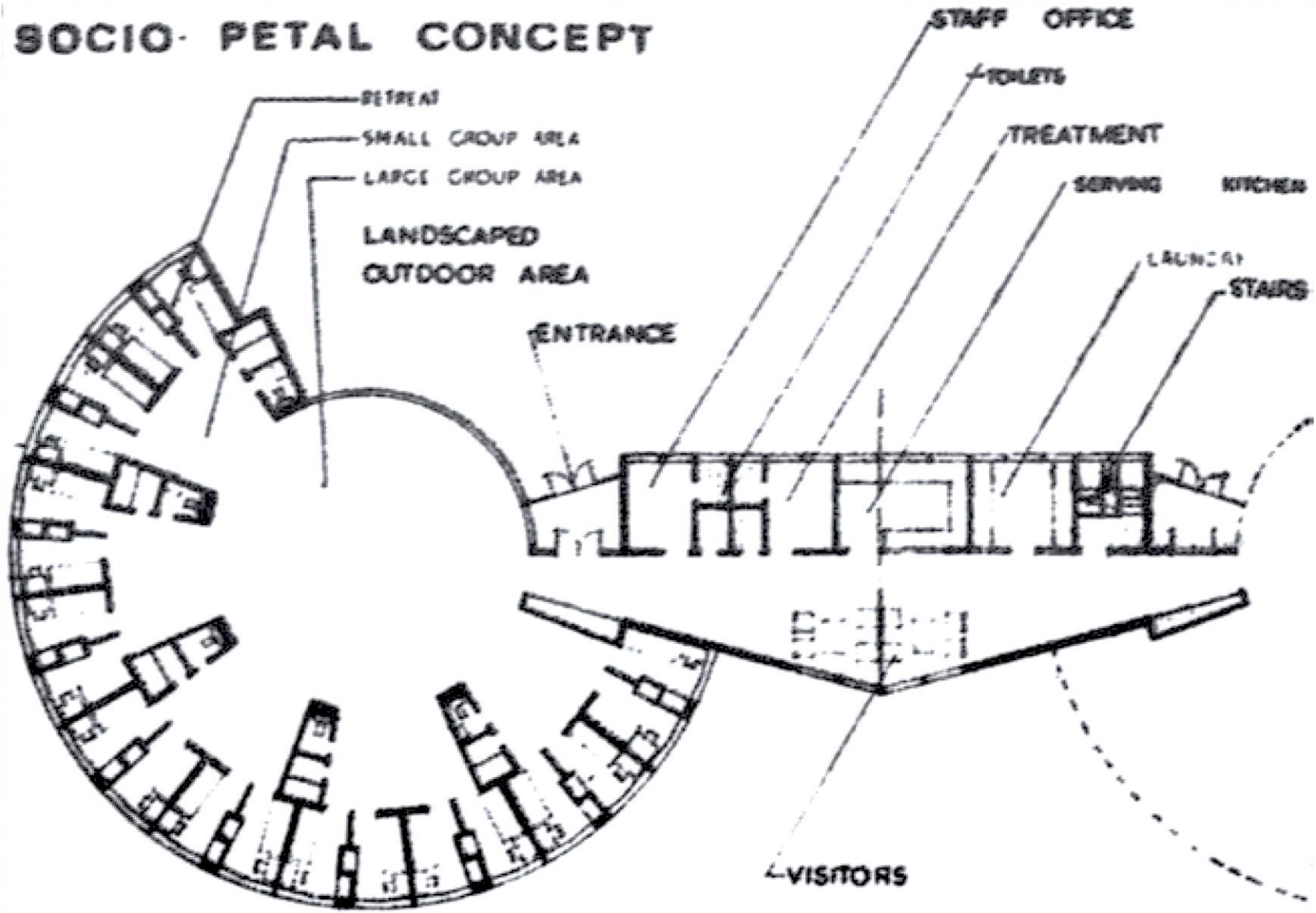
*"I saw a crack in the wall and it frightened me. I imagined it was a huge crevice," says Izumi. This is typical of fear suffered by schizophrenics.*

## *fostering community*

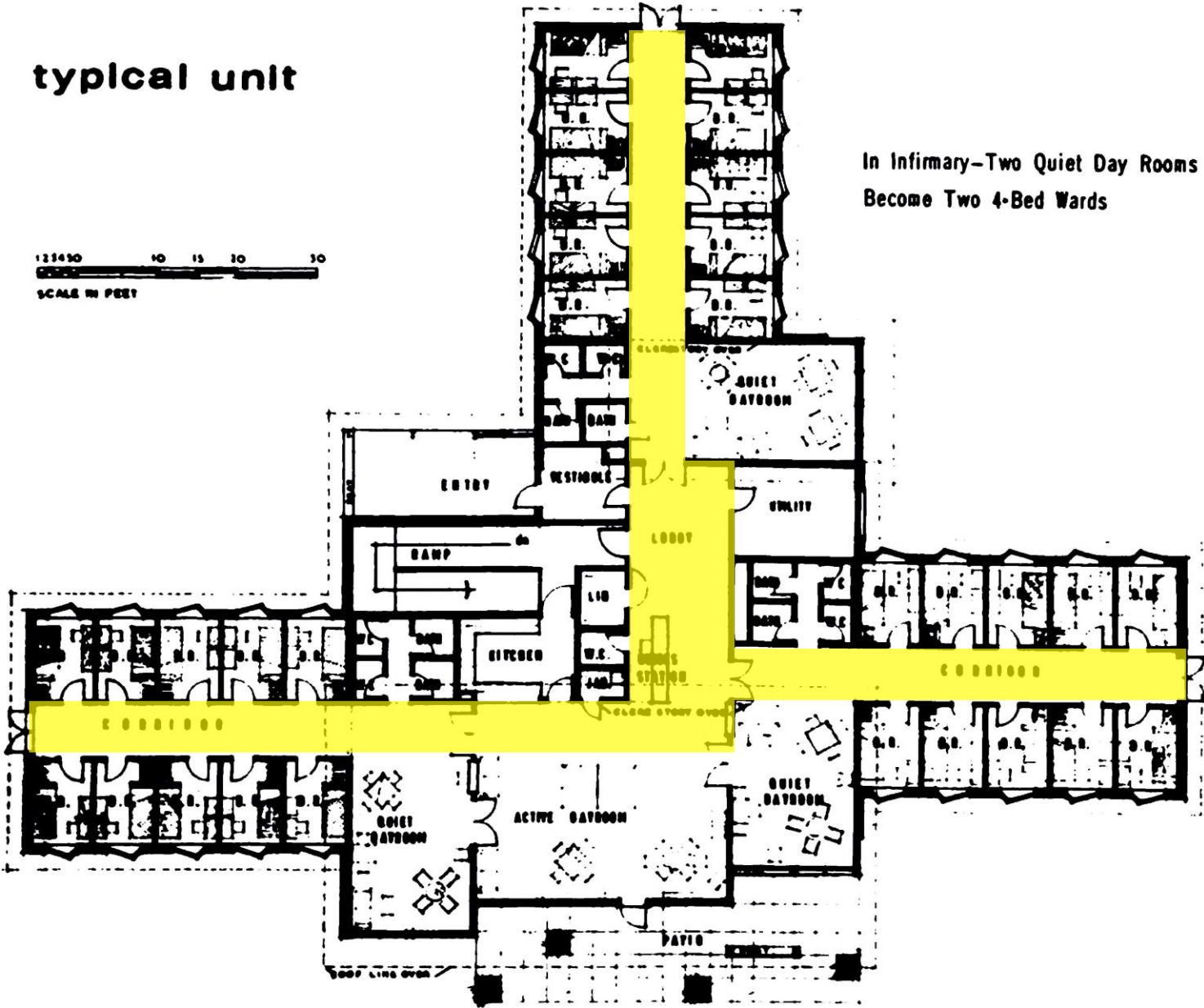
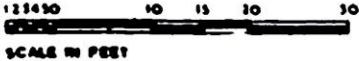
*...based on his observations of disculturation within the institution, its main therapeutic function, as aided by its design, needed to rely on creating space that was conducive to social interactions. In other words, the mental hospital required an architectural layout that fostered community.*

- Erika Dyck, on Izumi's work (2010)

*patients, not staff at the center...*

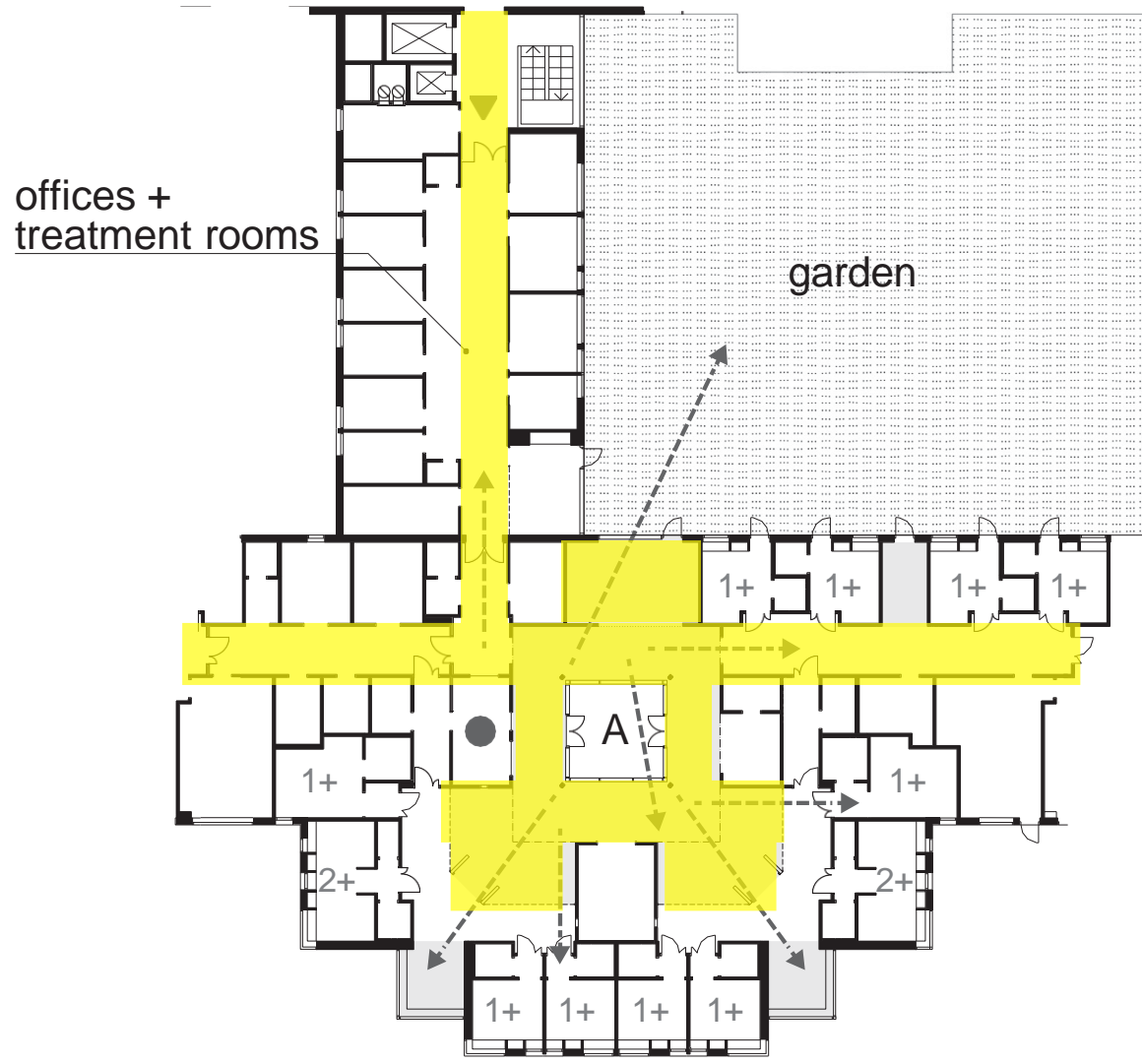


typical unit



In Infirmary—Two Quiet Day Rooms  
Become Two 4-Bed Wards





Legend

- 1+ : 1-bed room with toilet/shower
- 2+ : 2-bed room with toilet/shower
- : nurse station
- A : atrium
- : communal areas
- - - : glass partitions
- - -> : sightline examples
- ▼ : entrance

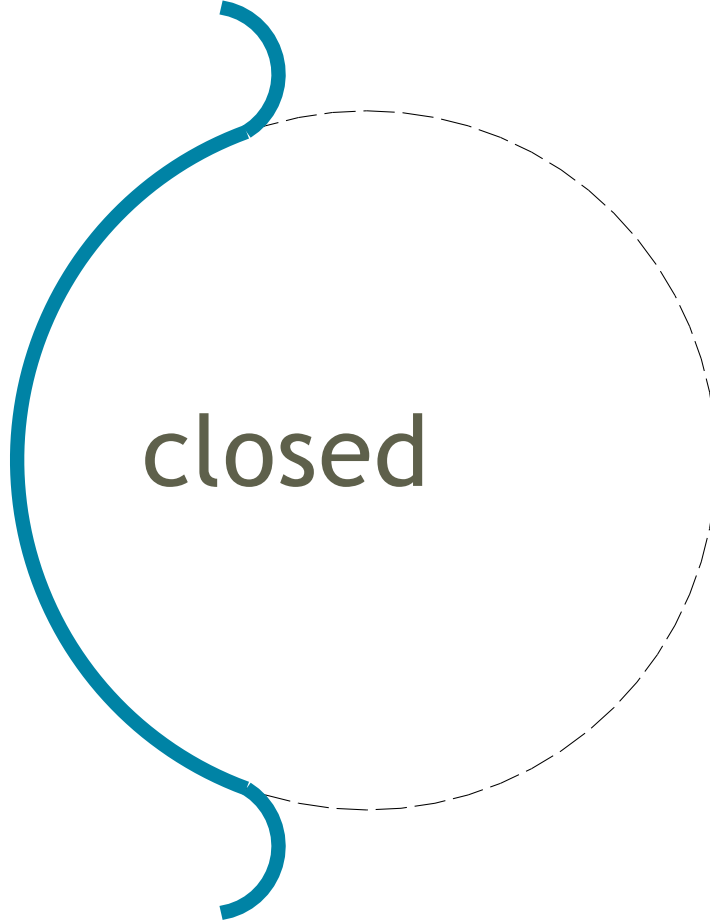
## sociopetal design opportunities

- threshold & atmosphere (activating the in between)
- zoning: public / private & inside / outside
- prospect / refuge
- archetype / affordances
- diversity / repetition (jazz) -> sympathetic vs parasympathetic spaces
- patina & texture = time in space

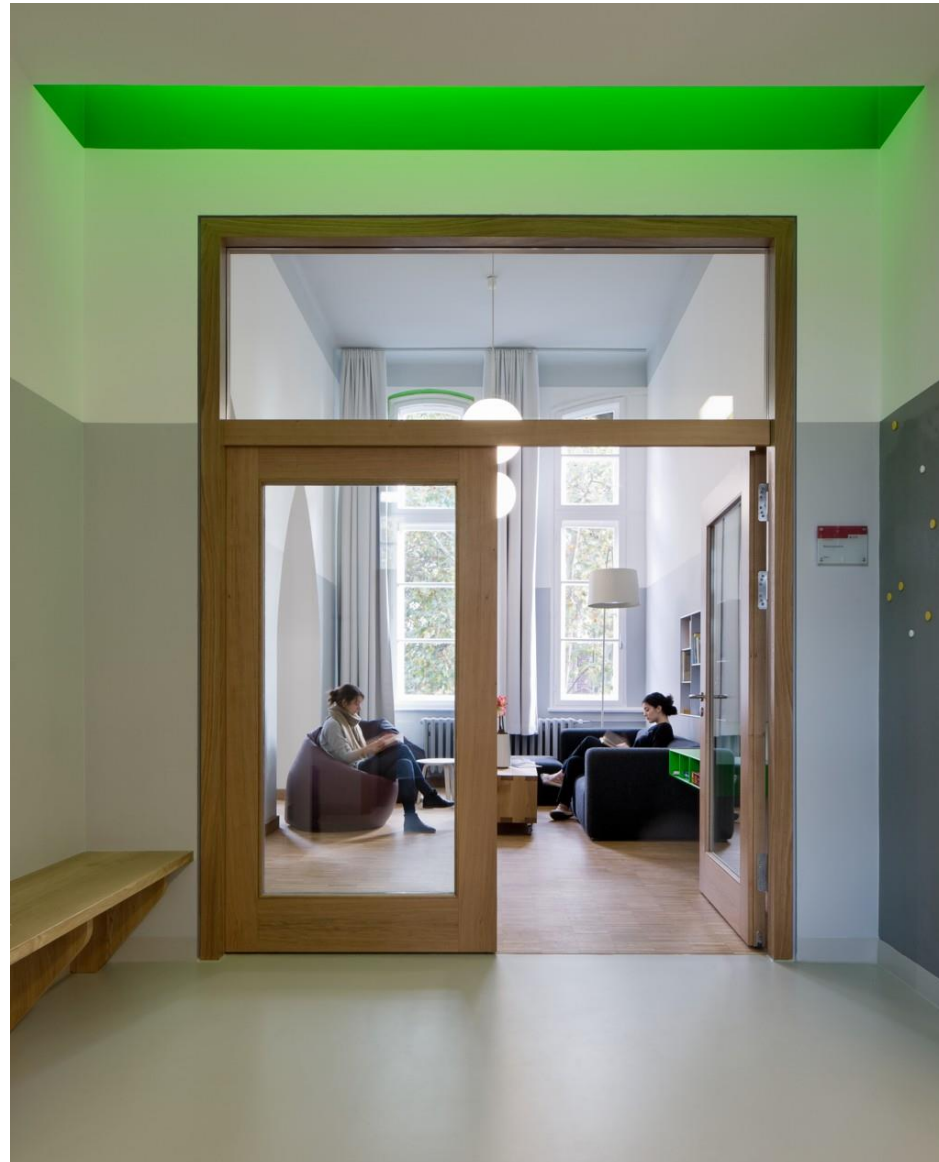


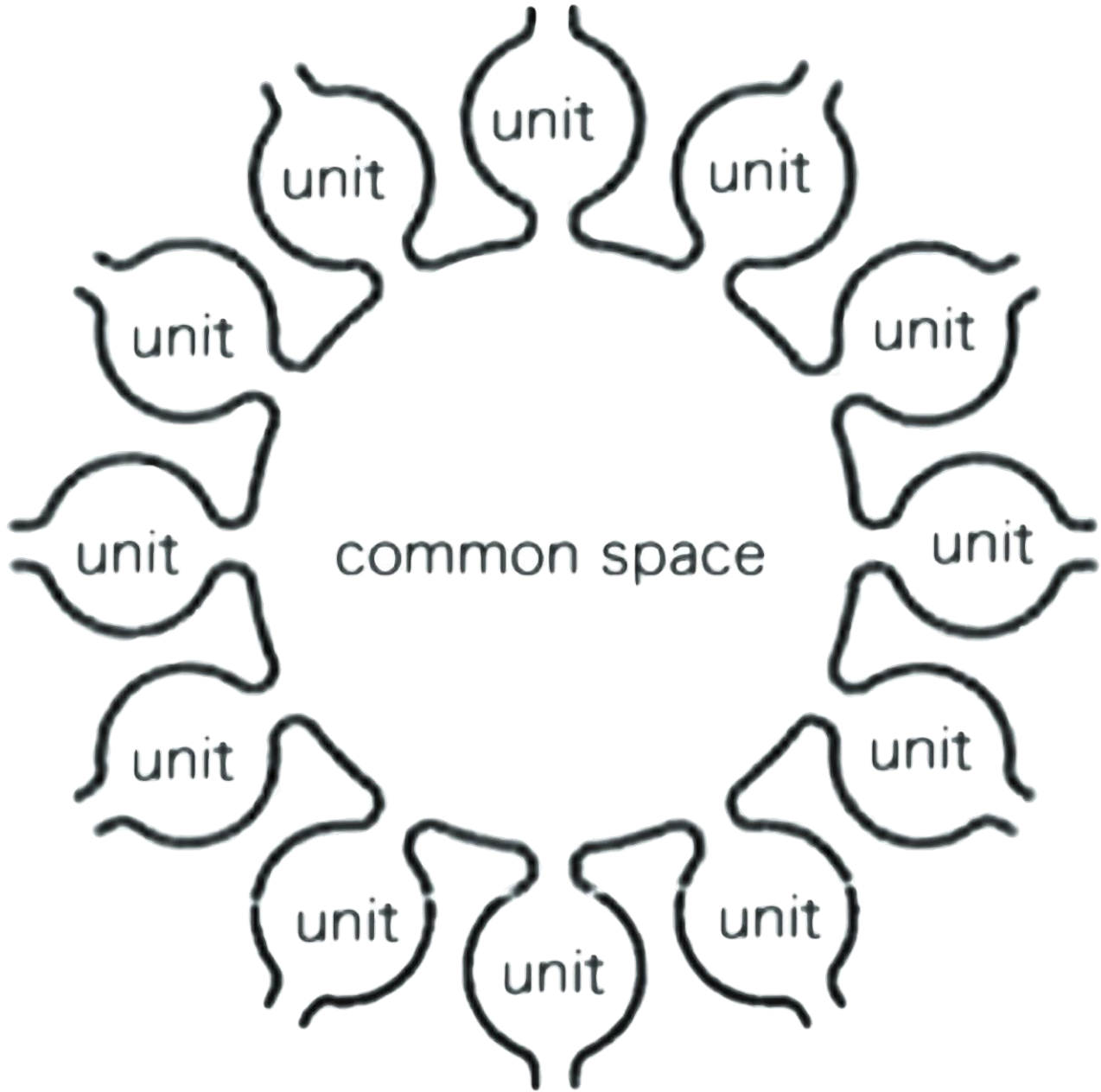
threshold / shikii

open



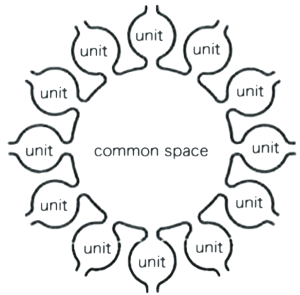
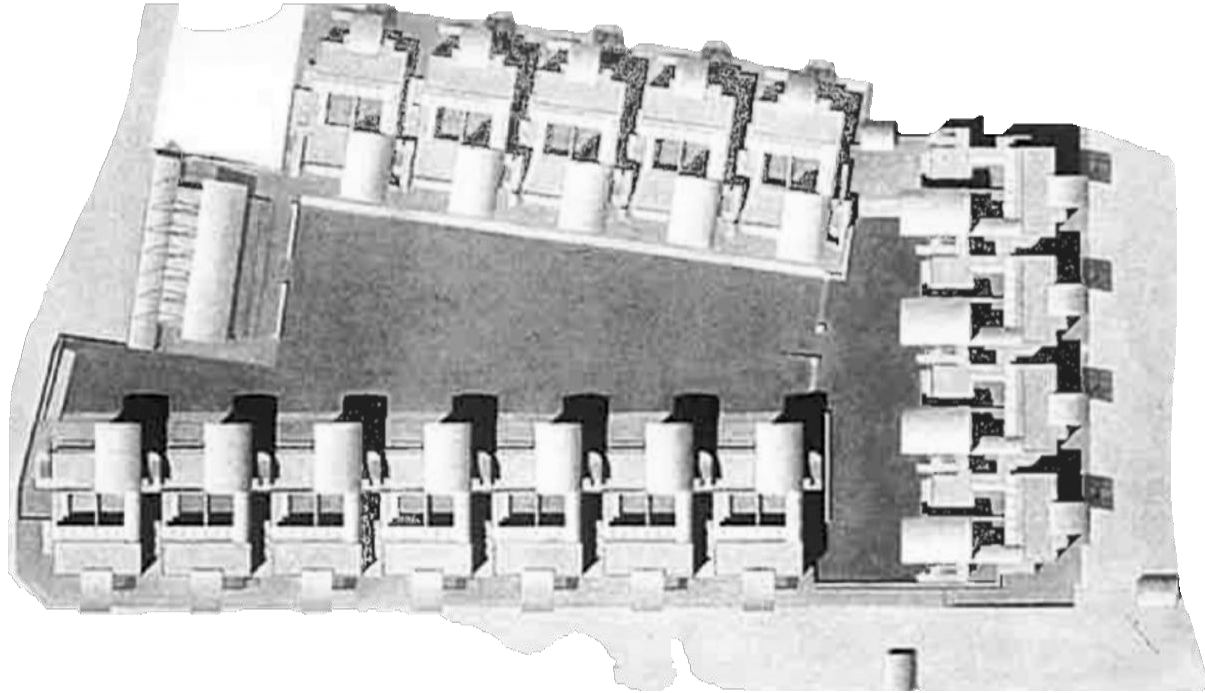
closed







PSYCH.RAUM



Riken Yamamoto, Hotakubo Daiichi Public Housing (Inter-Junction City), Kumamoto Prefecture, Japan (1991)









Canaletto, *The Campo di Rialto*, Venezia, Italia, ca 1760

PSYCH.RAUM



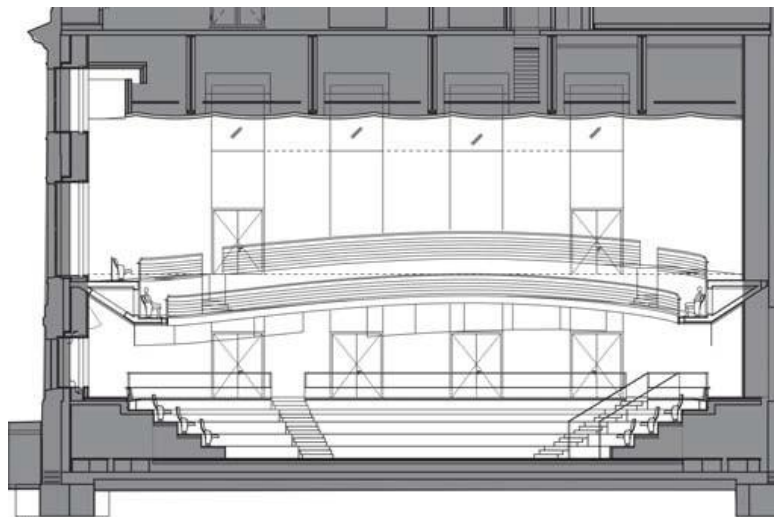
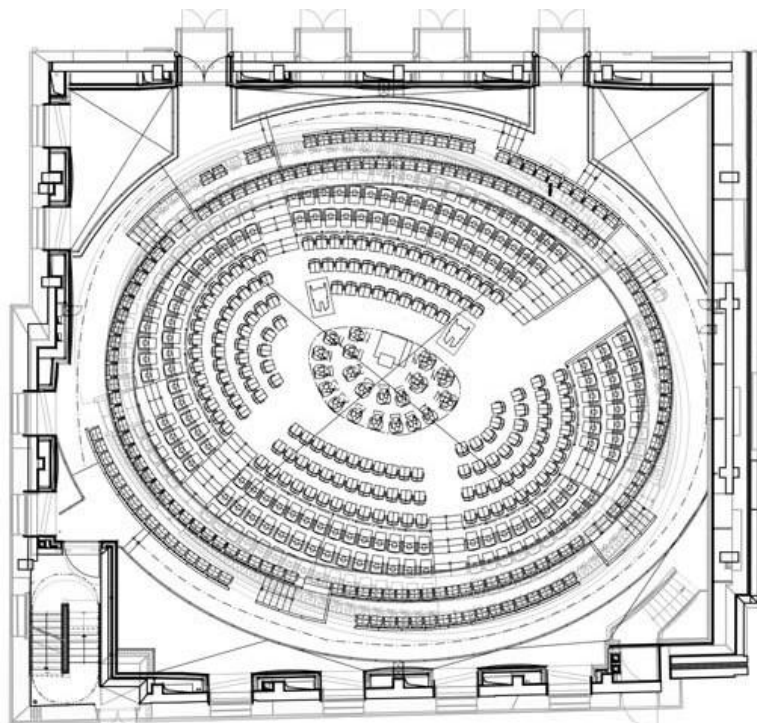
for BOULEZ SAAL FRANK DEC/012



PSYCH.RAUM



PIERRE BOULEZ  
SAAL





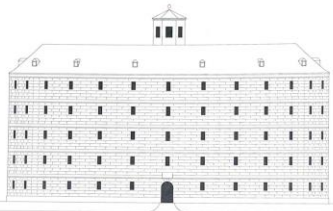
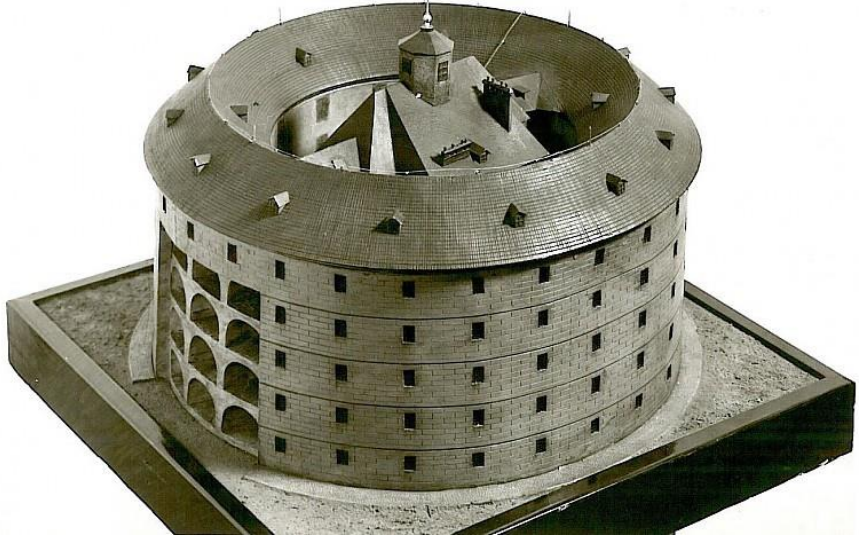
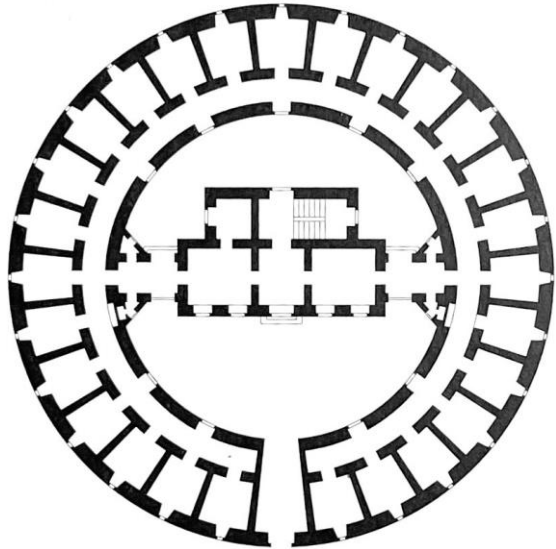
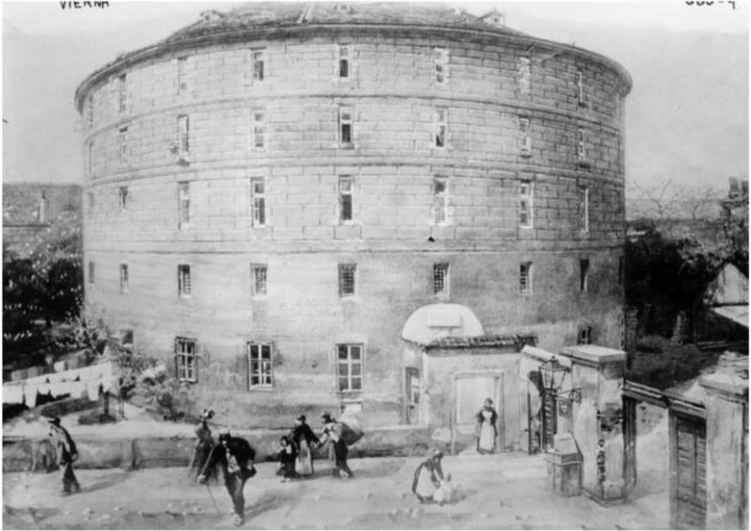
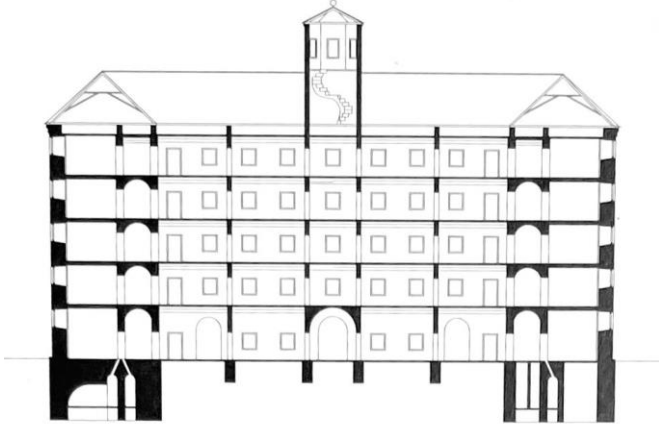
PSYCH.RAUM



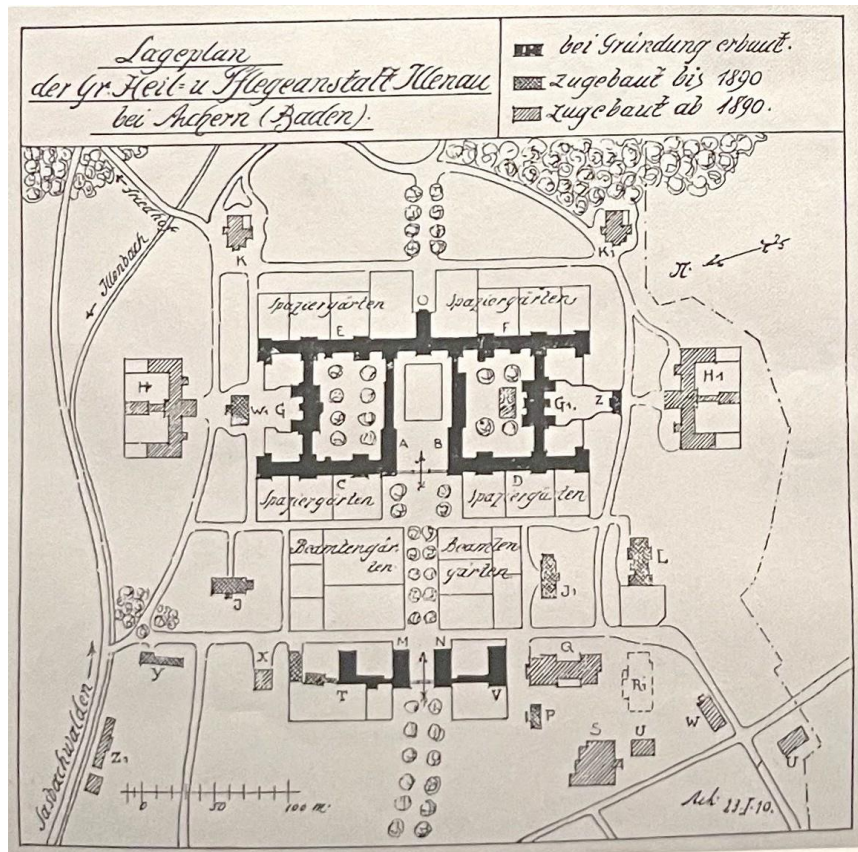


# typology

*based on the panopticon & corridor control*

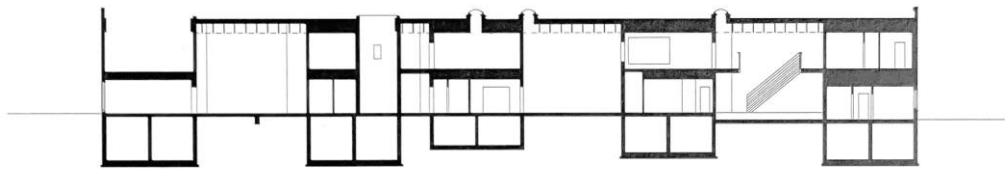
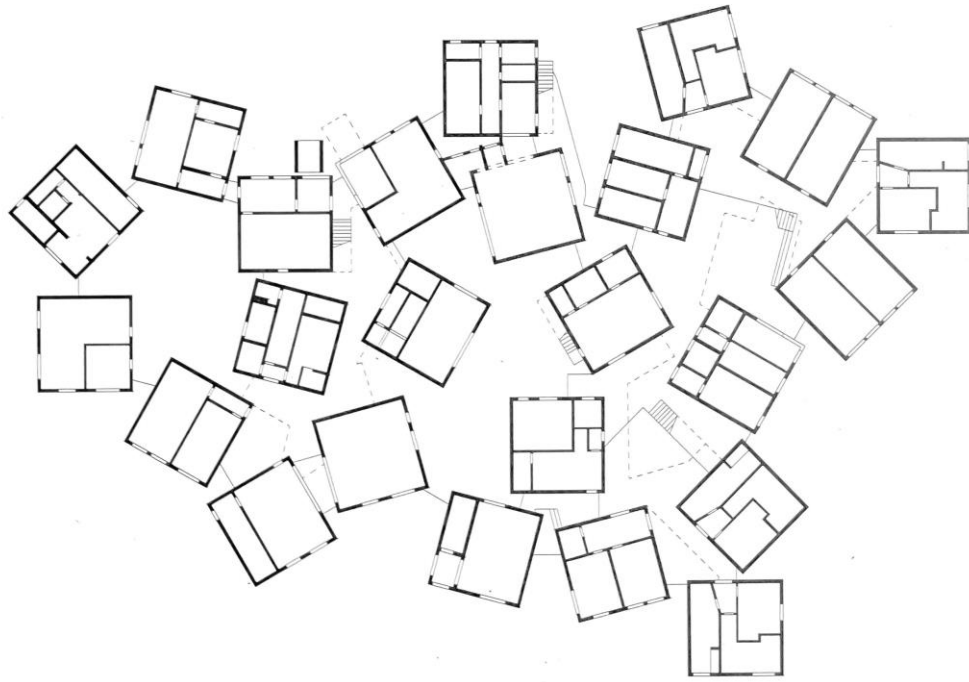


Josef Gerl, Narrenturm, Vienna (1784)

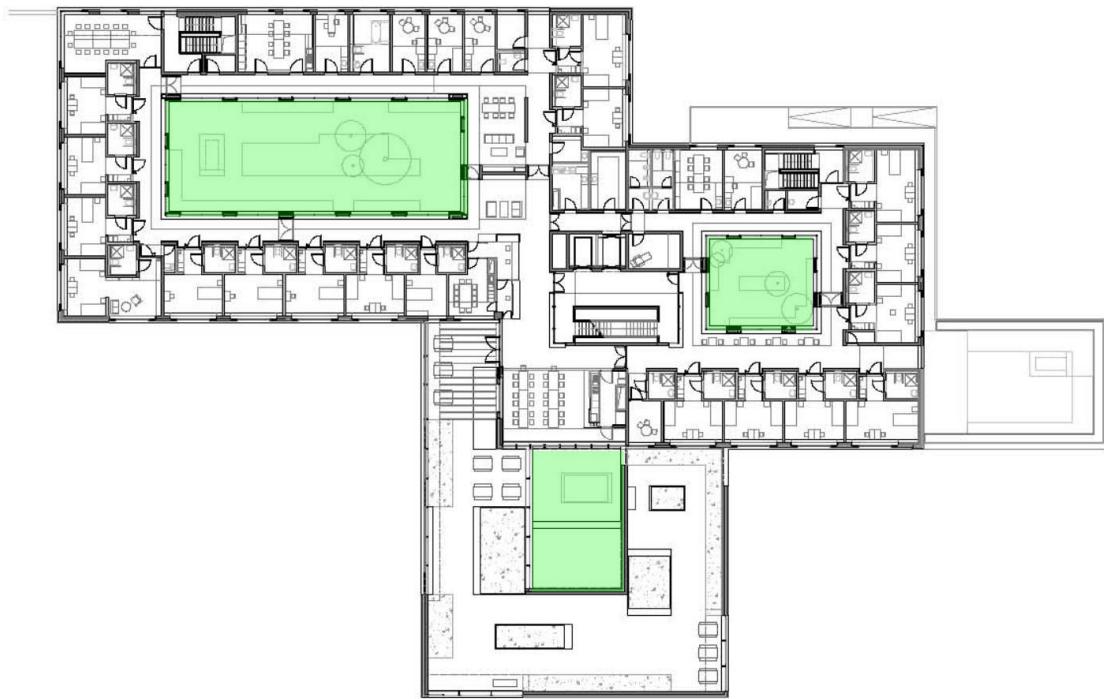




PSYCH.RAUM

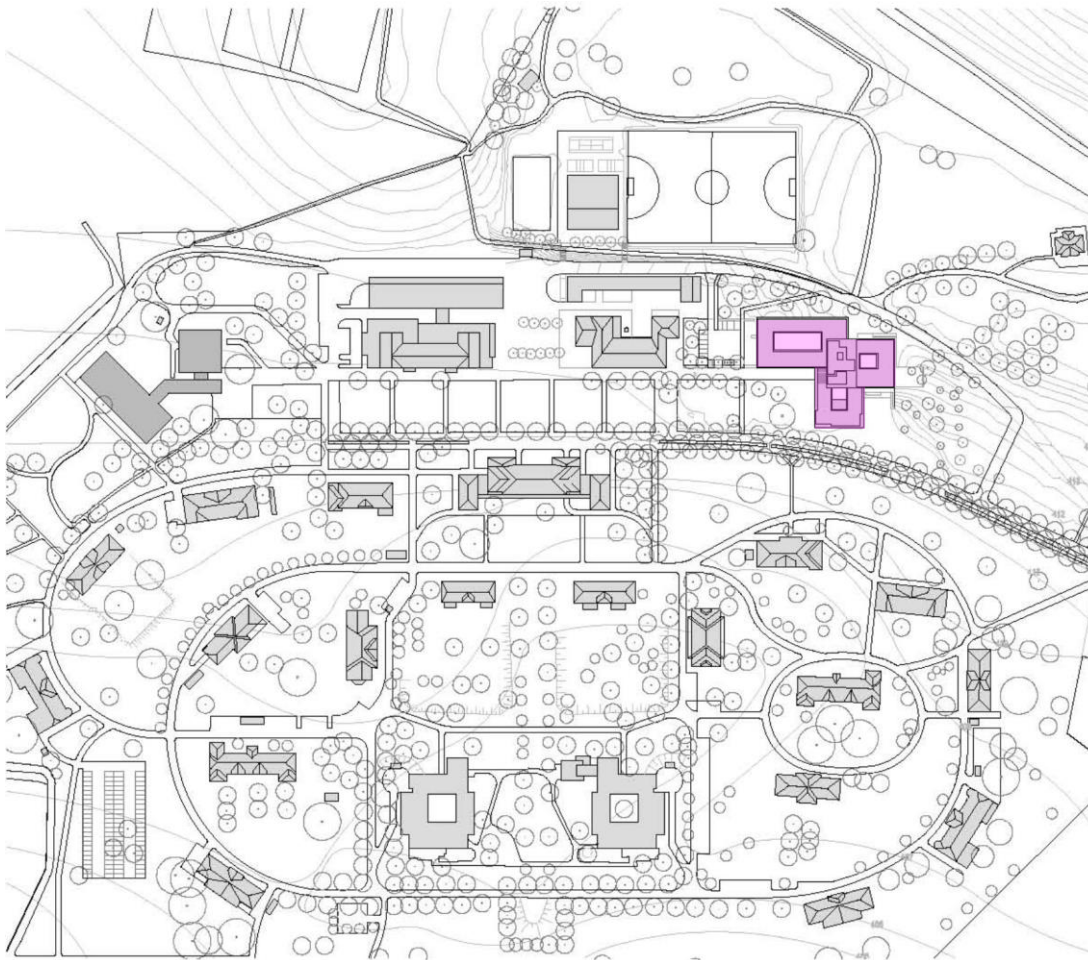


PSYCH.RAUM





PSYCH.RAUM

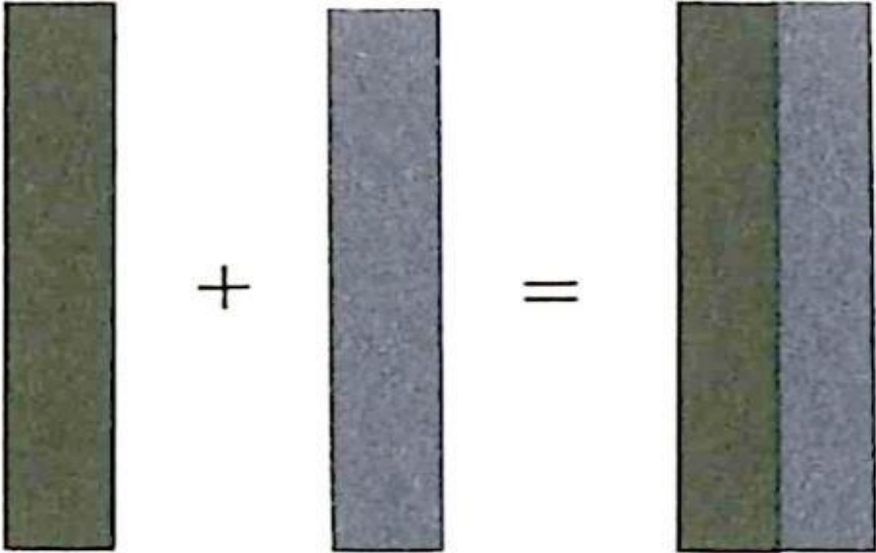




PSYCH.RAUM

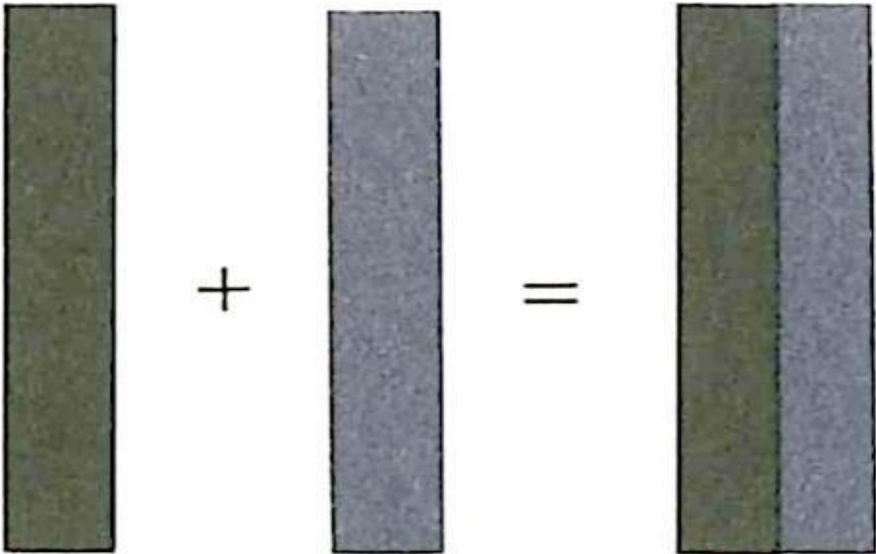


**active atmosphere**



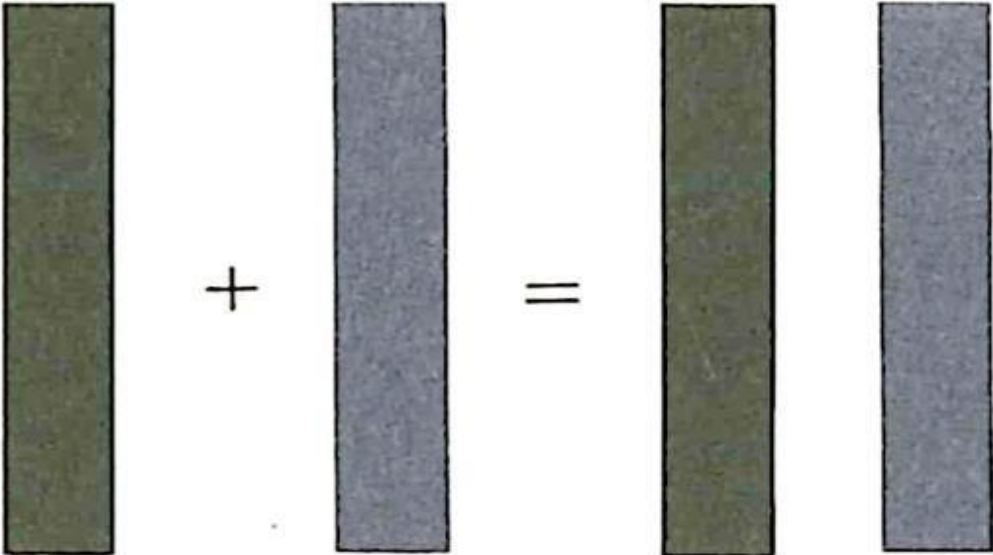
$1 + 1 = 1$



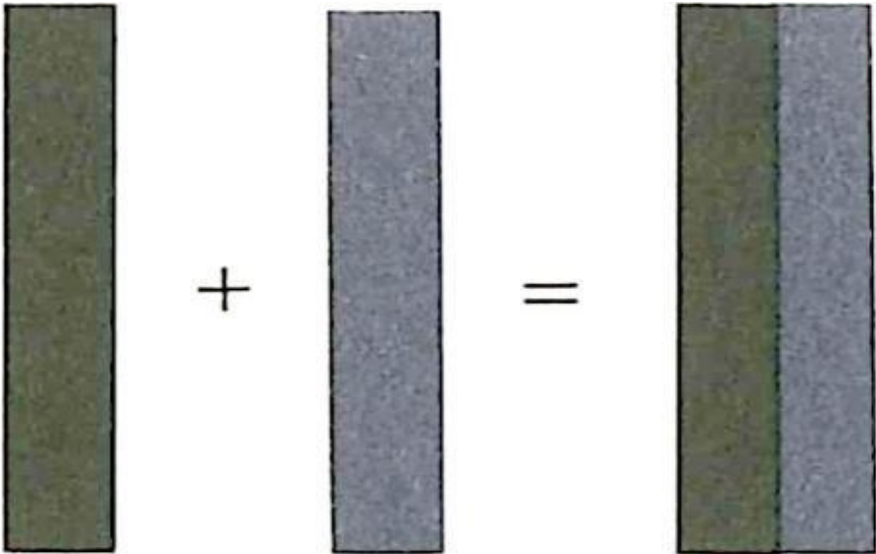


$1 + 1 = 1$

or

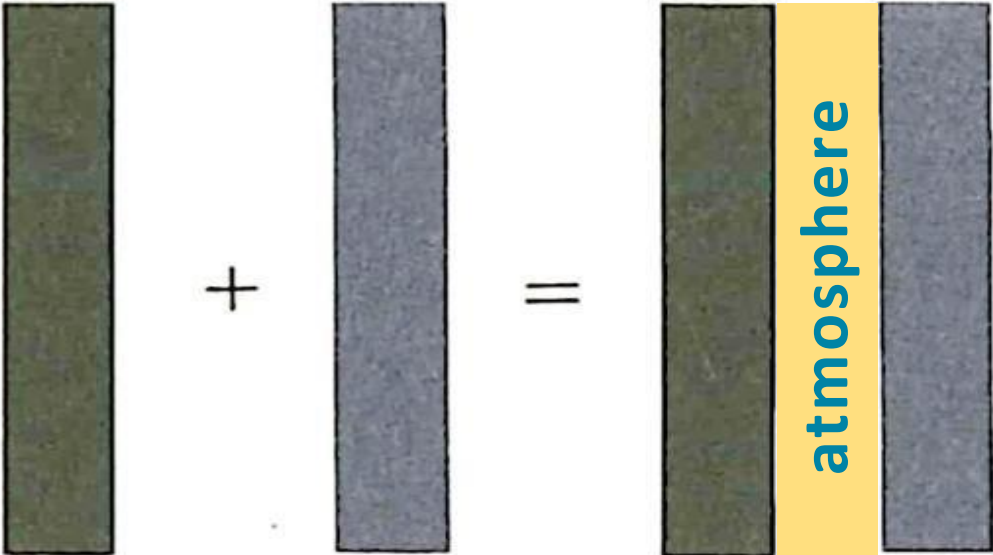


$1 + 1 = 3$

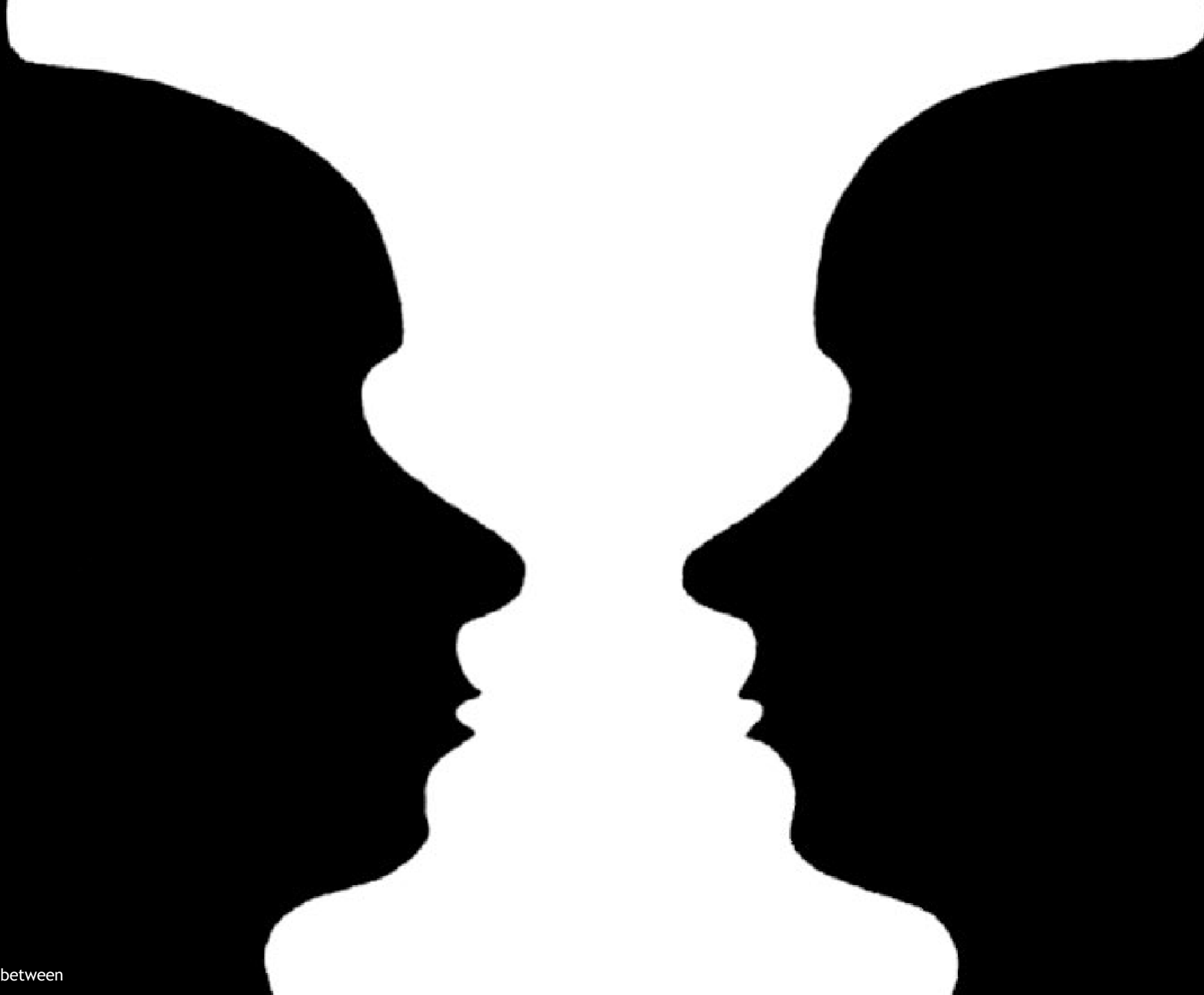


1 + 1 = 1

or

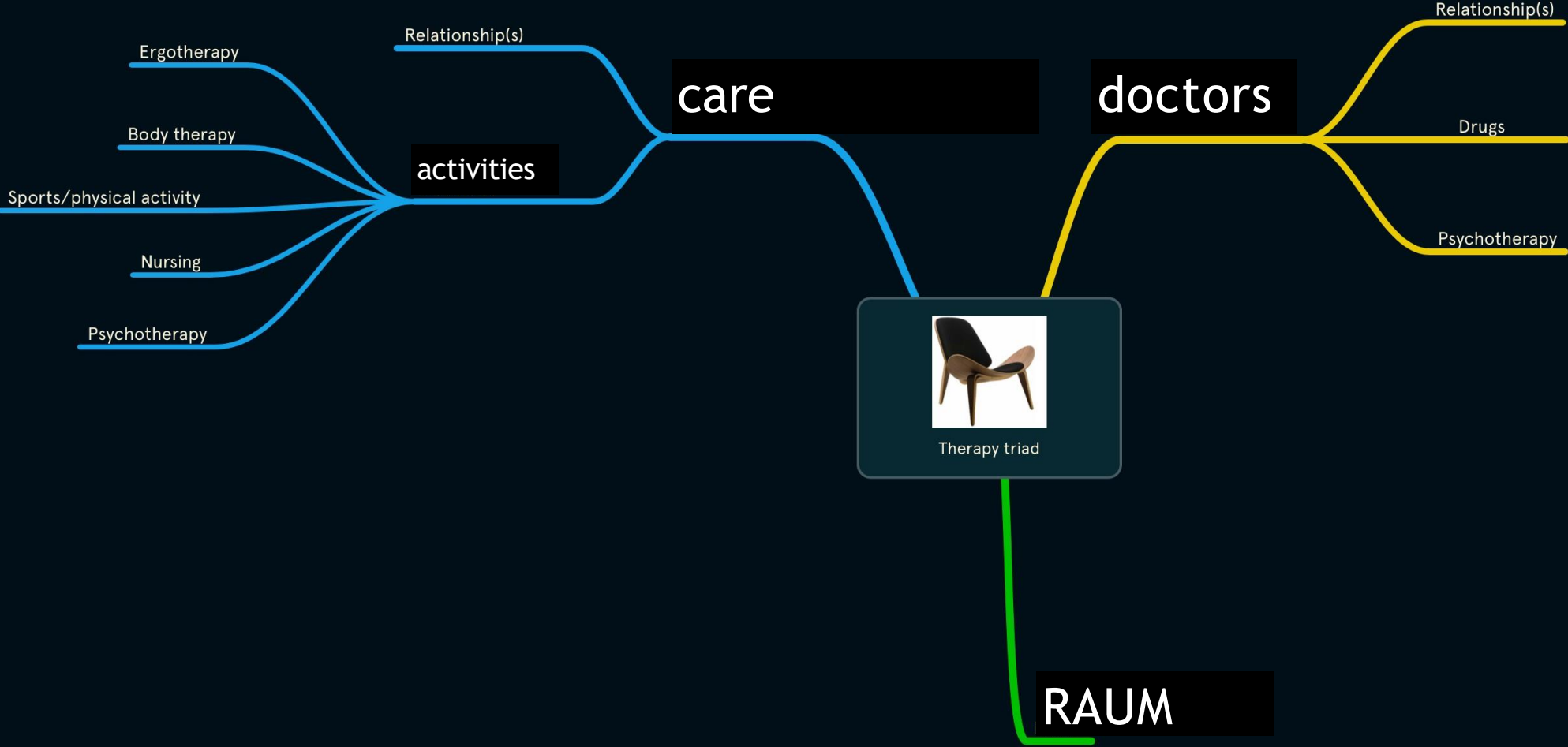


1 + 1 = 3





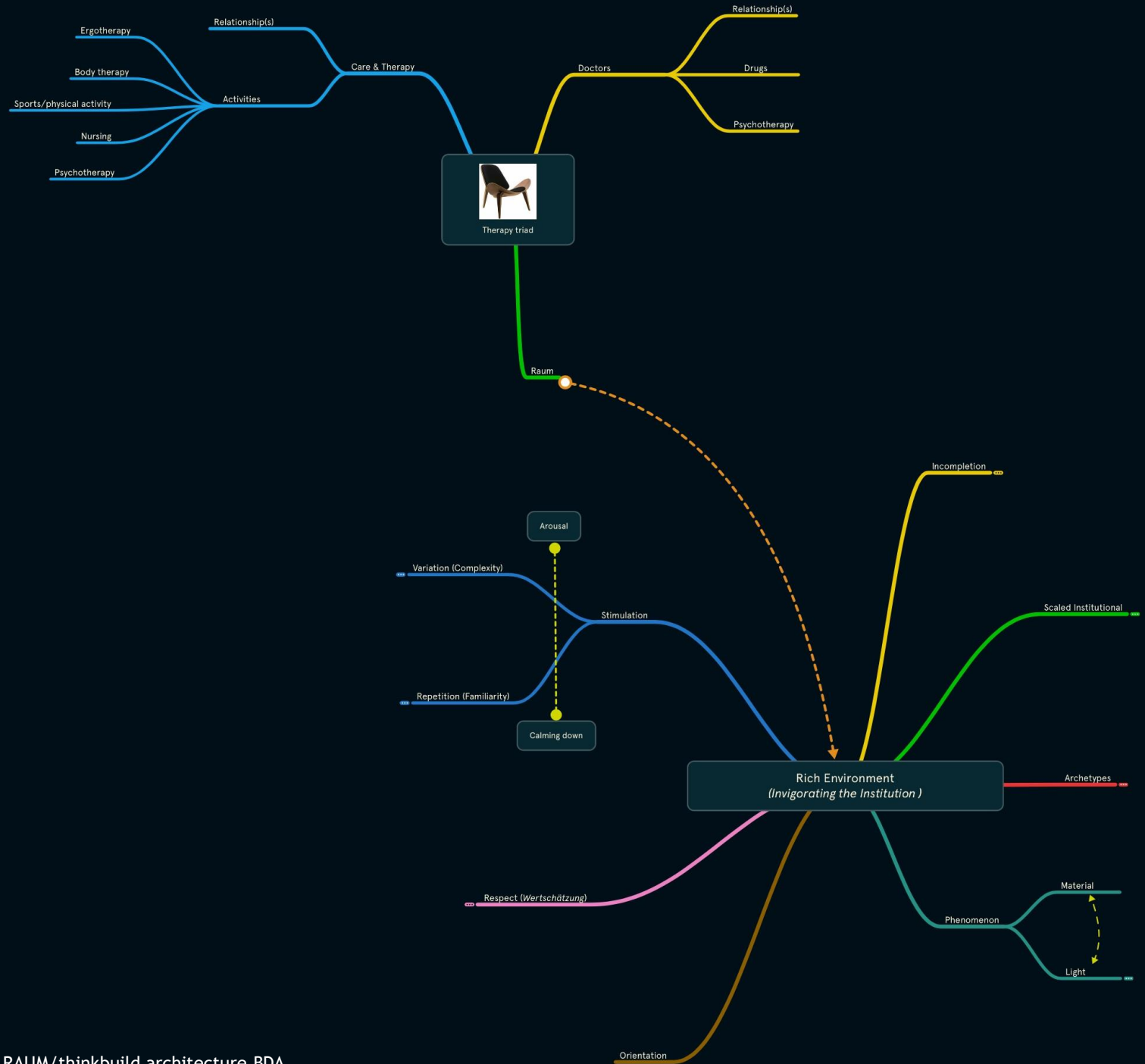
Method

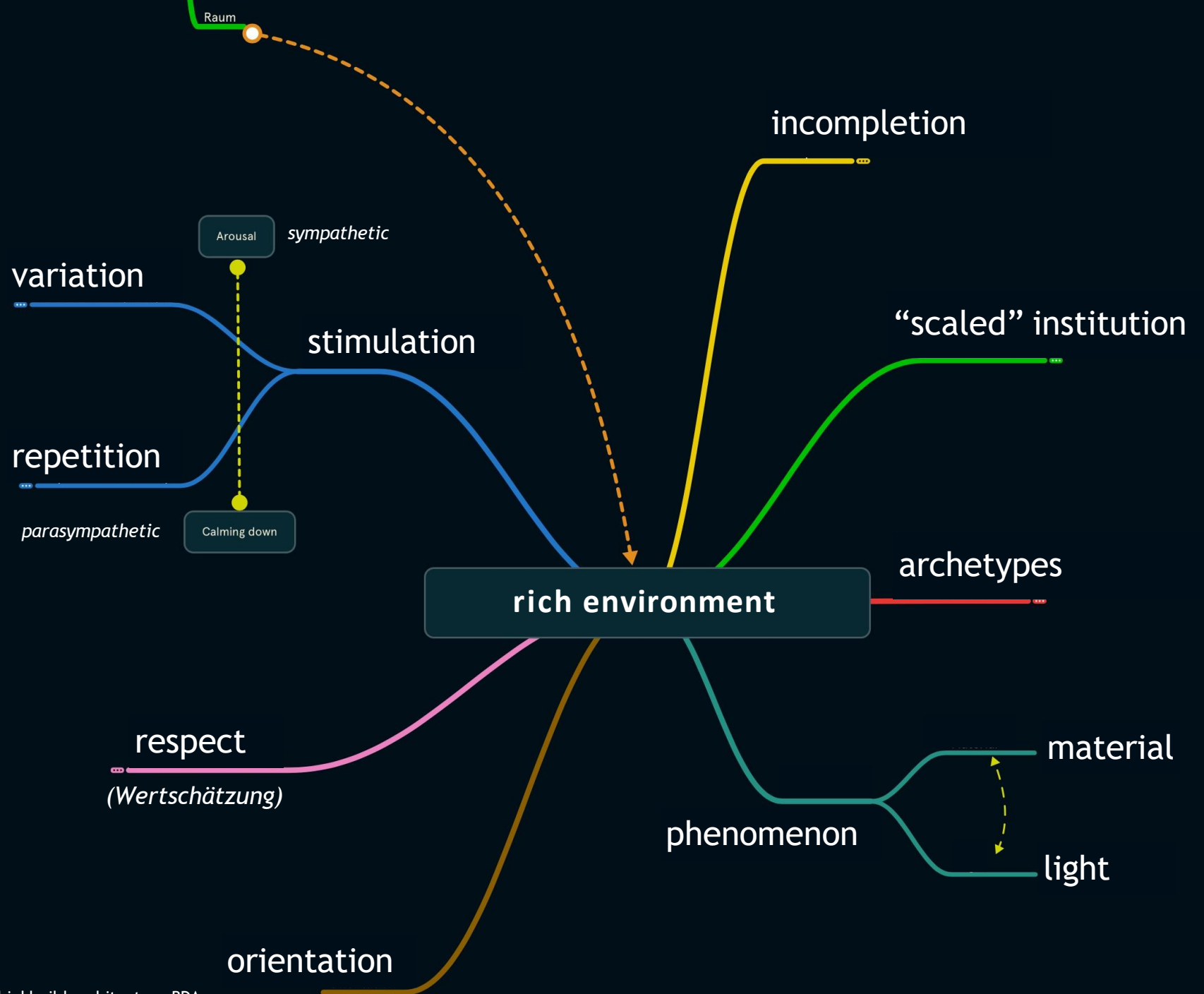


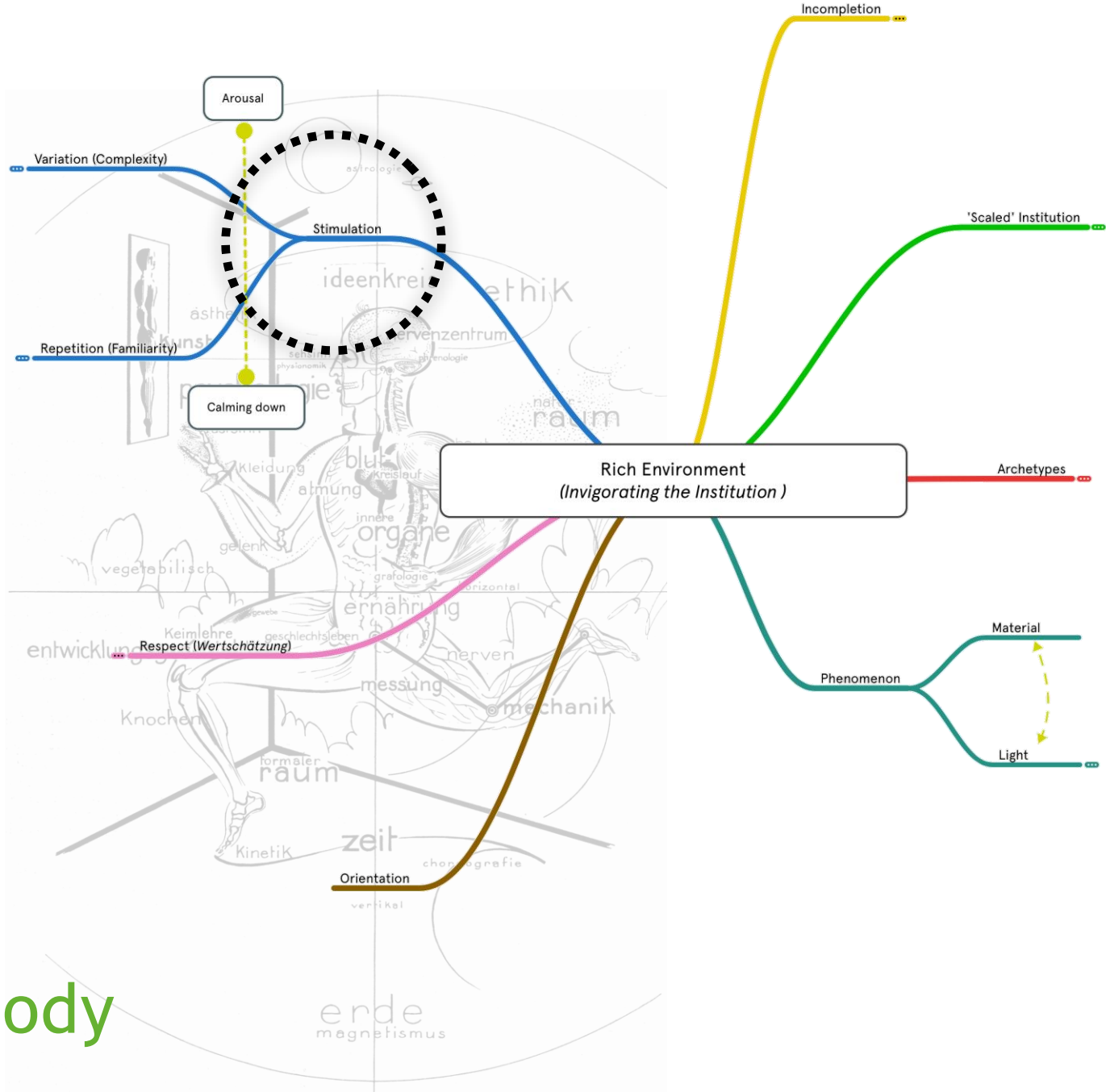
“I have become so impressed with the power of our atmospheric judgement that I want to suggest that this capacity could be named our sixth sense. Thinking only of the five Aristotelian senses in architecture fails to acknowledge the true complexity of the systems through which we are connected to the world...”

- Juhani Pallasmaa (2012)

# PSYCH.RAUM

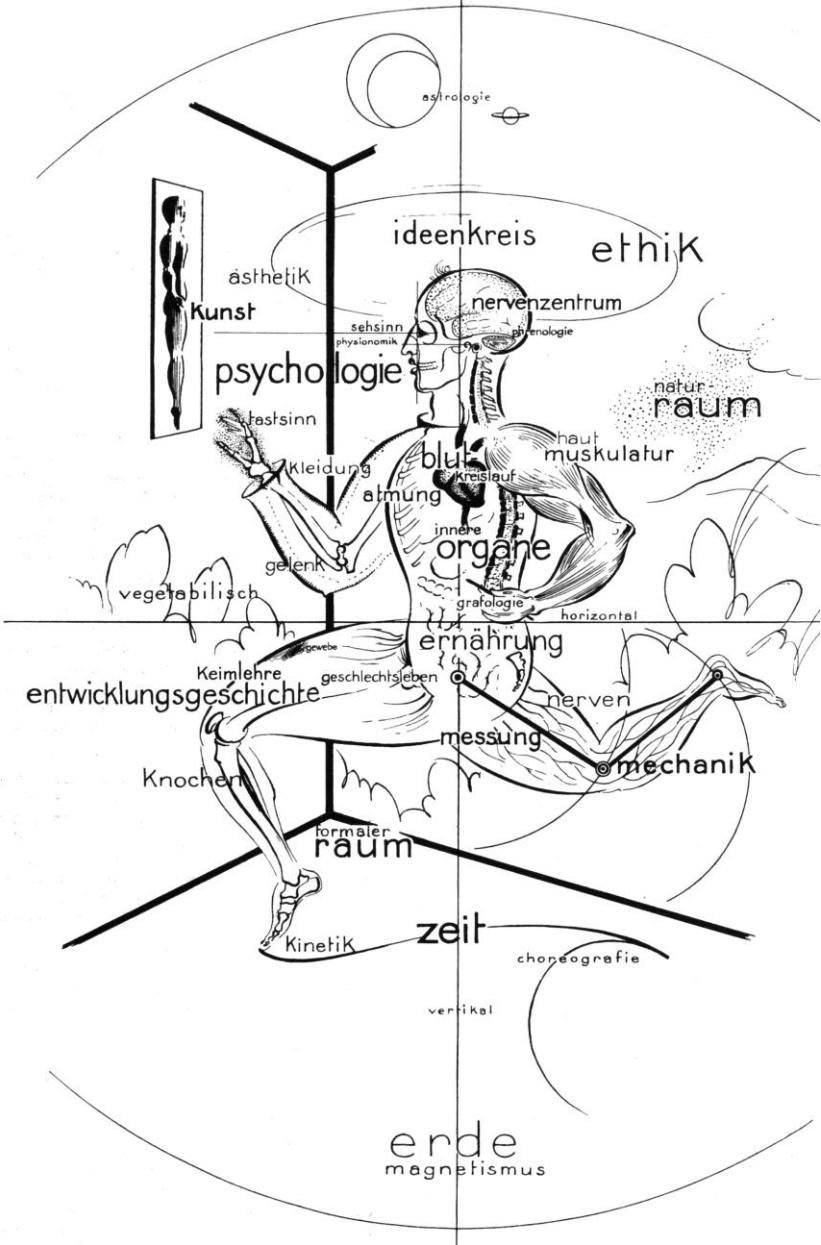






mind and body

PSYCH.RAUM

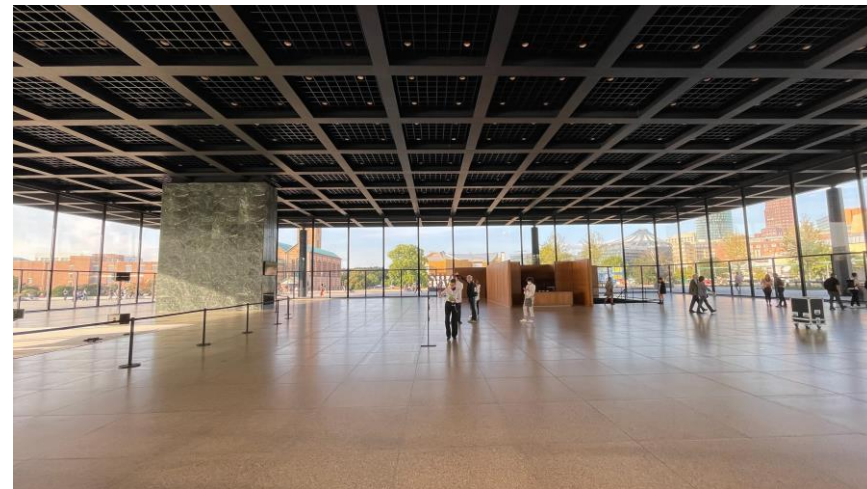
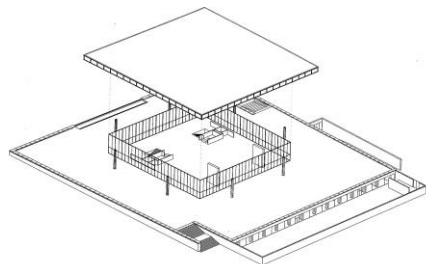
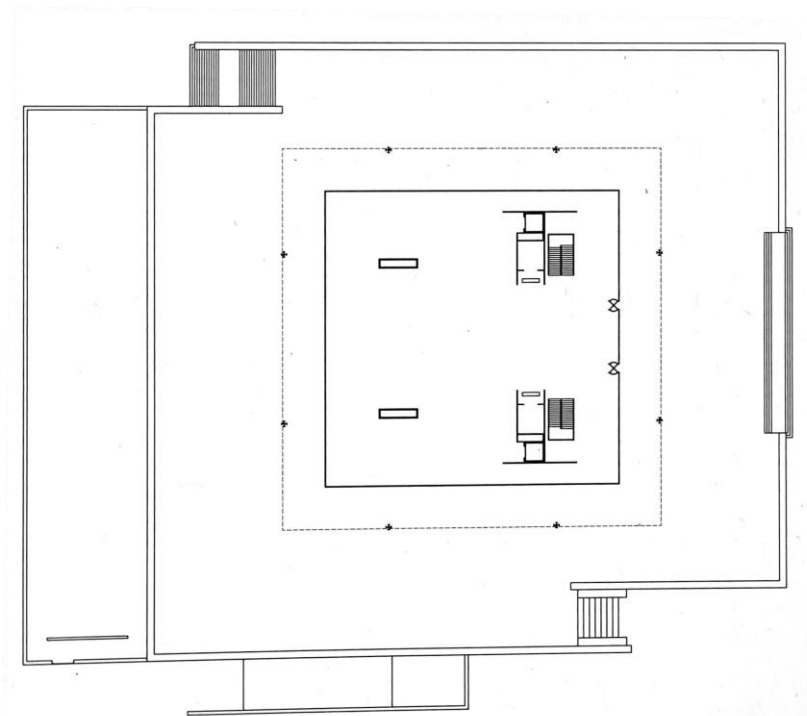
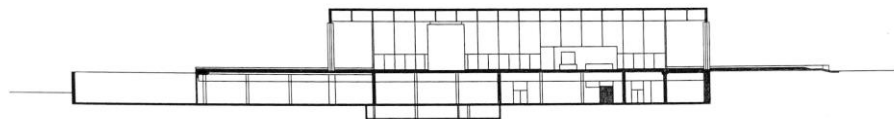


schematic overview of the study topics, or "der mensch," Oskar Schlemmer (1928/29)



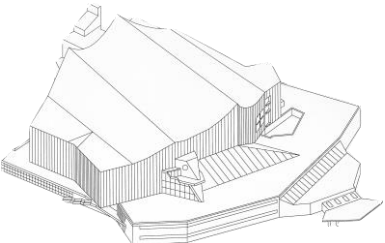
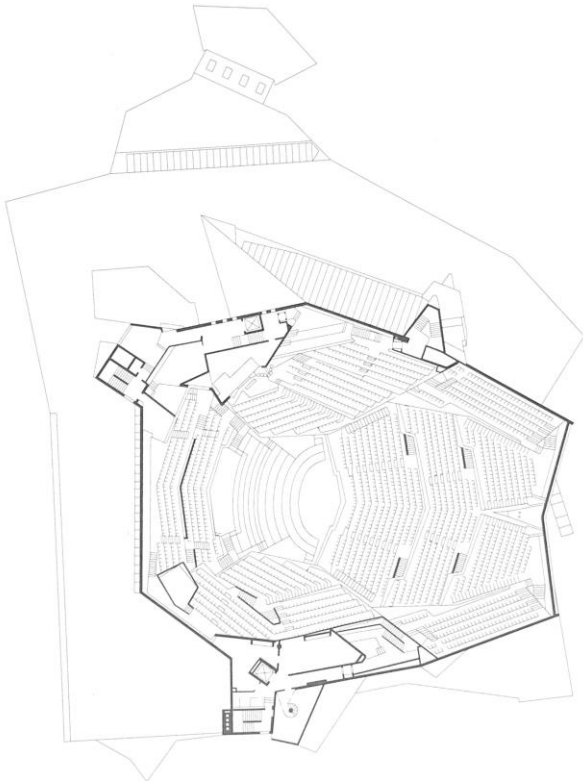
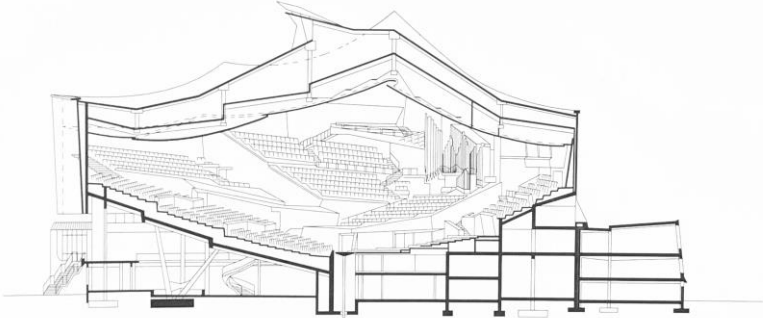
PSYCH.RAUM

*para-sympathetic > regular & predictable = visceral relaxation*

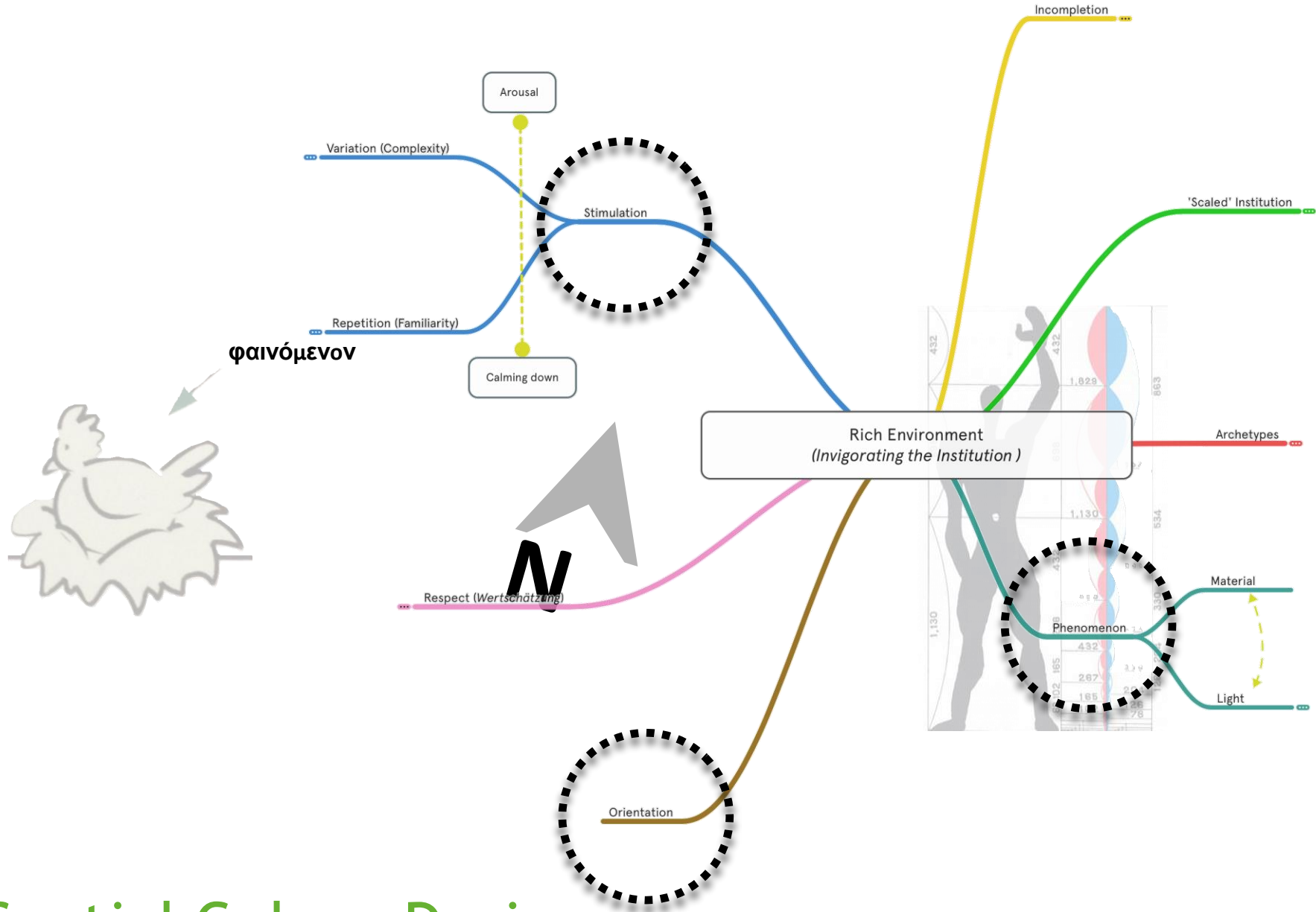


PSYCH.RAUM

*sympathetic > arousing, multi-sensory & narrative stimulation*



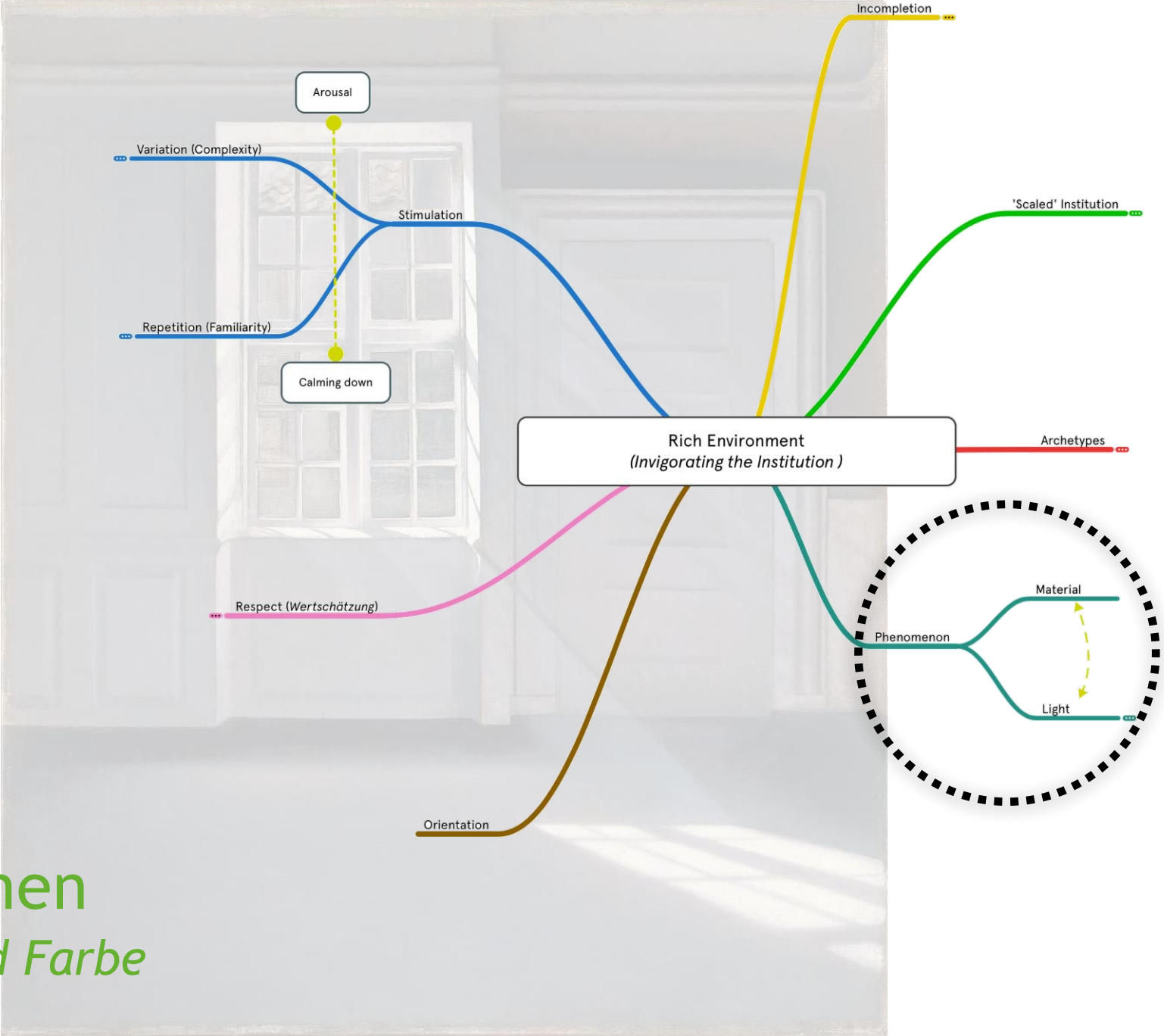
Hans Scharoun, Philharmonie Berlin (DE), 1963



# Spatial Colour Design







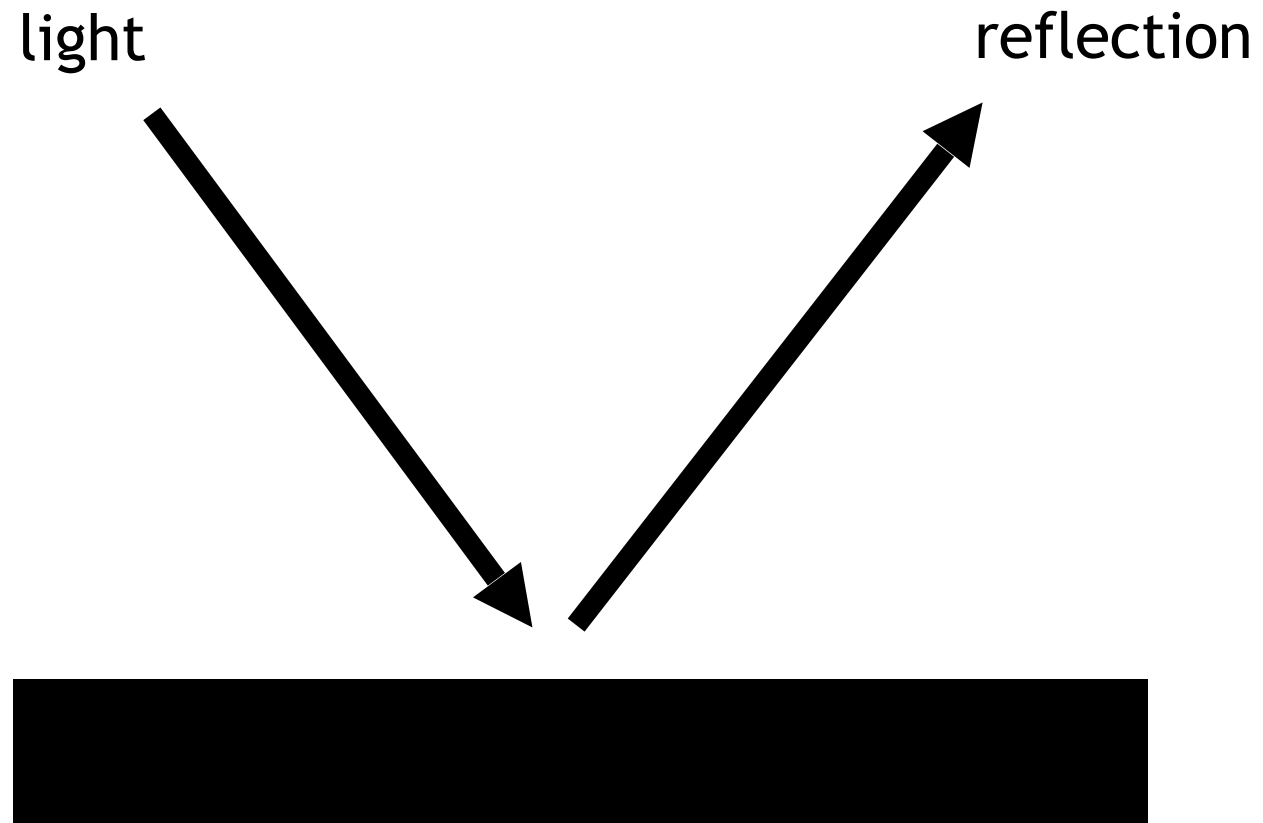
# Phänomen *Licht...und Farbe*

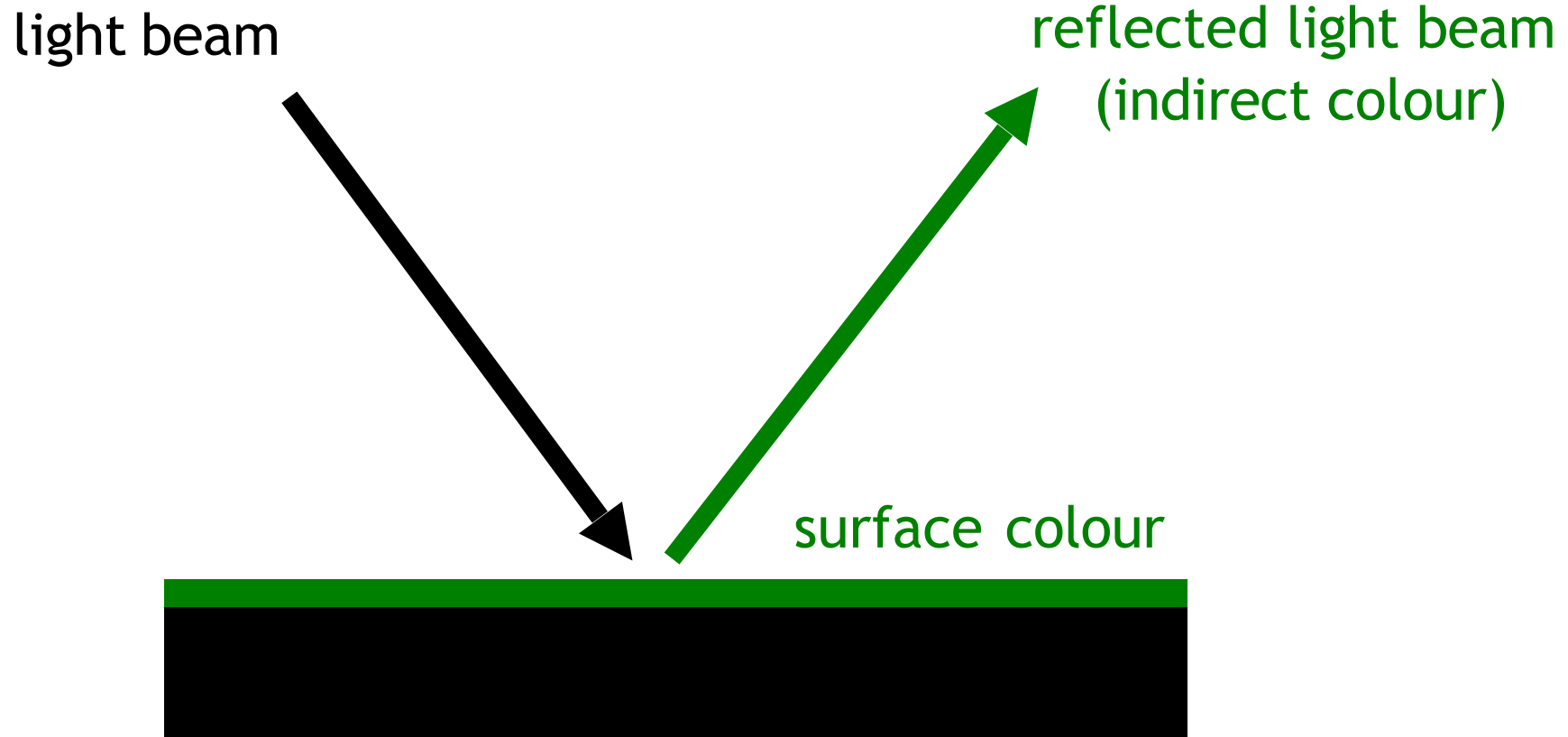
PSYCH.RAUM



Vilhelm Hammershøi, Sunbeams or Sunshine (1900)

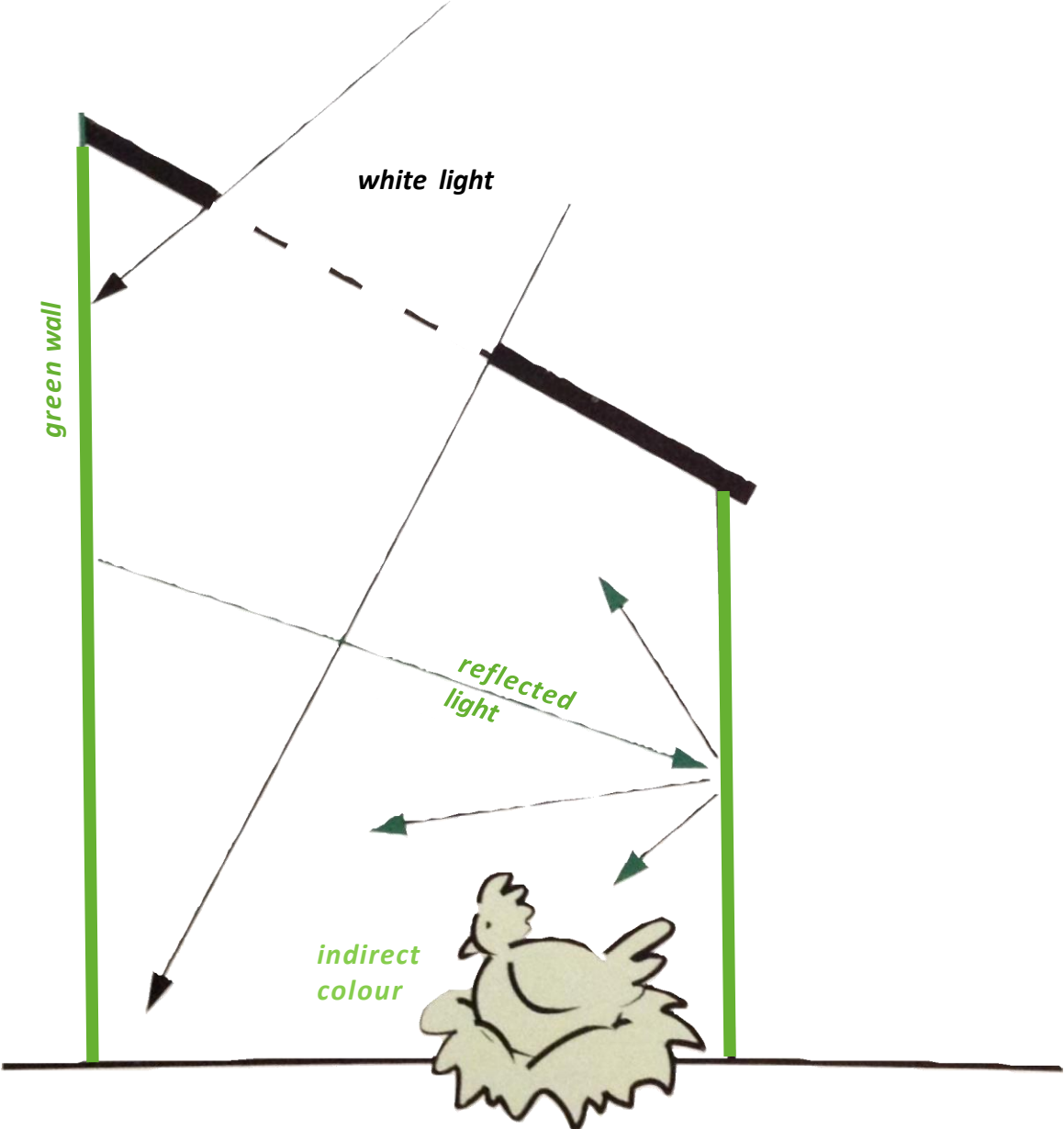






# how to make a green chicken

φαινόμενον  
“directly observable experience”



after Holtzschue (2006)

PSYCH.RAUM



*light, natural and reflected...*



Josep Luis Sert, Fondation Maeght, St.Paul-de-Vence (1964)





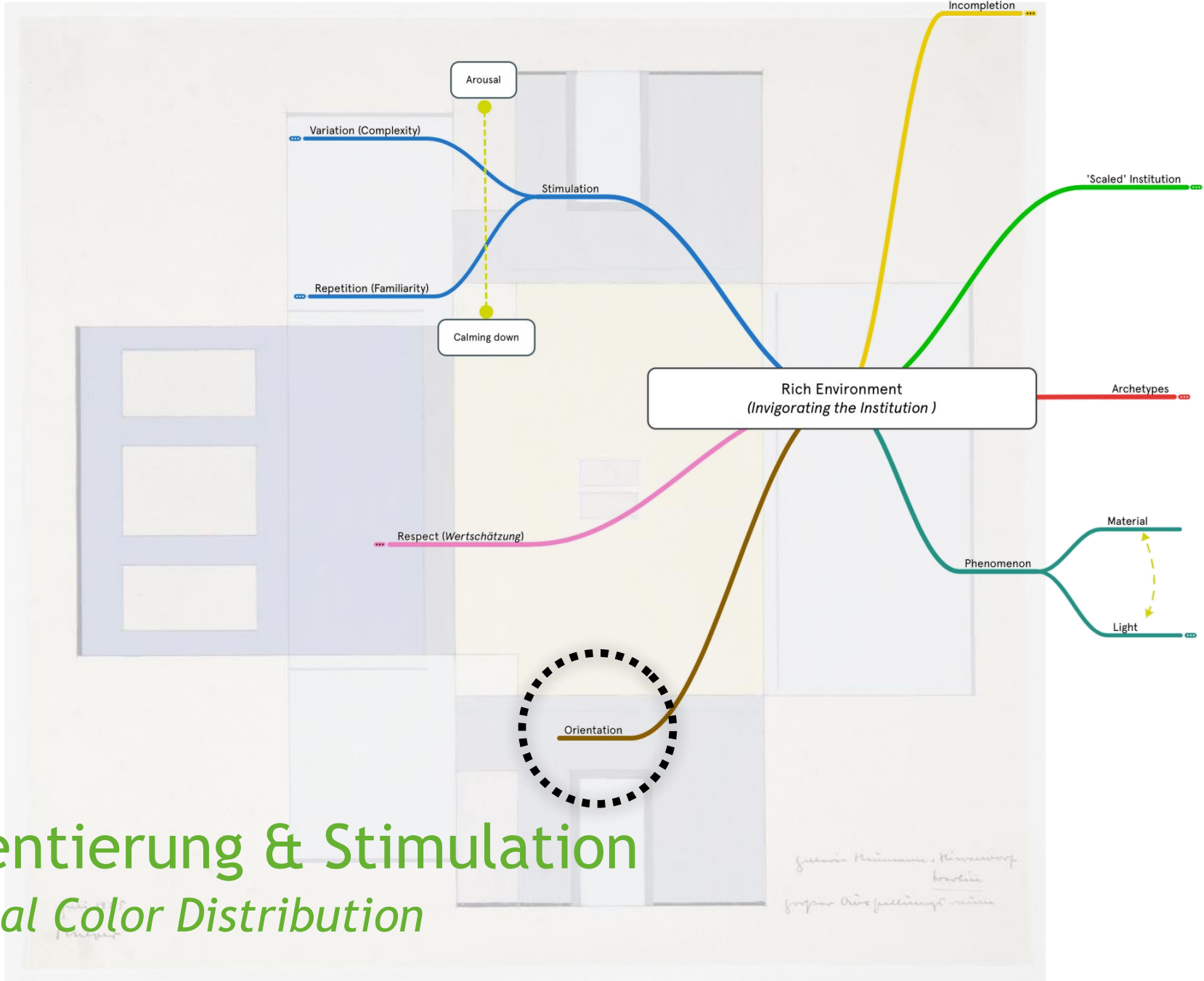
PSYCH.RAUM





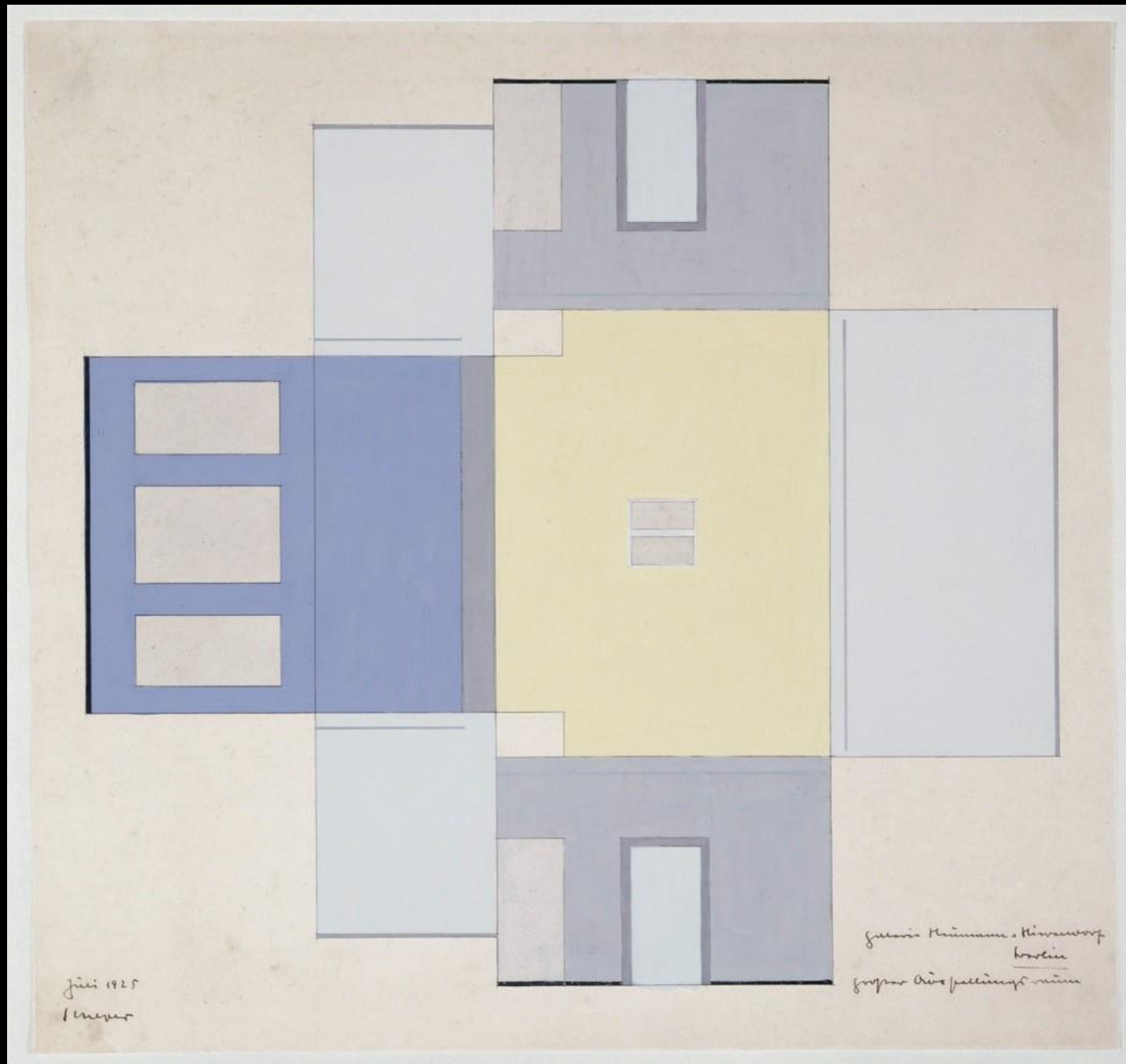






# Orientierung & Stimulation

## Spatial Color Distribution



Hinnerk Scheper, Farbplan Großer Ausstellungsraum, Galeria Neumann-Nierendorf, Berlin, 1925



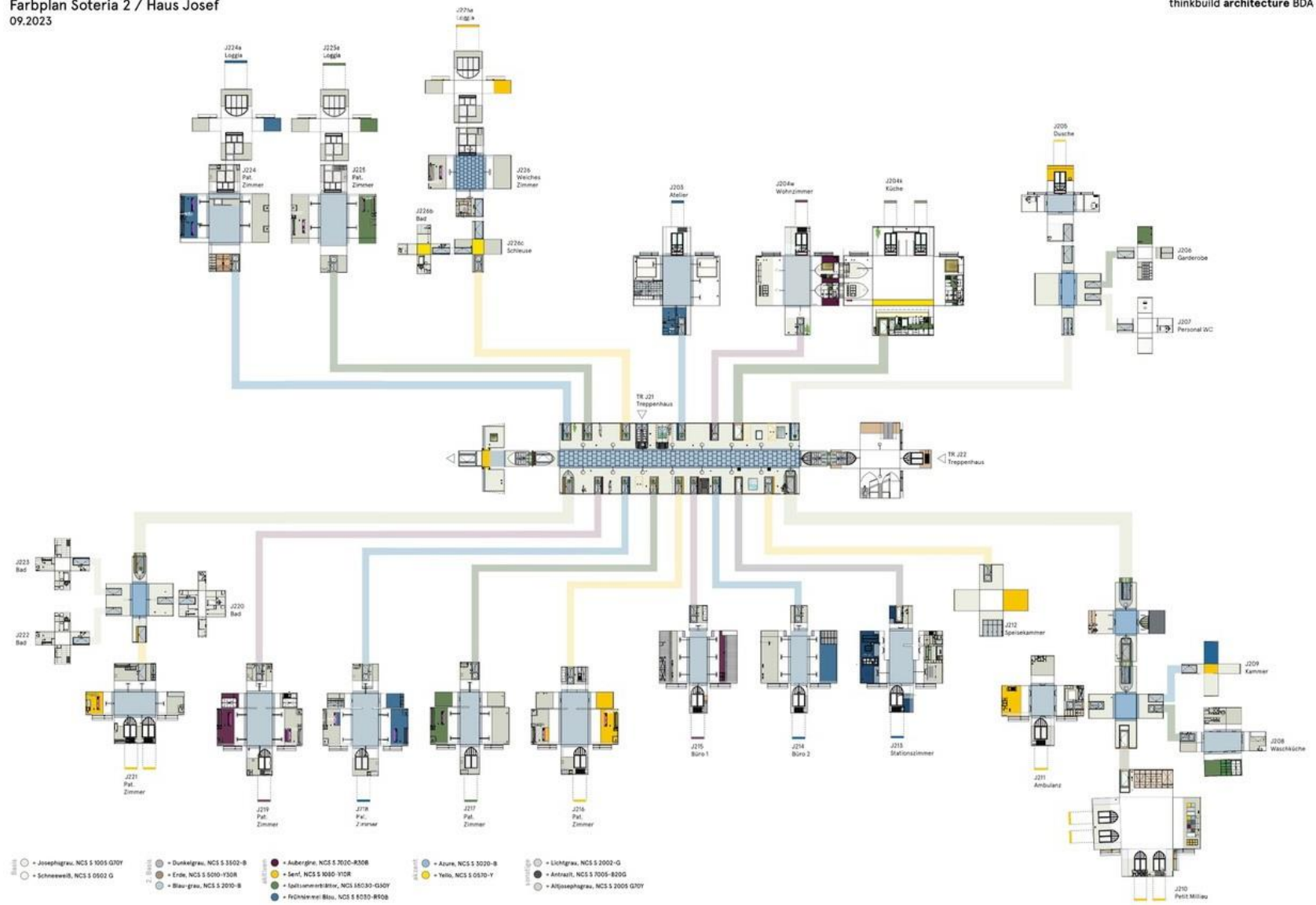


Anthony Van Dyck, Charles I in Three Positions, {sent to Rome for Bernini to model a bust on}, London, Royal Collection/Windsor, c. 1635

# PSYCH.RAUM

Farbplan Soteria 2 / Haus Josef  
09.2023

thinkbuild architecture BDA

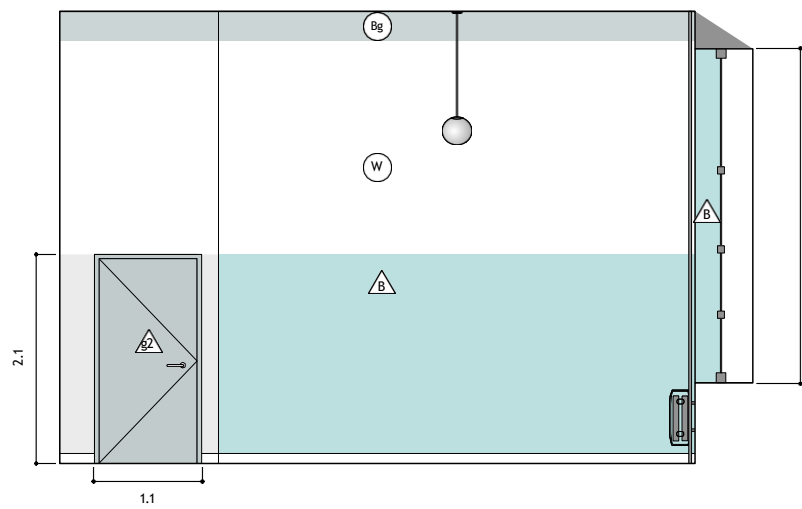
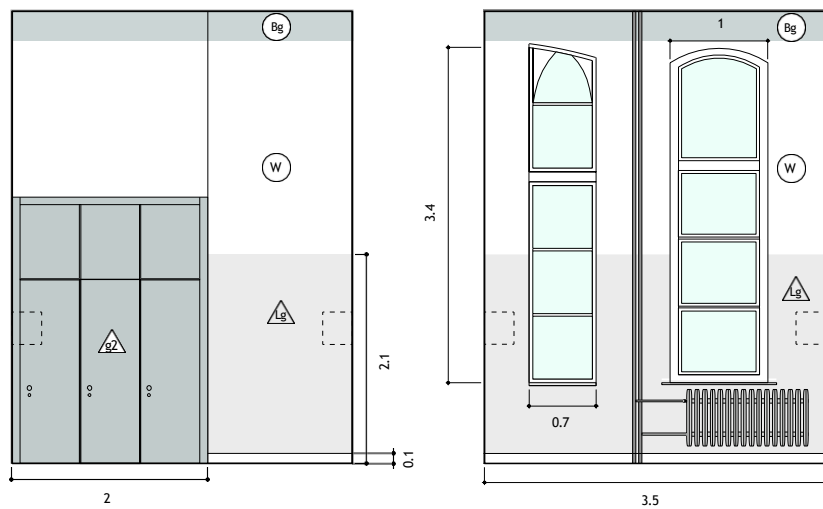






**thinkbuild architecture**  
 prinzenstraße 85d  
 10969 berlin • germany  
<http://www.thinkbuild.com>  
[architecture@thinkbuild.com](mailto:architecture@thinkbuild.com)  
 tel +49 30 612.975.26  
 fax +49 30 612.975.27  
 skype: thinkbuild

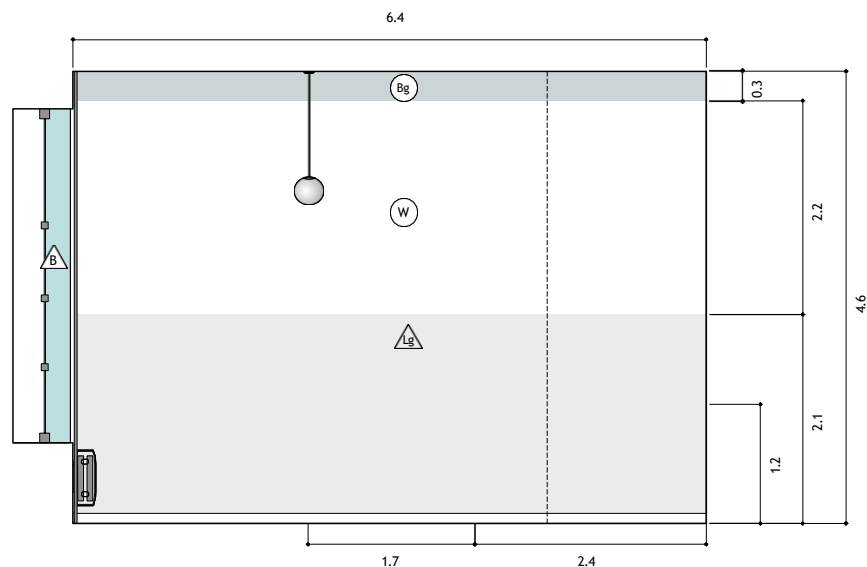
**NOTIZ**  
 Grundlage für diese Zeichnung sind die am 16.08.2012 von Dipl.-Ing. Berton digital übertragene Zeichnungen. Alle Maße, Flächenangaben und Verhältnisse sind circa Masse und müssen am Bau überprüft werden.



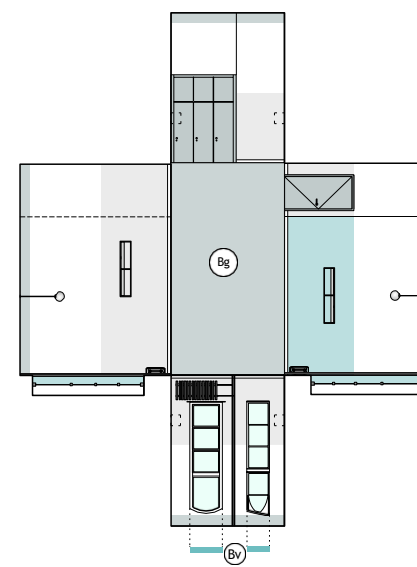
1 Nord Innenansicht M218  
 A.08 1:50

2 Süd Innenansicht M218  
 A.08 1:50

3 Ost Innenansicht M218  
 A.08 1:50



4 West Innenansicht M218  
 A.08 1:50



5 Farbplan M218  
 A.08 1:150

**M218**  
 Wand  
 Bg : 6 m2  
 W : 44 m2  
 B : 15 m2  
 Lg : 27 m2  
 g2 : 10 m2

Decke  
 Bg : 20 m2

**Farbe- und Oberflächen**

- Lg = Licht-grau Anstrich, NCS S 2002 G
- W = Signalweiß Anstrich, NCS S 0502 G
- g2 = Dunkelgrau Anstrich, NCS S 3502-B
- dG = dunkel-Grün Anstrich, NCS S5030 G30Y
- Bg = Blau-grau Anstrich, NCS S 2010 B
- P = Purple Anstrich, NCS S 3050 R30B
- Y = Gelb Anstrich, NCS S 0570 Y
- G = Grün Anstrich, NCS 2075 G30Y
- B = Blau Anstrich, NCS S 1040 R90B

**Glanzgrad bei gestrichenen Oberflächen**

- = Hochglanz / NCS Gloss level 75 wischfest desinfizierbar
- = Stumpfmatz / NCS Gloss level 6 scheuerfest desinfizierbar
- △ = Seidenmatt versiegelt / NCS Gloss level 30 wischfest, desinfizierbar

Bei Mengenangaben bitte merken:  
 lfm < 11m wird nicht mitberechnet  
 m2 < 2,5m2 wird nicht mitberechnet

**projekt**

Soteria Berlin  
 St. Hedwig Krankenhaus  
 Große Hamburgerstr. 9-11  
 10115 Berlin

**bauherr**

St. Hedwig Krankenhaus  
 Große Hamburgerstr. 9-11  
 10115 Berlin

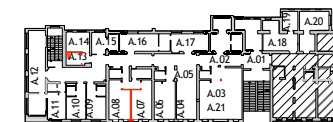
projekt ID 029\_ssh  
 datum 19.06.13

maßstab (DIN A3) divers  
 zeichner jd/gd

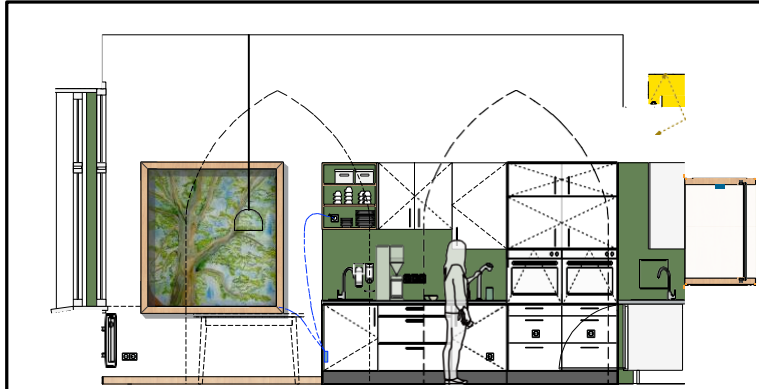
phase LPH5 Ausführung  
 titel Ansichten 8 - M218

zeichnungnummer

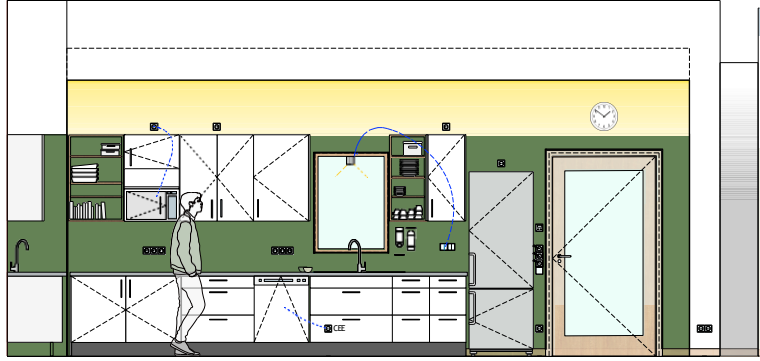
**A.08**



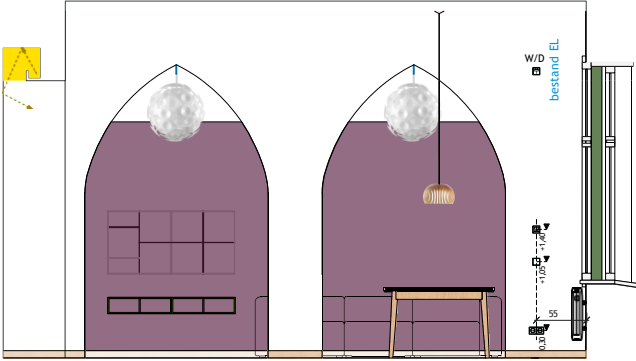
# PSYCH.RAUM



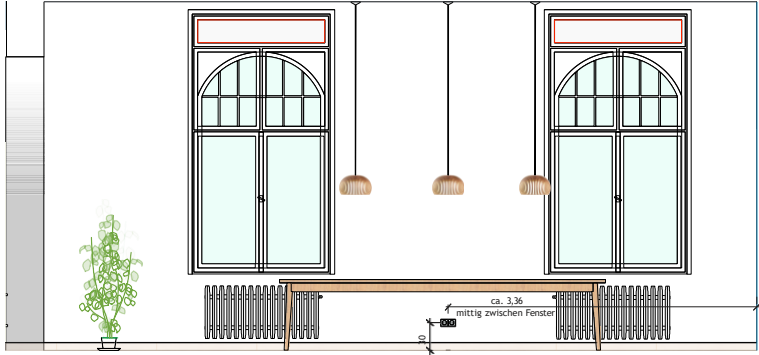
1 Sud Innenansicht J204 Wohnbereich / Sofa  
J 204k 1:50 -> Bemaßung s. Blatt J 204.2



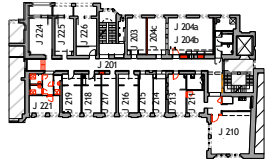
2 West Innenansicht J204 Wohnen  
J 204k 1:50 -> Bemaßung s. Blatt J 204.3



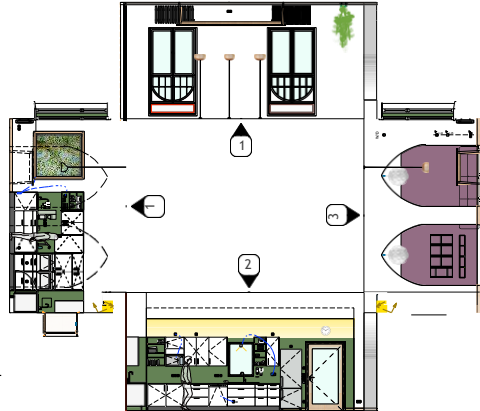
3 West Innenansicht J204 Wohnbereich Bogenwand  
J 204k 1:50



4 Ost Innenansicht J204 Wohnen  
J 204k 1:50



5 Farbplan 204w Wohnbereich  
J 204k 1:150



thinkbuild architecture BDA

projekttadresse  
c/o thinkbuild architecture BDA  
prinzenstraße 85d  
10969 berlin • germany  
<http://www.thinkbuild.com>  
[architectur@thinkbuild.com](mailto:architectur@thinkbuild.com)  
tel +49 30 612.975.26  
fax +49 30 612.975.27  
skype: thinkbuild

NOTIZ  
Grundlage für diese Zeichnung sind uA die am 11.02.2022 von Dipl.-Ing. Leghien digital übertragene Zeichnungen. Alle Masse-, Flächenangaben und Verhältnisse sind circa Masse und müssen am Bau überprüft werden.

## Farbe- und Oberflächen

- Jg = Josephsgrau, NCS S 1005 G70Y
- S = Schneeweiß, NCS S 0502 G
- g2 = Dunkelgrau, NCS S 3502-B
- E = Erde, NCS S 5010-Y30R
- Bg = Blau-grau, NCS S 2010 B
- Au = Aubergine, NCS S 7020-R30B
- Se = Senf, NCS S 1080-Y10R
- Sb = Spätommerblätter, NCS S5030-G30Y
- fB = Frühimml Blau, NCS S 5030-R90B
- Z = Azure, NCS S 3020-B
- Y = Yello, NCS S 0570-Y
- LG = Lichtgrau, NCS S 2002-G
- AZ = Antrazit, NCS S 7005-B20G
- aJg = Altjosephsgrau, NCS S 2005 G70Y

- Glanzgrad bei gestrichene Oberflächen
- = Hochglanz - wischfest desinfizierbar
  - = Stumpfmat - wischfest desinfizierbar

Bei Mengenermittlungen bitte merken:  
lfm < 1fm wird nicht mitberechnet  
m2 < 2,5m2 wird nicht mitberechnet

projekt  
So2 - Soteria2 / Berlin  
St. Hedwig Krankenhaus  
Große Hamburgerstr. 9-11  
10115 Berlin

bauherr  
St. Hedwig Kliniken Berlin  
c/o Alexianer Agamus GmbH  
Große Hamburgerstr. 3  
10115 Berlin

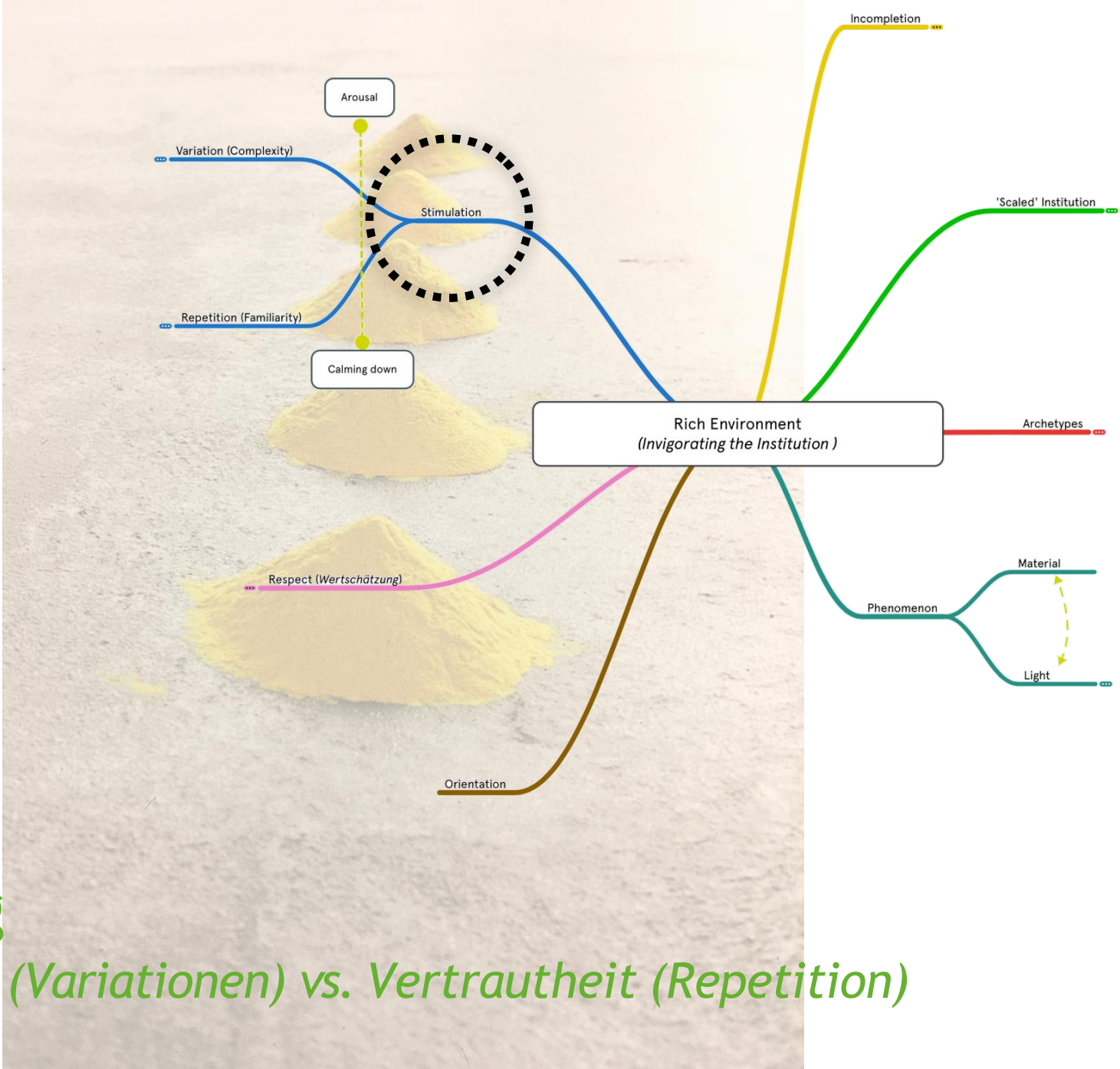
projekt ID datum  
056\_So2 21.03.23  
maßstab zeichner  
1:50 (DIN A3) jd

phase  
Ausführung Index D  
titel  
J 204k Kueche  
zeichnungsnummer

# J 204k

© 2023 thinkbuild architecture BDA



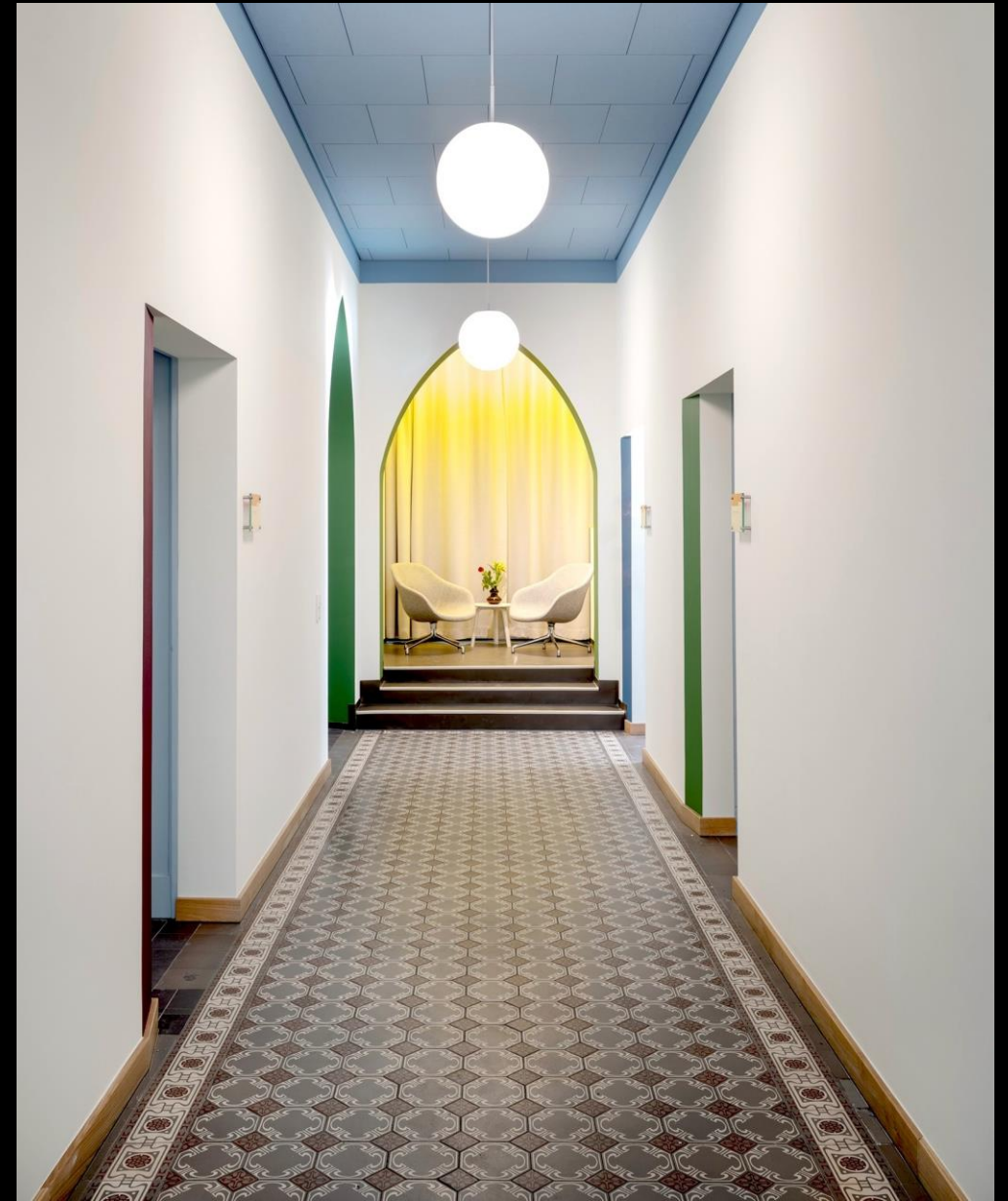


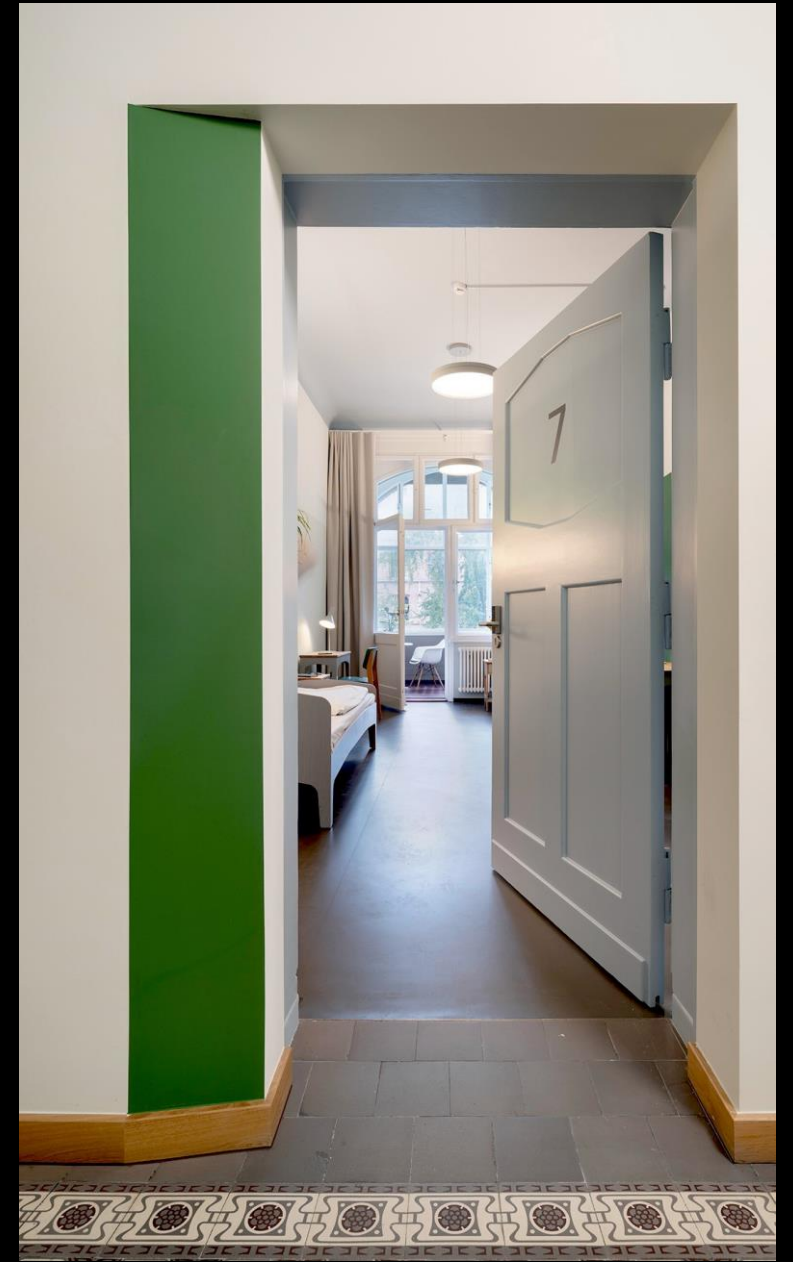
Anregung  
Komplexität (Variationen) vs. Vertrautheit (Repetition)



Wolfgang Laib „Die fünf unbesteigbaren Berge“, 1984

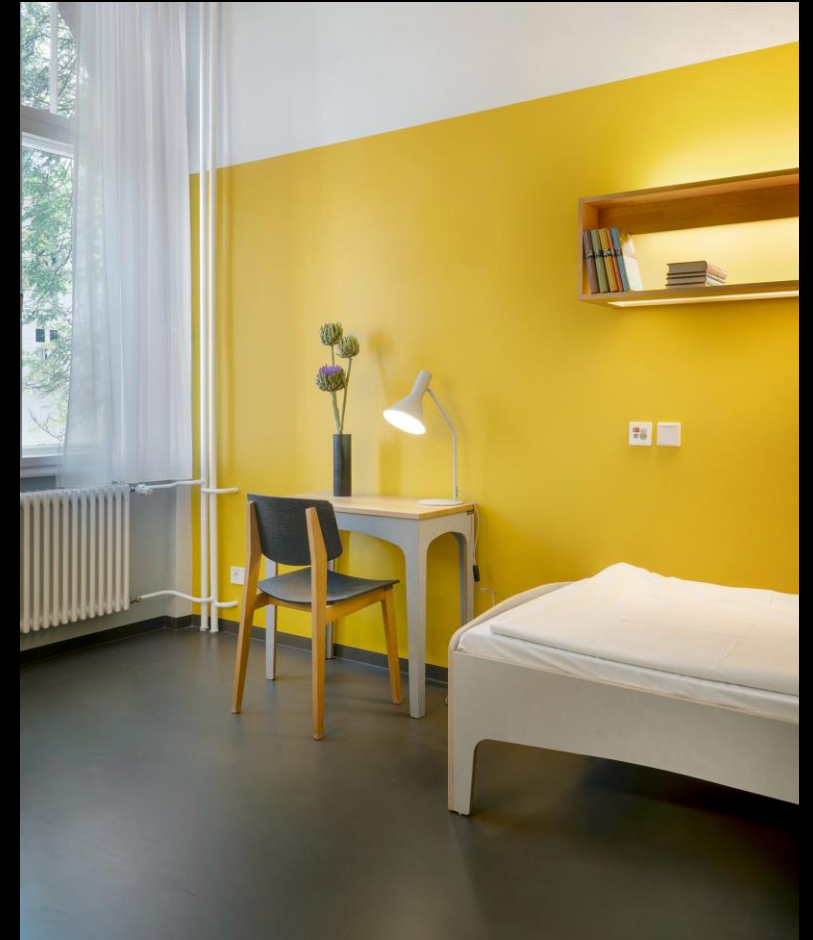




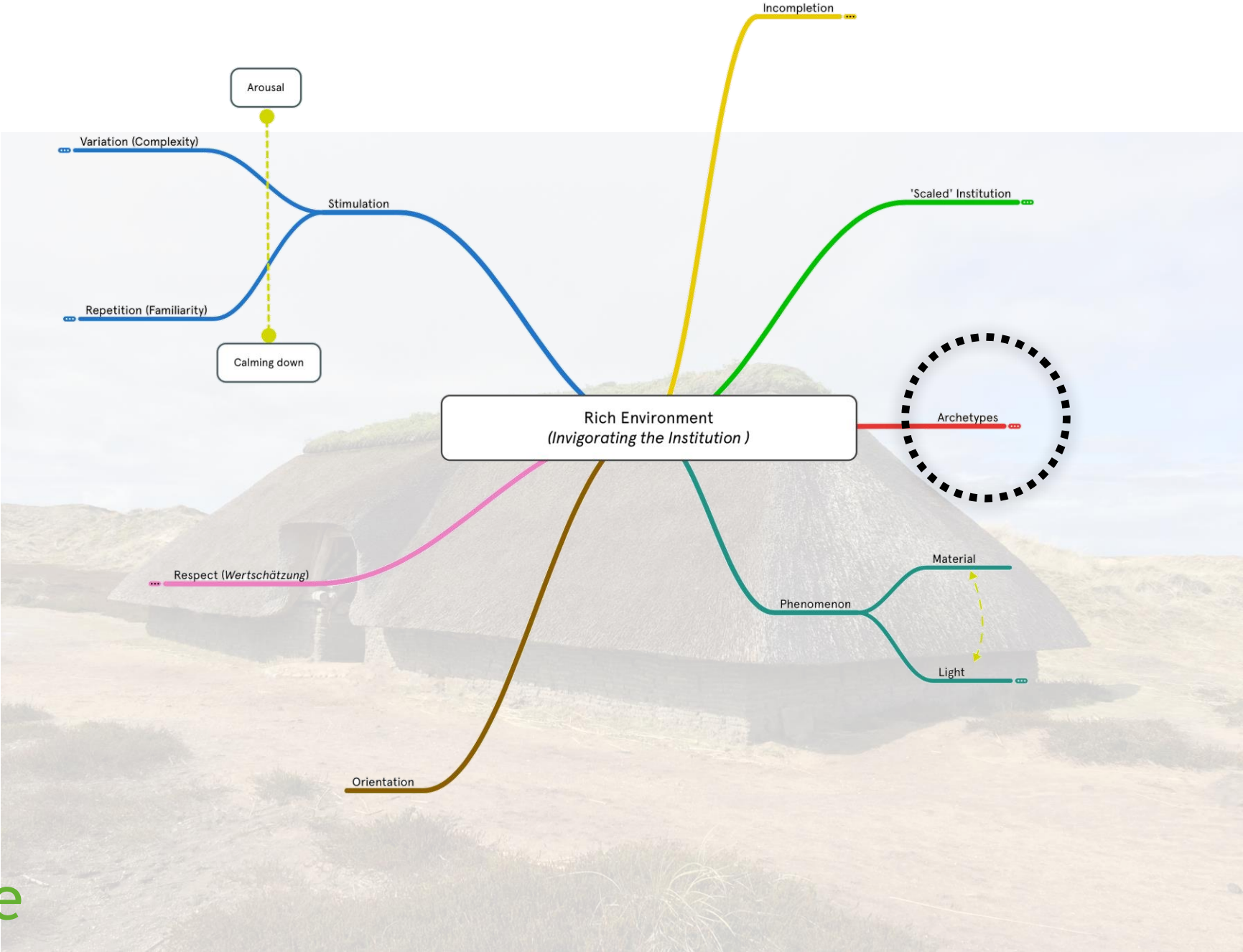




PSYCH.RAUM







# Archetype









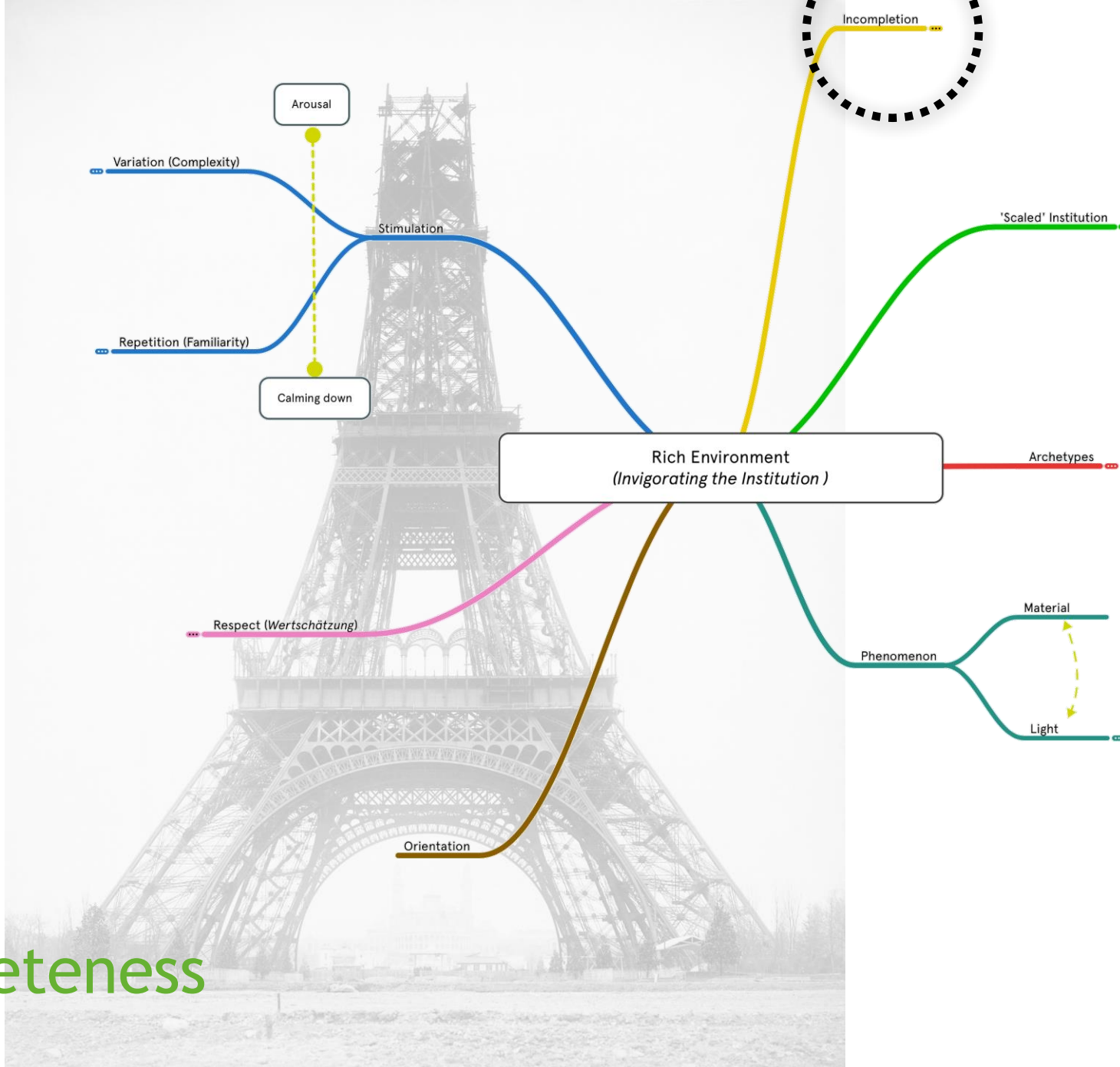
PSYCH.RAUM



*„The first groups collected around the fire....“*

G. Semper (1803-1879)





# Incompleteness

PSYCH.RAUM



Louis Emile Durandelle, *The Eiffel Tower- State of the Construction*, (1888)





Paul Cezanne, *La montagne Saint Victoire - vue des Lauves*, (1901).



# hartelijk bedankt

PSYCH.RAUM

Jason Danziger  
thinkbuild architecture BDA  
[www.thinkbuild.com](http://www.thinkbuild.com)

Martin Voss, MD, PhD  
Psychiatrische Universitätsklinik der Charité  
im St. Hedwig-Krankenhaus, Berlin  
[www.soteria-berlin.de](http://www.soteria-berlin.de)

**Contact:**  
[kontakt@psychraum.de](mailto:kontakt@psychraum.de)  
[architecture@thinkbuild.com](mailto:architecture@thinkbuild.com)















































Uitnodiging UPC KU Leuven

Permanente vorming Psychiatrie

Donderdag 7 december 2023

# Slaap bij ouderen vanuit multidisciplinair perspectief