

'From Foucault to Hillier: the interconnection of space and society in facilities for behavioural health'



Dr Evangelia Chryssikou¹, Prof Alan Penn²

¹ Lecturer, Program Leader MSc Healthcare Facilities, The Bartlett Real Estate Institute, University College London

² Dean of the Bartlett, The Bartlett School of Architecture, University College London



Background

Architectural and healthcare architecture theories followed non-corresponding paths. Among the exceptions, Foucault's theory of total institutions influenced both sectors, by first introducing the phenomenon of institutionalization.

Then, Hillier in his generic theory of spatial morphology referred to Foucault to demonstrate the interconnection between space and society.

The interface between these two social theories, the theory of total institutions and Space Syntax, became clearer through the work of Marcus. He focused on architectural history and buildings such as the Panopticon, nevertheless not on synchronous behavioral health facilities.

Thus, the relationship between the reproduction of Status Quo through architecture and the interconnection between space and social hierarchies in the new facilities for behavioral health, remained for many years unexplored despite the active discourse of the generic architectural theory.

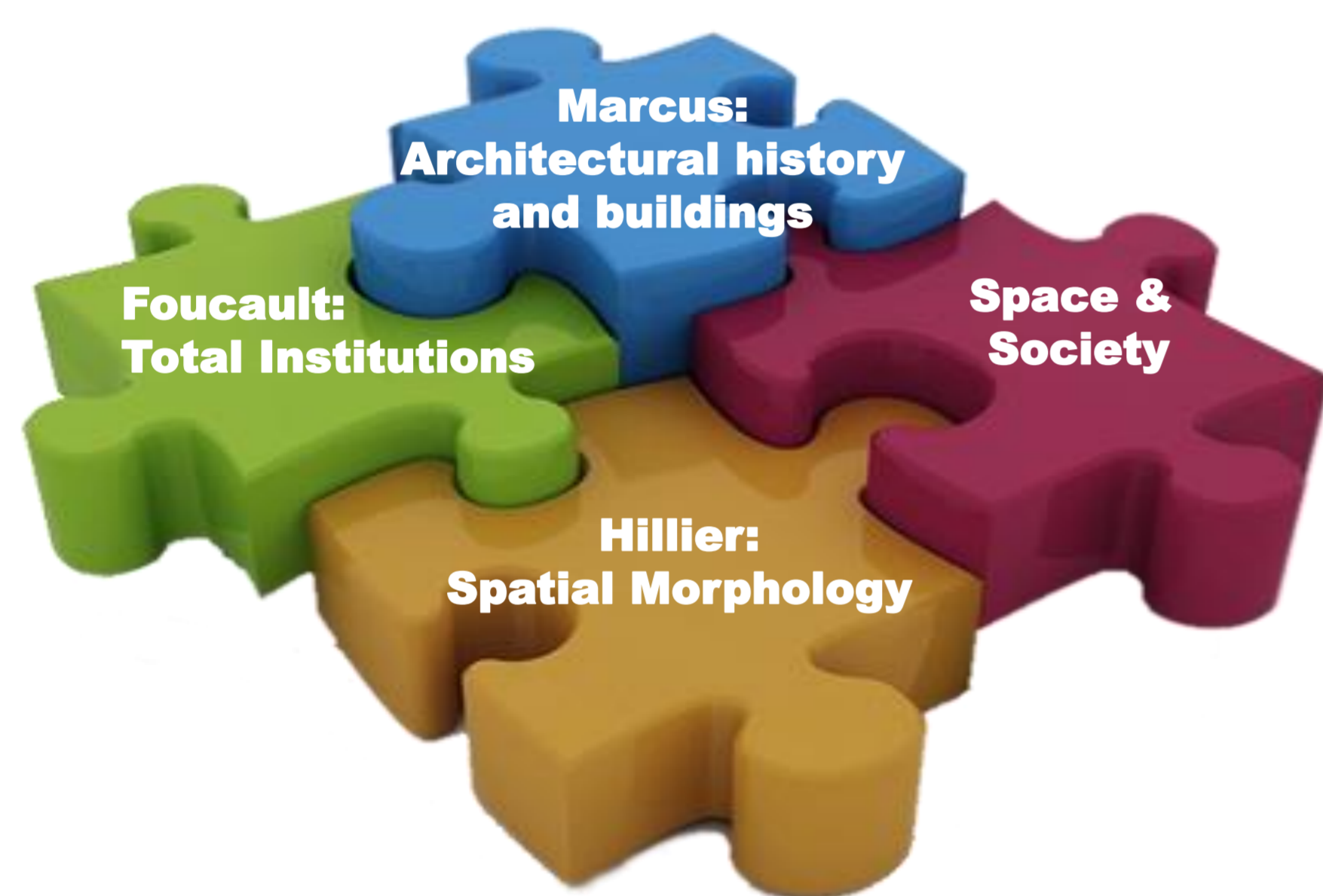


Figure 1: The background between the interconnection of space and social hierarchies

Aim & objectives

The inadequacy of new behavioural health buildings to perform according to expectations, generated the question on the relation of their building layout to psychosocial performance, together with requirements related to pathology and salutogenic aspects of psychiatric places.

The research generated the following objectives:

- explore the mechanisms with which the built environment influences the personal and social milieu of psychiatric space, and
- identify the environmental requirements of mentally ill people according to their needs, the therapeutic regime and the principles of de-institutionalisation.

Methodology

The locus for the fieldwork comprised two behavioral health wards of different public health authorities. Each was initially evaluated using the SCP Model, a methodology formerly developed and tested specifically for behavioral health facilities.

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Yet the methodology presented limitations in identifying the social dynamics generated by architecture. To address that, Space Syntax analysis of plans was added to identify the social logic of layouts and its possible relation to people's responses.

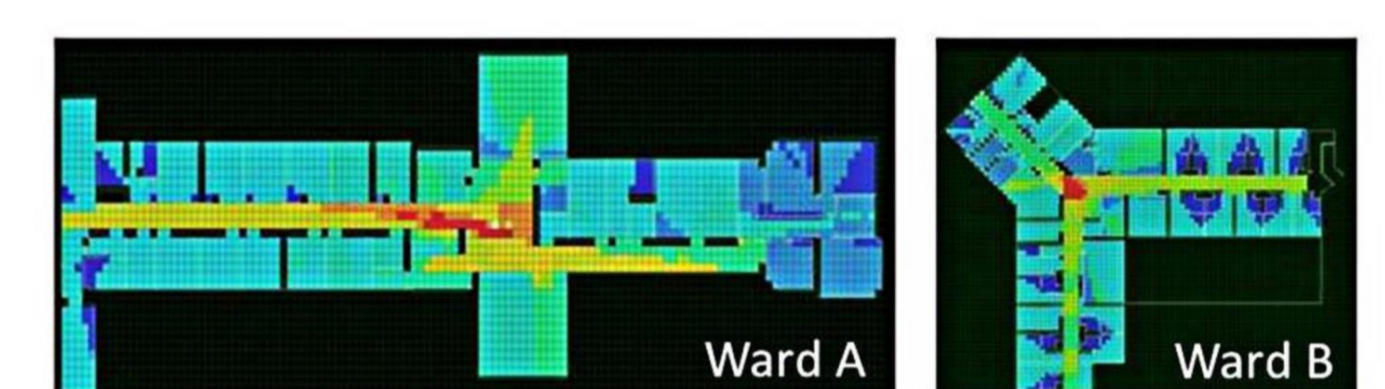
Findings & Conclusions

The experience of people, their interaction and their health & wellbeing were influenced both by the lack/presence of humane and compassionate qualities in design and by the layout.

Yet, spatial analysis by highlighting the most integrated areas, uncovered unexpected contradictions that a qualitative architectural analysis might not have picked. Counter to normative examples, though, these areas fostered social unrest and violence.

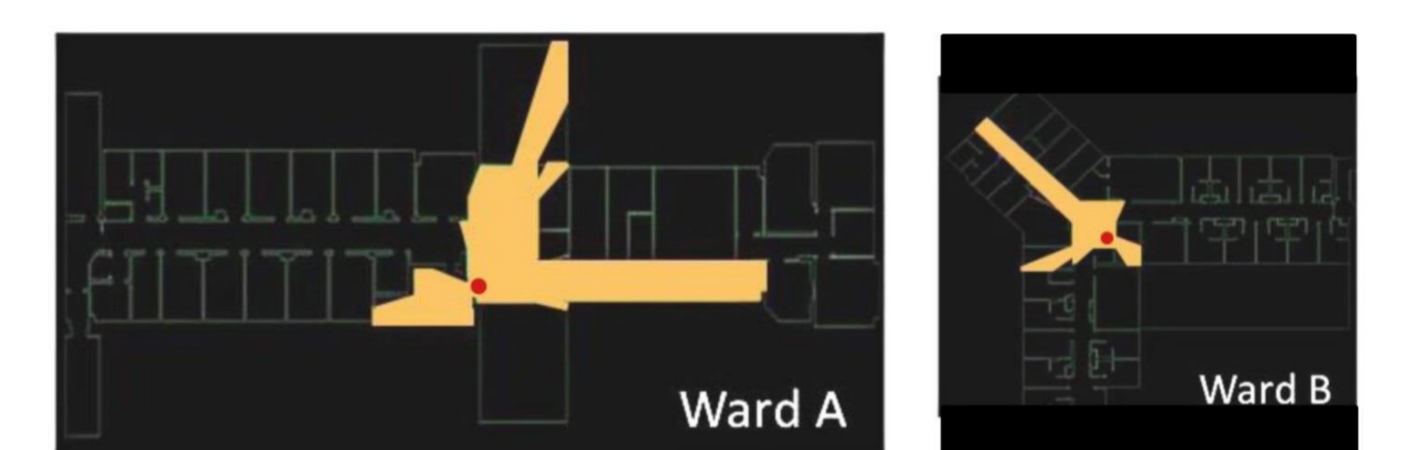


Figure 2: Floorplans of the Wards A and B, color-coded according to functions



Colder shades indicate fewer human co-presence and warmer shades higher human co-presence, with dark blue indicating fewer chances to dark red indicating higher chances.

Figure 3: Integration of Wards A/B using Space Syntax Analysis. From the plans it occurs that the most integrated space with the highest chance of co-presence is the area outside the nursing station (red)



Position of the observer in the ward, just outside the nursing office door
360°- vision from the given point (red dot)

Figure 4: Visibility from the nursing station at Wards A/B



Figure 5: Ward A-view outside nursing station



Figure 6: Ward B-the nursing station

This finding proves that research comparing mental health architecture and Space Syntax can increase our understanding on the dynamics of the psychiatric institutions in general and strengthen the relationship between the interrelation of society and space, indicating that even new behavioral health buildings could foster dystopias.

Acknowledgements

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