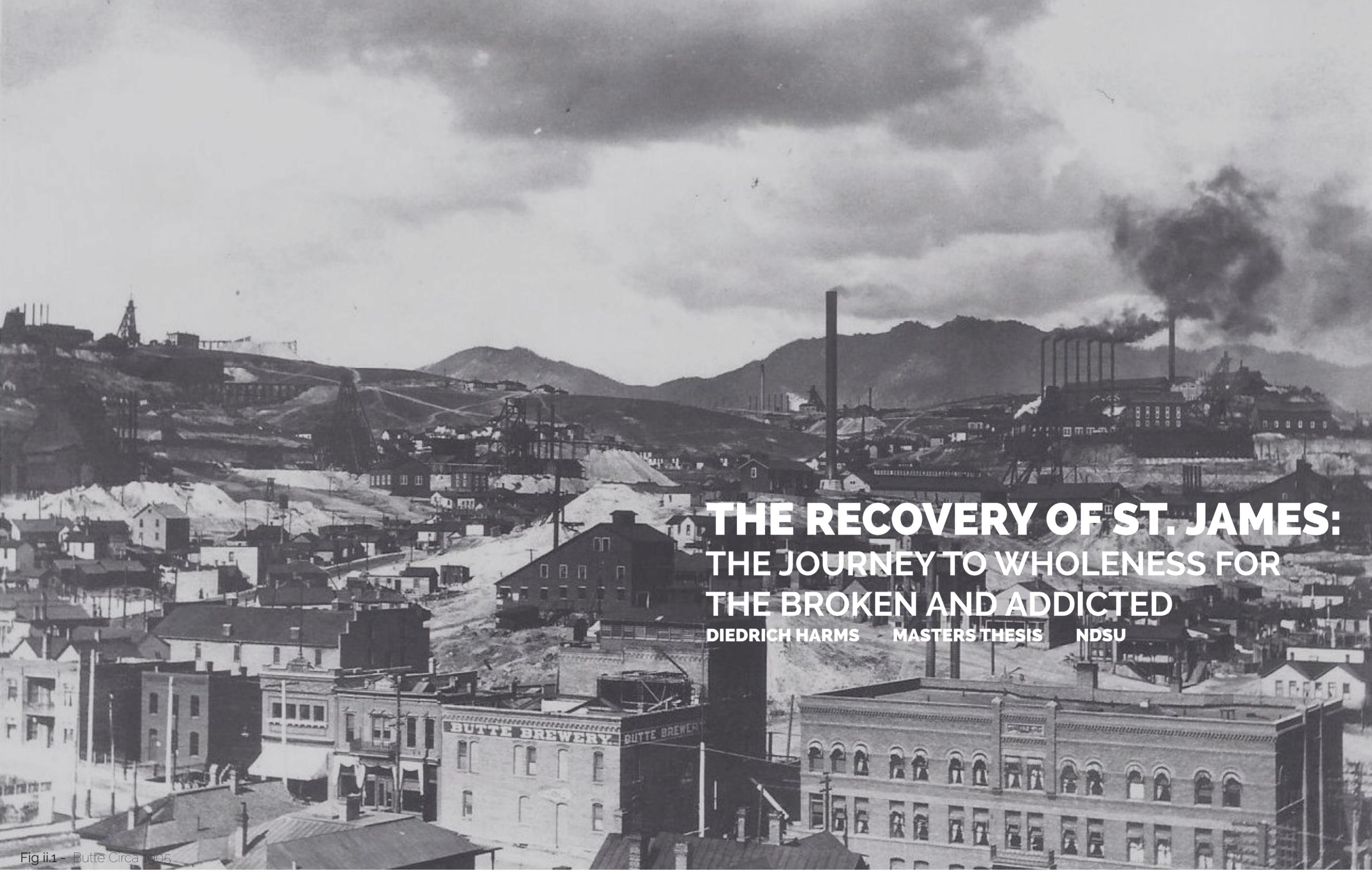


THE RECOVERY OF ST. JAMES

DIEDRICH HARMS MASTERS THESIS NDSU





**THE RECOVERY OF ST. JAMES:
THE JOURNEY TO WHOLENESS FOR
THE BROKEN AND ADDICTED**
DIEDRICH HARMS MASTERS THESIS NDSU

Fig ii.1 - Butte Circa 1905



The Recovery of St. James:
The Journey To Wholeness For
The Broken And Addicted

A Design Thesis submitted to the
Department of Architecture and
Landscape Architecture of North Dakota
State University by Diedrich Aaron Harms.
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Fig iv.1 - Butte, 1939



ABSTRACT

In the City of Butte, Montana, a rough and economically depressed area, the first hospital of the region now sits in ruin. The Old St. James Hospital will be taken from its current damaged state and transformed into a space that may house and heal a community. The renovation of the building will contribute to a program of recovery, in the same way the patient is transformed.

The addict, a modern leper, abandoned by society, will inhabit peeling fragments and broken edifices within the St. James. Memories embodied in the old along with the new renovation will wrap the addict in a reassembly, a recognition of the broken and the whole. Following many historic precedents that express humans desire for wholeness, the journey through the facility will allow each resident to reflect on previous self, heal the current self, and strive for a better future self.



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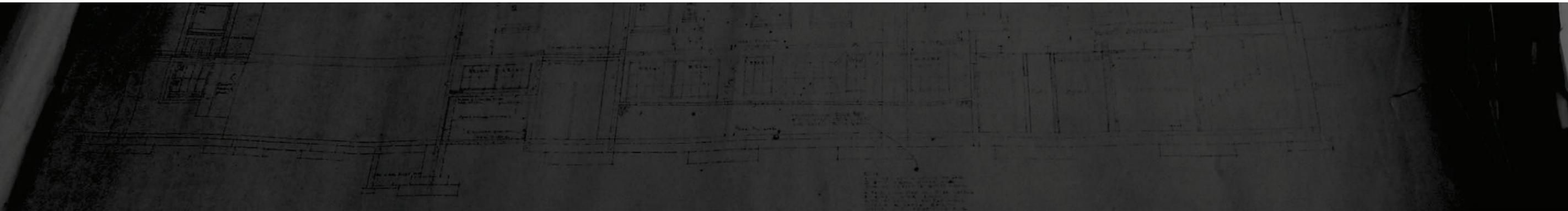
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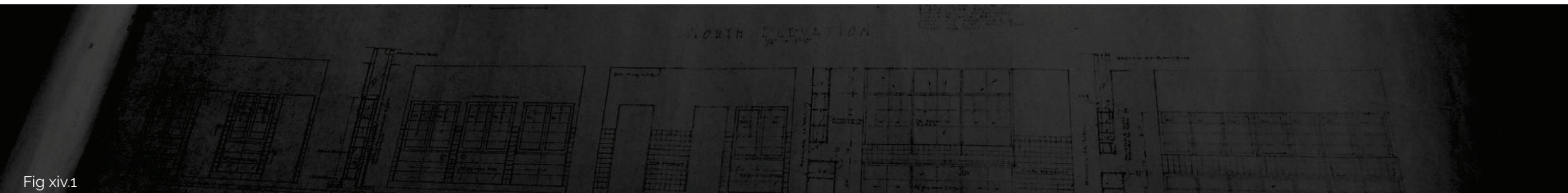


Fig xiv.1

NARRATIVE

There is a disease in the world now that half of all patients will either never be able to recover or have the disease return if they do. This disease is one of the most difficult epidemics ever faced by modern medicine and society, yet, somehow most people are aware of it and do nothing. This disease is substance abuse disorder, commonly known as addiction. The challenges faced by those that suffer from substance abuse disorder are extraordinary, yet there is one other issue they must face daily, rejection. Those that face addiction are rejected from society, rejected by medical fields, and rejected by design, left to suffer from what society would label their own choices.

These poor souls, who regularly have done no harm to others, are ignored by the general public and punished for putting themselves through hell every time they are missing the one element that has changed the basic chemistry of their body. Sadly or if it they had done something to harm another it was a last ditch attempt to find a method to supply their habit, the thing their body required to function. Most unfortunately, no one ever decides to end up in their gutter, but a series of hard choices have paved an incredibly rough road that appears to end with substance abuse for them.

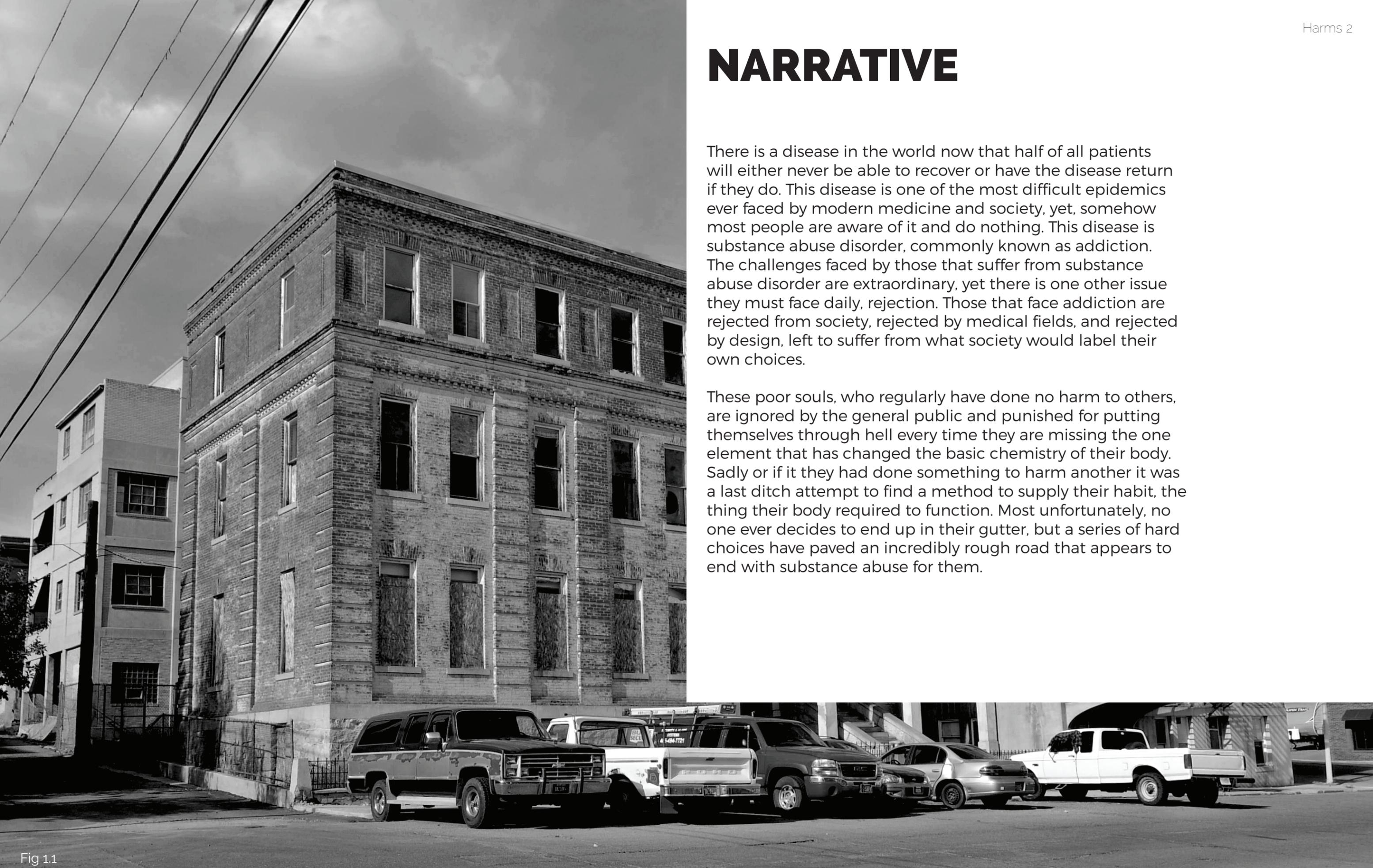


Fig 11

Addiction is one of the darkest situations one can find themselves in this world. The condition is medically considered a disease, yet it is a disease that the title alone criminally condemns the already damned. This condemnation leaves addicts; the American Prison Cell, halfway houses, addiction resorts, treatment centers, or the street.

The Prison Cell A lifeless hollow box that strips them of their sense of security and self-identity, two things that may be wanted after a history of being on the end of a substance's chain.

The Halfway House Started with the best intentions, a run down home that was purchased and filled with alcoholics and drug addicts to help them dry out. These good intentions were sincere but have resulted in a lack of personal care and effective addiction treatment.

The Resort Only for the elite addicts, are high class healing facilities that happen to include amenities that most people would dream to have in their neighborhood. Unfortunately the style of living is unrealistic for your average addict, who if they could find a way to attend, would have a difficult time trying to maintain sobriety in the real world.

The Addiction Treatment Center The most desired of these is the addiction treatment center, the only appropriate method to approach addiction treatment. Fully staffed with a construction each level of society can relate to. But unfortunately the sheer lack of design implemented to these facilities is what can hold their spaces back from having the real effects of healing they desire. Unfortunately, these facilities are also often at capacity, and must rush people through treatment programs to meet the demands of other addicts. They have little available to build a community and allow those seeking treatment to feel at home as they heal.

A facility that attempts to adequately address substance abuse disorder must adequately address these shortcomings of design, as well as create a community and spaces that one can heal in. The Therapeutic Community model of addiction treatment, does this and, addresses each and every element that is missing from the modern landscape of substance abuse treatment. Addiction treatment must, finally, be addressed by architecture, for if a physical environment is inadequate, one cannot return to comfort and a sense of normalcy. The Therapeutic Community must be this tool, used as much for design as it is for treatment, if society hopes to even begin to mend the scars this disease has created.



Fig 3.1

Typology

The facility is primarily an inpatient treatment center, with all necessary elements for comfortable living inside. In the facility residents will meet with professionals to have one on one and group therapy sessions, as well as bi-daily all organizational meetings. There will be a full-time in-house medical staff, and a pharmacy to help assist the organization. It will be operated following the Therapeutic Community model, a collective living and working therapy technique that uses the idea of, "community as method." The created space will house between 60 and 80 residents and will have a minimum of 22 full time staff.

This community living model has been in existence for decades, but has recently become more scarce due to a variety of challenges. This typology will allow a modern approach to the process of designing a center for addiction treatment, as well as develop knowledge on the needs of a Therapeutic Community built in the 21st Century.

Client and User Groups

The client for this project is a nonprofit organization that is looking to expand its services in the North Western US. The organization is focused on addiction recovery and education in settings which operate as Therapeutic Communities. Although it was originally founded as a religious organization, it has effectively distanced itself from any religious affiliation, as to welcome all into their facilities. The facility will be supervised by the administration and medical staff, while most daily operations will be conducted by residents in the Therapeutic Community.

The primary user of this facility will be recovering addicts. They are the reason for it's existence, and need to be the sole focus of the spaces. Everything else is to service and help them. These members of the community maintain it, prepare the meals, and assure that all residents are abiding by the rules of the facility, they are it's caretaker. Additional users will be facility administrators, therapists, educators, medical staff and members of the greater community, which will be able to use the spaces for community events, both for addiction treatment and general gatherings.

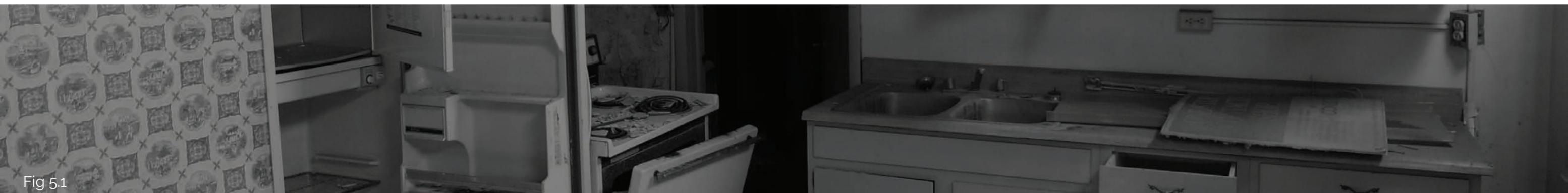


Fig 5.1

GOALS

- Thesis
- Allow for discussion in the design fields about how we address addicts.
 - Identify Tactics that can assure The Old St. James Hospital can remain standing in Butte.

- Professional
- Develop a wholesome facility in the context of design.
 - Identify additional regulations that are required with an institutional facility.
 - Enhance understanding of historic preservation and sensitive construction approaches.

- Personal
- Develop a better understanding of addiction and the intense cycle of recovery.
 - Create a design one can feel proud of.
 - Be a voice for those dealing with the complexities of substance abuse disorder.

- Audience
- Increase empathy for addiction and respect for those being treated for substance abuse disorder.
 - Enable them to identify the shortcomings of design in how we address issues with grave societal impacts.



Fig 9.1

JUSTIFICATIONS

An Ignored Population

- Addicts are disregarded by almost every sect of American Culture.
- Addiction is one of the most dangerous diseases in the nation, yet one that is spoken the least about.
- The exile and incarceration of addicts shows how little people care and how little they are willing to do to mend the issues that lead to substance abuse.
- Even the fundamental regulation of design, building codes, have ignored this population. Few municipalities and governments have regulations with regard to addiction treatment centers.

Incarceration Therapy

- How the current prison system is handling addiction is entirely inadequate. It does not address the disease of addiction and therefore simply releases addicts back into the public world.
- It is financially inefficient to society to ignore the population like this.
- Incarceration destroys families that have already suffered so much.

Design Neglect

- Architecture can only be defined by what it creates, not by what it has not, Architecture then is nothing more than an adjective loosely applied to the current built environment addicts occupy. The design of a high end facility is high end design, not addiction focused design.
- Design must reflect the goals of recovery, and be in a setting that can be realistic and reasonable for a person to achieve after they complete their treatment.
- Design needs to take a step and lead professions to address addiction.



THEORETICAL BASIS

Experience:

Justifications for a Phenomenological Approach to Addiction

During a visit to The University of Houston in 1984, architectural theorist, Dalibor Vesely was questioned on what would later become the title of the published article of the dialogue, "The Relevance of Phenomenology." He responded to initial questions stating that it is relevant because phenomenology allows one to experience spaces and things wholesomely, rather than criticizing them from an external vantage point. To experience something is to understand it; it is not the act of building but the understanding that every space must have a purpose (Vesely, 1985). To this end, Perez-Gomez explains how through the newly applied scientific approach to architecture, the tradition of building for experience that has persisted for millennia is now being diminished, and

that architecture is becoming a formulaic approach to functionality and economy ("Architecture and the Crisis of Modern Science . Alberto Perez-Gomez," 1985). One cannot understate the value of perception and experience in the built environment. This is what these theorists are attempting to save.

These arguments are also working to reduce the stronghold that positivism now holds in the world. Perez-Gomez stated on the acceptance of the Newtonian Natural Philosophy, "The systematization and mathematization of knowledge, a knowledge that held that immutable, mathematical laws could be derived from the observation of natural phenomena." This led to positivism ("Architecture and the Crisis of Modern Science . Alberto Perez-Gomez," 1985), the

belief that all things can be described by rationality of mathematics and science alone. This, ironically, leaves an interesting space for the application of a perception based approach, for if there is no objective understanding of a phenomena, the only means of explanation are from those which are considered subjective.

Substance abuse and treatment is a very complex issue that the field of design has traditionally been rather uninterested in; resulting in very little positivistic research being available to quantify the effectiveness of a physical setting. This shortcoming, however, allows for the justification of a phenomenological approach to the design of these facilities. A theoretical approach in terms of perception and dwelling may attempt to address

the complex issues one recovering from substance abuse disorder encounters. According to Henri Frankfort, man inherently seeks explanations, and these explanations traditionally were delivered through speculative examinations of their environment. But with the rise of the popular sciences the role of speculation has been discredited, for science shall be the only means to explain the world (Frankfort, 1977). These perceptual speculations must be taken in order to occupy the space abandoned by science and design, a space where the addict lays.

According to Maurice Merleau-Ponty phenomenology is the study of the essences. These essences include consciousness and perception (Carroll, 2014). The concept



Fig 13.1

of perception is one that will be important in explaining how the physical setting affects a person recovering from addiction. The environment shapes the human condition, and this condition in turn shapes the environment, a cyclical pattern that Hanna Arendt uses to explain how a physical setting conditions those that inhabit it. "Whatever touches or enters into a sustained relationship with human life immediately assumes the character of a condition of human existence." – Pg. 9 (Weisskopf, 1960). This illustrates most clearly the necessity in creating a physical environment that can bring about the effects of peace and self-reflection. These two elements are imperative to facilitate the intense experience of trying to address the issues that occur with addiction and

recovery process, for there are layers and layers of underlying issues that affect the addict beyond their addiction.

To expand on this phenomenological approach, it is necessary to understand the theories on perception from which they work. Merleau-Ponty wrote heavily on the topic of perception and had many ideas on how the human body interacts with the world, and how these interactions define what the world is to be. This relationship is what allows us to assign meaning to the world. He argues that human perception is not primary in either its sensory elements, nor is it through the rational elements, but it is relationship between sensations and rationality that allows a person to perceive the world. However, while these perceptions happen in some ways through the mind, the

body is that through which the world is experienced (Carroll, 2014). To Merleau-Ponty the relationship of the world-to-body is the foundation which allows humans to understand the world, by giving elements their significance (Merleau-Ponty & Lefort, 1968).

"The world is wholly inside and I am wholly outside myself." – Merleau-Ponty, Pg. 88 (Busch & Gallagher, 1992).

From this the relationship to the world from an individual perspective may seem clear, but as Merleau-Ponty examined, we are not just elements observing the world, but we are also elements that are being observed by the world (Merleau-Ponty & Lefort, 1968). Humans are all at once experiencing the world and being experienced by it. This deeply intimate relationship is a point of examination when contextualizing the

perception of the world by man, and the perception of man by the world.

In creating a space designed around returning to normalcy, it is necessary to understand that those recovering from addiction are frequently uncomfortable, and have a variety of stressors acting upon them; typically a combination of mental, emotional, and medical. These elements will shape how an environment is perceived and thus how it is shaped by the observer. From this it can be deciphered that every perception on an individual level will affect the gestures that one individual produces, for they are always a reaction to these perceptions. In turn when an additional person enters the setting their perception is now changed based upon the gestures created by the original person (either positive



Fig 15.1

or negative), which are made based on their perception (either positive or negative), which are made based on the space. This interrelation necessitates a design that addresses and understands the complexities and issues that are manifesting in individuals recovering from substance abuse disorder.

"It is an instrument that moves itself, a means which invents its own ends; it is that which has been moved by some impact of the world, which it then restores to the visible through the offices of an agile hand" - Merleau-Ponty on the eye (pg. 165)(Merleau-Ponty & Edie, 1971).

Further expanding on the issue of perception in a physical environment, is what Gail Weiss would state as, the temporal dimension of existence; the theory that a person is never entirely present in their perceptions,

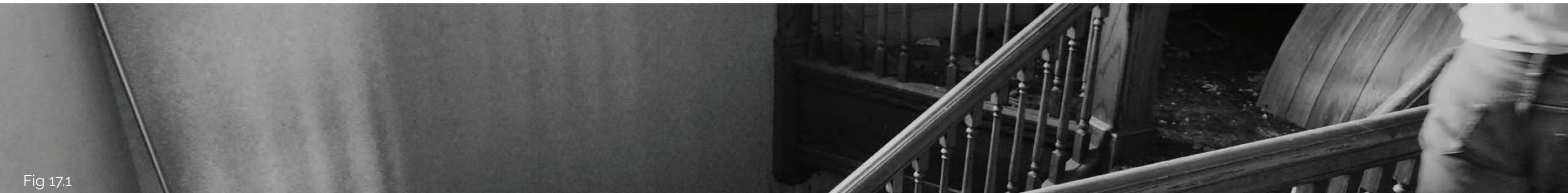
for the perception of the world is based around previous lived experiences, and it is also formed into future expectations.(Busch & Gallagher, 1992). "There will always be aspects of the situation that are not revealed in the present moment." - Merleau-Ponty, Pg. 18 (Merleau-Ponty & Edie, 1971). Returning to a space developed for addiction treatment, this theory must be understood. For it is necessary to anticipate the similarities of the current physical environment to past experiences each person may have lived, for when one is trying to change habits and ways of thinking, a linkage of the lived experiences to the current perceptions can be disastrous.

For example it is an important to anticipate experiences that could occur in a substance abuser's life. A heroin addict,

who was homeless for a majority of their using life, may have sought refuge in dark isolated spaces to hide their usage from the public view. This is notable, for if a bedroom were considered to be a dark and isolating space, the individual could return to a perception of addiction and suffering, rather than to one of hope and recovery. This can also be an issue if a person has been in an undesirable recovery setting, for their perception of treatment will always be looking back onto a negative experience, and therefore their future expectations will not be of health, but of stress, putting all attempts toward recovery in peril. There are countless hypothetical examples of these circumstances, but understanding how the perceptions of life may effect a person is necessary to develop spaces that allow a

person to heal and return to normalcy.

With this understanding of the linkage between perception and physical space, it is imperative to expand further on how these spaces may come to be, especially when focusing on how individuals perceive and interpret them. Merleau-Ponty, writes of the modern sciences, stating that, "a fundamental bias is to treat everything as though it were an object-in-general - as though it meant nothing to us and yet it was predestined for our own use." (Merleau-Ponty & Edie, 1971). This approach from the sciences must be ignored to approach the world that we create for ourselves. A space designed for addicts must not simply meet square footage requirements of the local building department, but rather become a space to live, inhabit, and heal.



German philosopher Martin Heidegger examined this notion in his essay, *Poetically Man Dwells*, where he examines if simply occupying a space is satisfactory to dwell. His notion is that it is not; to dwell is not to simply occupy. There needs to be something poetic, something that calls beyond a box to allow one to truly dwell. Heidegger argues that a building created to satisfy itself is not a dwelling, for a dwelling meets the needs beyond itself. "Poetry builds up the very nature of dwelling." (Heidegger, 2009). A space needs to be created with an end in mind, and with a higher purpose than just four walls with a door and a lid. Vesely agrees with Heidegger and explains the distance he is trying to create, the distance that separates building as a physical act from the process of building, what the building is a part

of. To him designers must consider the environments, as well as what will occur in the spaces they create, for the room does not define what occurs in it. The changing nature of space expresses that situations are phenomena unto themselves. (Vesely, 1985) This concept of dwelling must then be applied to a home for one that is seeking addiction treatment, for as previously addressed, a perception of dwelling must be exhibited for one to perceive a dwelling. Creating a space that can be called dwelling in such a context goes so much further than the positivistic required minimums, but necessitates the understanding the phenomena of comfort, of living, of healing. This is in no way a small charge, but it is the nature of a phenomenological approach.

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"Dwelling means being situated and having the ability and opportunity to come to a very rich context to live in it, inhabit it." (Heidegger, 2009)

RESEARCH

Therapeutic Communities:

A Design Focused Study of Addiction, Treatment, and Recovery.

In 2002, an estimated 22 million Americans over the age of twelve suffered from some sort of addiction to either drugs or alcohol, yet in the same year only 2.9 Million Americans had any form of treatment for their addiction dependence (United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies, 2004). Drug and Alcohol addiction is one of the most overlooked diseases that effects American society and has been severely overlooked by many professions, including architecture, all of which could make impressive strides, yet is still looked on with disdain. Issues associated with addiction are not isolated, as addiction does not discriminate on any category of people, even with high rates of usage and

increasing stress on current facilities, it is not a major platform of discussion to be alleviated,. There needs to be an alternate to the current lack of availability and poor quality of treatment for every person that suffers from addiction, and that alternate is that of a Therapeutic Community (TC). Therapeutic Communities are drug free in-patient recovery settings for all ranges of substance abuse, which allows for individual healing and reintegration to society, while in a group setting (Hanson, 2002). Effectively designed Therapeutic Communities will make up for the current failures in the world of addiction treatment, by helping addicts repair their self-value and capacity for self-control through community. Creating physical spaces that can foster community interactions and



Fig 21.1

Therapeutic Communities

allow the context of a home to be made, individuals will begin to overcome their addiction.

Substance abuse and treatments are very complex issues that design has traditionally been rather uninterested in (Schermer, Boyle, Kitoya, Jaroz, & D'Souza, 2008), but advancements in environmental behavior studies, and expanded understanding of the causes of addiction, design can facilitate these needs by providing spaces for individual growth, community engagement and professional assistance. These three specific components; the individual, the community, and the professional, working in unison is what differentiates TCs from other addiction treatment models and are responsible for its success.

"Drug-free programs, by contrast, admit and successfully treat a broad array of clients: heroin and methadone addicts, cocaine abusers, many others. We focus not on the drug but on addictive behavior." – Jane Velez, President of the New York Regional Chapter Therapeutic Communities of America, September 1, 1987.

Therapeutic Communities have existed for roughly 50 years and have shown in a variety of manners that positively affect its residents in terms of recovery and returning to normalcy (Hanson, 2002). These facilities are focused on the practice of "community as method" a term used to simplify the effects of keeping an engaged user group, that takes ownership of the process and the facility it occupies (De Leon & Wexler, 2009). The community is used as an element to encourage self-control, develop responsibility

and return self-esteem, by creating a collective supervision of individuals and an openness of information (Hanson, 2002). As Penelope Campling explained, the four basic tenements of any TC are; Democracy, Reality-Confrontation, Permissiveness, and Communalism (Campling, 2001). These four tenements may seem to work at odds against each other, but rather they work in contrast with each other, for nothing is a finality. Democracy is important, but the residents do not have complete control, and if they vote to approve something that is against the TCs policy, it cannot be enacted, for the reality of the situation must be confronted. This relationship of major values is what creates the final composition of the structure of a Therapeutic Community, and allows individuals to be in a healthy

environment.

Communities that follow this model are traditionally meant to treat residents for an 18 to 24 month time period depending on the need and rate of recovery, although sadly, many facilities with budget issues are forced to work in a 12 month time frame for each resident (Hanson, 2002). TC house 40 to 80 residents all ranging in age, personal history, socioeconomic status, and addiction history (Stephanidou, 2011). TCs vary from other methods of mutual-help facilities in their daily model for residents and the fact that there are full time professional staff that assist the residents on a day to day basis, while allowing residents to learn from and help each other (Campling, 2001). The daily schedule of a typical TC operates 7 am to 11



p.m. with a full list of activities; morning community meeting, morning meal, daily chore, individual counseling, group counseling, education seminars, recreation and exercise, scheduled personal time, and evening community meeting, each different to meet personal needs (Hanson, 2002). These resident-led twice daily meetings are one of the most crucial components of a Therapeutic Community, as they allow for complete transparency in the facility, where almost all things can be included on the twice daily agenda, including behavior violations and suicide attempts (Campling, 2001).

the community as an agent of change the real metric for success is the healthy and gradual recovery from substance abuse on an individual level. The TC model lays the foundation for self-help by using systems of positive and negative reinforcement and requirements of responsibility (Hanson, 2002). Residents form a collective society into which each one can fill a distinct role, to which they can take ownership of a new role, and often they have never taken responsibility at this level (Stephanidou, 2011). Individual worth, comfort, and safety are all extremely important to the population that is treated, because often there are many underlying issues with each resident on top of substance abuse disorder. A study to analyze the effectiveness of therapeutic

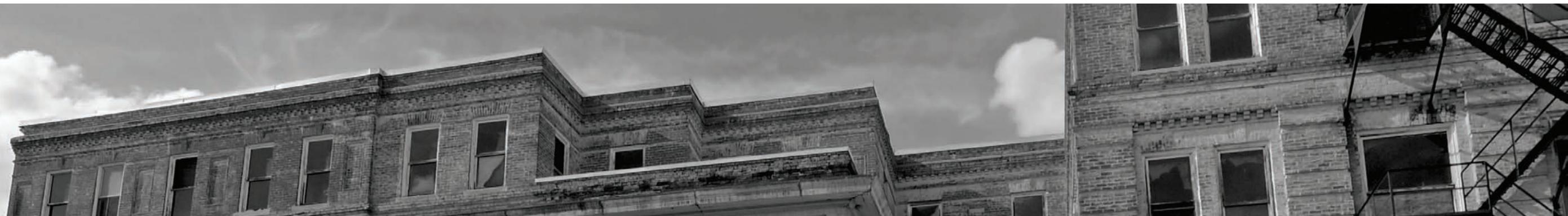
communities, conducted by the National Institute of Drug Abuse, looked at over 65,000 residents of Therapeutic Communities across the nation which had received public aid. Of this large group two thirds had been found to have a criminal record, and 60% had previously been involved with an addiction treatment program (Hanson, 2002). A similar study conducted by Beasley and Johnson studying the Person-Environment Fit correlations in Oxford Houses, a similar treatment model, discovered that 39% of respondents had been to jail or prison, and the average time spent using addictive substances was just under 18 years (Beasley & Jason, 2015). From these experiences in the criminal justice system it is easy to understand potential need for clarity of rules and issues with authority. Residents

of TCs also regularly have many trust issues resulting from a history of unhealthy and unsafe relationships (Campling, 2001). Women in treatment facilities also have additional issues including a history of physical abuse, low self-esteem, depression and a history of poor access to medical, mental, and social services (Hanson, 2002). This information is not to be taken as painting a negative picture of those that suffer from substance abuse, or to link causation in either direction, but to illustrate the additional issues people may face as they are being introduced to a recovery setting. These issues are all addressed and understood by therapeutic communities, for the model believes that addiction is the resultant of many underlying personal issues, and must be treated by

Role of Self

Therapeutic Communities an environment that fosters individual worth, comfort and safety. Although the model uses

Fig 25.1



confronting these underlying issues. The TC addresses these, as each person has an individualized program and time to meet with a therapist, one-on-one, to help them work through their issues (Campling, 2001). Earning trust and being comfortable within a community are some major obstacles someone with a trust issue may have while entering a TC, but this is minimized by the Introduction and Early Treatment Phase of the program. This phase is where an individual is first introduced to the process and is slowly introduced and integrated into the already established community, with the aid of a professional (Hanson, 2002). The Introduction phase is where the facilities explain their definition of addiction, the process of treatment, and most importantly where

a thorough explanation of the rules and objectives of the facility occur. This dissemination of information allows for a uniform understanding of rules, causing a uniform enforcement of rules, and therefore more trust in the system. To minimize issues of trust Therapeutic Communities have a belief that knowledge is owned by all (Campling, 2001).

The effectiveness of TC at an individual level is clearly visible when a hard analysis is conducted, and the total community and professional investment on an individual is observed, by exhibiting positive behavior after treatment. According to the aforementioned study by the NIDA, individuals released from the criminal justice system that had completed a TC program had a nearly 1:3 lower rate of recidivism

compared to those with no controls. The same study revealed that the more time spent in a TC can lead to greater benefits in the system, comparing residents that left before 90 days and after 90 days showed a reduction in substance use by nearly half (Cocaine - 49% reduction, Any Drug - 39% reduction, Alcohol - 60% reduction) (Hanson, 2002).

When focusing on design for the residents of a TC, it is imperative to understand that all individuals and their needs are different (Caterino, 2011). One must maximize choices for the residents and allow these choices to be available during all social situations. One of the necessary elements is to have a single room for each person, which will reduce crowding and stress among residents, these spaces also must be near facilities each resident will

require, including restrooms and lounges (Moore & Canter, 1990). Facilities that provide individual bed rooms have lower rates of conflict, stress, arguments, privacy issues, control issues and complaints of illness (Ulrich, Borgen, & Lundin, 2012). These individual units need to be a personal dwelling allowing the resident to feel safe and at home.

“Creating a home-like environment [at an inpatient substance abuse facility] really matters. People are living there; they need to feel comfortable.” – Christine Guzzo Vickery, Senior Interior Designer at HGA Architects, (Caterino, 2011).

Another major concern in treatment is individual safety. One third of all mental healthcare patients have been involved in a violent event, set off by stressors in the built environment (Ulrich,



Fig 27.1

2013). These stressors include; noise, lack of privacy, a perceived lack of control, and perceived crowding (Ulrich et al., 2012). These issues of stress must be addressed through design as they are elements of the environment in which all residents must inhabit. Another point on personal safety is assuring there are no dangerous elements designed into the individual bedrooms to help reduce the risk of self-harm (Stourpe, 2014)

Role of Community

The aspect of community is critical, as the name would suggest, to the execution of an effective Therapeutic Community. By creating a culture of mutual care, and collective effort Therapeutic Communities can set themselves apart. This community integration method facilitates the need for individuals to have a

positive relationship with society, something a lot of residents may struggle with (Campling, 2001). The value that community meetings have cannot be understated, as it is the time for all people to become aware, and heard. Therapeutic Communities follow a practice that everyone one has an opinion and all opinions ought to be respected (Campling, 2001). Daily meetings not only gather the community, they also give opportunities for improvement to be discussed, as it is common practice to place "Ward Atmosphere" on the agenda for discussion (Campling, 2001). The emotional, environmental, and physical settings of recovery are very important in the recovery process, making discussions of what changes can be made to optimize the environment are crucial.

A study conducted in

2015, financed by an award of the National Institute of Health analyzing, the Person-Environment Fit of recovery settings and resident performance in 2015, concluded that a major factor of positive involvement in the recovery setting, was the satisfaction of the environment in which it was contained. This correlation showed that a variety of factors, including community engagement and group citizenship, were in relation to a person's happiness and comfort of the physical spaces they occupied (Beasley & Jason, 2015). While no metrics of success of the space were studied in the report, it is understandable to conclude that the more habitable a facility and setting, the more effect the program occupying its walls will be. "A Place is the result of relationships between

activities, conception and physical features." (Moore & Canter, 1990)

On a treatment level, it is important to discuss the effects community has on the individual, as the community as the agent for positive change (Hanson, 2002). A resident feels they are a necessary part of the society due to their responsibilities, and that if they do not do their role, the community will suffer. This instills a level of civic responsibility, and also a sense of pride in their community (Hanson, 2002). The integration between residents at different stages of the program is crucial, as it provides opportunities for encouragement when people are struggling (Schermer et al., 2008). Outside of the group, programs like TCs often use former addicts as role models and mentors, this method is used quite



Fig 29.1

frequently in the criminal justice system and with very impressive results (De Leon & Wexler, 2009). Along with using former addicts from outside the program, mutual-help models allow the experience to be deinstitutionalized, by allowing residents to receive as well as give help to someone struggling with the same issue as themselves (Beasley & Jason, 2015).

External of the Therapeutic Community the societal benefits of substance abuse treatment are incredible, from increased productivity and to healing voids in families. A major objective of the program is to create employable skills, both technical and service, during the scheduled events in a TC, requiring them to have spaces for education (De Leon & Wexler, 2009). These skills will help reintegrate

an entire set of people into society and will allow them to provide for themselves while simultaneously being an example of effective recovery. On the other side of the coin, the societal costs of substance abuse in the U.S. are incredibly high. According to the National Drug Threat Assessment in 2011, the societal costs of drug usage in only drug-related crime cost tax-payers \$61 Billion. (U.S. Department of Justice national Drug Intelligence Center, 2011). Yet, a study conducted in 2011 concluded that the benefit to society by placing those that suffer from substance abuse in Oxford Homes, a mutual-help model that does not use any professional staff, rather than imprisonment or no action, was a cost savings of \$18,616 per person admitted to the Oxford House in the reduction of the cost

associated with criminal activity alone (Lo Sasso, Byro, Jason, Ferrari, & Olson, 2012). The same study also estimated the cost of treatment through an inpatient facility, such as a Therapeutic Community, at a cheaper margin than the Oxford House model. "The costs of addiction treatment provide a return to society between three and sevenfold with respect to employment, health insurance, and to society within 3 years after treatment." - (Wesa & Culliton, 2004)

The Role of Professional Staff

The elements of professional care and supervision provided by Therapeutic Communities helps addicts recover by providing an additional level of care and protection. TCs

are different from many mutual-help models, such as Oxford Houses and Alcoholics Anonymous/ Narcotics Anonymous, by being an inpatient recovery center that relies on the residents to help each other, yet has professional staff supervising and providing treatments. TCs are frequently modified to work in a variety of settings so having a Therapeutic Community in a medical setting is not out of the ordinary, nor is having medical components inside a TC abnormal (Hanson, 2002). These professional staff members, can be nurses, therapists, and some states even require pharmacists on site if medications are to be administered (Department of Health and Hospitals Bureau of Health Services Financing, 2000).



Fig 31.1

Therapists are on site to provide individual counseling and help integrate new residents into the program, and nurses with other physical health care staff help facilitate medical requirements a resident may have (Campling, 2001). One unique thing about staff, is that they are also a part of the community, so it is important for the model to have everyone in the facility to be a part of it. This sense of mutual community allows much more casual interactions than would be considered professional in a more institutional setting, although there are limits to be drawn, the staff and residents are all themselves with each other (Campling, 2001). Having professional staff also increases the level of safety in a facility dedicated to addiction recovery. Professionals can deescalate

situations, address issues at a higher level, and also react in emergencies with the proper training. These professionals can be used to implement direct drug intervention by the supply of medications that affect a variety of addictions, such as the use of methadone to treat the effects of opioid withdrawal syndrome (Nicholls, Bragaw, & Ruetsch, 2010). Studies have also concluded that the more direct supervision of patients in a mental health care facility will reduce the risk of suicide (Stourpe, 2014). These protective elements are imperative to ensure a community with such a large population will be maintained at a safe and healthy level. With the powerful combinations of professional supervision, increased value of self, and a committed community, the Therapeutic

Community model for addiction treatment should be a major tool in the treatment of substance abuse, but has fallen short on its total potential. Part of this can be credited to the lack of design for addicts, with the field of architecture being dissociated with them. Veronica Simpson, a journalist for Design Curial, put the current condition of design very well when she said, "glimmers of hope for those in need of rehabilitation tend to be found through creative organizations brimming with good intentions, rather than through architectural innovation." (Simpson, 2016). The goal of this project is to apply environmental behavior theories and modern design principles, along with the stances of the great thinkers of history, to treat addiction in a Therapeutic Community, while expanding

understanding and empathy to the world of substance abuse. By doing so the physical environment will come to shape positive personal experiences for one hoping to recover from their addiction, and return to a life of normalcy. Therapeutic Communities, when looked at with these positive personal experiences in mind, will begin to foster community interactions and allow the foundations of a home to be made, the essence of this treatment method.



Fig 33.1

Annotated Bibliography

Beasley, C. R., & Jason, L. A. (2015). Engagement and Disengagement in Mutual-Help Addiction Recovery Housing: A Test of Affective Events Theory. *American Journal of Community Psychology*, 55(3-4), 347-358. <https://doi.org/10.1007/s10464-015-9708-0>

This study conducted by Beasley and Jason was funded by an award granted from the National Institute of Health, to understand the relationship of space in addiction treatment centers and the benefit to the tenants. The focus on this study was Mutual-help facilities, such as Oxford Houses and Therapeutic Communities, where a majority of the benefits and treatments come from peers, which happen to also be recovering addicts. They conducted various Person-Environment Fit Tests, which are responses to how a person perceives the environment in which they are in, and if they are responding positively to the treatment model. One of the major metrics in the study was if respondents reported developing citizenship behavior in the setting. The study concluded that the more satisfied a resident was in their environment the more likely they would be to reach positively to the treatment model. Unfortunately, the report did not include any criteria for what would make a respondent be inclined to have a positive reaction in a space, it did solidify the belief that a person in a better environment will, in turn, do better.

Campling, P. (2001). Therapeutic Communities. *Advances in Psychiatric Treatment*, 7, 365-372.

In Penelope Campling's journal article, she summarized the benefits and foundations of a Therapeutic Community and gave a very thorough explanation of the fundamentals to which they subscribe. The article discusses the full program of TCs in terms of what occurs in the facilities, as well as the atmosphere that is important to an effective community. It dives very deeply into a few components of Therapeutic Communities, and does not understate the importance of community meetings. The research was conducted in the United Kingdom and ends the piece with explaining how the British National Health Service could benefit from

increasing the implementation of Therapeutic Communities throughout the UK. Although the study did not reveal many statistical facts about current conditions, it is a valuable resource for truly understanding how Therapeutic Communities operate.

Caterino, J. (2011, August 8). Recovery Rooms. *Architect*. Retrieved from http://www.architectmagazine.com/practice/recovery-rooms_o

Architect, the journal of the American Institute of Architects, published this article in 2011 displaying new upscale apartments in New York City, that are only for recovering drug addicts that are also returning to school. The buildings, which appear to have a lot of shared traits with high level living and display no lack of aesthetic design, are claimed to have been implemented with an array of evidence based designs. Yet none of the experts allude to what any of this is, completely failing to reference external sources. The article, while it has some good insight to the basic principles of addiction based design and giving very thoughtful advice by experts in the field of design, really reflects the current condition of addiction design, upscale living for a few (the apartments in the article are a minimum of \$5,000 a month) and a complete neglect for the rest of those that suffer from substance abuse.

De Leon, G., & Wexler, H. (2009). The Therapeutic Community for Addictions: An Evolving Knowledge Base. *Journal of Drug Issues*, 167-178.

De Leon and Wexler conducted a study of Therapeutic Communities for the national *Journal of Drug Issues* and came up with a very comprehensive analysis of the model. They give a brief picture of the history and development of TCs, and then lead into the principles that differentiate a Therapeutic Community from other addiction treatment models. They lay out in clear terms the goals and process that TCs share with residents during their introduction to the facilities. Then the group transferred the focus of the study into how this model can be implemented into alternative areas, mainly criminal justice settings. De Leon and Wexler showed the relationships to TCs in the public world and

to TCs behind bars, which showed that they can still be effective. This study also allows the justification of applying information gained from the American Criminal Justice System to the role of addiction treatment and TCs.

Department of Health and Hospitals Bureau of Health Services Financing. (2000). Minimum Standards/ Requirements for Substance Abuse/ Addiction Treatment Facilities/Programs (Louisiana Register No. 26) (pp. 1450-1478). Louisiana.

The Louisiana Register is essentially the annual report on new guidelines and requirements for a variety of fields in the state of Louisiana. This report is focused on the institutional requirements, both in physical space, as well as operation, of addiction treatment centers. This section from the Department of Health is essentially a building code that also has requirements for specific paperwork and licenses to be maintained and readily available. These standards are unique, because it is a set of one of very few states that have specific building regulations for a facility like this. Inside the standards it has a list of criteria for a variety of treatment models and specific requirements for each. One additional requirement Louisiana has that many states do not, is that if medications are to be administered in an addiction treatment facility, they must have a space dedicated as a pharmacy with a licensed pharmacist on staff. This is a very valuable resource and will be helpful in determining additional issues with building codes during the programmatic elements of this project.

Hanson, G. (2002). Therapeutic Community (Research) (pp. 1-12). National Institute on Drug Abuse.

This is an extensive report by the National Institute of Drug Abuse analyzing what Therapeutic Communities are. The report was over a 30 year span and interacted with over 65,000 residents of Therapeutic Communities by using a Drug Abuse Treatment Outcome Survey. As a report it covers in good detail the program and how TCs operate on both a long term and also a daily basis, and is quick to point out the model

has been shown to work for all types of people in various conditions, and goes into great detail covering what custom settings have been established for a variety of smaller groups, including women, adolescents, and those with multiple underlying mental health disorders. It touches on some of the issues TCs have, including budget shortages and the availability of time to help individuals. This NIDA report has a variety of statistics that show the proven benefit Therapeutic Communities have on those recovering from substance abuse.

Lo Sasso, A. T., Byro, E., Jason, L. A., Ferrari, J. R., & Olson, B. (2012). Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model. *Evaluation and Program Planning*, 35(1), 47-53. <https://doi.org/10.1016/j.evalprogplan.2011.06.006>

This 2012 research study was an examination of the financial and economic implications of a specific model of a Mutual-Help Recovery setting, the Oxford House. Oxford Houses are typical homes rented out to a variety of people that have addictions, which they then agree to be sober and substance free while in the house, this requires mutual assistance as well as self-policing inside of the building. The study expressed the societal costs and implication of substance abuse, through incarceration and criminology. Then applying the cost of methods of handling addicts came up with a formula to understand the true benefits of each. The options included; inpatient treatment, the Oxford House model, no treatment, and incarceration. The report clearly defined that placing addicts into Oxford Homes would actually save society a large amount of money per person, simply due to the lack of crime and increased productivity by an influx in the amount of workers available. This is a very interesting source, both for its potential to be applied to other addiction treatment models, as well as expressing another failure in our current system.

Moore, J., & Canter, D. (1990). *Designing for Therapy: Testing a Design Theory* (pp. 187-198). Presented at the Culture-Space-History: Proceedings 11th International Conference of the IAPS, Ankara, Turkey: METU Faculty of



Architecture. Retrieved from http://iaps.architexturez.net/system/files/pdf/iaps_10_1990_1_174.content.pdf

Moore and Carter conducted this study on a variety of Hostels, designed by a previous Major of the Salvation Army, that were intended to house homeless men. David Canter, an architectural psychologist, who had conducted a variety of behavioral analyses applied his own research findings to this study. The goal was to determine what created satisfaction in the facilities that were occupied by the men, and was conducted in the manner of an exit survey. The main metric they determined for satisfaction was personal comfort, which included comfortable private spaces that were close to public facilities. This population although not intensely vetted, showed a variety of issues, including addiction, and had a wide range of homelessness.

Nicholls, L., Bragaw, L., & Ruetsch, C. (2010). Opioid Dependence Treatment and Guidelines. *Journal of Managed Care Pharmacy*, 16, 14–21. This journal article is full of general guidelines for the treatment of opioid addiction with opioid alternative medications, such as methadone, buprenorphine, and naloxone. These cover the pharmaceutical application of each substance as well as where they can play into psychological treatment. The article also covered the American Society of Addiction Medicine treatment guides and treatment methods, which explain when a person is in need for addiction intervention and what cues might indicate a future need. With this it introduces the role of medications in a rehabilitation facility. Along with current treatment methods, the article discusses methods that should not be used anymore due to adverse reactions that were not understood until they had some very negative effects on certain individuals.

Schermer, B., Boyle, C., Kitoya, E., Jaroz, M., & D'Souza, N. (2008, June 1). Designing for Addiction recovery: Reflections from an Architectural Case. The Environmental Design Research Association. Retrieved from http://www.edra.org/sites/default/files/publications/EDRA39-Scherrmer_1.pdf This report was conducted and completed by an organization of

Architecture Students in Milwaukee, WI, that creates schematic design concepts for non-profit organizations in the community after it was approached by a mutual-help facility in downtown Milwaukee. The group was looking to refurbish their existing building and wanted to know what architectural applications should be conducted. First, the organization needed to analyze existing literature on addiction design, to which they were thoroughly disappointed at the lack of. Following this they decided to analyze and apply principles of other fields they believed to apply. Once the students conducted the literature review they created a few design elements and presented them to the organization.

Simpson, V. (2016, April 11). Rethinking the Design of Rehab Centers. Retrieved September 15, 2016, from <http://www.designcurial.com/news/consider-yourself---one-of-us-4213515>

An online post on a website focused on design publication that takes a critical look at the current condition of modern addiction environments. The author makes note of the divide between the resort facilities available to the ultra-wealthy and what the average person can afford. She even uses a case study in the petroleum wealthy country of Qatar, to express that the type of facility shown is far from possible for most people. Then the focus of the article shifts to the general lack of interest by the design community into the world of addiction. This is expressed even further when she displays case studies of effective therapeutic design, yet only one building is dedicated to addiction treatment.

Stephanidou, E. (2011). Rehabilitation Centre: Architectural Spaces and the Reformation of Drug Addicts (Architecture). University of Nicosia, Nicosia, Cyprus. Retrieved from https://www.academia.edu/2018647/Architectural_Spaces_and_the_reformation_of_drug_addicts_by_Ermina_Stephanidou Ermina Stephanidou completed this paper as a part of her architecture thesis project, an addiction treatment center. This student base approach had some of the same difficulties of research as did the group from Milwaukee, but Stephanidou went an alternate route and focused heavily



Fig 39.1

on alternative holistic approaches to addiction treatment. This is a useful resource as it is an understanding of the program required from a design perspective and not a mental health expert, which allows a bridge to be made through her research and her paper. One very important thing to note is the ample amount of resources she used to complete this project.

Stourpe, J. M. (2014, September 3). Behavioral Health Design: Effective Spaces for treating mental illness. *Health Facilities Management*. Retrieved from <http://www.hfmmagazine.com/articles/1370-behavioral-health-design>

This is a journal article discussing guidelines for the design of mental health facilities, which include substance abuse treatment. Stourpe focuses heavily on patient safety and what factors are necessary to make sure all patients are at ease and can obtain the optimal environment for whatever their treatment regimen necessitates. She then explains the 3 risk zones of personal injury and self-harm in a mental health facility. The article then introduces a few statistics on certain physical principles and the long run savings from these if they are implemented, such as the analysis of abstract art that can cause severe anxiety and increase total medication costs by around \$4,000 on the lower end of the scale. It then gives a few interior case studies that apply these safety protocols.

Ulrich, R. S. (2013, January 11). *Designing for Calm*. *New York Times*, p. 12. New York, NY.

Robert Ulrich, the renowned Behavioral-Environment Psychologist authored this piece for the *New York Times* explaining the need for environments that have a calming effect on residents in mental healthcare facilities. He justifies this need by showing some frightening statistics on the amount of violence that occurs in these facilities and the amount of which is attributed to environmental stressors. These stressors he indicates are available to be mitigated by a thoughtful design approach and can be alternated to reduce patient stress.

Ulrich, R. S., Borgen, L., & Lundin, S. (2012). *Toward A Design Theory For Reducing Aggression in Psychiatric Facilities*. Presented at the Arch 12: ARCHITECTURE/ RESEARCH/ CARE/ HEALTH, Göteborg, Sweden.

This study, also with Robert Ulrich, analyses the largest factors and stressors on patients in mental health facilities. The findings of this study come to the understanding that stressors may create aggressive reactions among residents, which often result in personal injury. These stressors include; crowding, noise, lack of privacy, and lack of control. After identifying these stressors the study implies a few design elements to spatially combat these stressors and increase resident comfort. These range from minimizing unmovable furniture in community spaces to reformatting the entire ward layout to reduce crowding. Then the group took 3 existing facilities to analyze which of 10 stress reducing approaches were applied and the resulting need for aggression restraint in each. The first facility was new, the second was the facility replaced by the first, and the third an older building. The study discovered that the facilities with more design approaches to reduce stress also had the lowest need for restraint.

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies. (2004). *National Survey on Drug Use and Health, 2002*. ICPSR - Interuniversity Consortium for Political and Social Research. Retrieved from <https://doi.org/10.3886/ICPSR03903.v6>

This federal study was conducted by a major survey across the United States on drug and substance abuse, reaching out to a huge range of participants and applying information from other federal departments. This study analyzed the use, and scale of use for a variety of populations, and substances addressed; from cannabis to crack, alcohol to heroine. It revealed huge levels of usage across the population in all categories as well as analyzed trends in substance use. This report also identified and clearly showed the shortcomings of addiction treatment in the United States, by the estimated number of those who have had issue with addiction and the amount revealed to have received any type of



Fig 41.1

treatment.

U.S. Department of Justice National Drug Intelligence Center. (2011). National Drug Threat Assessment 2011 (Criminal Drug Report). Johnstown, PA. Retrieved from <https://www.justice.gov/archive/ndic/pubs44/44849/44849p.pdf>

This study completed by the US Department of Justice, is a major report of criminal and drug activity in the US. The document is a wealth of information mostly focused on the criminal side of drugs and substances, which does include the illegal possession of illicit substances. It also covers a range of statistics from usage and the criminality that is traditionally associated with drugs; violence, smuggling, and gang affiliation. This report takes economic factors into consideration and shows the real costs of drugs to Americans, through criminal activity, imprisonment, and healthcare. It is a wealth of perspectives into the criminal side that supplies American addictions.

Velez, J. (1987, September 12). Letter: On Addiction; Focus on Behavior, Not the Drug. New York Times. New York, NY. Retrieved from <http://www.nytimes.com/1987/09/12/opinion/l-letter-on-addiction-focus-on-behavior-not-the-drug-812487.html>

This letter to the editor was penned in response to the New York Times publishing an article promoting methadone treatments as compared to other addiction treatment models, while painting them in a poor light. The Author, Jane Velez, then President of an organization of Therapeutic Communities in New York, explained that addiction treatments are as equally beneficial, if not better than medication alone treatments, as they treat the entire person and address their personal experience. The letter is striking because it was printed nearly 30 years ago, while the same debate is occurring in the United States today. This just expresses the gridlock the United States has been in with approaching addicts.

Wesa, K., & Culliton, P. (2004). Recommendations and Guidelines Regarding the Preferred Research Protocol for Investigating the Impact of an Optimal Environment on Patients with Substance Abuse. *The Journal of Alternative and Complementary Medicine*, 10, 193-199.

This study is an analysis of designing a successful treatment model, the Optimal Healing Environment (OHE), through both physical space and treatment method. The article in defending the need for an OHE covers the purposes of addiction treatment and how addiction treatment is proven to be beneficial, not only to the addict, but also to society. In their design focused approach to creating an OHE, Wesa and Culliton promote holistic methods to addiction treatment, including eastern methodologies used to calm residents. The article then covers criteria that need to be understood, as they will affect the environment; basic physical requirements, preferred methods and policies of treatment, and understanding the differences of patients and their needs.



Fig 43.1

RESEARCH DESIGN PLAN

Emphasis

- By examining the existing conditions of addiction treatment centers, the differences between effective and ineffective facilities will be exposed through perceptual significance. This significance will be applied with traditional views on perception and health, allowing the architectural understanding of addiction recovery in a physical environment to be expanded.
- Using an in depth process of Logical Systems, tours and interviews will be categorized and given significance through further Interpretative Research. The combination of these two techniques will facilitate a design portion that can create new information and expand existing knowledge of Design Research.

Documentation

- Keeping a thorough record of all readings and reactions will be necessary to keep all arguments in order and organized.
- All design and iterative portions will be documented either through photography or digital records, to express thought processes throughout all stages of design.

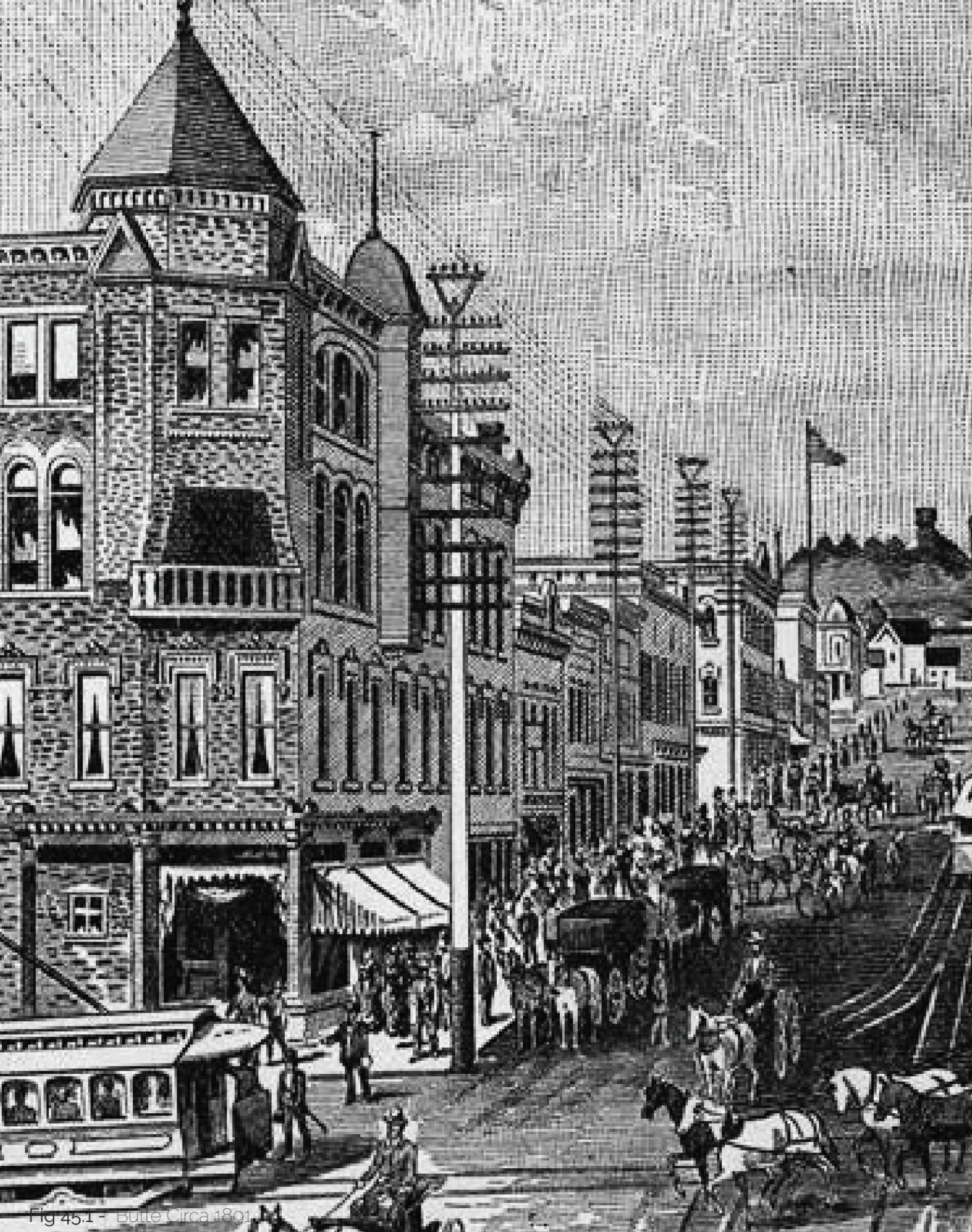


Fig 45.1 - Butte Circa 1891

PRECEDENT ANALYSIS

Facilities for rehabilitation come in a wide range of physical states, and unfortunately there are seldom conditions that meet the addict's needs just right. By examining existing conditions one is able to see the successes, as well as the failures of multiple facilities, and come to an understanding of what may produce a space that is the correct space for those suffering from addiction. The following analyses look at a range of facilities, some traditional addiction treatment centers, a high scale sober living compound, and a medical center focused at physical rehabilitation. These facilities touch on the physical settings possible for an addict to seek recovery.

Opposite, is one option that has not been analyzed in depth due to a variety of issues surrounding them, the halfway house. This facility exists in the Fargo community and is a sober living facility. It boasts no signage, no permanent staff, no website, and a single family home for its physical setting. The home is also in need of some care with clear neglect on the grounds and exterior. This is an option that can work for people, but in terms of addiction focused design, it is not a viable option of study.



Fig 471 - Touch Love Center Fargo, ND

REHABILITATION CENTRE GROOT KLIMMENDAAL

Project Description

Location - The Netherlands
Year Completed - 2011

Fig 50.1

Koen van Velsen



Fig 49.1

This Rehabilitation Center by Koen Van Velsen is an outpatient recovery setting focused on individuals who have recently be discharged from a medical facility but may still need some additional care. It is part of a neighborhood master plan in a Dutch City, and the building was inspired not to be a facility of health but rather community.

The medical center is for use by both the private as well as open to the community; it contains a fitness center, a pool, a theater and a restaurant. This relationship allows people in the recovery setting to feel included in the community not pushed away. By doing this patients can develop revalidation, self-confidence, and self-control.

The building itself attempts, through the use of color and light, to create a positive and stimulating environment in which people may heal. It is set into a forest and elevated to minimize

the disruption footprint. The exterior is covered with glazing of varying sizes to allow a lot of sunlight to enter it, yet also allow the user to define their experience.

Inside the building the lower level contains private offices, the ground floor for public uses, and upper levels for medical spaces, creating a separation of the public and private by the simple use of floors. The rooftop is currently a Ronald McDonald House. This thoughtful design landed the firm the Dutch Building of the Year Award in 2011.



Fig 50.2



Fig 50.3

Analysis

Conclusions

Fig 52.1



Fig 51.1

This setting appears to be a magnificent space for healing to occur, although the program was intended for a much different client. This difference is not a breaking point, for it allows the environment to be expressed and show the effect it has on people.

Designing with the natural environment is also a very important point in relationship to healing and health in this project, which was executed well. The variety of uses and the ability for it to be a wanted resource

to the community shows just how beneficial good design can be to people, and also the wider society.



Fig 51.2

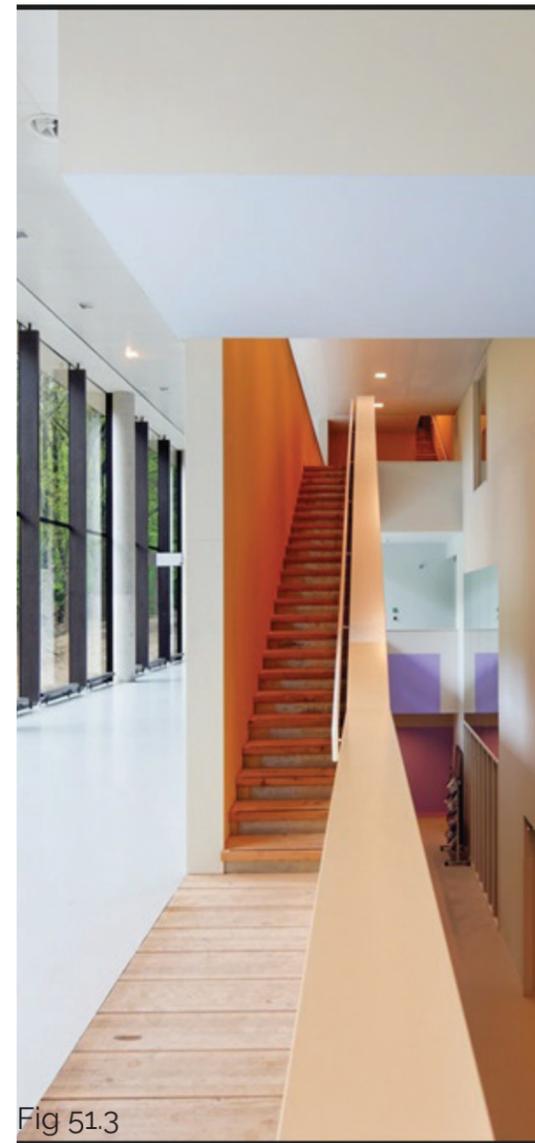


Fig 51.3

setting, while still being able to meet the needs of the client and the program.

A nature centered design that engages people back into their community is imperative with the rehabilitation of addicts, and this facility can be used as a positive example to do so.

Understanding how the designer separated the public and private uses was one very interesting element, to which more analysis will have to be concluded.

The technical portion of the building when in relationship to the site is a positive example of thorough design in a constrained



52.2

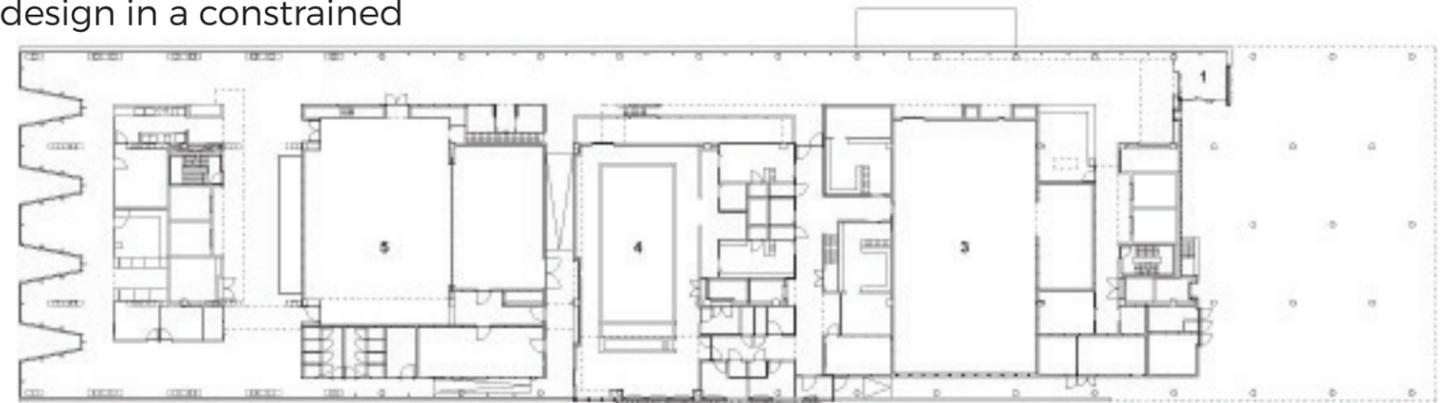


Fig 52.3

Level - 0

- 1 - Entrance
- 2 - Office
- 3 - Gymnasium
- 4 - Swimming Pool
- 5 - Theater
- 6 - Restaurant
- 7 - Fitness Center
- 8 - Patient Room
- 9 - Living Room
- 10 - Ronald McDonald
- 11 - Void
- 12 - Patio

SISTER MARGARET SMITH ADDICTIONS TREATMENT CENTRE

Project Description

Location - Thunder Bay, Ontario, Canada
Year Completed - 2009

Fig 54.1

Kuch Stephenson Gibson Malo Architects and
Engineer



Fig 53.1

The Sister Margaret Addictions treatment center is an inpatient and outpatient center for addiction treatment, including alcohol, drugs, and gambling. The facility has two courts that separate the inpatient residents from the outpatient visitors and are connected by what is called, "the hall of healing." The facility is composed of 40 beds, 15 for males, 15 for females, and 10 for adolescents. All of these living units are separate bedrooms with shared restrooms and kitchen facilities. It was designed with the notion of holistic treatment center that would allow people to recover in a dignified, welcoming, calm and comfortable setting.

This LEED Gold building, applies many sustainable features and presses the idea that a healthy building will lead to healthy occupants, and with that environmental stewardship is a major part of social responsibility, as well as compassionate care. Through the facade it allows the spaces to be filled with

natural light and extend into the natural setting in which it is adjacent.

Through the treatment center the organization relies on outside groups and organizations to come and help with their therapy including some regional outpatient recovery methods.

The building contains, private offices, classrooms, research facilities, residential units, a gathering chamber and sacred space. One element of design that the Sister Margaret Addictions treatment Center is proud of is the gathering and discussion room, designed in a round manner related to early indigenous ceremonies of the region. In this room there are three sky lights, referred to as the three windows of hope; mind, body and soul.

The objectives of design were all taken from the main goals of the overseeing organization which are; compassionate and holistic care, dignity and respect, faith based care, inclusiveness, truthfulness and trust.

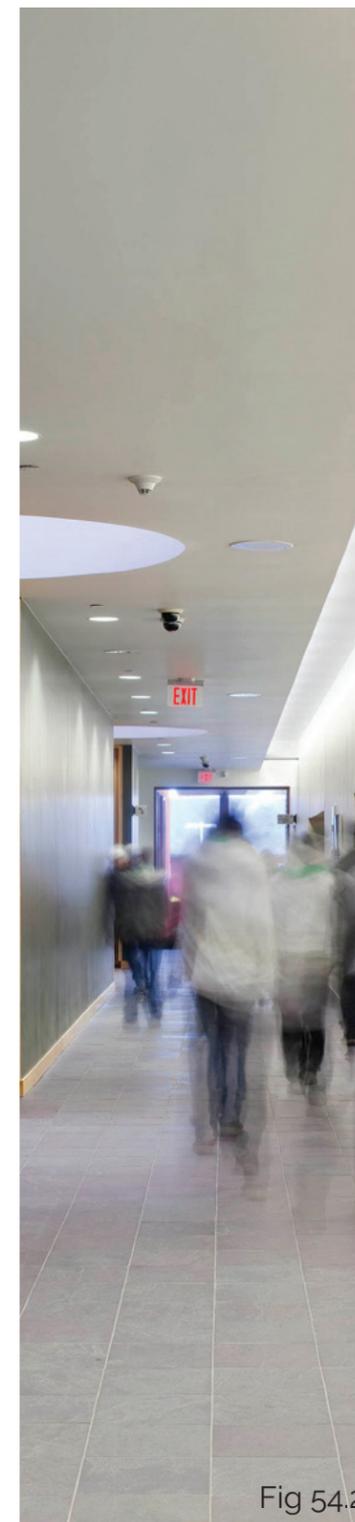


Fig 54.2

Analysis

Conclusions

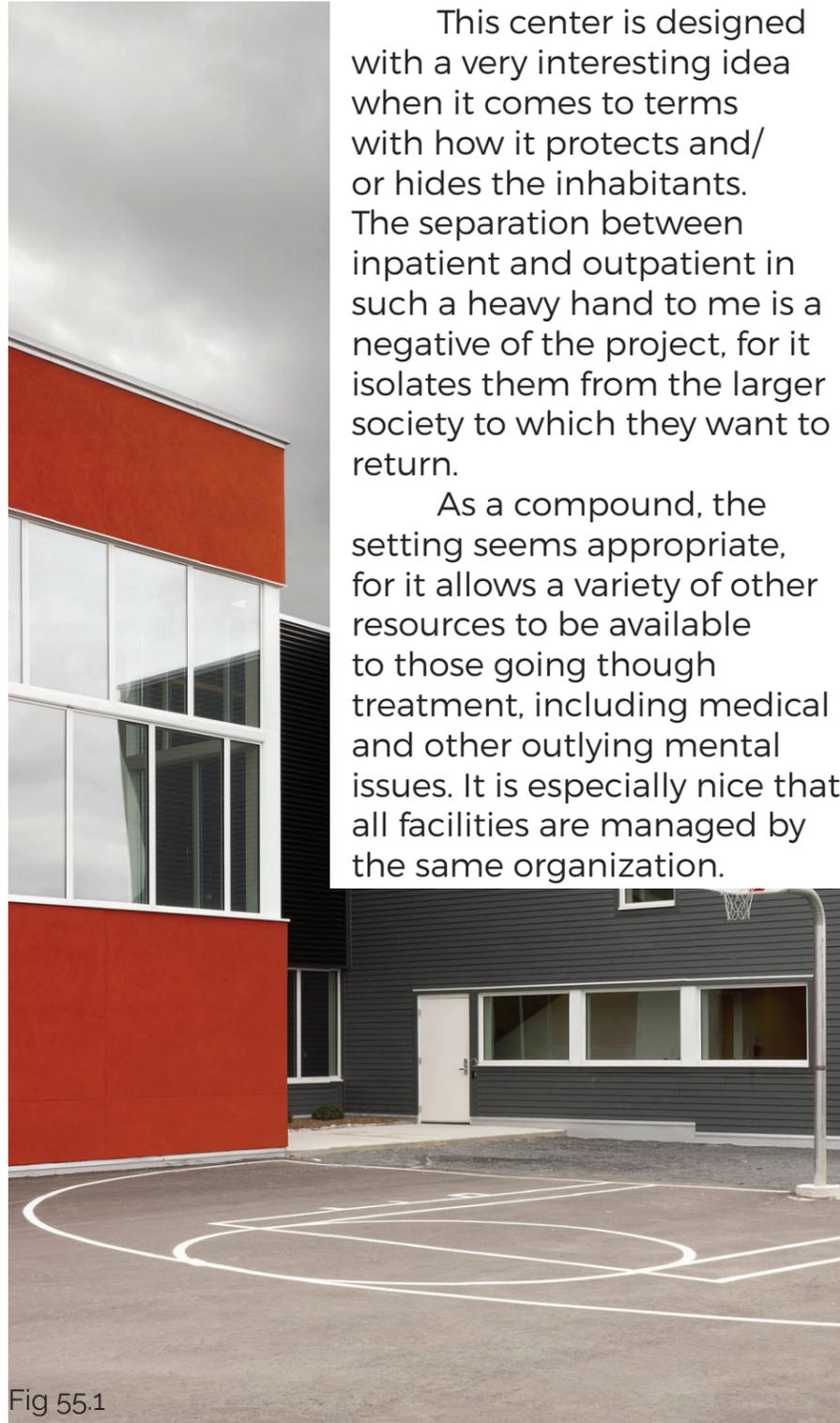


Fig 55.1

On an individual care basis it is excellent in the execution of private rooms with shared amenities and separation between the genders.

For addressing group meetings, the choice of having it be a round traditional shape is a very thoughtful concept, that breaks the stigma of AA being held with fold out chairs in a church basement.



Fig 55.2

This facility has its share of both failures and successes, for it seems to be effective on an individual basis, but does not address issues that may occur in a more communal thought, both inside the facility and outside to the major community. On the other hand, a facility like this that does not follow a hyper-specific model of recovery has no need for such an elaborate program.

Additionally, the building aesthetically does not seem to meet the goals of

the organization. It is made of cold materials on the exterior, and has splashes of color that are very bright and can be distracting. On the inside the cleanliness, seems to make it be institutional, which to many does not feel comfortable or welcoming.



Fig 56.2



Fig 56.3



Fig 56.1

HEARTVIEW FOUNDATION

Project Description

Location - Bismarck, ND
Year Completed - 2011

Fig 58.1

Leaf Design Group



Fig 57.1

The Heartview Foundation in Bismarck, ND is the current status of an organization that has faced a multitude of changes since its opening in 1962. The current facility stands in Downtown Bismarck and was a relocation of the organization from a much larger space in 2006.

Originally two office buildings, the facility is housed by two wings, an office and staff wings, and a residential treatment wing. The residential wing has 6 bedrooms which can house 11 inpatients. Most rooms are for two people, but there is a single room typically reserved

for individuals with medical issues or that suggested to be alone. This wing also includes a kitchen, dining spaces, restrooms, a communal lounge, therapy rooms and medical storage.

Both buildings were remodeled in 2011, and the organization is currently expanding to start an outpatient methadone clinic. The main objectives of the spaces are to create an appearance of privacy and safety, while allowing people to feel that they are welcome to come in and get help if they need it. Since its founding in 1963, 24,850 patients have been treated.

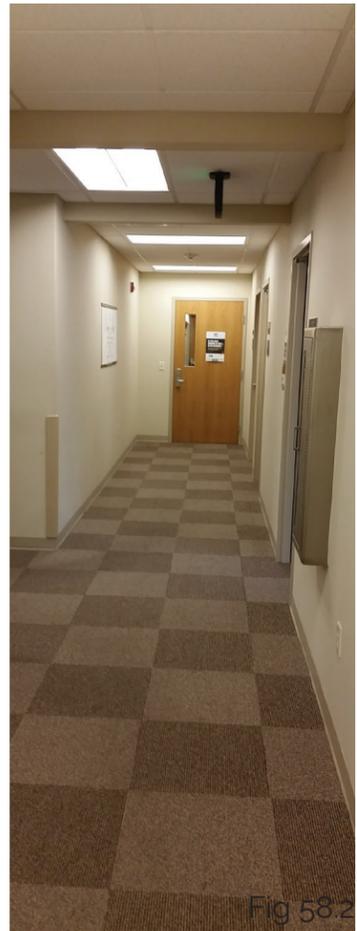


Fig 58.2



Fig 58.3

Analysis

Conclusions



Fig 59.1



Fig 59.2



Fig 59.3

For current conditions this facility seems to meet its needs very well, and can feel like a safe space for residents. The major priority of inpatient treatment is security and safety and the Heartview Foundation addresses this well, by having security doors to prevent people from coming in and out without proper supervision. It also has small factors included that prevent the smuggling in of contraband, and the prevention of self harm. Spaces are included for the screening of patients, and all restrooms that are used for urine analyses are connected through the wall to a lab, and

each restroom has plumbing fixtures that can be turned off so samples are not diluted. The center does have some concerns, mostly in size. The current facility may have difficulty meeting the unfortunate demands of inpatient addiction treatment. With this many of the spaces can feel institutional, and could become concerning for residents by restricting personal choices and uncomfortable interactions. There are a few things that continue to be barriers to the facility, but those who are welcomed in are surely helped.

By maintaining patient safety and attempting to create an atmosphere of home, the spaces in the Heartview Foundation are a positive example of an addiction treatment center in the United States. Unfortunately, the largest barriers are its size and location. The facility does not offer an ample amount of spaces, which in turn gives certain areas a feeling of crowdedness. Additionally, privacy may seem to be an issue, as the facility while discrete has exposed entrances that throw the person exiting onto a sidewalk just blocks

away from the liveliness of the central business district. Along with this bedrooms are restricted from having a view or unfiltered sunlight, for all sleeping spaces are on the exterior facing two roads, both of which have windows at eye level, forcing the fenestration to become opaque. All in all this is a successful facility, but the realities of life and issues with funding can restrict the space from implementing certain features most people would appreciate. It is a very positive example to look at for treatment centers of this model and size.



Fig 60.2



Fig 60.3

Fig 60.1

TRIBECA TWELVE

Operated by Hazelden Betty Ford

Project Description

Location - New York, New York, USA
Year Completed - 2011

Fig 62.1



Fig 61.1

The Tribeca Twelve facility is a sober living environment operated by Hazelden Betty Ford. The building was originally planned to be renovated as high end condos, with an initial cost of \$2.5 million per condo, but it eventually went under and the building was purchased by Hazelden. These condos were all nearly completed leaving the units with hardwood floors, well-furnished kitchens and marble bathrooms. A portion of the design was to prevent the facility from feeling like an institutional setting for recovery.

The housing option is operated by Hazelden, but is a partnership with the Columbia University Department of Psychiatry, who determines eligibility. The sober living is specifically focused at young adults who are attempting to return to their education while also recovering from drug and alcohol addiction. This concept is the first of its kind in New York, but follows a model that a variety of campuses and facilities around the nation use.

Residents of the building must apply and be approved as they are deemed eligible on a treatment basis. Once they move in they are subject to random screenings and searches, as well as expectations for hosting meals with sponsors, mentors and other roommates. Hazelden states that they are trying to develop a community of accountability. Residents are typically new to the space directly after detoxification and are assigned an on-site addiction technician. The units are kept to 6 people, 4 sharing one room and 2 sharing another, yet residents cannot go to other units in the building through security blocks, isolating them from the other groups. Residents must also pay \$5,000 a month to live in the Tribeca Twelve.

As for the building itself, it is 6 stories, with outpatient treatment and office on the first floor and a rooftop patio. It is however on the same block as multiple bars and in an area well known for its nightlife.



Fig 62.2



Fig 62.3

Analysis

Conclusions



Fig 63.1

The Tribeca Twelve seems to be in conflict with itself in some regards to both facility and treatment model, as it is getting people back into freedom while doing things that take it away such as random room searches.

This facility seems to be an attempt at making a program work within a setting it was not made for. According to the Chairwoman of Hazelden Betty Ford the space was, "Designed specifically for young adults, our specialized outpatient alcohol and drug rehab program in Tribeca

combines evidence-based practices and the latest research—always leading with the respect and dignity that have set our care apart for decades."

The facility however, did not operate so well, only 3 students stayed longer than a semester the first year it was open. In that year there were many accounts of relapse, as well as one account of a heroine overdose.

The facility frankly is just not design for addicts, and that is one of its issues.

The Tribeca twelve project is an exact model of what is wrong with the current conditions of design for addicts. It was literally a multi-million dollar project that had a treatment center forced into it, and even with high class amenities, the occupant struggled. As an addiction treatment center it has the resemblance of a McMansion, designed to be very high class without any need for it. One other major issue with the design is that people going through recovery get used to this very high level of

living and when their time is up at the center, they will move back to a space that just reminds them of their time when they were using drugs and alcohol.

A nice facility isn't in its expensive finishes and over the top amenities, but rather how it addresses the human in all of this, and how that human can recover from addiction.



Fig 63.2



Fig 64.2

Fig 64.1

PRECEDENT CONCLUSIONS

These projects show a range in the current situation of addiction treatment, some being over the top, some being institutional and some being right on the spot. The major things to pull away from what makes an addiction and recovery center successful is how it relates the individual to a group setting, and how that group setting interacts with the outside world. The first recovery center, although medical, has won awards in design because it did just this, it invited

anyone to be with those in a recovery setting.

Another major point is the ability to connect to nature and have the simple benefits of sunlight and exposure to plant life. Projects that allow residents to be in contact with these elements can define their own success. This is not however a matter of site and luck, but rather thoughtful design working with these elements in mind from the beginning.

Fig 66.1 - California Highlands Addiction Treatment Center



PROGRAMING

The spatial composition of the Therapeutic Community is one of the most important elements to think about to allow for its success. Issues with user freedom and experiences can destroy the effectiveness of a facility. A major element of challenge is the large number of residents and staff the facility will need to maintain. These residents will need to sleep, eat, bathe, exercise, along with dozens of other daily activities, all in one building and all in a safe environment. By thoroughly examining the needs and creating a program for the complex a design can lead the facility in a positive direction.



J. G. LINK & CO. - ARCHT.
BUTTE & BILLINGS - MONT.

ST. JAMES HOSPITAL

CLIENT DESCRIPTION

USER GROUPS

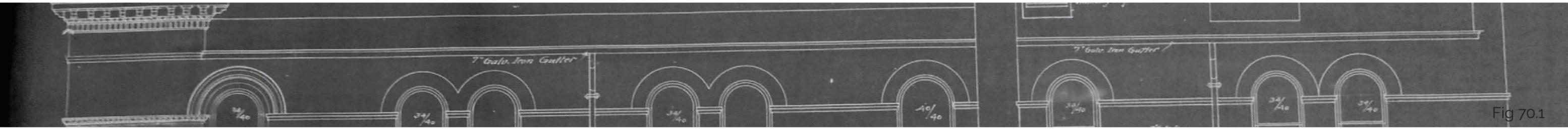


Fig 70.1

The client for this project is a nonprofit organization that is looking to expand its services in the North Western US. This organization is focused mostly on addiction recovery and education, and has multiple facilities in the US all of which operate as Therapeutic Communities. This would be the first center following the TC in the Northwestern US. The organization is in no way on a shoestring budget, but understands the necessity for frugality, as it subsidizes a majority of the costs for patients that are either, economically unable to receive inpatient addiction care, or have been mandated by some other organization to enter an inpatient treatment facility. The organization also receives a portion of its funding from the Federal Government for construction, so it must abide by the conditions required that run parallel to the Department of Veteran Affairs Addiction Centers, breaking patients into 16-31 bed domicile groups. Although it was originally founded as a religious organization, it has effectively distanced itself from any religious affiliation, as to welcome all into their facilities.

The primary user of this facility will be recovering addicts. They are the reason for its existence, and needs to be the sole focus of the spaces. Everything else is to service and help them. Staff are there to do the job to the best of their ability, and to help the residents recover to the highest level they are capable of. Educators are there to prepare them for life after the Re-entry phase. These members of the community, maintain it, prepare the meals, and assure that all residents are abiding by the rules of the facility, they are its caretaker. This combination of professionals, educators and resident custodians allows for a unique dynamic within the facility, but shall allow for it to become a community, in which the TC can thrive.

BUILDING USE SUMMARY

SPACE LIST

Summary of Major Spaces

Fig 72.1

The facility is primarily an inpatient treatment center, with all necessary elements for comfortable living inside. In the facility residents will meet with professionals to have one on one and group therapy sessions, as well as bi-daily all organizational meetings. There is a full time in house medical staff, and a pharmacy to help assist the organization. During the day the residents are expected to perform chores, and attend educational courses, both in a classroom and workshop setting; these may be more craft and skill based trainings, some of which may be performed in external facilities in the city such as the adult learning center, or the technical community college. There is also a need to create a bit of work in the current space, something that will need continual maintenance, as work is a fundamental portion of the tasks in a TC. All meals are provided by the residents through a guided cooking program and there are options for collective dining or private options. Inside there will also need to be spaces for recreation in a variety of manners; a lounge, fitness spaces, reading/ studying spaces. Outside of the TC, the facility will open up the community for a variety of services, mostly for therapy and counseling, but also other things that the space can provide to meet the community's variety of needs.

Gathering Hall - Must House all members of the community, including professionals in a safe comfortable setting for the twice daily meetings.

Private Bedrooms - Residents are expected to stay for many months to go through the program, so will have time to really make spaces their own and be able to dwell within private rooms.

Therapy Spaces - These must be separate from the therapists offices to maintain the feeling that the individual is the focus in the space. Therapy spaces ought to be private from others as meetings will be one on one.

Dining Facilities - The TC will need to feed upwards of a 100 people three times a day, while allowing residents to have choices of comfort in these forced social situations. These time frames also require the meals to be prepared by residents of the facility, so a kitchen will need to be ample in size.

Educational Facilities - Throughout a residents tenure, they will be enrolled in a variety of educational courses, from which they will be placed in both classroom and vocational learning facilities.

Relaxation and Socialization - A variety of spaces must be provided to allow residents to relax at their own paces, these should include individual and group settings, as well as dynamic and static activities.

Medical Needs - There will be a fully operational medical staff that must have the required equipment to ensure the physical safety and wellbeing of the residents.

Building Area Summary

User Group	Space	Area	Adjustments	People	Capacity	Number of Units	Net Area (sf)	Net Area Subtotal (sf)
Residents								
	Patient Waiting	125 nsf/ dom		4	4	3	125	375
	Computer room	120 nsf/ dom		4	5	3	120	360
	Quiet room	120 nsf/ dom		2	5	3	120	360
	Group Therapy Space	300 nsf/ dom		15	20	3	300	900
	Large Gathering Space	(1120) 15 nsf/ person		80	160	1	1120	1120
	Recreation	(510) 300 nsf	add 6 nsf/patient over 25	60	100	1	510	510
	Lounge	(1260) 560 nsf	add 20 nsf/patient over 25	60	100	1	1260	1260
	Library	(1500) 25 sf/ resident		60	120	1	1500	1500
	Fitness Flexible	(260) 120 nsf	add 4 nsf/patient over 25	5	6	1	260	260
	Cardio	(260) 120 nsf	add 4 nsf/patient over 25	5	6	1	260	260
	Weights	(260) 120 nsf	add 4 nsf/patient over 25	5	6	1	260	260
	Dining Communal	(480) 200 nsf	add 8 nsf/patient over 25	60	68	1	480	480
	Private	TBD		TBD	TBD	TBD	TBD	240
	Private bedrooms	120 nsf		1	2	60	120	7200
	Shared Bathrooms - Residential	70 nsf/resident		TBD	TBD	TBD	TBD	4200
	Detoxification Ward	200 nsf/ resident		2	2	TBD	TBD	TBD
	Patient Restrooms	60 nsf/ resident		1	TBD	TBD	TBD	3600
								Resident Subtotal
								22885
STAFF								
Therapy Staff								
	Consult Room	120 nsf		3	3	1	120	120
	Private Offices	56 nsf/ FTE		1	1	6	56	336
	Therapy Offices	120 nsf		2	2	6	120	720
	OT Therapy Offices	125 nsf	add 5 nsf/patient over 25	5	6	1	300	300
	Therapy Storage	40 nsf		1	1	1	40	40
								Sub Total
								1516
Medical Staff								
	Medical Work Station	56 nsf/ dom		8	1	3	56	168
	Storage	120 nsf/ dom		1	1	3	120	360
	Pharmacy	80 nsf/ dom		1	1	3	80	240
	Nurses Stations	56 nsf/ dom		1	1	3	56	168
								Sub Total
								936
Administration								
	Private Offices	100 nsf/ FTE/ dom		1	2	3	100	300
	Clerical	100 nsf/ FTE/ dom		1	2	3	100	300
	File Storage	60 nsf/ dom		0	1	3	60	180
								Sub Total
								780
Misc. Staff								
	Reception	60 nsf		2	2	1	60	60
	Public Toilet	60 nsf/ dom		1	1	3	60	180
	Staff Toilet	60 nsf/ 15 employees		1	1	2	60	120
	Staff Lounge	(210) 80 nsf/ FTE	add 15 nsf/employee over 5	4	7	1	210	210
	Staff Locker	80 nsf		4	10	1	80	80
	Dietitian Office	120 nsf/ FTE		1	1	1	120	120
	Teaching Kitchen	200 nsf/ FTE		TBD	TBD	1	TBD	1000
								Sub Total
								1770
Educational Staff								
	Classrooms	300 nsf/ dom		12	15	3	300	900
	Technical Skills	360 nsf/ dom		5	7	3	360	1080
	Shop Spaces	360 nsf/ dom		5	7	3	360	1080
								Sub Total
								3060
								Staff Space Total
								7126
Facilities								
	Linen Collection	150 nsf/dom		1	1	3	150	450
	Trash Collection Room	60 nsf/ dom		1	1	3	60	180
	Recycling Area	40 nsf/ dom		1	1	3	40	120
	Housekeeping Aid Closets	60 nsf/ dom		1	1	3	60	180
	Clean Linen Room	60 nsf/ dom		1	1	3	60	180
	Data Room	80 nsf/ dom		1	1	3	80	240
	Outdoor Equipment	80 nsf/ dom		1	1	3	80	240
	Custodial	100/nsf		1	1	3	100	300
	Food Preparation Serving	780 nsf/ dom		TBD	4	3	780	2340
	Bulk Food Cart	30 nsf		1	1	1	30	30
	Non-food Storage	112 nsf		1	1	1	112	112
	Mechanical	10% nsf		1	TBD	TBD	10%	7339.2
								Facilities Space
								11711.2

Total (nsf)	41722.2
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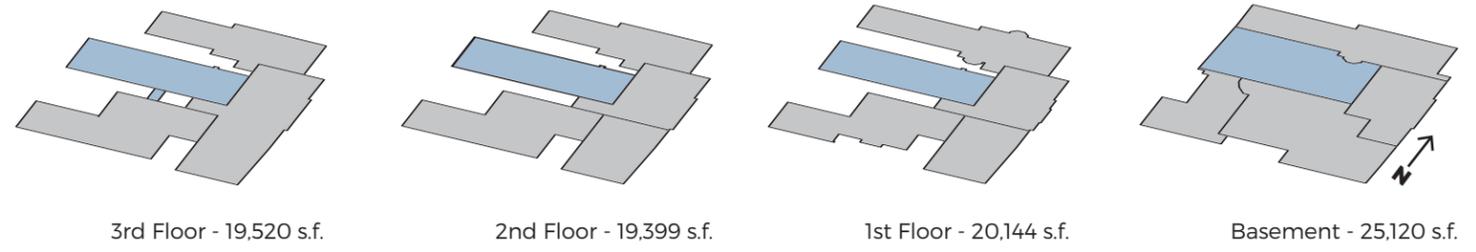
Space	People	Capacity	Net-Area (s.f.)	Multiplier	Gross Building Area (s.f.)
Resident	60	160	22885	1.55	35471.75
Staff	22		7126	1.55	11045.3
Therapy	6	10	1516	1.55	2349.8
Medical	8		936	1.55	1450.8
Administration	3	5	780	1.55	1209
Educational	3	25	3060	1.55	4743
Misc.	2	5	1770	1.55	2743.5
Facilities	0		11711.2	1.55	18152.36
Total			41722.2		64669.41

Land Use Requirements

Spaces	People	Occupancy (l1)	Gross Building Area (s.f.)	Floors	Building Footprint (s.f.)	GAC	Land Area (s.f.)
Existing	NA	350.7666667	84,184	4	25,120	89%	28,280
Proposed at 60 Residents	83	269.455875	64,669.41	4	16,167.3525	50%	32,682
Estimated at 80 Residents	110	357.1101958	85,706.44699	4	21,426.61175	66%	32,682
Parking (On-site)	0		0	0	0	0	32,682
Amenities							
Garden and Outdoor Spaces			(Available) 16,514.6475	2			

Existing Conditions

The program will need to be adapted to the Old St. James Hospital while still creating adequate spaces inside. The organization has a mission to protect and restore the facility as it can be a gesture of recovery for those that will inhabit it. The current condition is in poor shape, but has a large amount of space, that if designed well can meet all of the user needs.



3rd Floor - 19,520 s.f. 2nd Floor - 19,399 s.f. 1st Floor - 20,144 s.f. Basement - 25,120 s.f.

SPATIAL RELATIONSHIPS

Staff

Residents

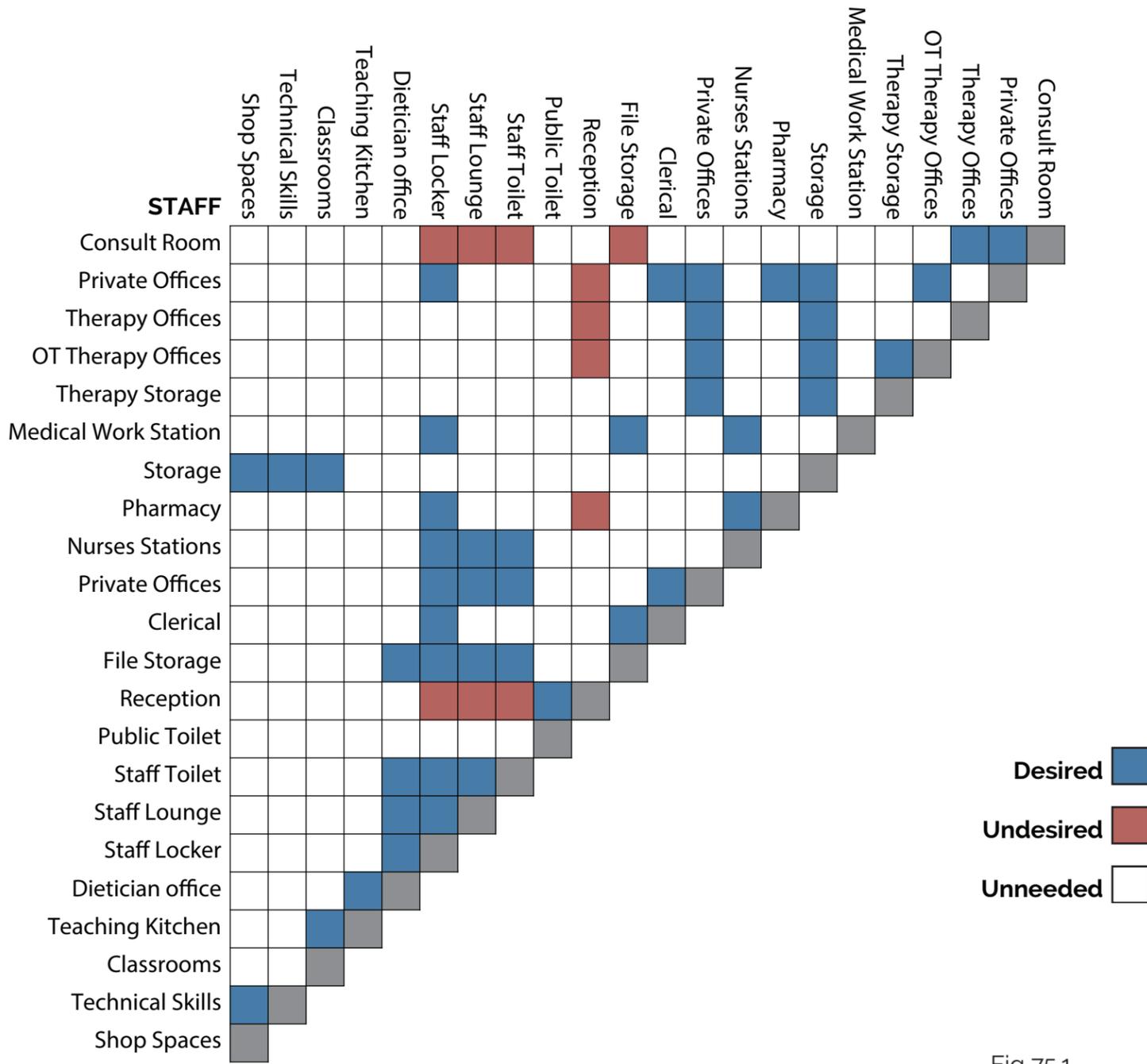


Fig 75.1

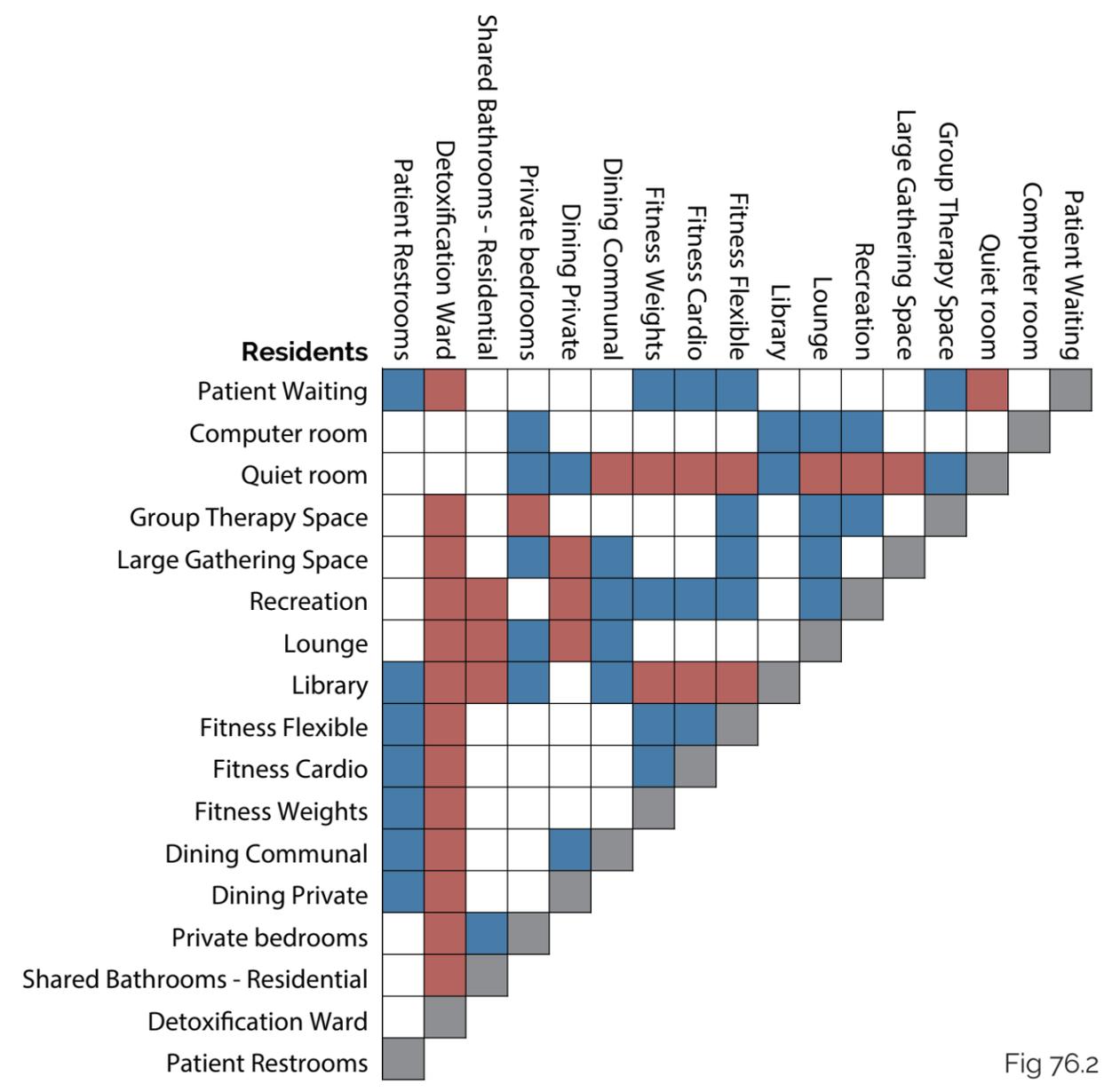


Fig 76.2

Spatial Relationships and Connections

HIERARCHIES

Space and Values

Fig 78.1

This graphic illustrates the connections of user groups and types of spaces the facility necessitates. These connections are imperative to keep, and it is also important to keep a distance for those that are not associated, for improper adjacencies can cause problems in the long run.

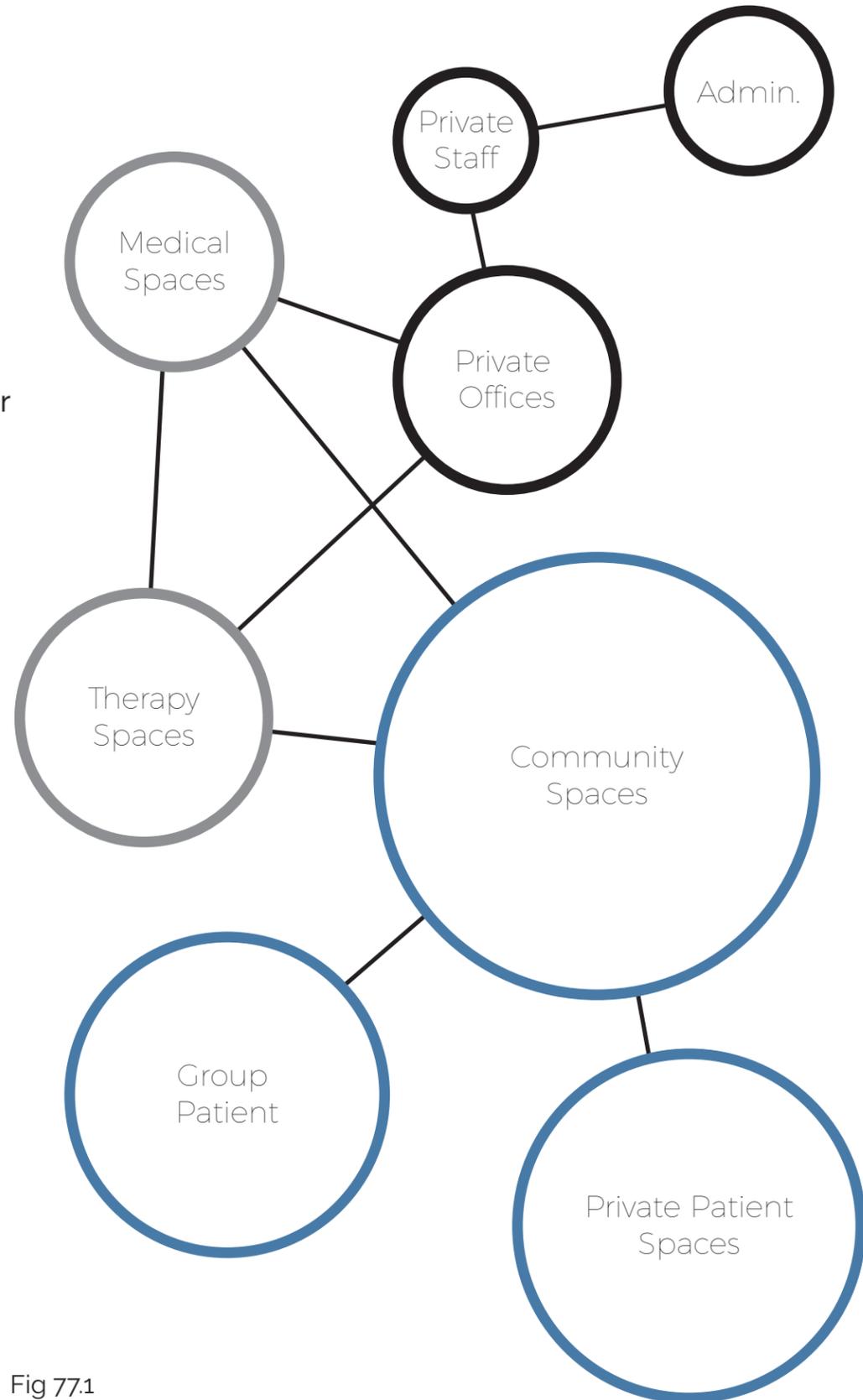


Fig 77.1

The importance of the spaces works from a bottom up approach, where spaces for the residents and the community are primary and the more authoritative groupings, such as administration, are not the priority. A space must be comfortable to create a community, then comfortable for the resident for the program to work.

The organization first and foremost values the capacity in anyone to change for the better. From this they acknowledge the need for dignified and adequate care to help people become a better self. This will be brought about by a community that values openness and the effect community can have on anyone, both the community inside the facility, as well as all outlying communities. The only ways for a person to truly recover from addiction is to heal every aspect of their addiction and regain their self-value and self-respect. Earned responsibility is another element that is important to the organization, for during the program a resident receives more responsibilities as a reward for good behavior and hard work.

One of the other most important values and goals, is safety. The residents must feel safe, and also truly be safe. This will require a protection of residents from unfriendly visitors and interactions, other residents, and even themselves. By creating levels of security in the facility and barriers to enter each living area, residents will be safe, as well as their treatment and sobriety. If a resident or staff member feels unsafe the facility then cannot function properly.

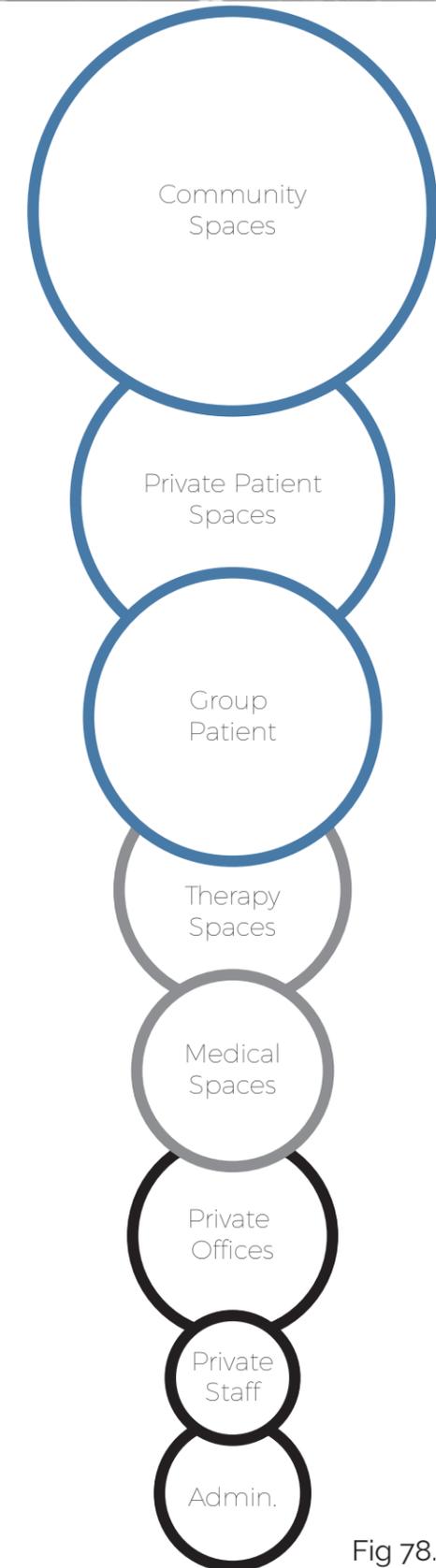
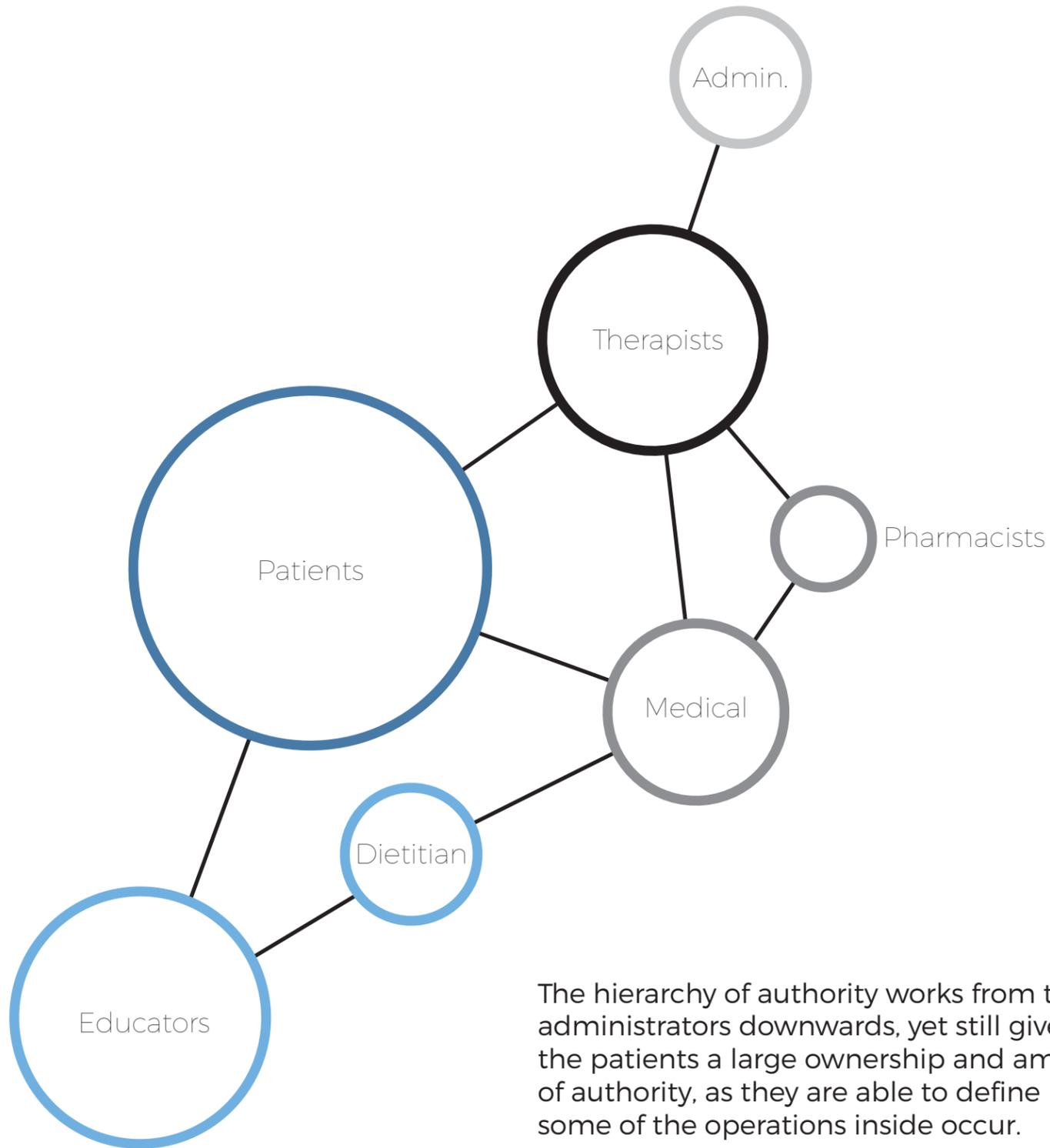


Fig 78.2

User-Groups

Residents

Fig 80.1



The hierarchy of authority works from the administrators downwards, yet still gives the patients a large ownership and amount of authority, as they are able to define how some of the operations inside occur.

Fig 79.1

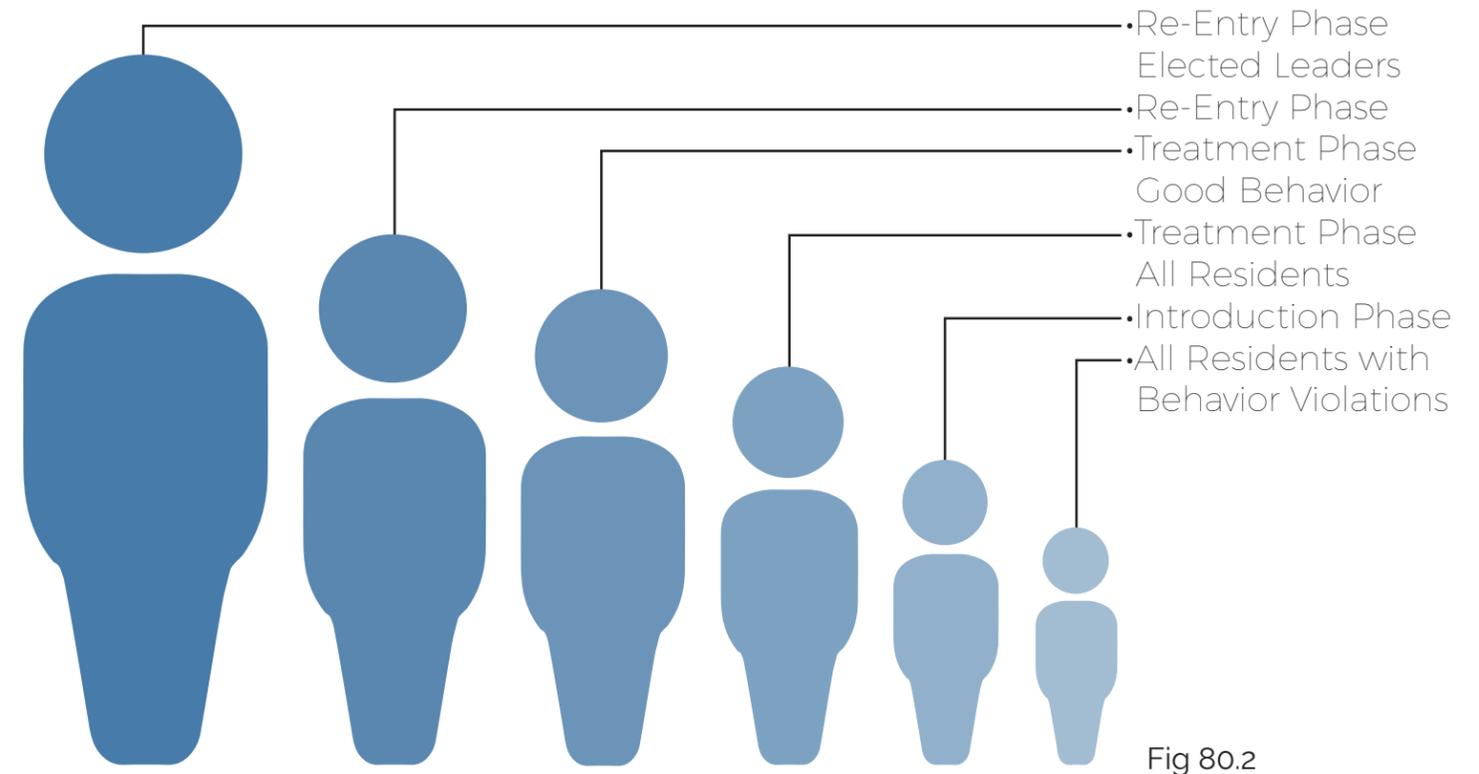


Fig 80.2

As previously stated, there is a hierarchy of residents, and that is defined by both time and earned responsibility. Those who have taken time and had positive reports will have a more important role in the Community. The lowest levels are either those with behavioral issues, or those who have yet to assimilate to the community setting.

Staff

All Users

Fig 82.1

The staff side of hierarchy is a very typical approach where the administration delegates the most authority and it is branched off by each subordinate grouping of people.

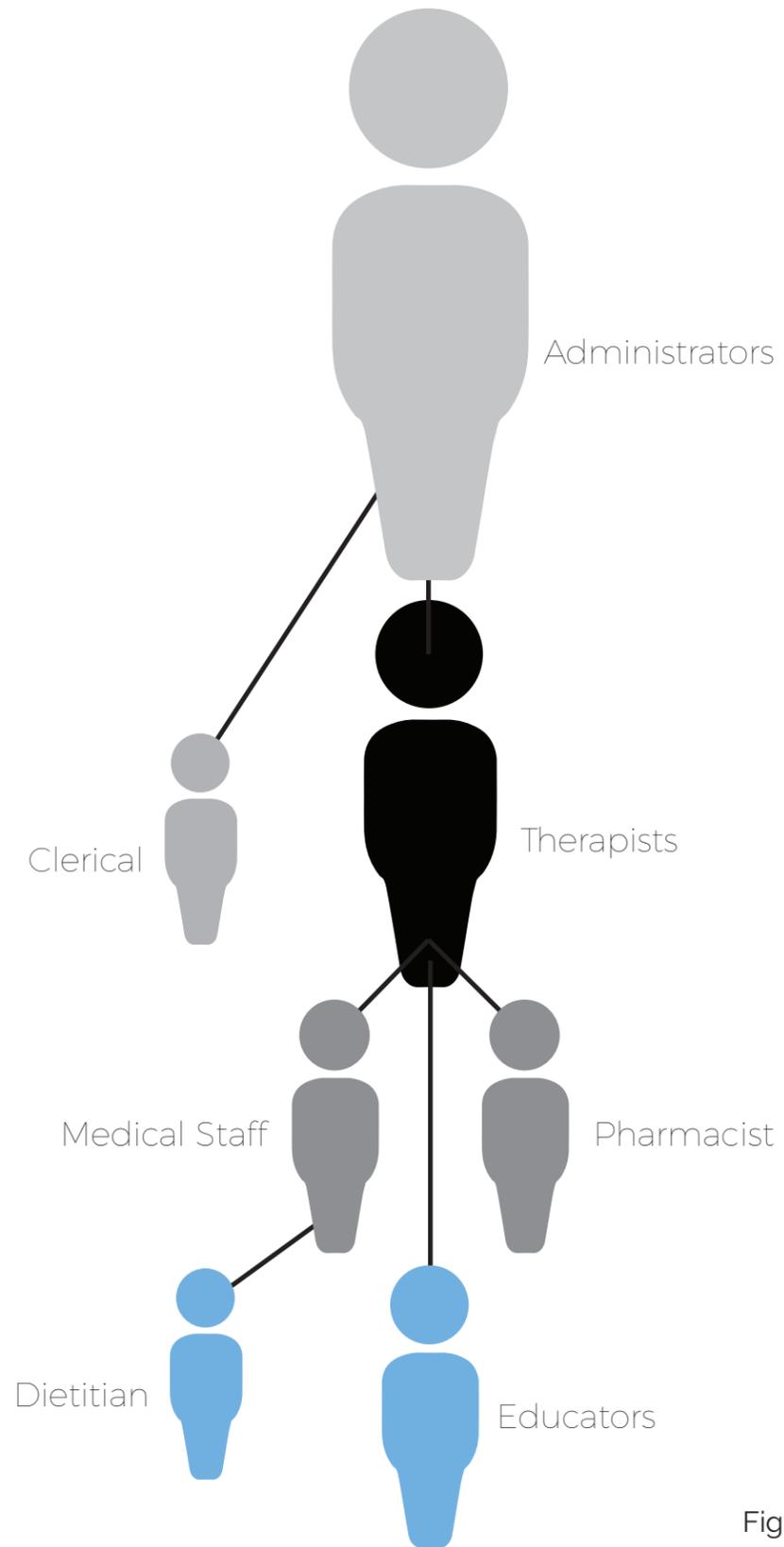


Fig 81.1

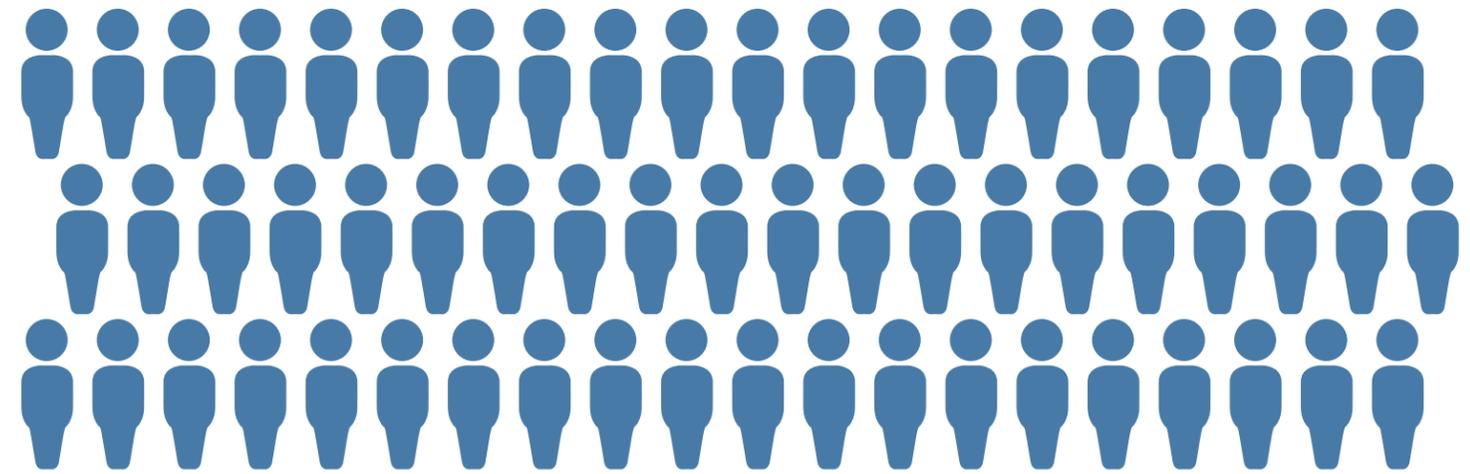


Fig 82.2

PROBLEM STATEMENT

Fig 84.1

Function The facility is first and foremost to be a place of healing and recovery for the resident. They must have a comfortable living environment which can become a home. If the facility cannot be a home, it has already failed.

The ample amount of professional staff in the building must be able to perform to the best of their ability, requiring an easy flow of work, as well as managing the complexities of the circulation that a building like this will entail. There is a wide range of activities that happen inside and outside the facility, each of which ties back into the need for a smooth flow of work.

The clientele of the facility can also pose an issue to how it can be operated. The residents of the facility will be slowly moving in, dwelling, and moving out, creating a constancy cycle of residents into and out of the building. Discovering a manner to facilitate this is important to the functionality of the building.

Form The form of the space is partially determined by the Old St. James Hospital, and the general integrity of the building is to be maintained, while also rehabilitating the existing building as a whole. The interior of the building is up to interpretation, but the historic facades should be maintained if possible.

The building needs to be a community within a community, being a private secluded safe space, while also being able to not hide the residents from the community. It ought to be a private space with a public presence.

For the quality of the building it needs to be of a fine craftsmanship of durable welcoming materials, with the range of activities and the amount of traffic the facility will see, the spaces must be prepared in a manner that will be long lasting. With this it needs to reflect a traditional home and community setting, that although high quality is not unattainable. The design can be neither gaudy or institutional.

Economy The finances of the project are to create a long serving beautiful building, so higher quality materials are a necessity, and will be incorporated into the design budget. As residents want to return to a high quality of life, they must have a high quality space to occupy, and this must be attainable for decades. Long term vitality of the facility is important in all realms.

The budget however is not limited, so a multitude of considerations must be made when design choices are being thought over.

Time The end goal of the organization is to eventually put itself out of business for reducing demand of the services, but there is no need to anticipate expansion for current settings. Additionally there is not much room for future expansion, so the design is to reflect a long term solution for the site.

Phasing of construction may be necessary as the facility is originally opened, or until there are enough residents to fill all residential quarters. If the facility is to be a home, it is hard to feel at home when an entire wing is vacant and waiting for residents to join the community.

SITE ANALYSIS

225 N. Idaho St., Butte, MT.

The site selected, is a historic hospital in the mining city of Butte Montana, and sits just one block off of one of the busiest streets in the nation's largest Historic District. The massive hospital sits in a state of blight and seems to dominate the entire street front it is placed on, yet it still holds character and charm. The building is easy to miss yet hard to ignore.

Butte itself is a very interesting location with an odd history. Having claim to be one of the most mineral abundant locations in the world, and being able to build in a way that flaunts it makes it unlike any other city in America. It rests under the Continental divide, adjacent to a massive open pit mine, all overlooked by a statue of the Virgin Mary, the same height as the Statue of Liberty. Working with the environment of the location is one challenge, but paying homage and respect to the history of the city is another hurdle all together.

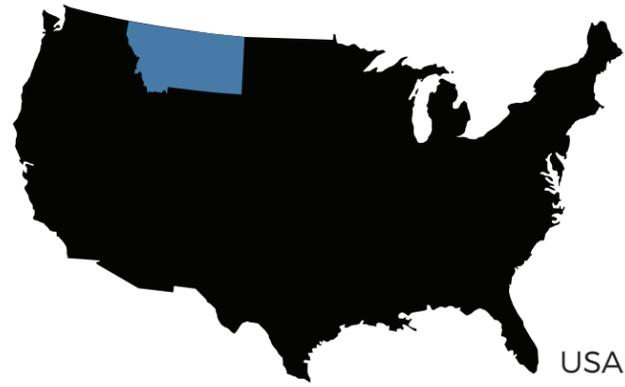
BUTTE, MT

Butte, Montana is a rugged mining town tucked into the mountains on the West side of the continental divide, founded in the 1850's and accrued incredible levels of wealth through mining of the hillside as well as under ground. This activity allowed the city to be know as, "The Richest Hill on Earth."

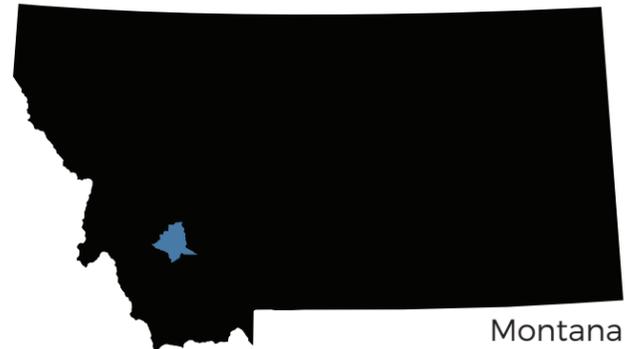
This rich tradition has still remained in the culture of the community known for being very tough and full of hard workers, even though mining has been shut down for half a century.

This unique city boasts on opposite ends of honor, the largest Environmental Protection Agency cleanup site, an on the other hand the nation's largest Historic District.

This rough, polished, ugly and beautiful city is a fantastic setting for any architectural endeavor, and will require from a thoughtful approach to any design consideration.



USA



Montana



Silver-Bow County

Butte rests at 1 mile above sea level and claims 10,000 miles of mines underground, at 1 mile deep, carved all by the effort of the historic miners. This statement shows both the potential for the city to have provided the labor for the North Western passage, and also the amount of work and care that the city holds near to her heart.

With beautiful mansions of mineral tycoons overlooking an absence in earth, there is really no place in the world similar to Butte.

The head-frame (right), an elevator to lift miners up and down from the underground operations, boasts, "One Mile High. One Mile Deep." This element is one of many that defines the skyline of Butte.



Fig 88.1



Fig 88.2



Fig 88.3



Fig 87.1



Fig 88.4

THE OLD ST. JAMES

The site in this historic city, is itself a piece of the city's history, The Old St. James. This decrepit collage of building methods and styles was the first hospital in this rough mining town. Founded in 1881 by a band of traveling Nuns coming from Kansas, the organization which is still the same administration of the major hospital in the city.

As for the building itself, the Old St. James, is in very rough shape, due to neglect and having it been vacant for over 30 years. It is home to feral animals, the occasional vandal, and multiple squatters. Yet it still maintains its impressive facade looking to the city for vision and help, but at the same time standing solidly showing little faltering.



Fig 90.1



Fig 90.2

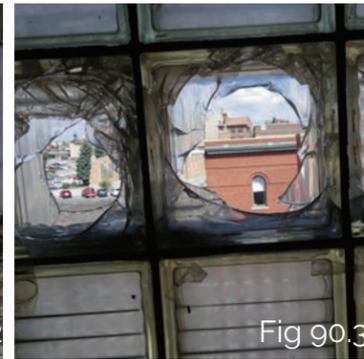


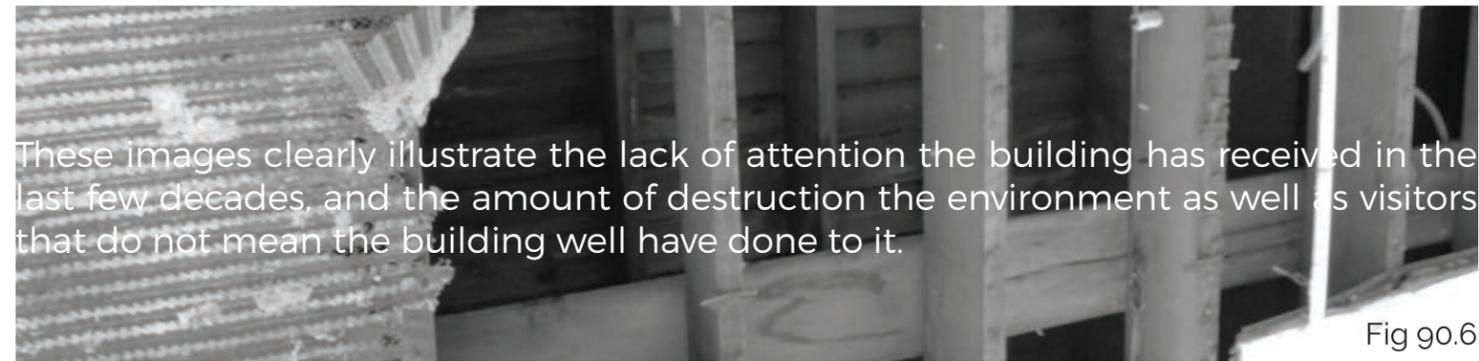
Fig 90.3



Fig 90.4



Fig 90.5



These images clearly illustrate the lack of attention the building has received in the last few decades, and the amount of destruction the environment as well as visitors that do not mean the building well have done to it.

Fig 90.6



Fig 89.1



Fig 90.7

SITE

The Old St. James sits on the fringe of the refurbished and elegant sections of Butte's Uptown, as well as just away from the hospital that replaced the current facility, and the new construction that has occurred around the two. With these growing districts soon enough the section of town the site sits in will itself return to an image of its former self.

But for the time being, the neighborhood reflects a very depressed state. Many of the homes are in need of some care, and those that are being cared for demonstrate the amount of work required to adapt a century old home to modern living.

The site is also on the southern portion of a large hill that plateaus a few blocks north of it, allowing for challenges of the environment and construction to only be challenged further by topography.

Key

-  Site
-  Park Space
-  Hospital Grounds

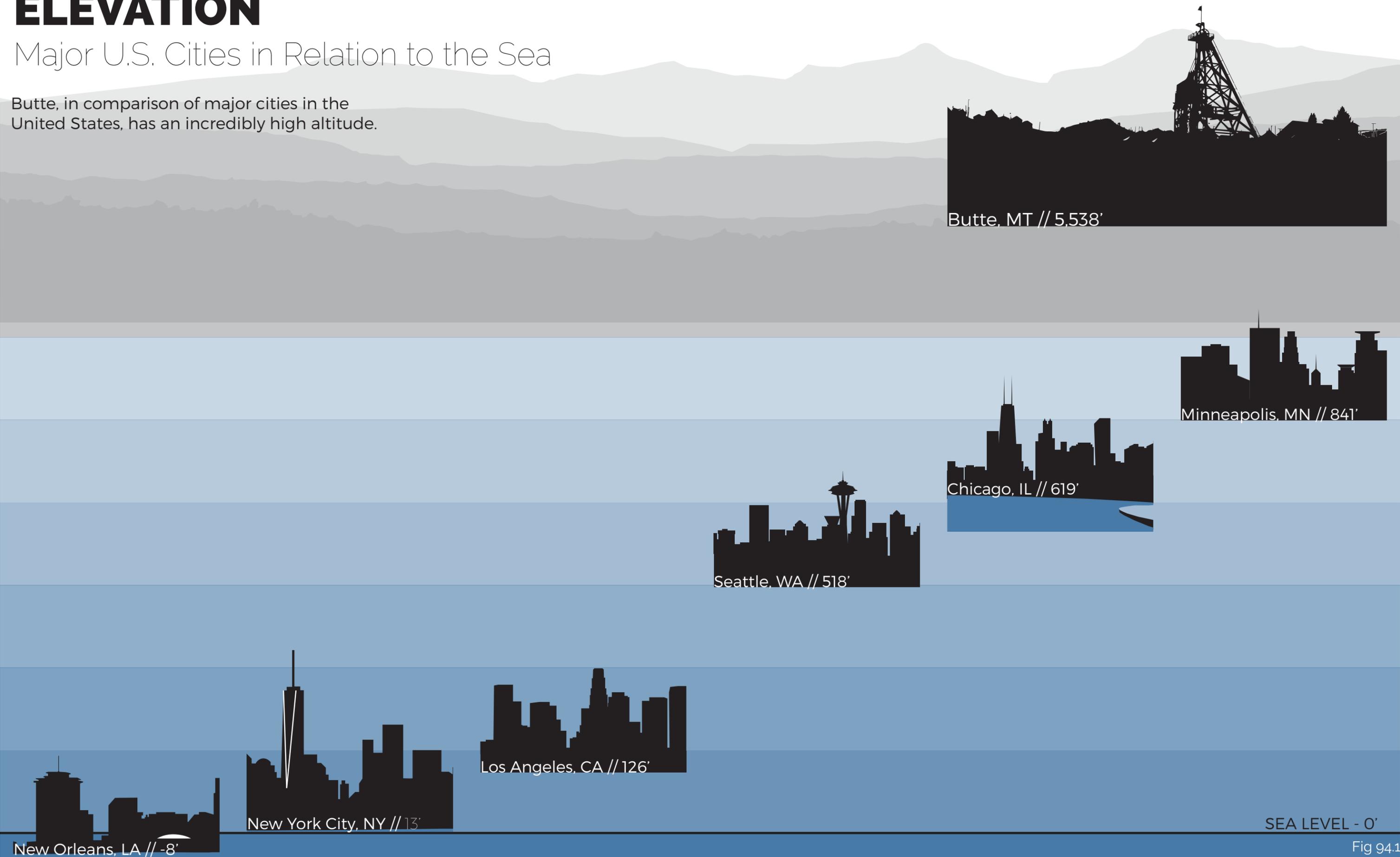


Fig 92.1

ELEVATION

Major U.S. Cities in Relation to the Sea

Butte, in comparison of major cities in the United States, has an incredibly high altitude.



Butte, MT // 5,538'

Minneapolis, MN // 841'

Chicago, IL // 619'

Seattle, WA // 518'

Los Angeles, CA // 126'

New York City, NY // 13'

New Orleans, LA // -8'

SEA LEVEL - 0'

Adjacent Uses and Buildings

Being on the fringe of the developing uptown and comfortable residential sections, it lays almost in a buffer between commercial and residential. Most of the commercial spaces near the site are auxiliary services provide for medical care in the hospital, while the commercial space to the east is primary retail and smaller office spaces.

It should be noted that just a block away is another large vacant building, the 6 story YMCA of Butte. This Building faces a similar situation, and sits currently with most of the major windows either broken or covered in plywood to prevent further damage.

Key

- Commercial Uses; Hospital, Office, Retail
- Religious; Churches, Synagogues
- Residential; Single, Multifamily Homes
- Abandoned / Currently Vacant



Fig 95.1

Views

The site is in a very nice position being elevated on the slope, as well as simply being taller, allowing ample views to the breathtaking vistas of the Continental Divide, The Flats of the Valley and Timber Butte.



Fig 96.1

Traffic

Just a block off of the site are two major arterial roads of Uptown Butte; Montana St., and Porphyry. These, while not being large commuter roads, are heavily used and stay fairly busy. However this gives the site the unique advantage of being on two very calm roadways. As many people rely on these arterial roadways, seldom is a person to use Silver Street if they are not visiting Silver Street.



Fig 97.1



Fig 97.2

Environmental Discomfort

There are unfortunately some environmental discomforts that occur off the site including traffic noise from three directions, although this is not overpowering it could be disruptive at times. The site itself has a stigma of being a place for the homeless and drug users. It is also surrounded by unsecured locations. The parking spaces directly to the south are unrestricted and are often home to people living in their vehicles.



Key

Fig 98.1

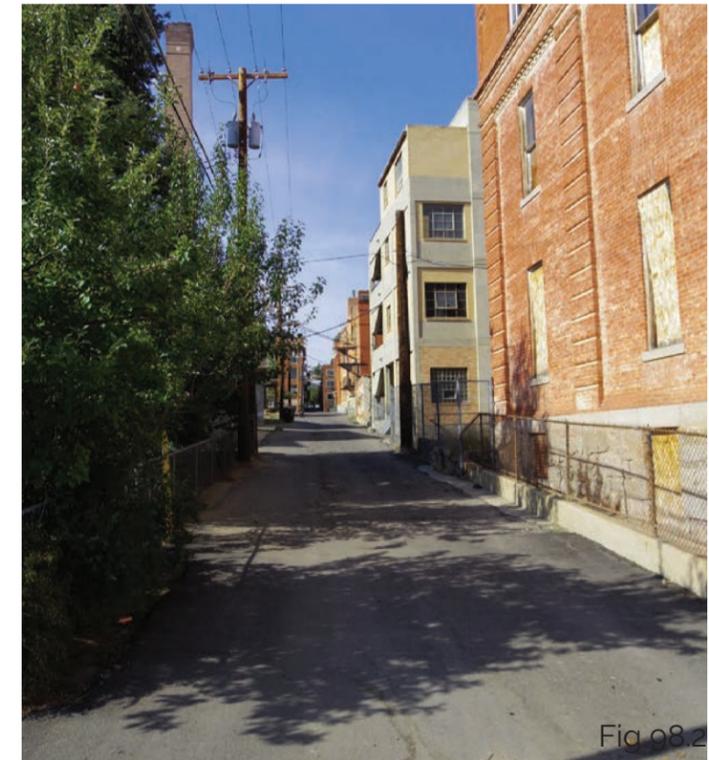


Fig 98.2

The alley that transects the site, lined with broken windows and dilapidated barbed wire inspires anything but the notion of safety.



Topography - Region

The hillside the site occupies is continuous in Uptown Butte and rounds to the west, allowing spaces on the slope to nestle themselves into the hillside without sacrificing access to the sun. This hill does create a lot of issues for accessibility and road maintenance for residents.

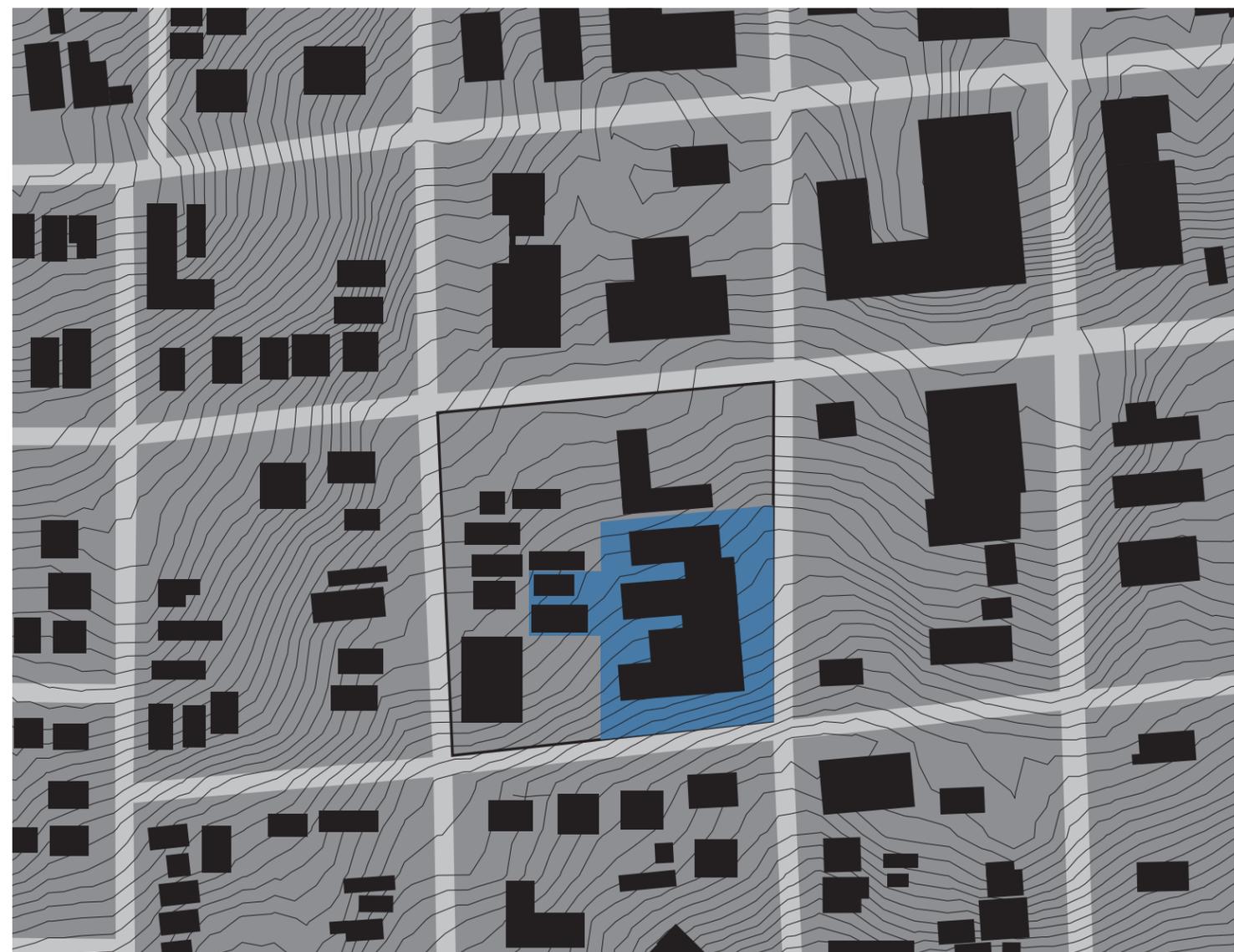


Fig 99.1

Topography - Site

Currently the St. James has a walk-in basement level, first floor and the attached medical facility to the North has 2nd floor access. This illustrates the great challenges topography can create in the span of the 500 foot long blockface.

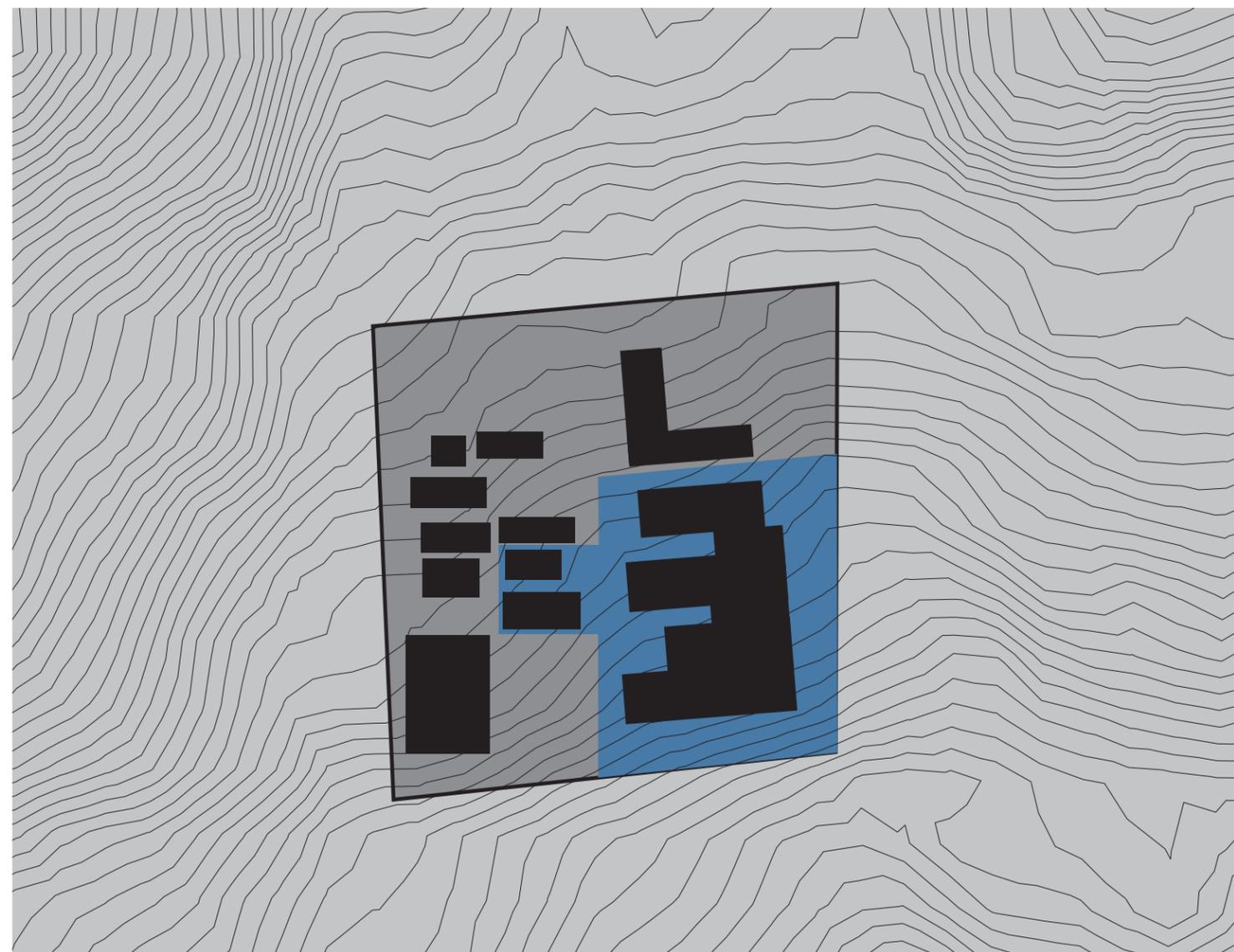


Fig 100.1

Relationships of Scale

The Old St. James Hospital at the highest is 5 stories, and can seem to be quite imposing, especially with it being built up to the property line, but when the scale is analyzed and shown it does not seem as overpowering.

The following page shows different street section cuts on the site to illustrate how far the large hospital is from the neighboring facilities, two single family homes and a larger apartment building.



Fig 102.1



Fig 101.1

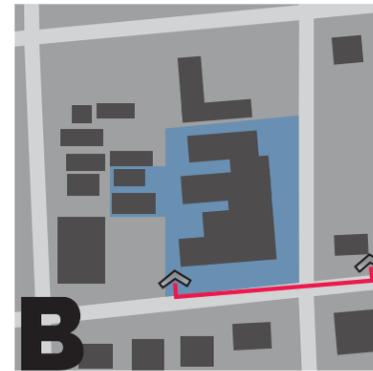


Fig 102.2



Fig 102.3

Photos From Site

These photos clearly illustrate the beauty of Butte Montana, and what can be provided from the upper levels of the Old St. James.

Images; (counter-clockwise from the bottom left) into the Butte Flats; Timber butte and downtown; The Continental Divide Range and downtown; Uptown Butte, the Berkeley Pit and the Continental Divide Range.

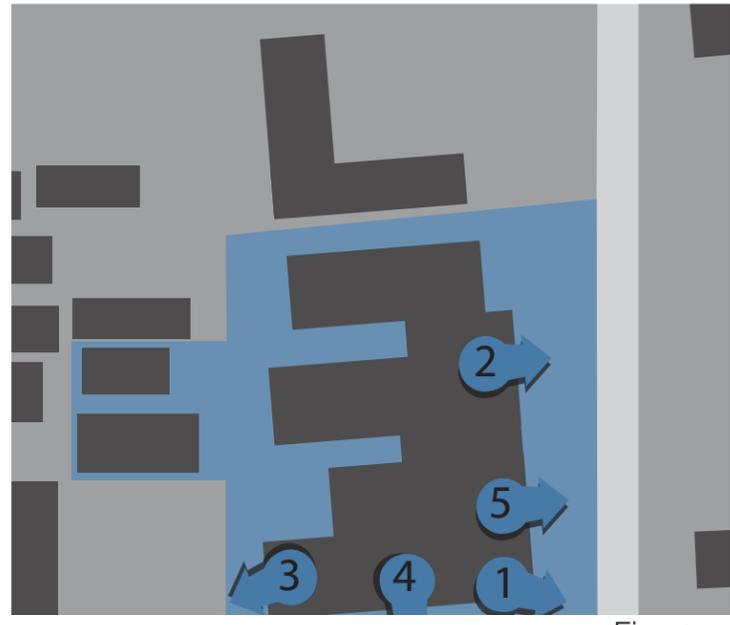


Fig 103.1



Fig 104.1



Fig 103.2

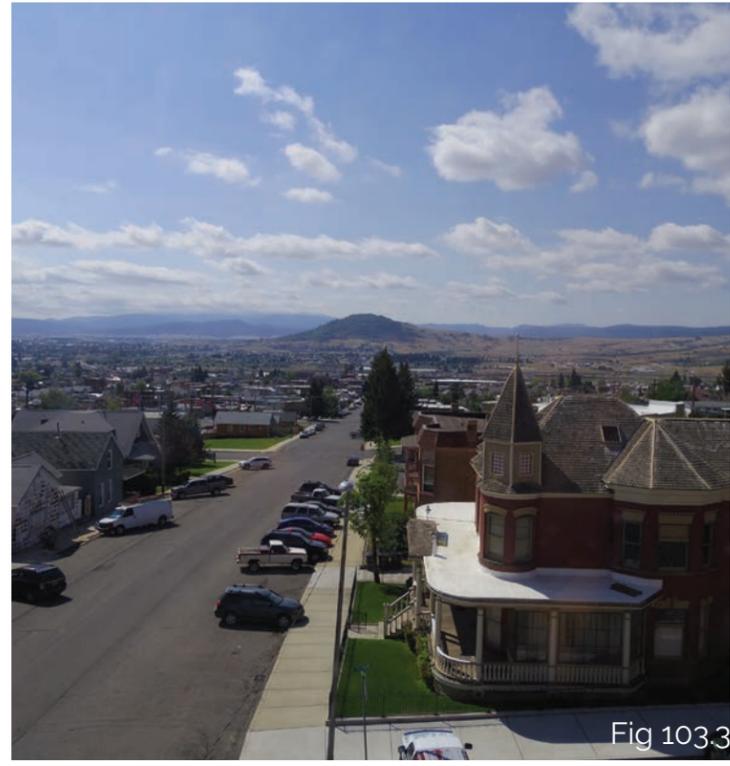


Fig 103.3



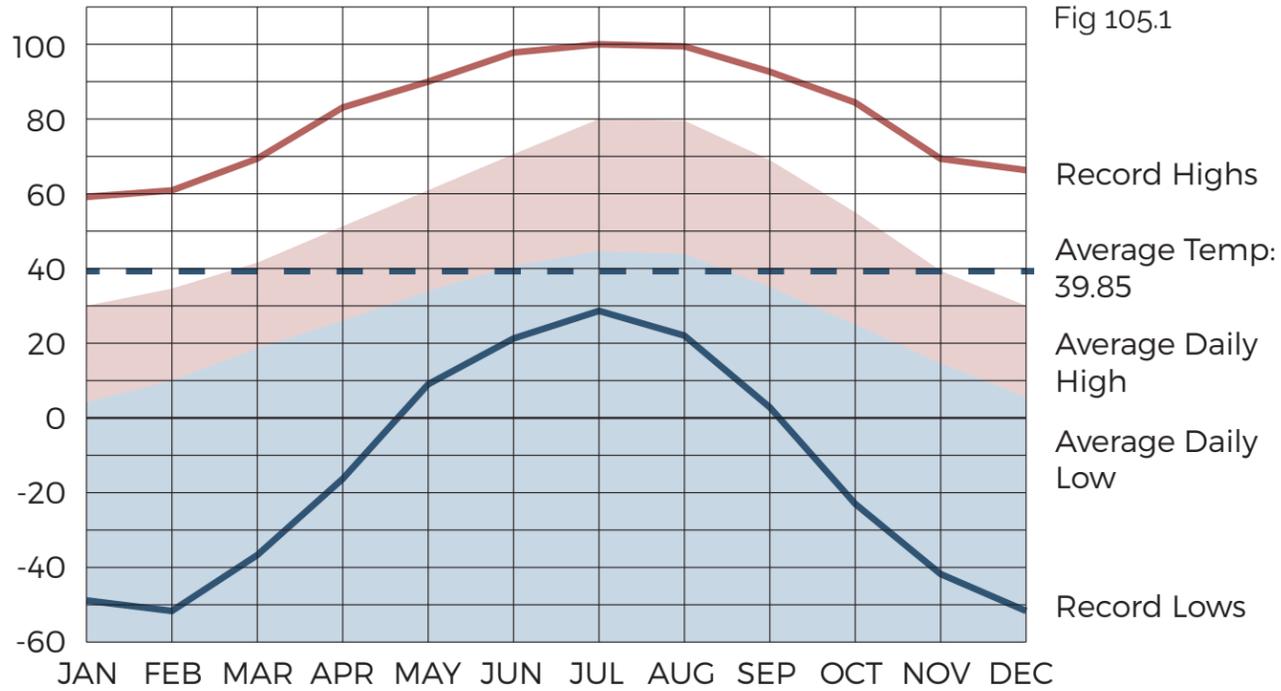
Fig 104.2

ENVIRONMENTAL FACTORS

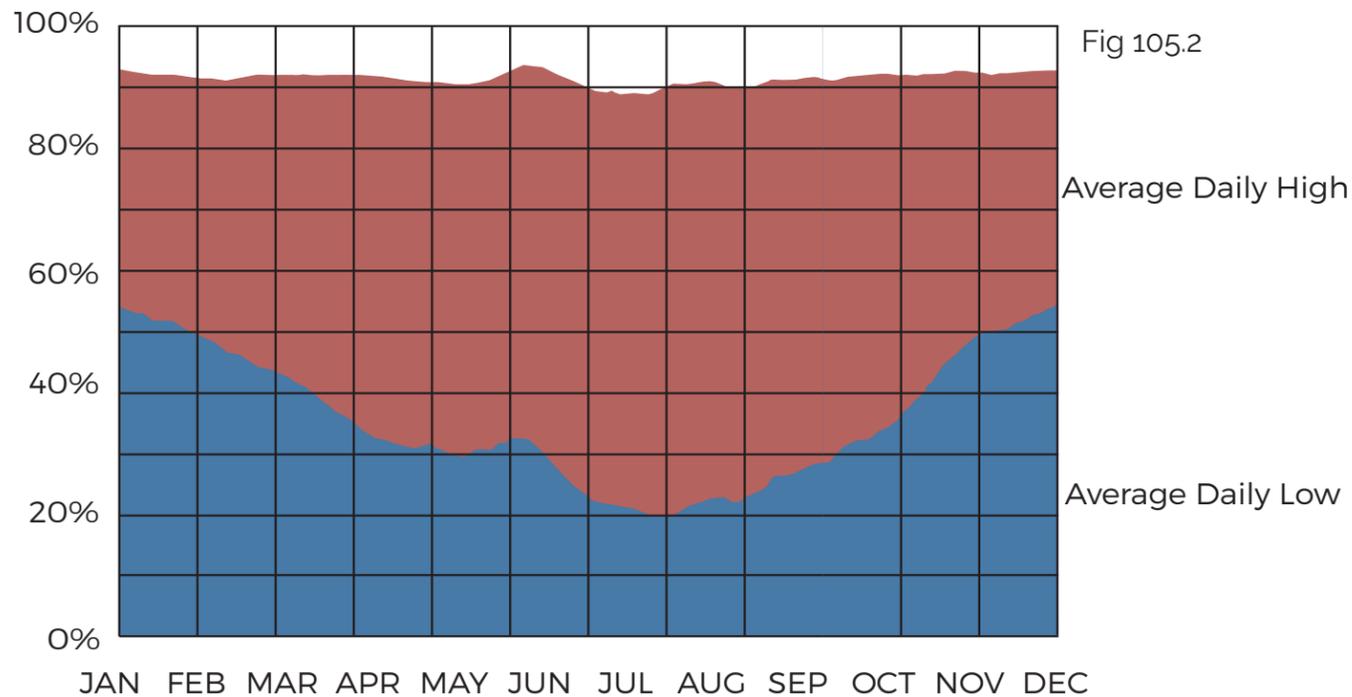
Temperature and Humidity

The environmental conditions of the site are to be expected in a mountain city with a latitude so far to the North. It is a relatively cool, dry place with long heavy winters, but is never too incredibly hot nor too incredibly cold.

Annual Temperatures



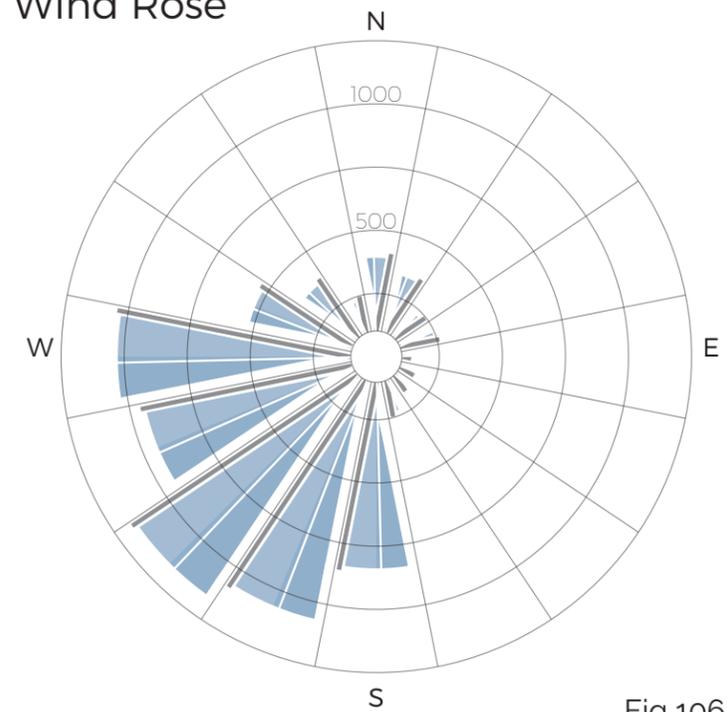
Annual Humidity



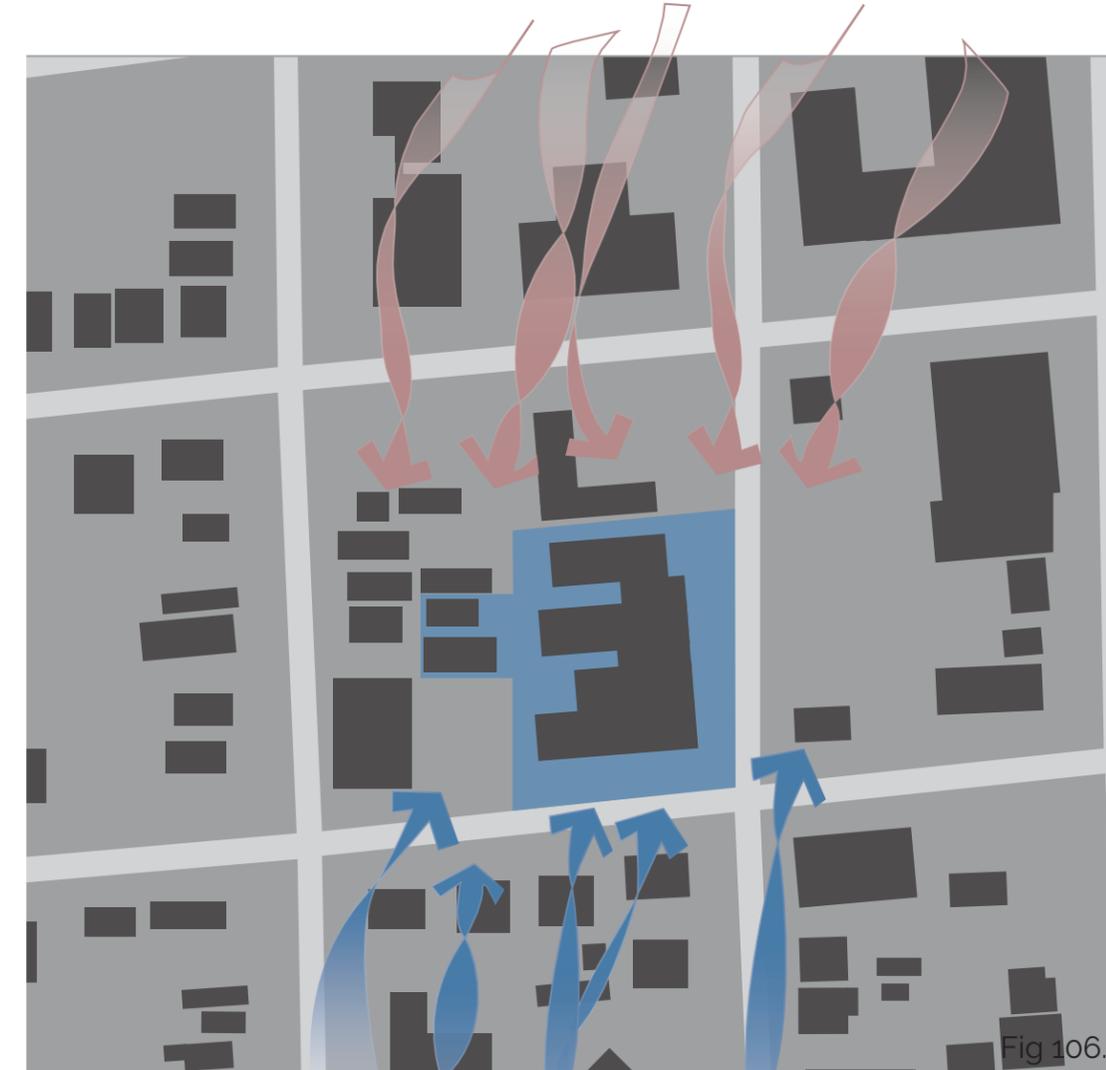
Wind

The wind on the site primarily comes from the South-West, especially during the colder periods of the year, while warmer months have cool wind coming down from the mountains to the North keeping the city at a lower temperature at most times.

Wind Rose



Seasonal Wind Diagram



Cloud Cover

Monthly Cloud Cover

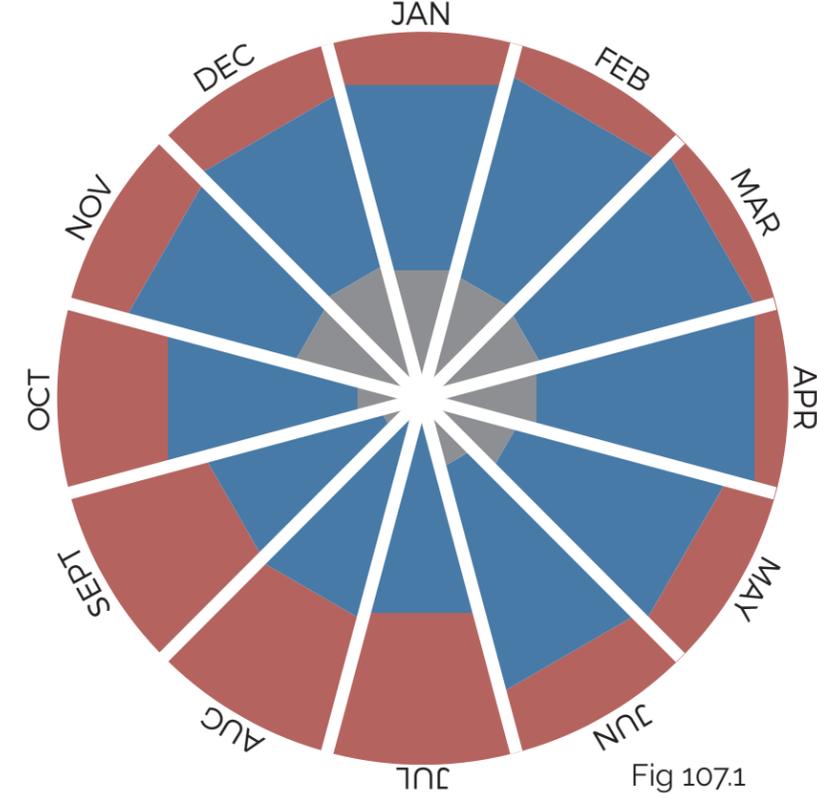


Fig 107.1

Key

- Sunny Days
- Partly Cloudy Days
- Over Cast Days

Annual Cloud Cover

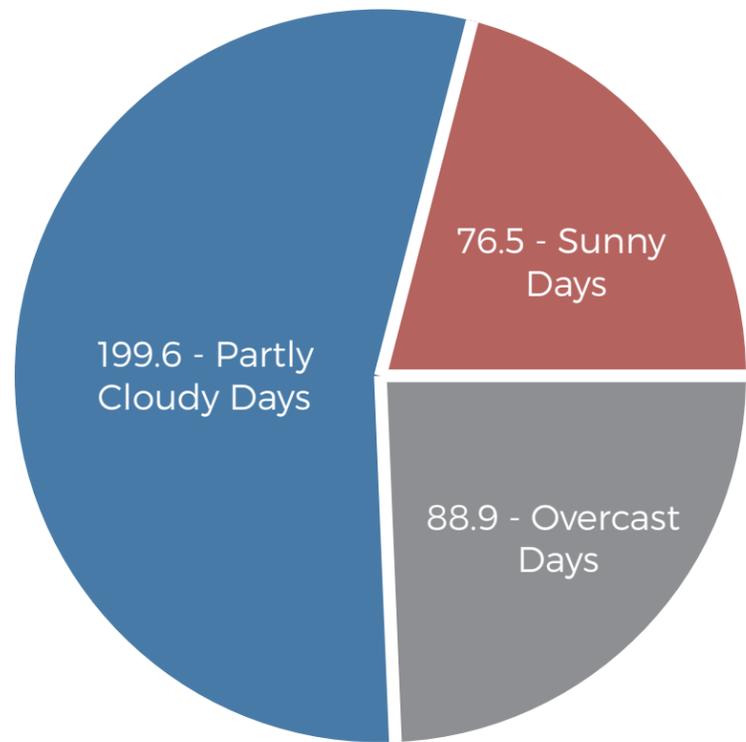


Fig 107.2

With being just off of a major range in the American Rockies the site receives quite a bit of cloud cover, only having 76.5 days of complete sunshine annually. These cloudy seasons also come around at the cooler times of the year, restricting the ability of residents to gain the full effects of the strong winter sun.

Sunlight

Monthly Sunlight Hours

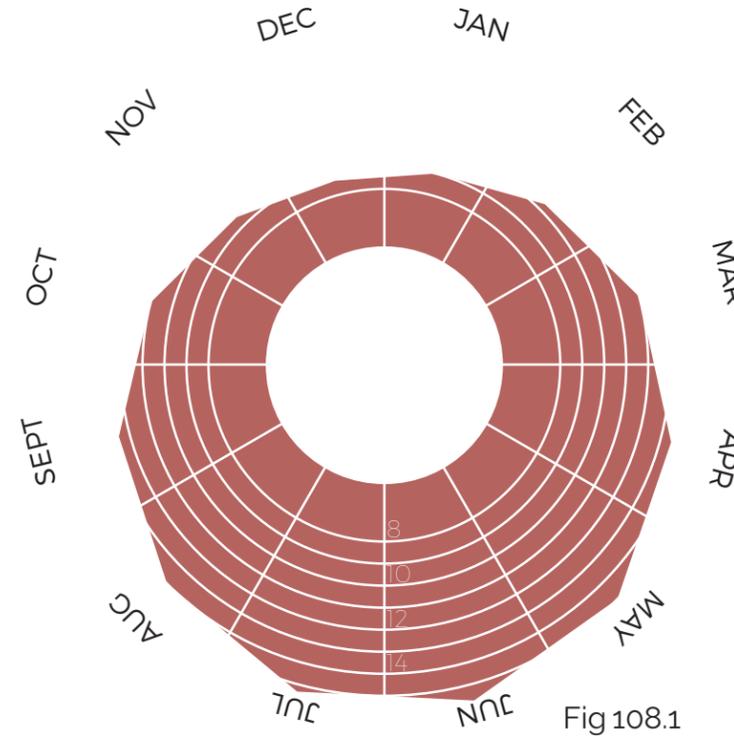


Fig 108.1

At such a high elevation and latitude, Butte has dramatic changes in available sunlight throughout the year, with the primary winter months being an especially dark time at 8.33 hours on possible sunlight on the winter solstice.

Annual Warm Days



Fig 108.2

With this limited exposure to the sunlight and being in a naturally cool environment, the city for the most part does not meet the human comfort scale for warmth, achieving only 29.2 comfortable days a year on average.

Annual Heating Days

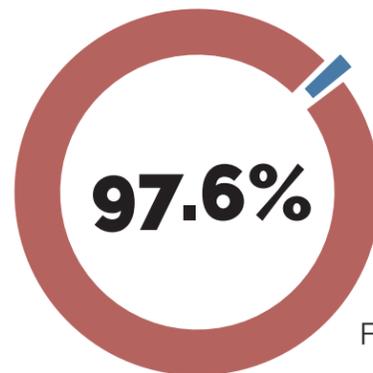


Fig 108.3

With this the demands to meet this need for comfort are quite drastic, necessitating the need for heating. From this, annually 356 days conventional heating is used at least once.

Sunlight

Again with the geographical location the city is at the will of a wide range of sun levels, with it being nearly overhead in the summer months, and very low in the winter. The following graphics illustrate how the range in sunlight can effect the city on an annual basis.

Sun Path Diagram



Fig 109.1

Sunlight Penetrations

The following graphic expresses the dramatic change that occurs in the level of the sun with each passing season. It can also be take to understand the creation of cold shadows by other built features that can cover another structure.

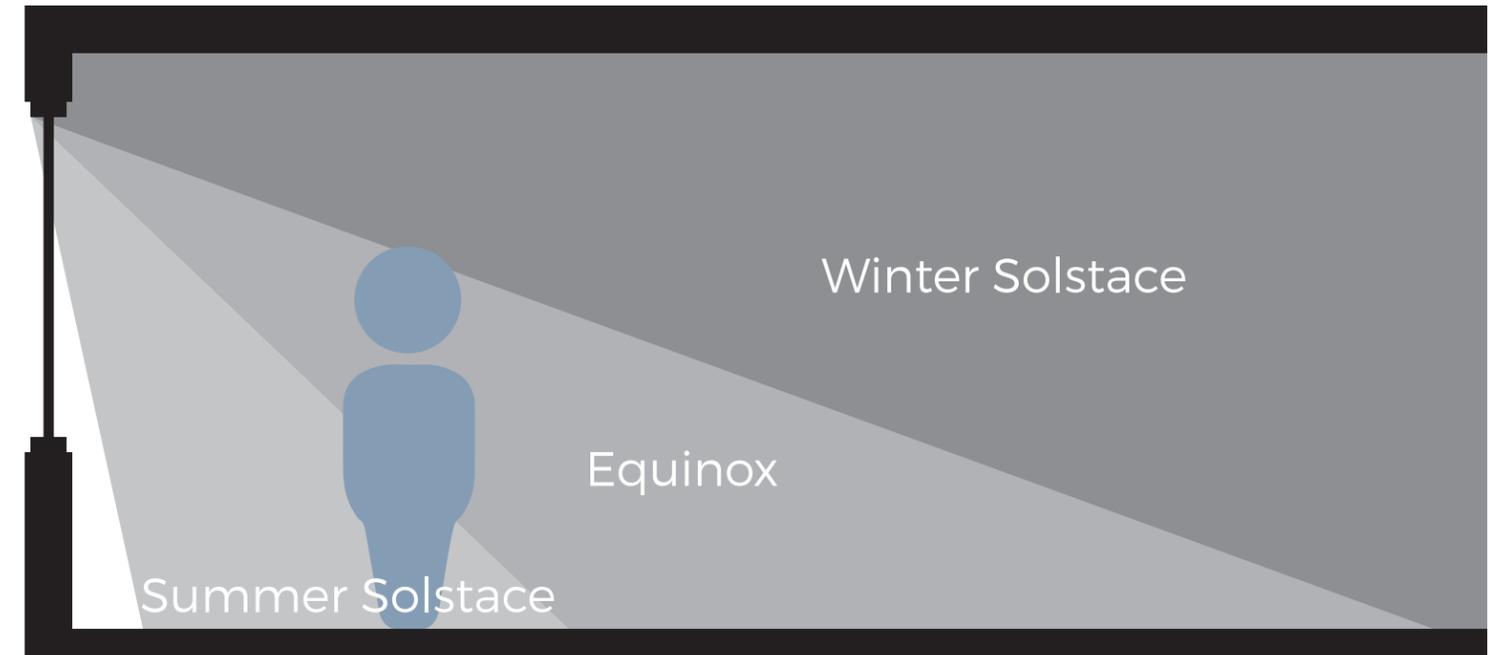
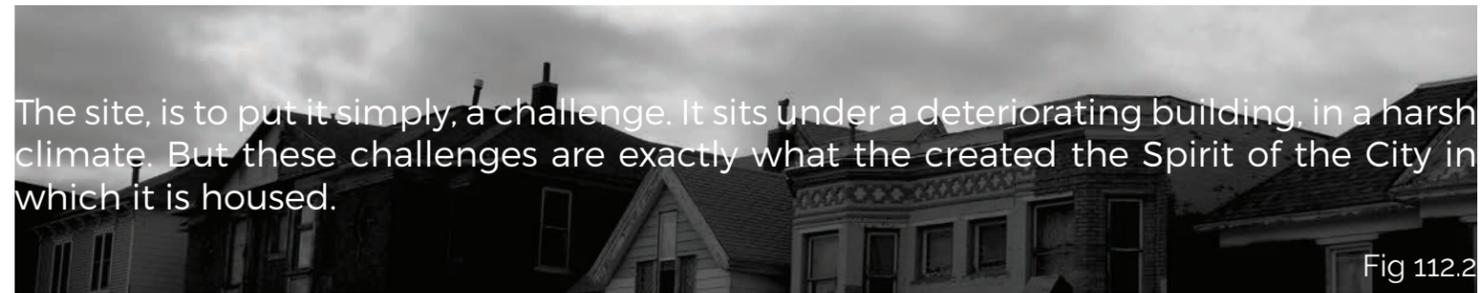
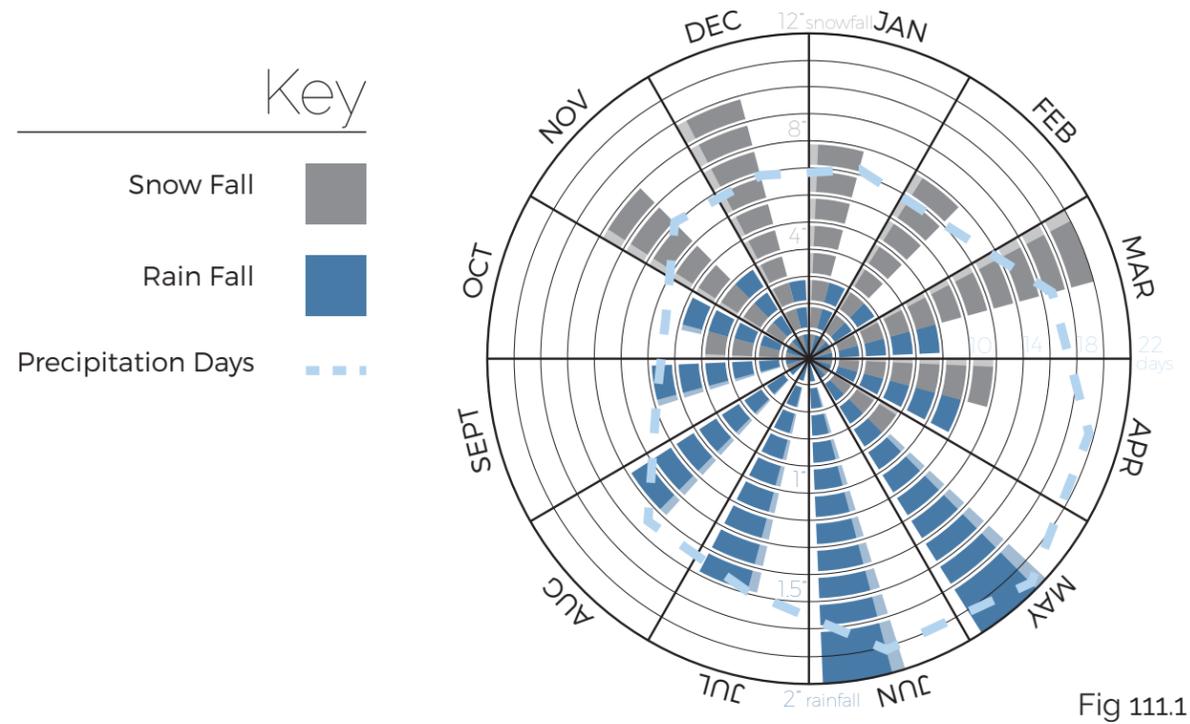


Fig 110.1

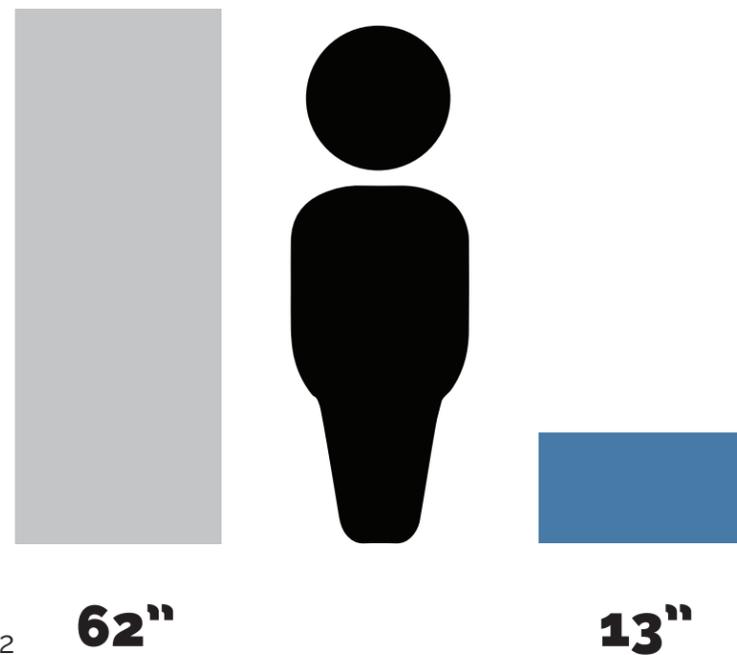
These images should illustrate the design challenges the city creates based simply on the need for sunlight exposure to human beings. The low winter angles will have to be harnesses and the harsh summer angles screened, but in a manner that wont compromise the other.

Rain and Snow

Butte, like any other mountain town is at the will of the element of water. Rain although not at incredible levels in the city creates challenges as it flows from Uptown down hill into the lower dwellings. The other major element to keep in mind is the massive amount of snow the community collects. The annual average for snowfall in the city is only half a foot less than the average human is tall.



Annual Precipitation Collection



CODE ANALYSIS

A facility that will contain upwards of 80 residents in a semi-medical setting must understand an ample amount of regulations and design strategies that must be implemented to simply meet the law. A thorough examination of specific regulations will be a critical stage in the design procedure. On top of these challenges, the program of the facility is meant to be placed into an existing structure, incurring more regulations based on construction type and the minimal amount of egress required from archaic building codes. To simply follow the International Building Code and Americans with Disabilities Act is a challenge, but to implement these in a way that challenges the manners of current addiction treatment is another barrier altogether, but it must be done.

Fig 113.1 - Butte Miners Circa 1910

Occupancies

Analysis of requirements by all local, national and international building codes for the Old St. James Hospital in Butte, MT.

This Analysis focuses on the existing conditions as well as requirements for all renovation or additions.



Fig 114.1
St. James Hospital - South Eastern Perspective

The hospital had received many additions and changes over the years, beginning in the late 1880's, as a simple masonry structure.

The existing building has two general building types, the first and original being Type IIIB with noncombustible walls, but no vertical elements being resistant to fire.



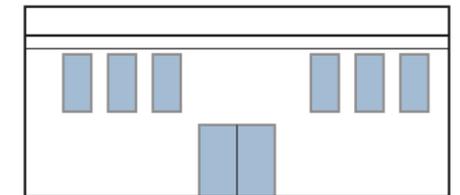
The second, a hidden addition made nearly completely out of reinforced concrete, Type IA. This may seem over the top, but with 14" walls on the third floor it fits the conditions of the construction type.



Anticipated Uses	Sf. per occupant
Assembly - Concentrated Seating	7
Business	100
Educational - Classroom	20
Educational - Shop	50
Exercise areas	50
Institutional - Treatment	120
Institutional - Residence	240
Kitchen	200
Library	50
Mechanical Space	300

Primary Occupancy

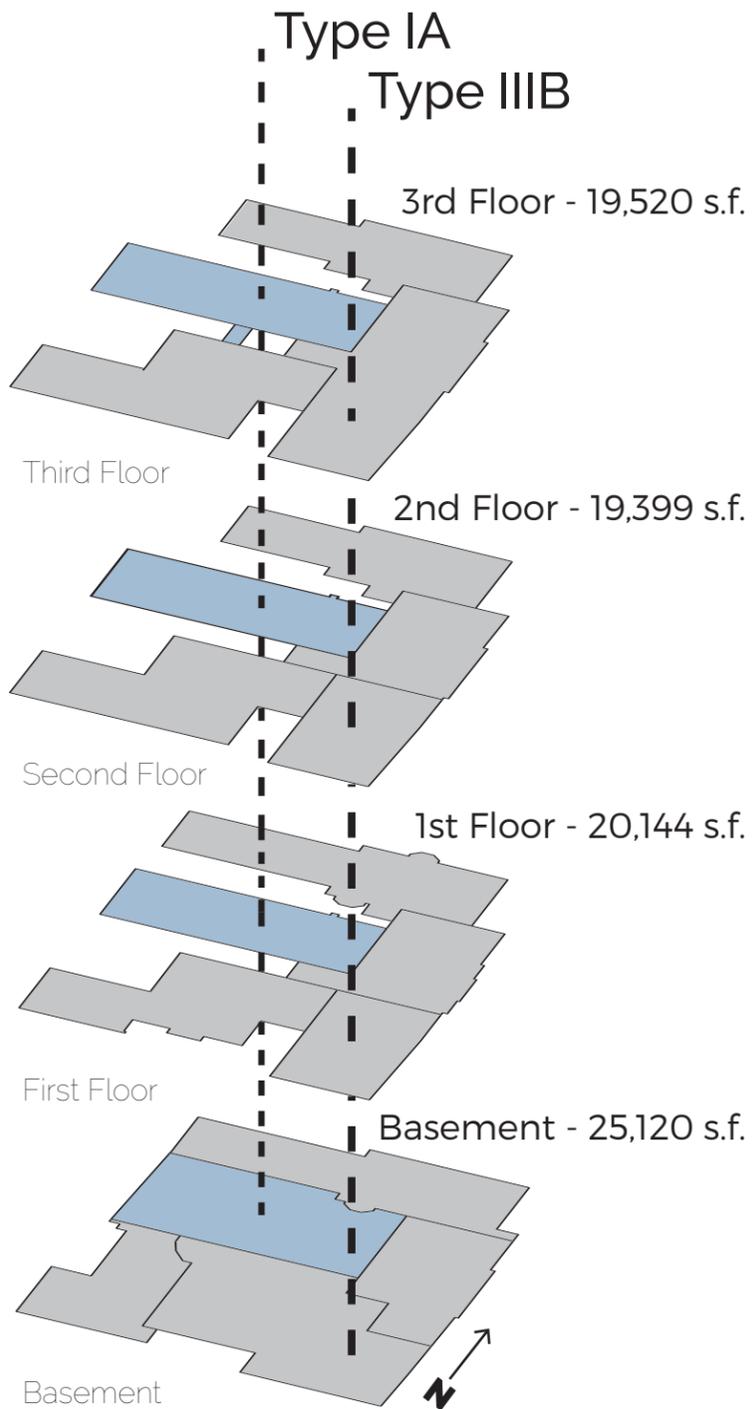
Rehabilitation Facility with more than 15 residents that are capable of egress without assistance fall under the category: **Institutional 1 - Condition 1**



- All residential units must be separated by a 1 hr fire wall.
- All Residential units must have an emergency egress, door or window opening to a public right of way or a courtyard which opens to a public right of way.
- Sprinklers are required.
- Basement is not required to be calculated.

Existing Structure

Type IIIB Total - 63,754 s.f.
 Type IA Total - 20,430 s.f.
 Total Square Footage - 84,184 s.f.



Isometric Plans - Existing Building

Building Type-III A

All additions to the space will be constructed in Type-III A.

Requirements of Type III A Construction;

Maximum Height - 85'
 Maximum Stories - 5
 Maximum Area Per Floor - 66,000 s.f.
 Maximum Area Total - 148,5000 s.f.



Assuming all renovations would take the principles and requirements of Type III A, and entirely populated by Institutional 1 Treatment requirements, the building shall;

- Meet current requirements of the building type, and would not necessitate the construction of fire walls to separate each wing. (Building also meets all regulations for both existing building Types)

- Hold 701.6 people at capacity



Egress

With the ample maximum occupancy the facility will require;

- 140 inches of egress doors minimum.
- 211 inches of egress stairs per level.

All Stairs must be at least 49 inches wide and all corridors must be at least 44 inches wide to meet occupancy regulations. Doors for this occupancy cannot be more than 48 inches wide.

Minimums

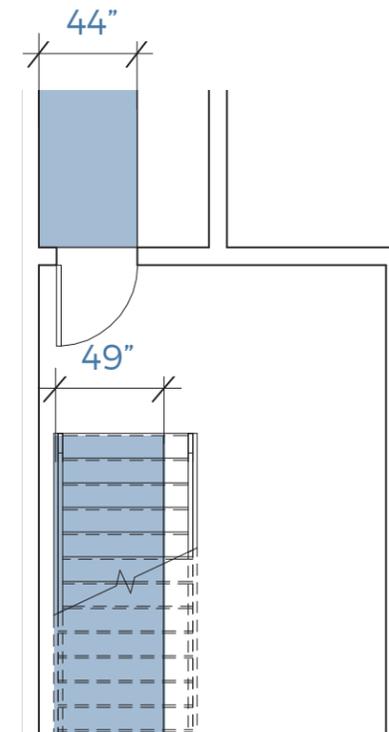
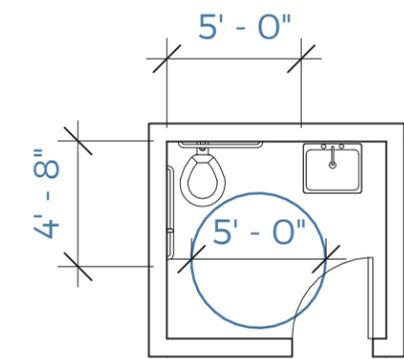


Fig 116.3 Minimum Stairway Requirements

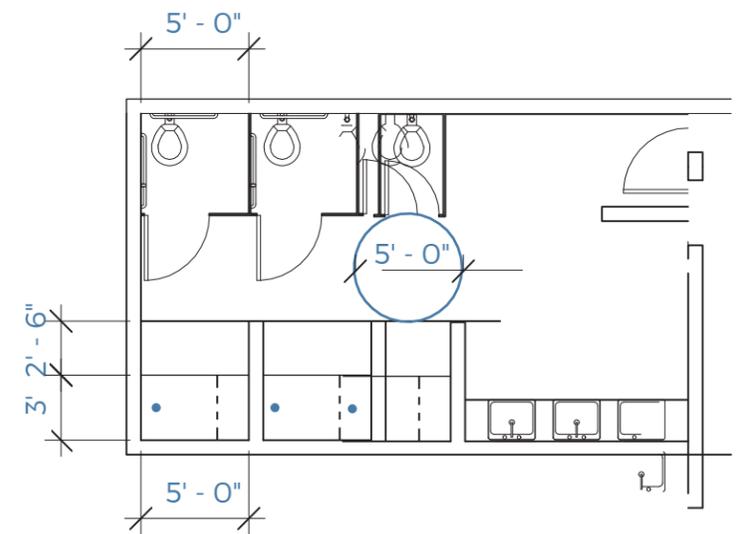
An additional requirement of the occupancy is that of having all dwellings have immediate egress either by door or window for the first 6 levels of the building. With this all units will be built to either face the street or to the interior Courtyards.

Accessibility

Single Restroom Fig 116.1



Multi-person Restroom - With Showers Fig 116.2



Along with all requirements of the Americans with Disabilities Act. The Fair Housing Act apply has additional requirements to II Institutional settings.

- Reinforced restroom walls and grab bars must be installed for all stalls in every bathroom unit.

PLAN FOR PROCEEDING

Research Direction

Logical Systems By examining arguments of the great thinkers, both past and present, the topics of perception, dwelling, and healing will all be thoroughly examined and allowed to come together in a specific application. This will be conducted by reading multiple works, taking digital notes that summarize content as well as ask questions that apply to the thesis.

Interpretative Research Understanding the significance received by oneself and others can play a massive role into how one reacts to a physical setting. Understanding these elements of significance in existing addiction treatment centers will be necessary to develop spaces that cater to the specific user group.

Plan for Design and Documentation

Plan for Design Methodology The design must begin by referencing theoretical arguments on; health, dwelling, community, perception, desire, among many others. Along with this multiple stages must be conducted including; analyzing the history of medicine and addiction, visiting and categorizing treatment centers, interviewing those that administer treatment as well as addicts, creation of the artefact as a conceptualization of the perceptions one may receive in an state of addiction and a state of recovery.

Documenting the Design Process Information will be documented through; presentations, reading summaries and reaction papers, site visits and records, interviews and notes, creating a perceptual artefact with embodied meaning, imaging of the artefact process, photographing all models and capturing all schematic designs, creating digital and physical models of existing conditions, expanding on these existing spaces through design to create new concepts and relationships for the new program of the existing structure.



Fig 118.1

Project Schedule

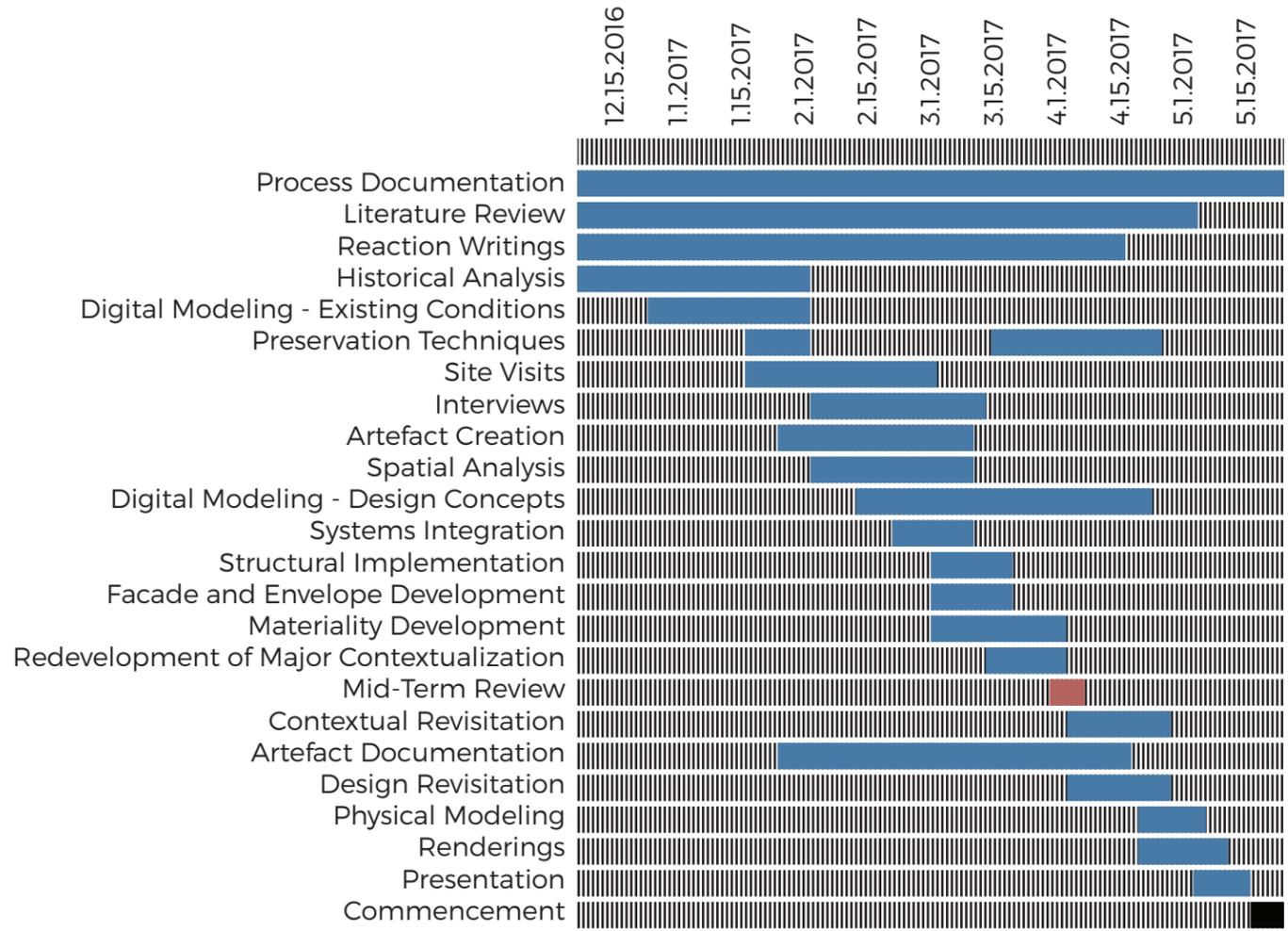
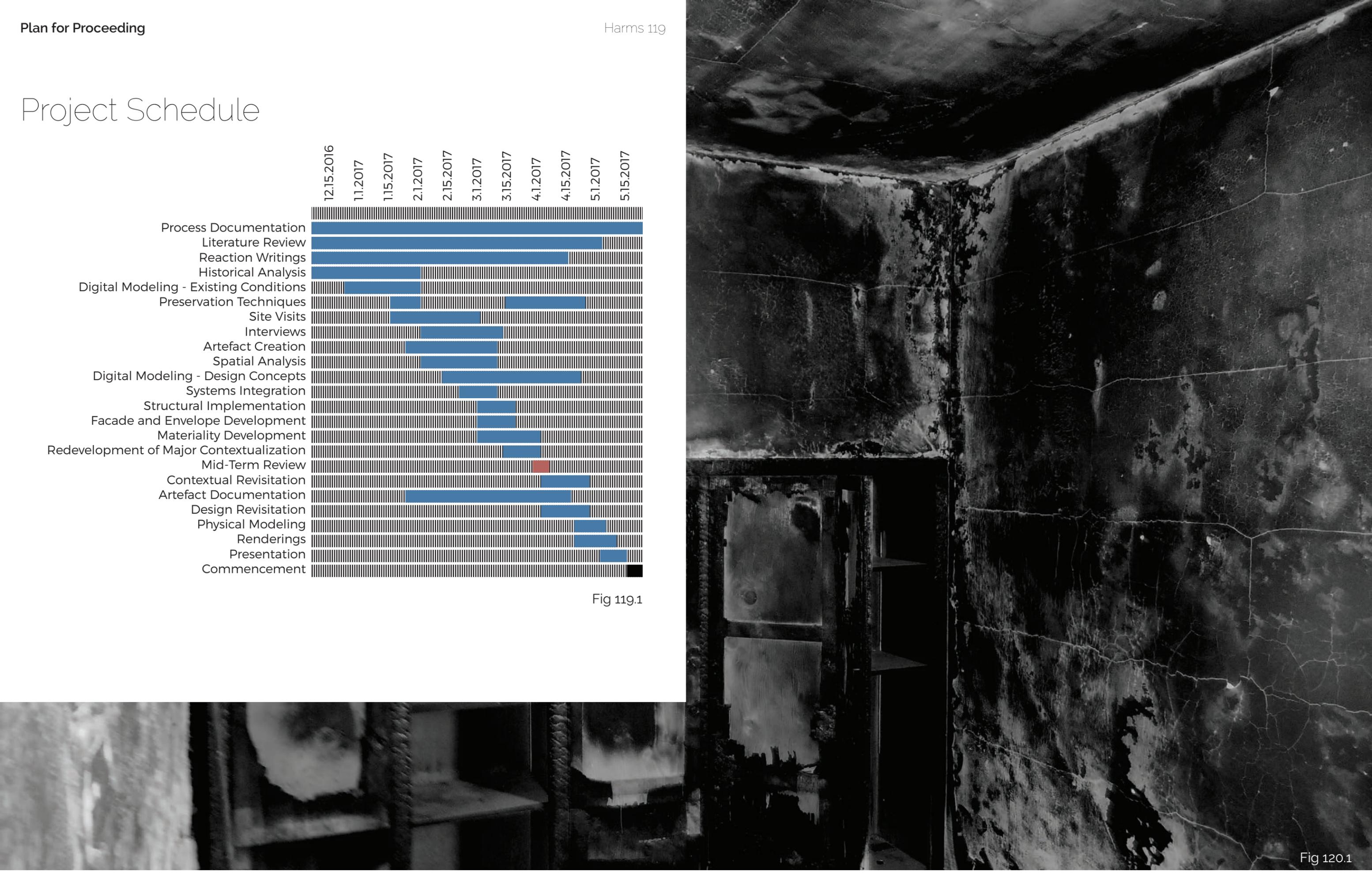


Fig 119.1



THEORETICAL AND HISTORICAL CONTEXT

By understanding the project in a context that relates to a larger scope and to elements of theory, history, and myth, relationships can be pulled out and connected to other projects that may seem obliquely related. Through these relationships an analysis of human nature, architecture and the arts can facilitate a design that is concerned with physical interaction and perceptual experiences. As mentioned earlier the field of architecture has done little to react to the current addiction crisis, but human perception will always have roots embedded in collective memory and through decisions of the past.

Edward Casey, in his essay; *The Edges of the Earth in Ancient Thought*, while analyzing the physical and metaphorical concepts of an “edge” explains that ancient mariners believed the edge of the world lie beyond the Gibraltar strait, and that anyone one who were to travel beyond them would perish into oblivion. However, century after century sailors would face, as they were called “The Pillars of Hercules” knowing well the horrors that they would supposedly face.

Casey expressed the idea of an edge is an element that has a duality to it, the duality that gives them power, they force one to look towards it as well as to look away, but an edge indeed call for one to look around. It is this mystery of an edge that allows for exploration, and the anxiety of the unknown that are so ingrained in human beings. In this way, they can prevent

one from going beyond, but edges are there to invite one to peek, to peer, to look, and to venture onto the other side. These edges are what call us beyond, yet we know not what lays beyond. Just as the explorers that submitted every dangerous mountain knowing there could always be a peril on the other side. In relationship to this thesis the facility must then become a metaphorical edge for the addict; they must peer beyond their current condition of despair, and look to what frightens them, detoxification, relapse, pain, agony, and yet also show them what they need; recovery, help and healing.

“...Opening your mind to what lies beyond, to the other side of the edge, past which one must move.” pg. 159 - Casey

Vilem Flusser is a Czech philosopher, who at the Nazi Occupation of Czechoslovakia was forced to flee his homeland to save his own life. From that moment, he considered himself to be homeless, not in the fact that he was without the concepts of “a home” but that he had given up his “home.” This allowed so many other places to build a home in him. Flusser held that there was a distinction between a home, simply physical building, and home, a personal relationship and bond held to a place but one not of decision but of coincidence.

In *Taking Up Residence in Homelessness* he draws a critical view of homes, stating that a man is bound to his home, and if a man is bound, he cannot truly see the world. To him this bond is toxic, and prevents one from making choices for themselves, because they are constrained

by this concept of home. When he fled Prague, Flusser did not make the decision to leave it was only in saving his own life that he could flee. Leaving his “home” for the first time was painful, but it afforded him a freedom of experience and choice. Now if he wished to leave a home, it is simply a matter of him deciding to do so. This is truly an individual’s freedom of choice.

“Like a cotton blanket, habit covers up and rounds off all edges of phenomena. It prevents me from recognizing the misery and injustice prevailing there, and I can only vaguely feel them.... This is what is so catastrophic about habit.” - Flusser
In the same way a home can protect a man, it can also come to destroy oneself. It need not be explained how this applies to the modern addict.



Fig 124.1

A facility created for addicts must then become an edge; an edge that will facilitate the homelessness Vilem Flusser allowed to give him freedom; an edge that will bring about the anxiety of recovery; detoxification, desire, pain, relapse, agony, fear, while affording them the opportunity for above all else, recovery. Much like an adventurer the addict must face the duality of the edge, for without the anxiety of the mountain peak, no vista can be taken in.

"In my hard-won freedom, it is I who ties the binds that connect me to my neighbors, in cooperation with them." Vilem Flusser

The space will ask for one to give up their concept of home for a home and allowing for homelessness, so when they leave it is not leaving their home but accepting they are now capable to make a home for themselves. This is what Martin Heidegger would explain as a demand for "dwelling". The German Philosopher examined the notion of dwelling in his essay, *Poetically Man Dwells*, where he examines if simply occupying a space is satisfactory to dwell. His notion is that it is not; to dwell is not to simply occupy. There needs to be something poetic, something that calls beyond a box to allow one to truly dwell. The power of dwelling is that it connects one to the heavens and earth, in whatever that may mean to each individual. Dwelling is an impactful way of living,

but is not constrained to one manner of building a space, but the act of building it with this end in mind.

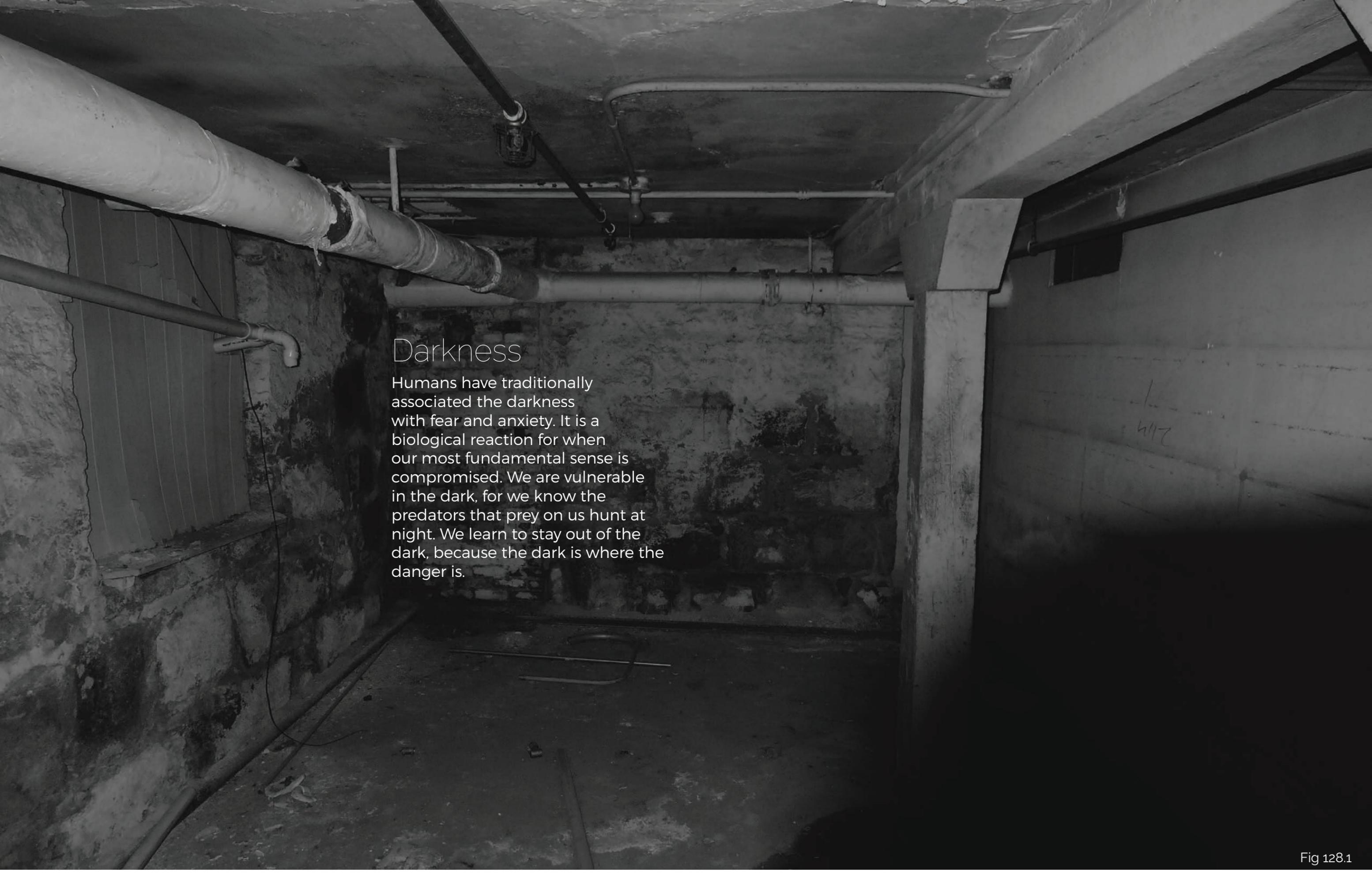
This notion is an architectural aim which has been desired for centuries, but requires a deep personal experience in each setting. In his essay, *The Lived Metaphor*, Juhanni Pallasmaa explains the impact of dwelling he experienced when living in the Poli House in Chile, "I felt that I occupied a metaphysical instrument, a mediation object, which activated and reorganized my relationship with the world."



Fig 126.1



Fig 126.2



Darkness

Humans have traditionally associated the darkness with fear and anxiety. It is a biological reaction for when our most fundamental sense is compromised. We are vulnerable in the dark, for we know the predators that prey on us hunt at night. We learn to stay out of the dark, because the dark is where the danger is.

The fear of darkness is a recurring theme in art and the fear translated across the medium comes to the viewer. The Carceri etchings by Giovanni Battista Piranesi, are a prime example of discomfort experienced in darkness. When looking at the etchings, one imagines medieval torture techniques, smoke, shadows, pain and that most basic emotion; fear. These etchings were created in the 18th century, metaphorically expressing the pain and fear a prisoner in that time would experience; unending motion yet permanently still, a world devoid of sunlight and owned by the shadows. They depict far too much all at once in a manner that seems impossible, yet they seem hyperreal, embedding the uneasiness one has staring into the dark towers of stairs.

However, these events did not occur to the prisoners in that century. The etchings were created and influenced from hallucinations and fantasies prisoners of the time experienced being sedentary and living in a world devoid of light. Most unfortunately, these devices did in fact become personified in the proceeding centuries. Devices were constructed as an attempt to control prisoners and mitigate mental disorders. This darkness that creates discomfort, fear and hallucination is as old as human thought, even when imagined it has deep and powerful effects, both on the individual and the world outside of the individual.

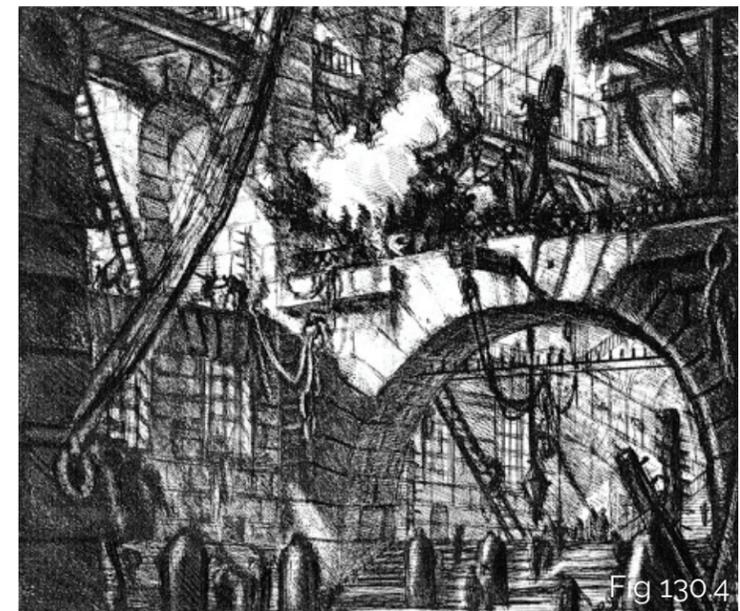
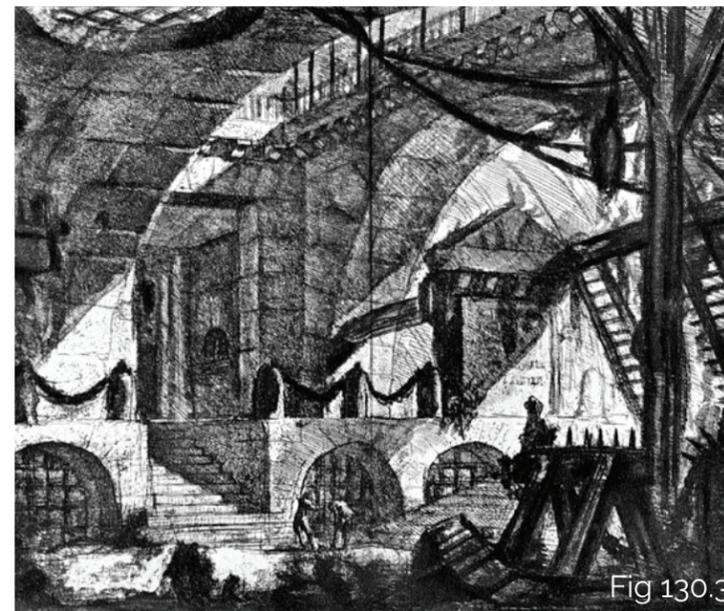
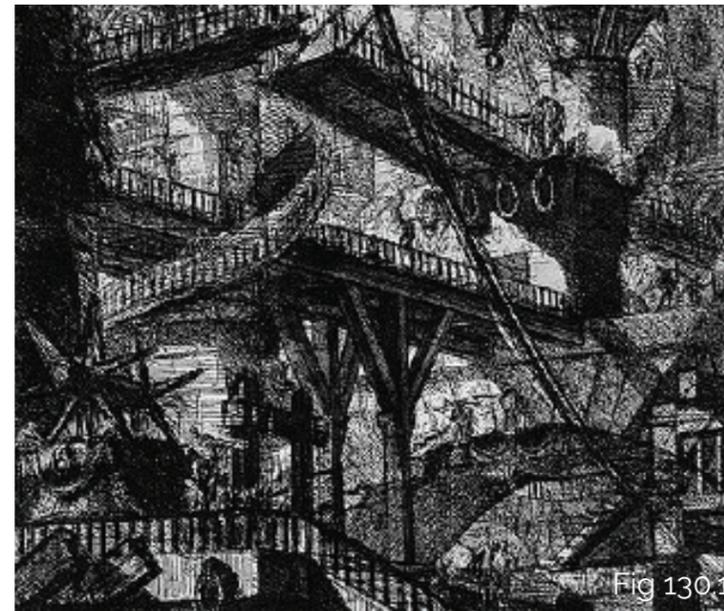


Fig 130.5

As explained, fear is connected explicitly with darkness, but the notion of desire is deeply connected with the shadow and darkness. In many myths, the connection to the desire of someone or something is typically in a setting of darkness.

The Myth of the Invention of Drawing is told by Pliny in his Natural History, it is the tale of the daughter of a potter named Butades who decides to trace the shadow of the man which she loved, before he went to war. The profile of the man is drawn on a wall and then taken by Butades to create a figure out of clay that was then preserved in a temple. The original painting was made for her, but used by mankind for the rest of history. The myth itself is packed with metaphors and meaning that must be understood to

begin to dissect the painting by Suvee. In the essay, Tracing Shadows; Reflection on the Origin of Painting, Hagi Kanaan explains, that to the ancient Greeks a shadow was a symbolic representation of a soul, and this tracing of a shadow could be interpreted as the death of the lover, for he probably will not return from battle. However, she is not drawing his presence or his absence, she is drawing the gesture of love, for she could chose to ask him to stay or bring her, but she is allowing the choice but representing the desire for him through attempting to keep him for the absence of him. This notion of the silhouette, as well as the use of a candle to create it connect to Platonic theory of the Cave. Plato argued that humans are only looking at a silhouette of themselves project on a wall from the fire

while restrained in a cave. This ignorance of the world is the absence of knowledge and fulfillment one may achieve by understanding the world. Butades daughter in this way is recreating the cave, a voluntary submission into it, hiding the truth she is looking for through love. The representation of Plato's cave is also identified by the use of a candle to create the shadow. The shadow expresses the desire she has wishing that her lover would remain, and that his eternal presence could be something she cannot stand to lose, but she must. Maybe the shadow is drawn because the love may wane if he remains, or that the separation from each other by death is impending, so to capture his soul is to keep him, if for a moment.

It can be understood that this relationship shows the ironic nature of darkness

to human experience. For humans fear the dark, yet the thing they desire is hidden in the dark, creating a metaphorical edge on the power of darkness.



In the myth of Orpheus and Eurydice clearly expresses the ironic nature of desire. In the tale, Orpheus journeys into the darkness of the underworld to rescue his perished bride Eurydice. Orpheus knowing well the dangers and perils of the underworld, is led by his desire for her, however this desire is what makes him eventually lose her forever. In the myth, he was instructed to leave the underworld with her, but was not allowed to look at her until they returned together to the earth, or Eurydice would be damned



Fig 133.1

for eternity and Orpheus would continue his life without her. In their journey to the mortal world he made his way ahead of her and when he was out of the cave he tried to look back at his beloved, but she had fallen behind and was pulled away into the depths of Hades.

The myth although heartbreaking, it is linked to the journey of knowledge and self-discovery. In the darkness one can face their desire and have incredible impactful experiences. This allows for have darkness be a tool of perception and experience.



Fig 133.2

The positive experiences of darkness are elements understood in architecture and design, as powerful choices used to create the user experience and connect with how each individual should anticipate a space.

“Darkness creates a sense of solidarity and strengthens the power of the spoken word.”
- Juhanni Pallasmaa

Much like in a single orator in a silent room, the filtered beams of light in a great cathedral are what becomes moving, not the absence of light that envelops the space.

In Japanese building, darkness and shadow are elements that are desired for the effects they have on the individual and for the ability of a shadow to fill an empty room. In the Essay, In Praise of Shadows, Junichiro Tanizaki expresses the impact of a Japanese temple with heavy overhanging roofs and the deep shadows to fill the shrine. These shadows are not what gives the space it’s impact however, it is the impact light may have if there is only so much of it. This forces the builder to be so much more intentional with how the user interacts with the space, and how this light can facilitate it, as well as how it can transform the user. “If light is scarce then light is scarce; we will immerse ourselves in the darkness and there discover its own particular beauty.”

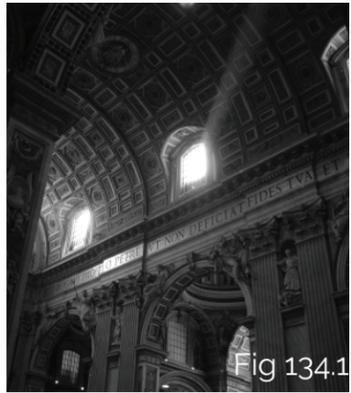


Fig 134.1

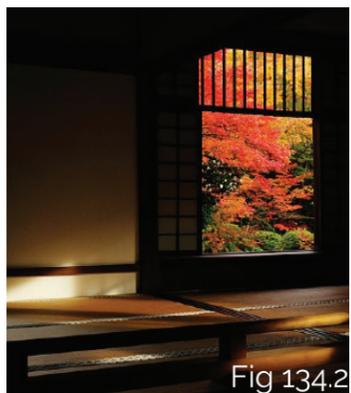


Fig 134.2



Fig 134.3

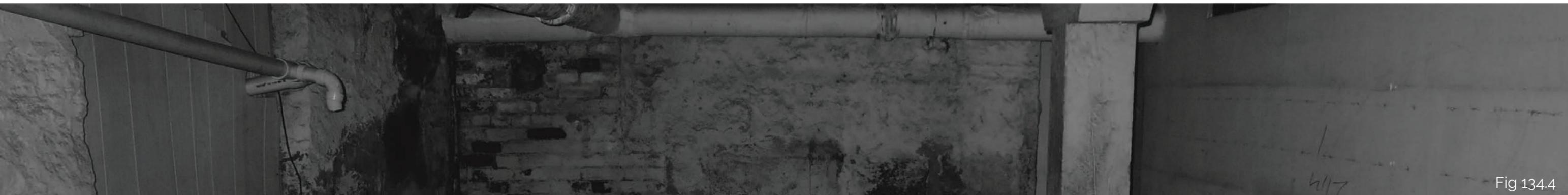


Fig 134.4

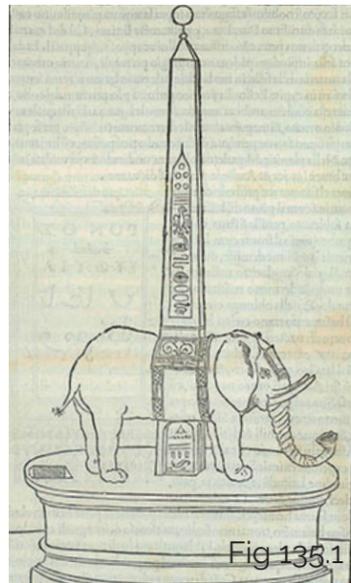


Fig 135.1

Hypnerotomachia Poliphili;
The Strife of Love in a Dream.

The myth of Poliphilo is the perfect intersection between the mythological function of darkness and its capacity in an architectural implementation. The story is a 15th Century Italian tale, that's history is almost as mysterious as its content; having no definitive author, and no exact classification of the original language. The Myth is the story of the man, Poliphilo, or the lover of Polya, who upon traveling through a dark and dangerous forest is placed into a dream like world and experiences a journey propelled by the desire he has for his lover.

His journey erotic in character contains, experiences of architectural sensuality, where he derives pleasure from the buildings and the elements around him in their proportionality

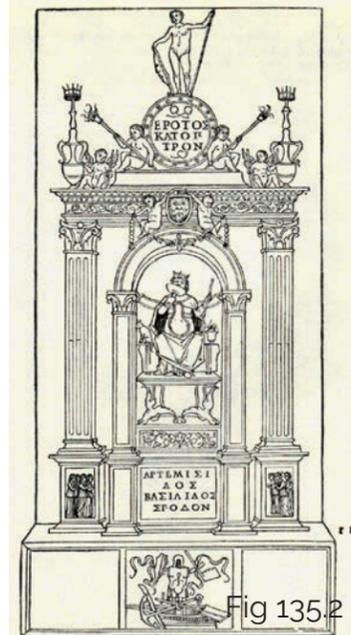


Fig 135.2

and ordered harmony. These include ruins he could not begin to fathom, a great pyramid, obelisk, a colossus explaining portions of the human body as well as many ceremonial elements. Many of these literary features are believed to have been the inspiration of numerous architectural creations of the Renaissance.

Through this journey, he is continually swallowed by darkness and birthed into light following the cycle of birth as well as our hero Orpheus. In these dark encounters, he experiences fear, but at times has his senses teased, expressing the power beyond vision the built environment may facilitate, yet he is never truly satisfied for he is missing his Polya.

Her name, some scholars believe, to be a direct symbol for the city, showing the direct architectural implications, and others believe it is the desire of knowledge found in the city. The story is believed to be a justification for sophisticated building and understanding of bodily interactions in space and a critique of the beginnings of stylization in architecture. Alberto Perez-Gomez explains the symbolic power the writing expresses, by examining how this "erotic epiphany of architecture" shows us how the built environment is understood in an erotic and primary way preventing it from becoming either objective or subjective.

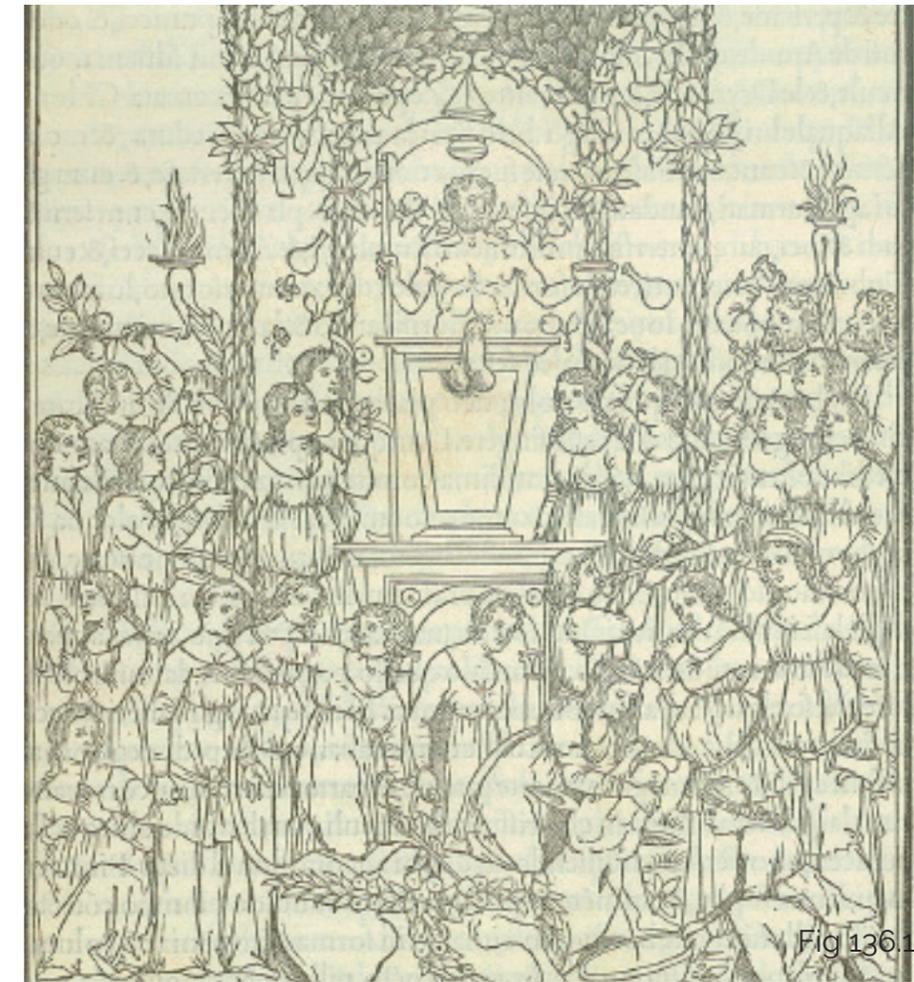


Fig 136.1



Fig 136.2



Fig 136.3

This metaphor of desire may in this circumstance be for a person and love, but it is the desire as old as human history; the desire for wholeness. In his Symposium Plato states, "According to Greek mythology, humans were originally created with four arms, four legs and a head with two faces. Fearing their power, Zeus split them into two separate parts, condemning them to spend their lives in search of their other halves."

This desire for wholeness love; searching for a soulmate

is clearly obvious, but what is being expressed is the curse of humanity; to need something beyond itself to feel complete. Human nature is a desire to find wholesomeness. This desire has been chased by seeking power, wealth, knowledge, but all are attempts to find ones reflected "Symbolon Tou Anthropou" (symbols of man) as Hans-Georg Gadamer would explain. We are eternally seeking something to make us whole.

The Greeks and Romans took this concept and created a token that held great meaning to each person that was a bearer of it. They would create a small clay token, either like a coin or a figurine and crack it into two pieces. Each piece was given to a member of the opposite party and was used to symbolize their bond and was to be used as a token of recognition and remembrance. Lovers would split the token and cherish their broken half as one would leave for battle

knowing well that one may not return, or if they do they may be maimed. However, the token was their symbol of love and recognition regardless of the condition, for both the piece and the person. This held great cultural significance as was also used for guests, friends, and those who had done one's family a great service. It is this recognition of wholeness outside of oneself, as well as in the element that is not present that allows it to have such an impact.



Fig 137.1



Fig 138.1



Fig 138.2

This desire for wholeness is what propelled the addict into recovery, the desire to be free from the chains of addiction is what may allow them to be whole. Some escape this embodied draw, and find ways to leave the world, completely neglecting the real to recreate their world through addiction. A Heroin addict may not necessarily feel the effects of the drug after a certain point, but that is because addiction has become their world, they need heroine to operate each day. By harnessing the drive for wholeness, recovery can be facilitated, and recognizing the capacity of wholeness outside of oneself the effect of community can truly be understood.

This cross examination develops metaphors that span millennia and connect with a variety of human interaction. The quest of knowledge through the darkness by Orpheus is direct enough, but the desire to live in an unshielded world, not blinded by the shadows of Plato's cave, must be explained when a design moving for wholeness is expressed. These examples of experiences and understanding allow architecture to bridge a gap, and create spaces that facilitate each manner of healing, form a community and ask for individual sacrifice in a quest from wholeness. The architecture must convey what the addict is asking, and as well as what is asked of the addict, through a relationship to the past looking to a future.



ARTEFACT

An Oblique Approach of Architecture and Representation.



The artefact created is a combination of elements; fractured ceramics, chips, and dust, as well as a roll of printer paper heavily damaged along one half. The sheer length and volume of the piece gives it an air of seriousness, while the contrast between the voids in the paper and shards that fill each cup explain how both came to be, but not why. This also leaves a room of ambiguity in the artefact as some cups are filled with fragments and others are poured out in a linear fashion. The trails of shards poured out along the paper also run along with the damages of it, telling a story and resonate a path to or from somewhere.

Broken pottery and clay, medium for the artefact, have cultural connotations and relate to a multitude of myths. The major element derived from was the Greek Symbolon, a clay token created and split in two for friends, lovers or guests, as both a symbol of recognition as well as remembrance, a token to be kept and remind of fond memories, but also as a token to recall understanding in the other person when necessary. The artefact was trying to tap into the idea of destroying an item, and by doing so it was given its significance, such as the purpose of the symbolon. This allusion is used to conjure a historical understanding of how humans have approached wholeness, as the lovers each with a portion of the symbolon needed the other to feel whole.



Fig 144.1



Fig 144.2



Fig 144.3



Fig 144.4



Fig 144.5

This wholeness is also replicated in the filling of the cups with the shards that were taken and broken off of themselves. These fragments which were smashed, crushed, and ground, eventually returned to the unusable vessel and in a manner give it purpose again, as they are allowed to fill it just to the top of each one. But again these traces are let go as they are poured out.

This sacrifice of the contents creates an irony in the value of the vessel in a Heideggerian sense. The vessel was there as a tool to drink and be nourished from, but the destruction gave it a new purpose; to contain oneself. However, once the cup is emptied, it sits alone damaged, and seems to have no more use, the only things it was meant to contain are spilled out in front of itself. The irony here is also tied to the dark irony of addiction to which the Artefact is hoping to embody, the desire for wholeness being taken, hidden, fulfilled and released once again by a cruel cycle that must be faced as a person is looking towards recovery.



The spilling of the fragments also holds traces of the Hebrew myth of Shevirat ha-Kelim, or the breaking of the vessels; where God created 10 vessels and wished to have them hold his light. However the light was too great and all but three of the vessels were destroyed. The ones which remained were elements humans were incapable of giving up, and the others were the cause of tensions even until today. However, it is the breaking of the vessels that allowed humanity to take reign and ownership the world, allowing virtue to be an element to strive for, not inherent in everyone. To a lesser extend the shattering and spilling of each cup can also express the capacity for control and the freedom to do so, a capacity required in recovery from substance abuse.

Along with the spilling of the shards the paper suggests a path, and this is where a point of tension could be interpreted; as it is either a path to destruction from the original state, or from destruction to its current status. The increasing severity in the damage to the paper suggests that these are the marks left by each cup sitting parallel to it, while the trail of shards becomes more fine as it leads to the cup. Are these the two paths of addiction and recovery a person could take, or the path to and from addiction? Or are these elements which do not reflect the cup as an individual, but rather a collection? The interesting play between the two elements leaves multiple questions and if framed right can allow for meaningful interpretation by the observer.



Fig 148.1



Fig 148.2

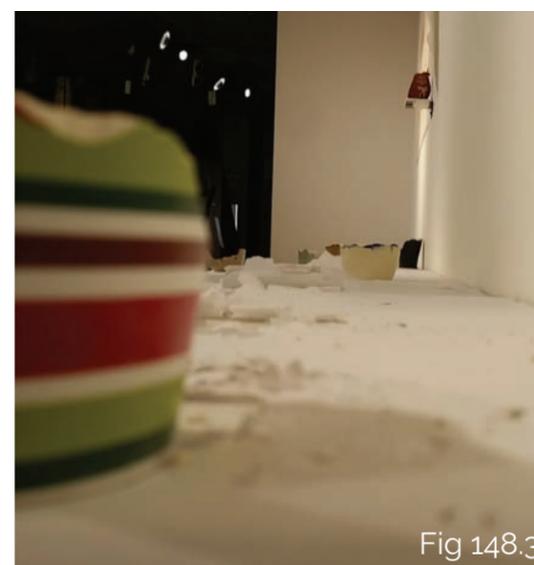


Fig 148.3



Fig 148.4

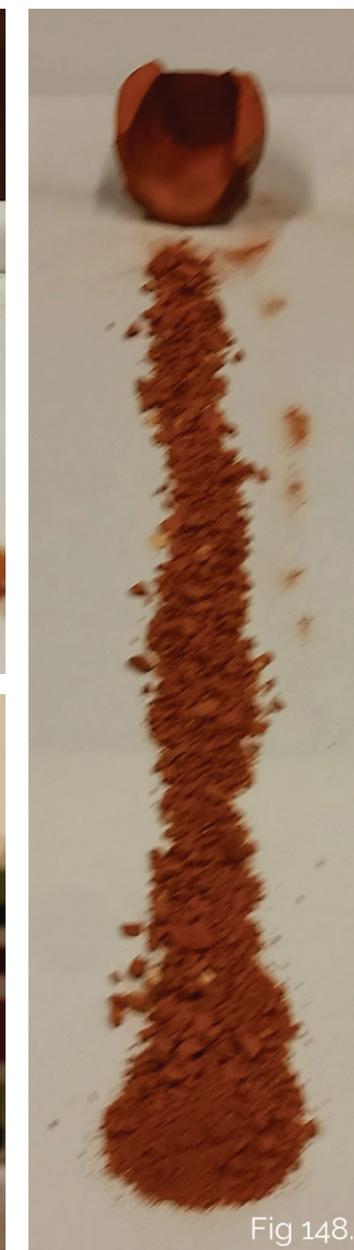


Fig 148.5



Fig 148.6

The work, although not grand by any means, has many layers and elements of composition that could cause an observer to ask questions. It, by creating the cyclical pattern of the fragments of the cup, allows one to wonder how the elements became as such, and why they are so. The damaged scroll of paper on which all of this sits also conveys the story of it, but again guides the observer to ask why such a thing happened and why it is displayed on the string of gauze that were used to destroy itself. These questions can be taken as a duality, as every element of the artefact, is a remnant of destruction and this destruction is what allowed for its production. It was the destroying of the thing that allowed it to exist.

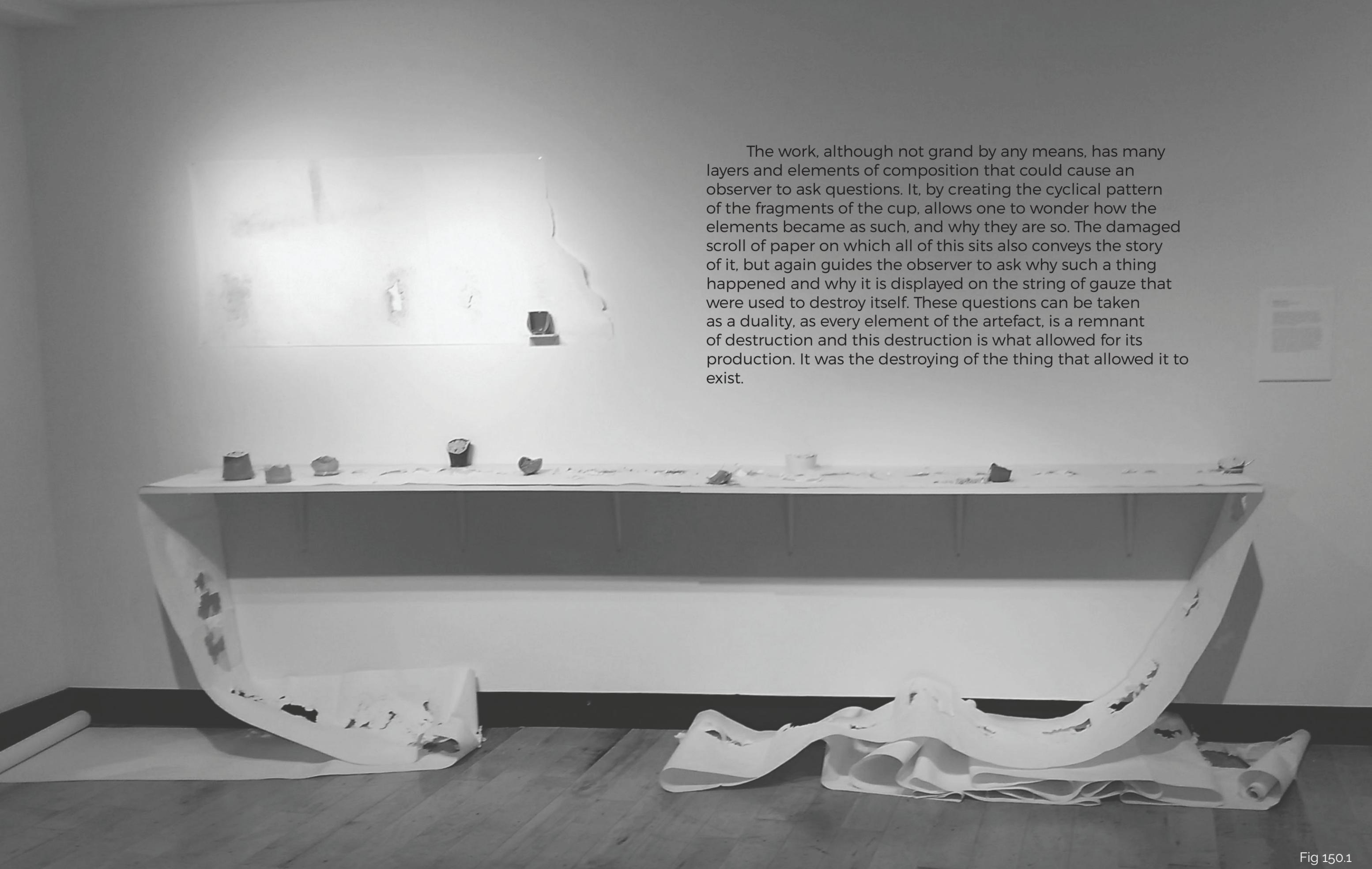
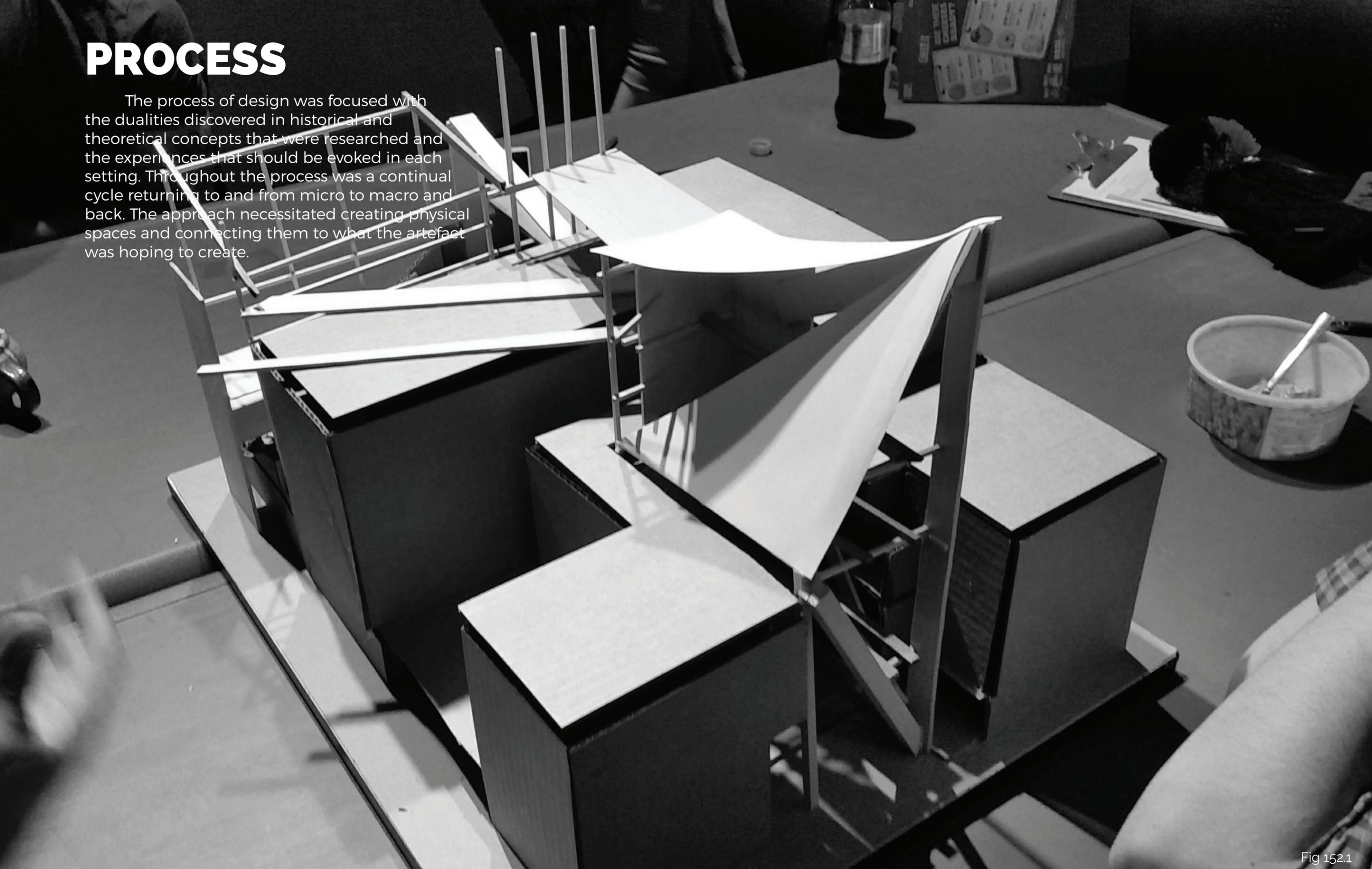


Fig 150.1

PROCESS

The process of design was focused with the dualities discovered in historical and theoretical concepts that were researched and the experiences that should be evoked in each setting. Throughout the process was a continual cycle returning to and from micro to macro and back. The approach necessitated creating physical spaces and connecting them to what the artefact was hoping to create.



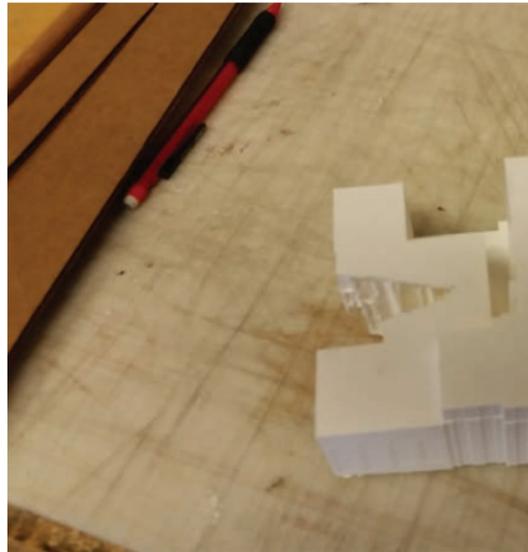
Existing Form

Working from the beginning steps it became apparent that simply refurbishing the building would not meet the demands of the program nor the powerful experiences that were anticipated inside. It then became necessary to understand why the St. James still stands and hasn't been demolished when it is clearly in a sad state, and is it truly important to keep the building at all, for a clean slate would allow design not limited by the existing walls. The process following was an analysis of the space and what moments were notable in both opportunity and threat. This action allowed for the pieces of the building to be articulated, but always locked into the greater whole, just as the artefact had done. From this it was understood that many moments and spaces are extremely important and the building, much like an addict, should not be simply abandoned.

Subtractive

Once an understanding of the building was developed the first step of changing it had to occur. This step was deciding in what manner the building could be changed to facilitate something greater than simply building inside of it, this was the decision to begin a subtractive approach to the existing building.

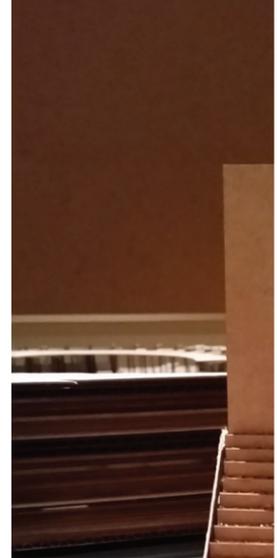
By taking certain portions of the building and exposing others, new opportunities for growth and bridging became possible. Certain subtractions were made to cleave the damaged past and create spaces for an exposed future. However, the subtractions would not be simply discarded but rather could be reassembled and reused within its same home.



Entry Elements

On a micro level, design continued through creative elements to create a powerful first experience with the building and an attempt to do something they would create the decision to cross an edge. However, many of these concepts only focused on one moment and one experience, rather than how a resident would dwell and interact with the space each day. It was also abandoned for a possibility at creating an emotion or experience that was violent or too challenging for the individual entering the space.

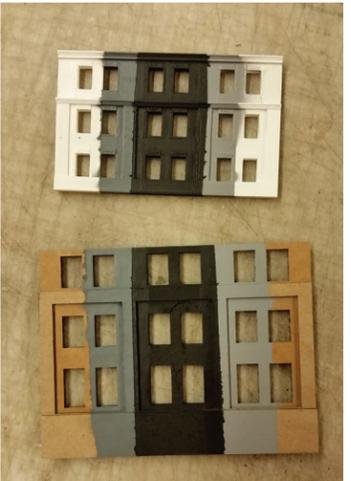
Putting an addict in a moment where they are alone and they must decide if they want to continue ahead seemed powerful in the moment of conception, but neglected the obvious danger this design decision could create. Eventually elements created would be recombined and used in the facility, however, none of them in the patient entry to the facility.



Facade Study

Looking at the building was an exploration to both express the variety in materiality and how to approach these more traditional textures with elements that are modern to create a tension between the two. Modeling provided a chance to create wall sections and test methods to change the existing conditions into a patch that would mend with the modern.

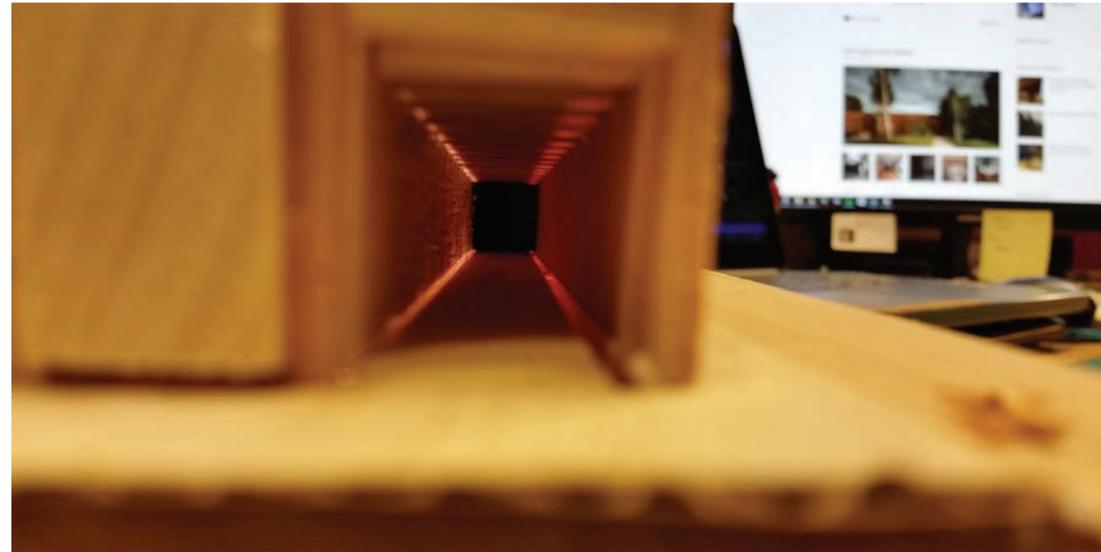
Eventually the masonry was to remain, and modern glazing would be a focal point of any additions. Along with this would be a corrugated metal panel that would reflect the toil age can impose on a building, as well as pay homage to the steel shacks that were home to many of the Butte miners up until the 1930's.



Gathering Hall

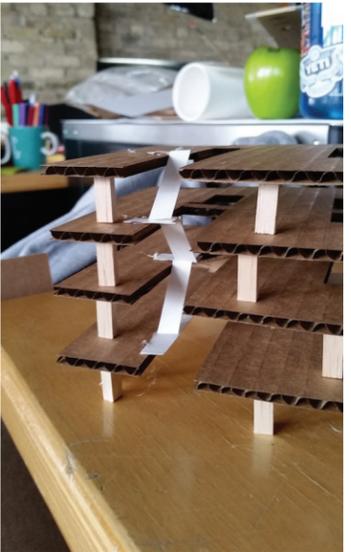
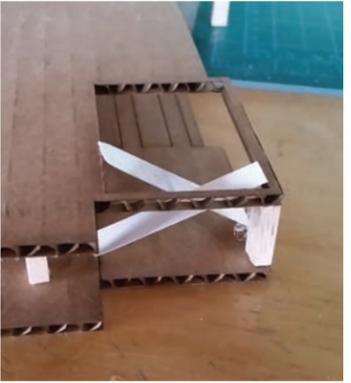
Design quickly turned to the gathering hall, the space where the TC gathers twice daily for its ritual meeting. This space as one of the most important in the building went through many locations in the building as well as configuration. The space became an option for the tension between the light and the darkness as the gathering itself is a whole collection of the broken residents.

A break through was a concept to place the space underground. This allowed creation of a completely new space, as well as control natural elements that could affect the experience hoping to be conveyed through the architecture.



Circulation

Once a more general spatial layout was created digitally, understanding resident flow and circulation became very important both to the pragmatic decisions, but also in how one would experience a space and what options are left for the individual. Design included creating a bridgework that could connect, and cross the wings of the building, while also penetrating spaces so they can be used as a passageway. The permeability of created space was a delicate balance, as the freedom of choice must be preserved, yet the freedom of safety had to be understood.



Exterior Form

The exterior form of the building was a tension point that went through many iterations and many of which failed to create anything other than their facade. With this additive approach, the physical perception of the building seemed to build and bound over the central wing connecting each subtracted wing with its replacement. This also unfortunately created an air of violence to the structure in many cases, and others that create a more smooth and organic approach created a contrast of kitsch, simply stacking two buildings that are the opposite of the other on top of each other.

The form expressed in these models allowed interior spaces to be created, but on an aesthetic side did not meet the demands the building called for. Eventually a form was discovered that created a veil for the build, not concealing the damage, yet not exposing it either, showing while protecting.



Fig 159.1



Fig 159.2



Fig 159.3



Fig 159.4



Fig 160.2



Fig 160.3



Fig 160.4



Fig 160.5

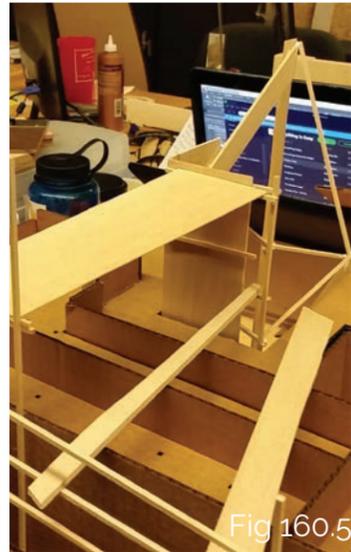


Fig 160.6



Fig 160.7

DESIGN

Coming from this process focused on metaphor and experience came the design for the Old St. James Hospital. This design aims to connect to historic human thought as well as connect to the addicts that will occupy it. By recombining the broken fragments and preserving damage sustained by the building, it hopes to evoke experiences of reflection on past self in a setting created to prepare one's future self.



Fig 161.1

Building Composition

From the public vantage point only two sections of the building are to be removed, the car port and an archway that was added in the 1920's and dominates a facade originally built in 1906. From these demolitions, new architecture can spring forward and provide something new in this historic hospital.

Major additions included the women's ward on the west side and a fifth floor that spans over the roofs of the existing wings, creating a new bridge for knowledge. Portions of roofs will be fortified and used as accessible means to provide secure and safe outdoor space for the residents. Each of these additions comes together just as the existing building uses its sections to create a whole.

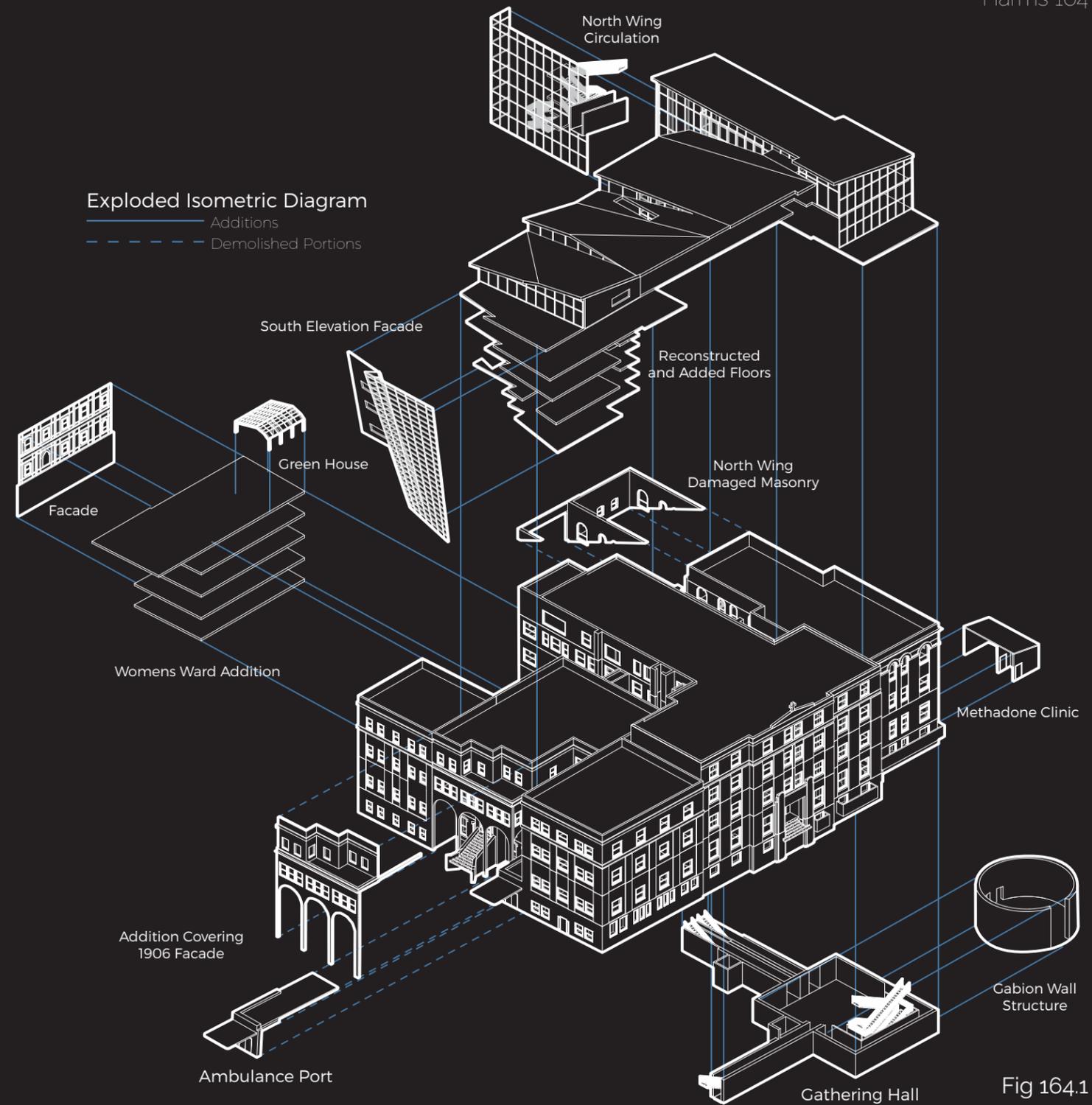
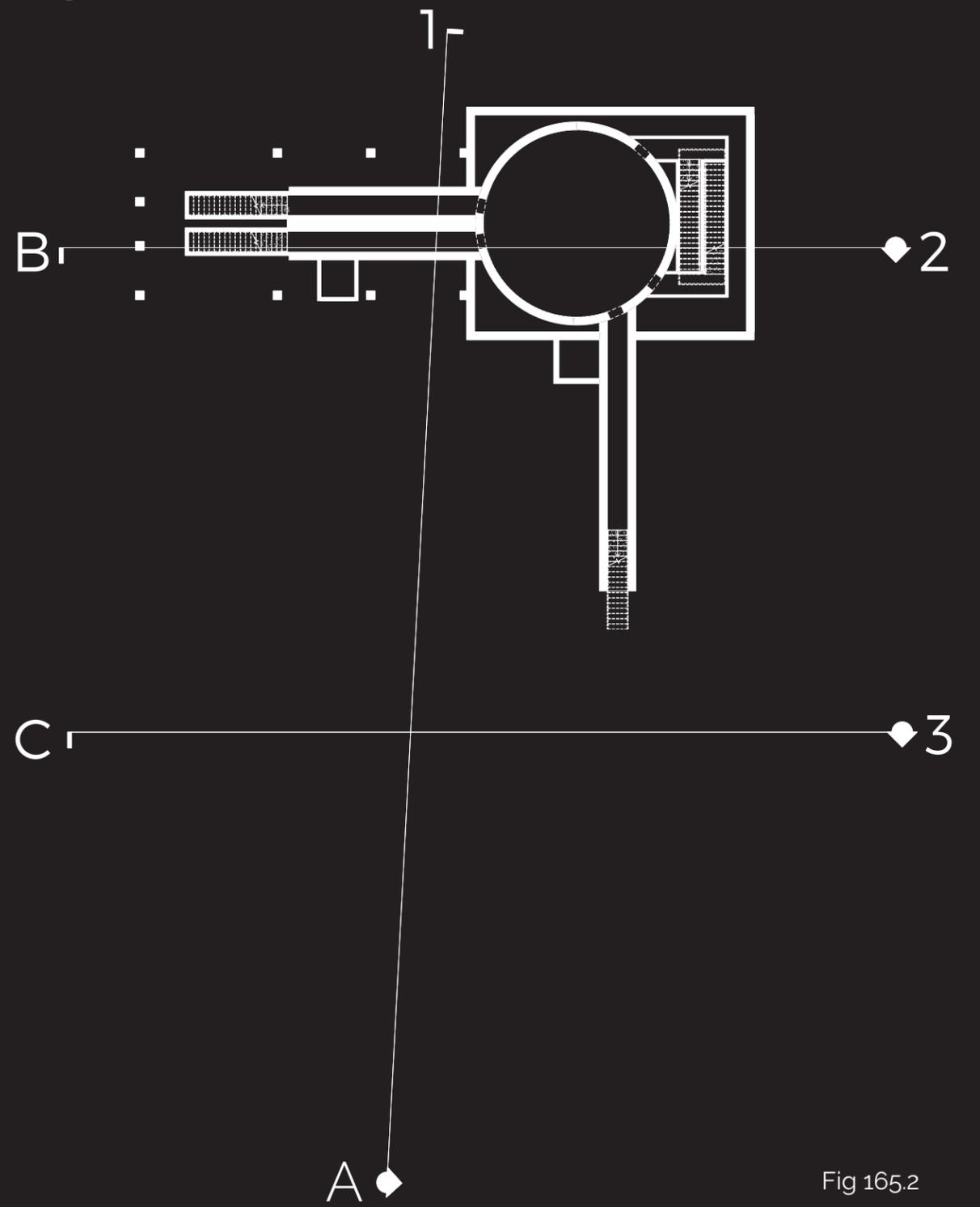


Fig 164.1



Level -1

The lowest level is built underneath the existing basement of the furthest north wing. By tunneling underneath the existing structure, foundations could be fortified allow construction on top of the existing structure. The sole use of this floor is for the twice daily meetings, and is isolated from the rest of the building to facilitate this function.

Fig 165.2

Fig 165.1



Level 0

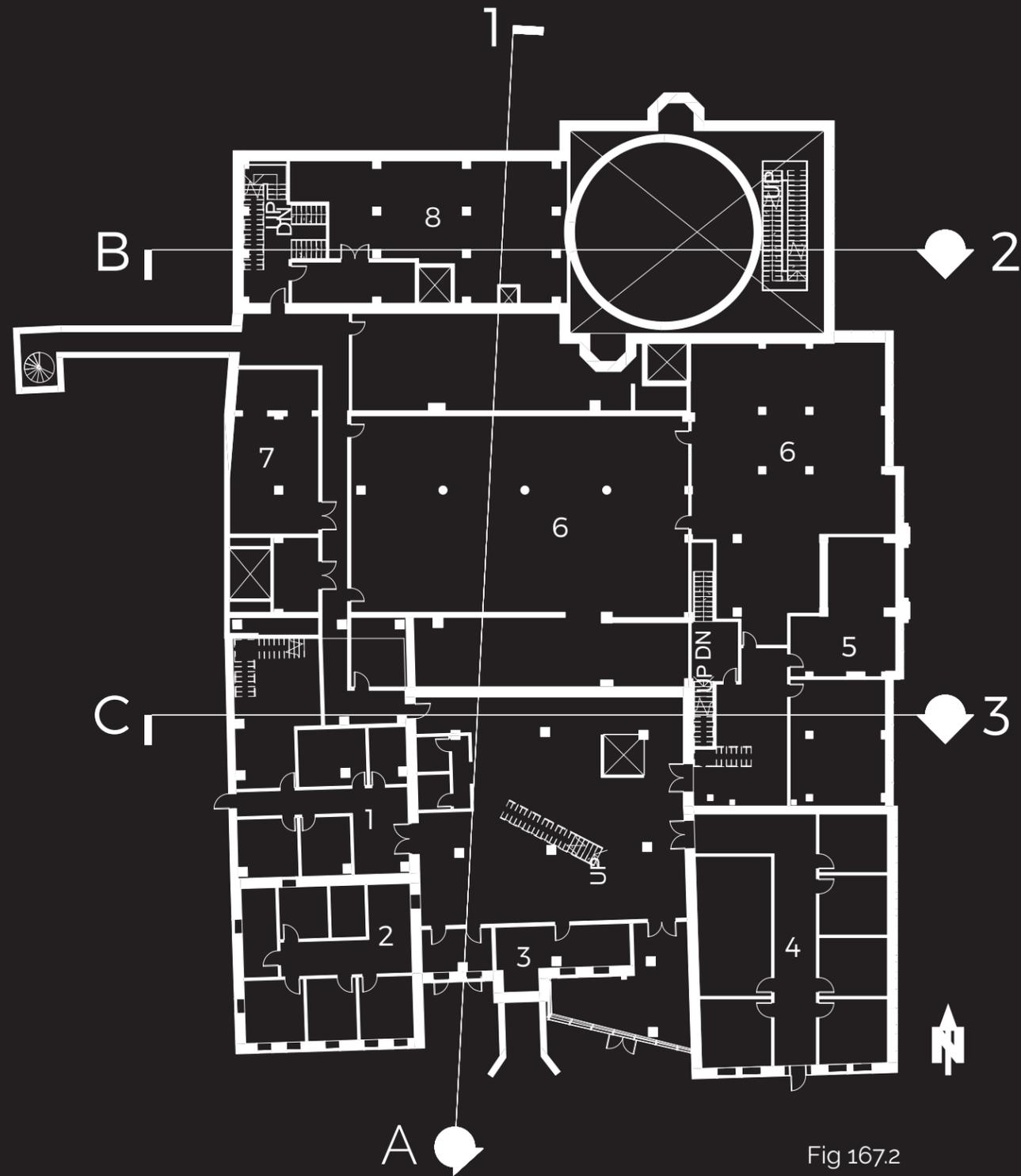


Fig 167.2

The Ground Level is accessible on the south side which functions as the main entry point for patients, staff, administration, and visitors. The floor houses the administration offices, staff lockers and the patient reception. Patient reception is immediately to the main entry, where patients will go through an examination and are introduced to the process. Reception is under heavy supervision as it is a common space for violent outbursts and high stress. By placing reception away from most public spaces for residents it prevents recalling troubling memories in other residents. Anyone that is in need of detoxification after their reception are taken through a private stairway into medical detoxification.

The entry is also secured by a locked vestibule which is controlled by security that operate from in between the two main doorways. A majority of the level is dedicated to mechanical space and other functions that assist the operation of the building including food storage, and laundry. Also, the flooring above the gathering hall is removed and is used to create ample space for the residents that occupy the hall.

1. Reception
2. Therapists Offices
3. Security
4. Administration Offices
5. Staff Lockers
6. Mechanical
7. Laundry
8. Food Storage

Fig 167.1





Fig 169.2

Level 1

The first level is at grade on the north side and is the largest variation in use per floor and services both the internal community, but also provided spaces for the greater community to benefit from the building. This includes a walk up methadone clinic on the north side, which is supported by the in house pharmacy. The community is also able to use a gathering space for Anonymous meetings which would be organized by the St. James and included residents and community members.

The medical detoxification hall is isolated and secured allowing patients to recover in a supervised manner and have any medical issues addressed immediately.

Family and Friends are welcomed to visit residents, but are not allowed on floors with living so the visitation space is built in a threshold created by the removal of the ambulance port.

1. Medical Detoxification
2. Pharmacy
3. Methadone Clinic
4. Staff Offices
5. Food Preparation
6. Technical Education
7. Visitation
8. Anon. Meeting Space
9. Medical Storage and Support



Fig 169.1

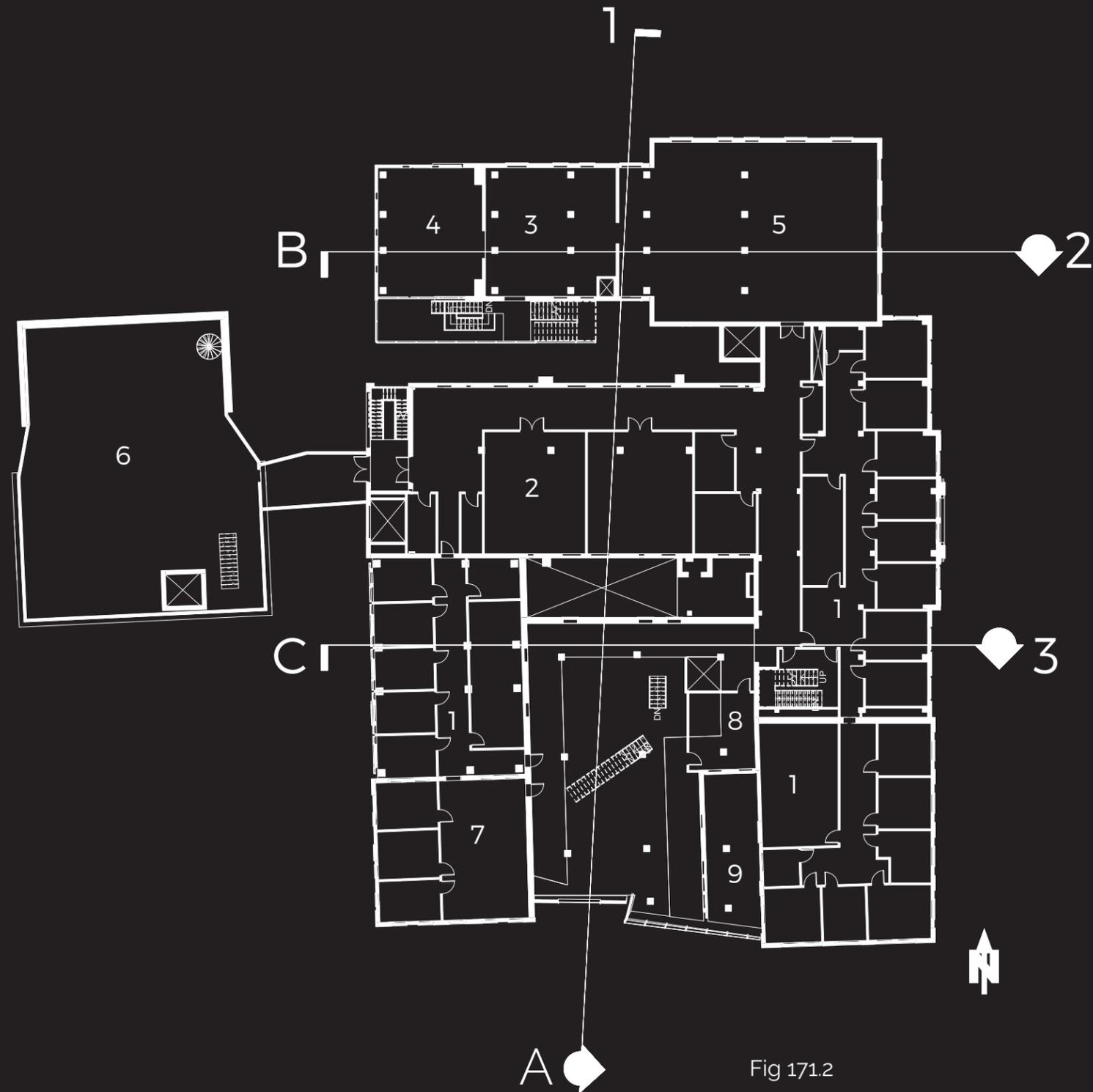


Fig 171.2

Level 2

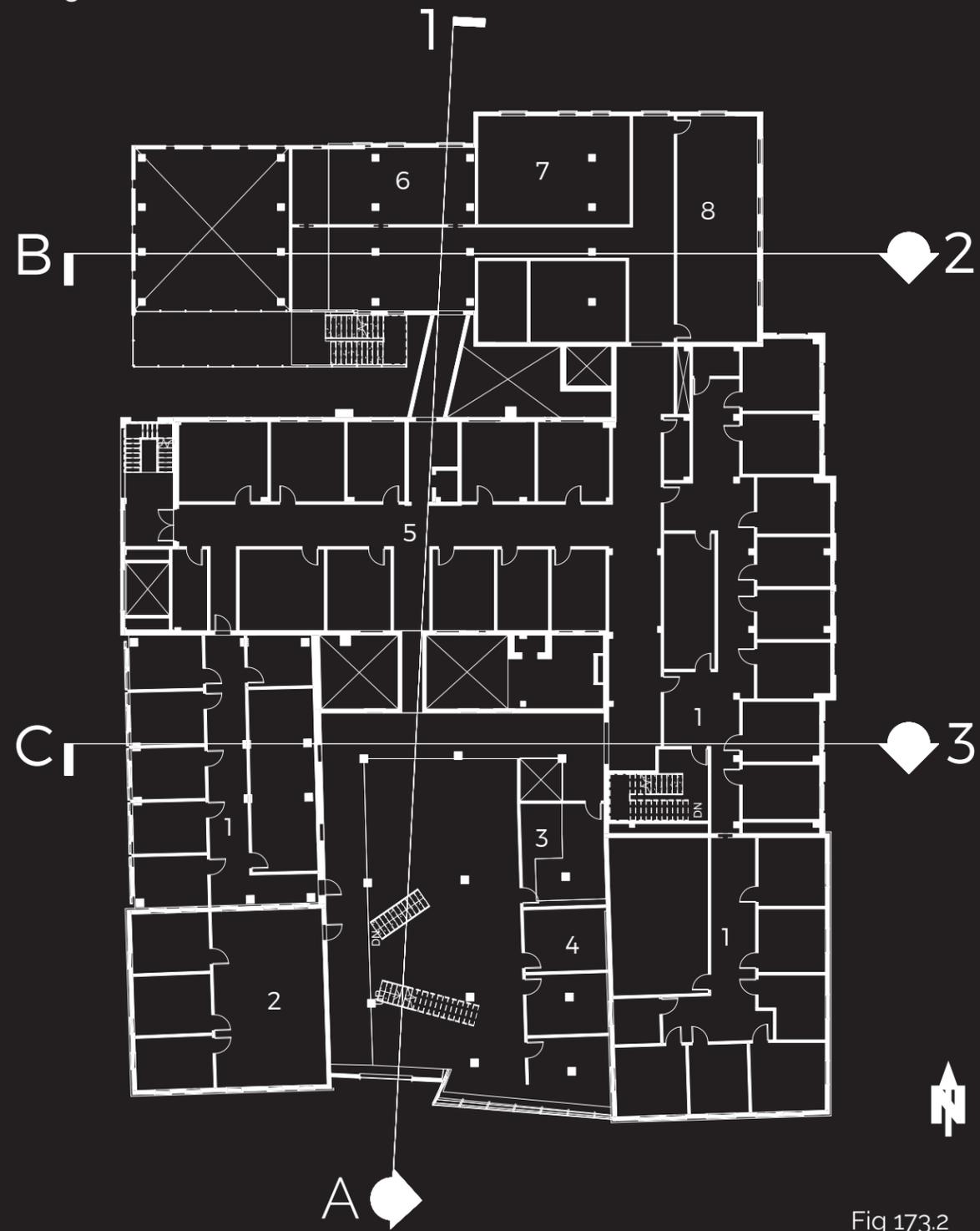
The second floor is the first floor permanently occupied by residents, with 8 women on the West and 14 men on the East. The floor also contains the dining halls, one private, one common to allow individuals the choice of interaction and privacy. The central wing is used for classroom education and are flexible depending on resident and educator needs. From this wing, it is connected to an addition to the two original auxiliary buildings and contains another floor of technical education accessible from inside the building.

Patients are supervised by staff in a central nursing station that separate the men's ward and women's ward and also supervises in preparation for an emergency. Each women's ward has its own private lounge where only female residents are allowed to be. Quiet rooms are provided on each floor in situations where a resident may wish to be alone and isolated, but do not have the opportunity to return to their rooms immediately.

- 1. Residential Wings
- 2. Education Spaces
- 3. Food Serving
- 4. Private Dining
- 5. Group Dining
- 6. Technical Education
- 7. Women's Ward Lounge
- 8. Nursing Station
- 9. Quiet Rooms



Fig 171.1



Level 3

The third level is very similar to the second, but it houses more amenity spaces for residents, as well as the therapy wing. Within the therapy wing residents will meet with their counselor and work through the individualized plan created for them. The therapy wing is accessible from two sky ways that are built in between the three existing wings.

The building has some expressive opportunities for residents including an art and music room, both of which can be connected with the education portion of a patient's daily cycle. The technology room is also used for both education and recreation.

- 1. Residential Wing
- 2. Women's Lounge
- 3. Nursing Station
- 4. Quiet Rooms
- 5. Therapy Wing
- 6. Art Space
- 7. Music Room
- 8. Technology Room

Fig 173.2



Fig 173.1

Level 4



The fourth floor is for the lowest risk male patients, as it has a lower population, the demand for supervision is decreased and must be combated by moving well performing residents. Along with the residential wing are a number of elements focused on wellness. In the medical wing classes on physical and mental wellness are given and there are examination and procedural rooms. The fitness wing includes a weights and cardio gym, a dance and yoga studio.

With this physical wellness is an emotional and social, provided in the form of accessible rooftops. These spaces are secured with fencing so no resident is at risk, but they do create private outdoor spaces that allow nice views in a secure setting. The greenhouse space also allows for the benefits of being outside year round.

1. Residential Wing
2. Medical Wing
3. Fitness Wing
4. Rooftop Garden and Greenhouse
5. Rooftop Patio
6. Outdoor Equipment Storage

Fig 175.2



Fig 175.1

Level 5

This is the only level that is entirely new construction, as it provides a new foundation for a future. Resting upon the existing the space allows natural lighting and beautiful view to the South as residents build upon themselves with new knowledge in the library. The lounge also allows for relaxation and community to be built upon in an informal setting.

- 1. Library
- 2. Lounge

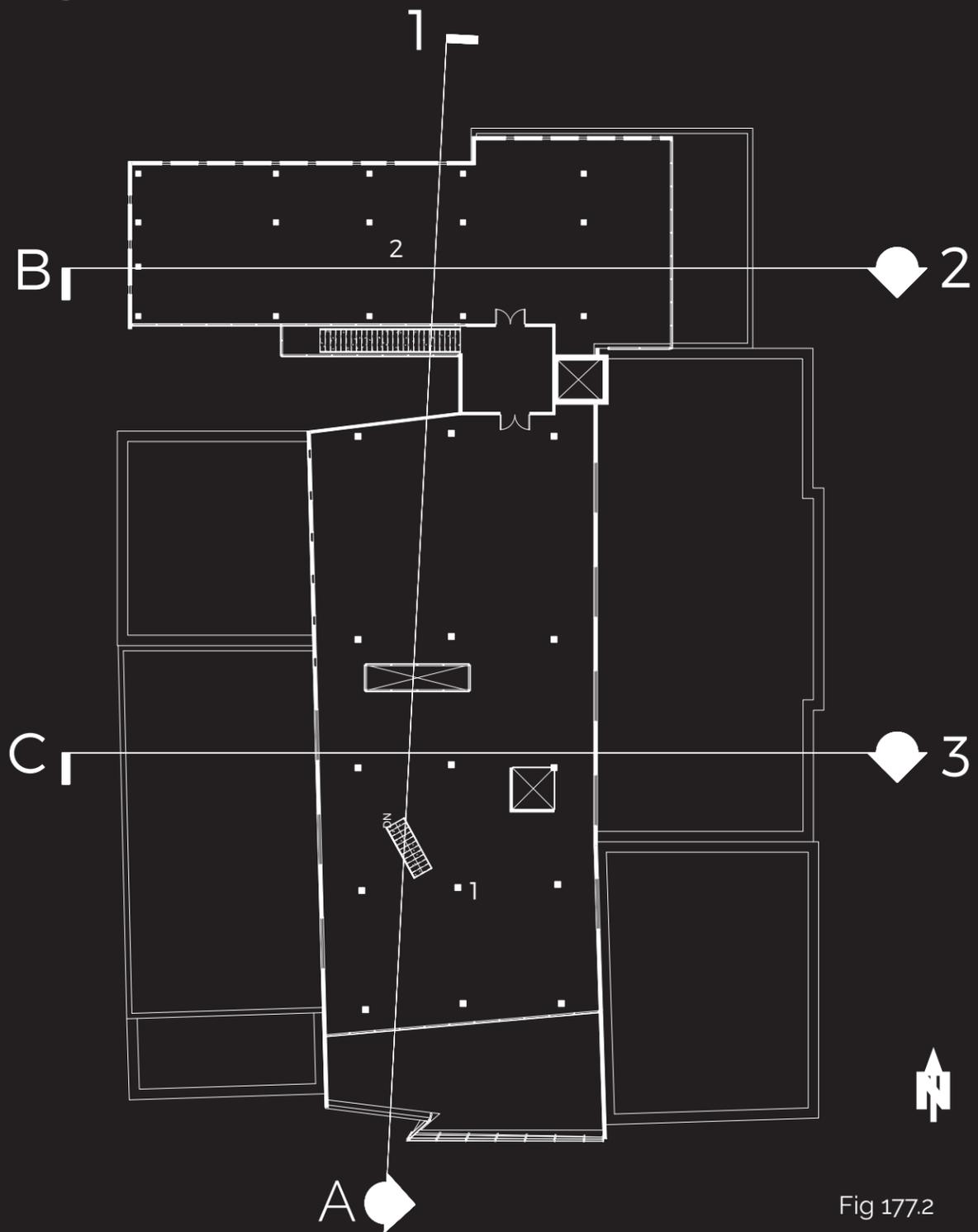


Fig 177.2



Fig 177.1

Sections



Section 2B - Fig 179.2



Section 3c - Fig 180.2

The sections through the building best display this combination and framing of the old with the new that connects the damaged materials of the original building with the sturdy construction of the new. In this section the dining hall and gathering halls are both displayed clearly.

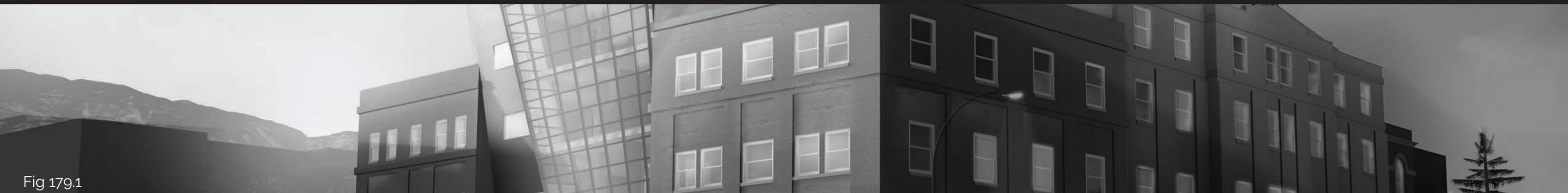


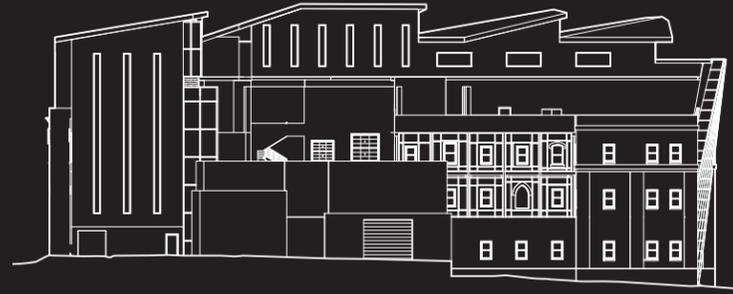
Fig 179.1

Elevations



Section 1A- Fig 181.2

The section shows most distinctively the bridging that occurs with the new construction across above and through the building.



West Elevation - Fig 182.1



South Elevation - Fig 182.2



East Elevation - Fig 182.3



North Elevation - Fig 182.4



Fig 181.1

Entry to Therapy Wing



Fig 183.2



Fig 183.3



Fig 183.4

On the third floor of the central wing was a recent arson attempt where a trespasser lit a mattress ablaze heavily damaging the room and connecting corridor. However, this wing is heavily fire resistant and did not succumb to the arson attempt.



Fig 184.1



Fig 184.2



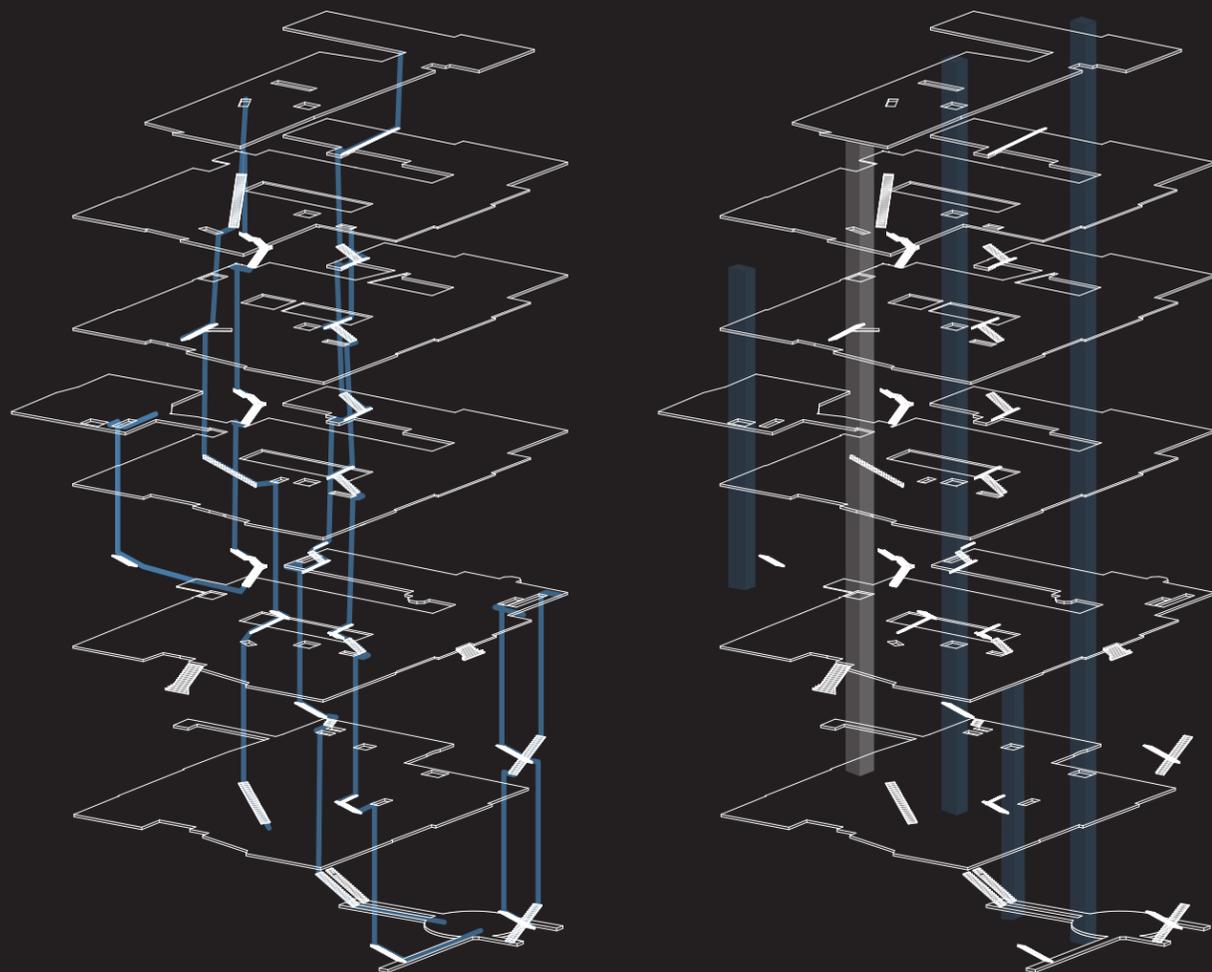
Fig 184.3

This room will be preserved and used to connect the buildings through sky walks. The existing sky walk to the south and a new sky walk through the North will connect the patients from all sides to the therapy wing. This gesture of framing in such a violent trace of history will allow the opportunity of self reflection to emerge, for the room they will pass through is a result of a single decision with harsh consequences.



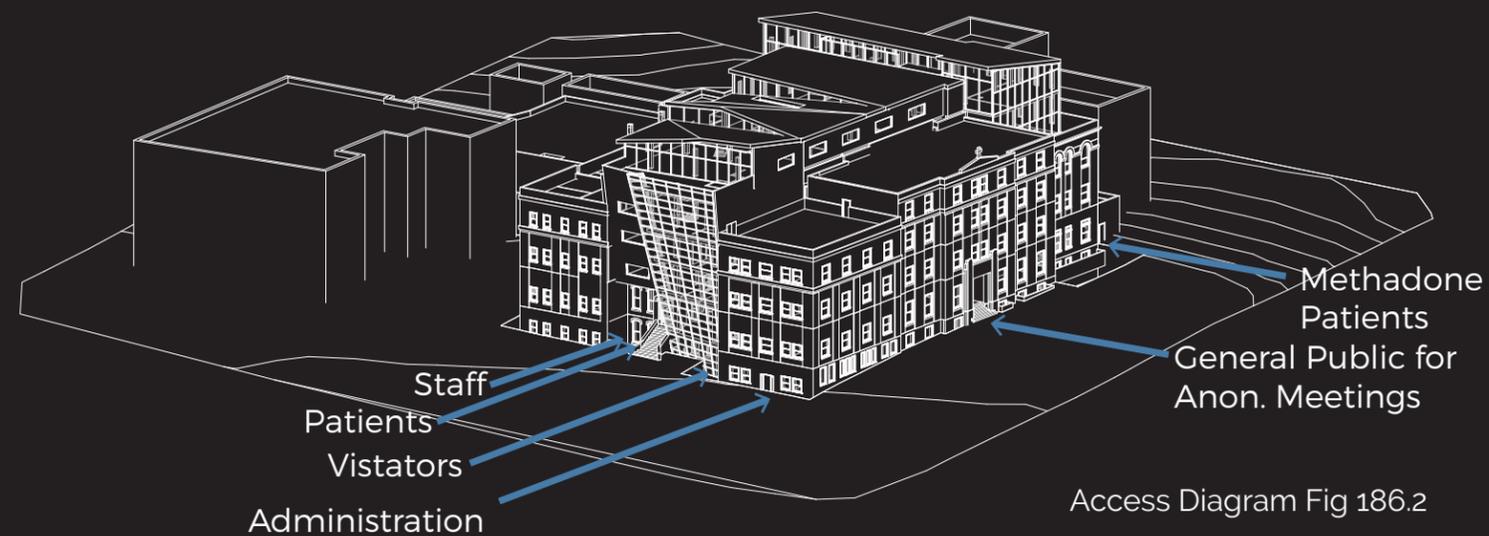
Fig 183.1

Circulation



Circulation Diagram Fig 185.2

Elevator Diagram Fig 185.3



Access Diagram Fig 186.2

The building will be accessible from the street frontage, but creates a shift depending on who is entering. Those who are within the community will enter through the South, while the general public can enter from the East. This creates a level of privacy from those who reside inside the facility, while also opening a portion of it up to the community for interaction with the TC.



Men's Ward Patient Bedroom



Fig 187.2

Gathering Hall



Fig 188.2

The patient bedrooms are a space to reflect and grow as each individual might. They are spaces design for the resident to make their own and to building into their dwelling, as they can reside here for nearly 2 years. The patient bedrooms were designed following the Facility Guidelines Institute Design Guide for the Built Environment of Behavior Health Facilities. This focuses most heavily on creating patient rooms that are suicide preventative. This safe environment can be done in a way that breaks away from the institutionalism of other mental health facilities. Meeting requirements for furniture is the first step but as a space they are all heated and cooled through a radiant system, so there are no grilles to cause issue. With this there are no ledges to affix anything that can be used to harm oneself, and any hooks will have a failing point of 40 pounds. Flooring is sealed and baseboards are made of solid wood with countersunk hardware to be tamper proof. The patient doors also swing out to prevent barricading oneself inside and each door has a pressure plate along the top that releases if triggered.

The Gathering Hall is a space meant to form community and express equality as displayed through the circular form. The walls of the space are constructed of gabion bales that are filled with the material waste from the demolition of portions of the building, creating a space that is literally held by the broken, and inside this space is the community made whole by the broken individuals that compose it. The space is also built under the original basement isolating it from time, expressing the necessity of what is occurring inside of it, and that this is not bound by time.

Placing it underground as well as accessible through tunnels is reminiscent of the mining history of Butte and reflect the miners walking though these tunnels to get to work. In a similar manner when the community gathers they too are going to work.

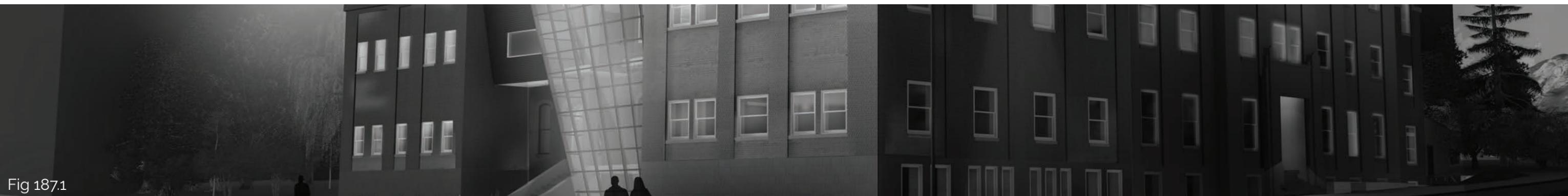


Fig 187.1

Library



Fig 189.2

The library sits new above the rest of the original building. Not saying in a way that new is superior, but rather that growth must rest on the past and the reflection of the past is what can support this growth. The new knowledge obtained in this space is much like the views it can afford, unseen yet always having been there. It is not creating but revealing that makes this library an important part of the building. This can resonate with the individual as they look at their past and recognize the issues they have faced and how they have now overcome them and are working to building that new vista.

Dining Hall



Fig 190.2

Dining occurs in a space that is both in the new and the old, as the ancient masonry support the delicate glazing that supports the rest of the building. Eating as it is a personal necessity is also an activity that can create fellowship and build community, for building this space that is neither in the new nor in the old, it lays a parallel to the Therapeutic Community as it is always reinventing itself, yet tied to the tradition of healing.



Fig 189.1

Women's Ward Bedroom



Fig 191.2

Medical Detoxification



Fig 192.2

The addition to the Women's Ward is built right up to the existing masonry exterior and repurposes elements from the demolition of wings to clad its wall and floors. The room is a new space that allows the reflection for the balance needed in one's life of their past and current self, allowing them to reflect on their decisions yet knowing that these decisions will not define the rest of their life. The window in the room is reconstructed from a demolished portion and is framed in by glazing and modern assembly. This window, a moment from the past supported only by the modern is through which the resident will look out and see her future. A future through the old, held by the present.

The first space a resident will inhabit is the Medical Detoxification Wing. This physically grueling stage is done under constant supervision and to the medical standards that allow a safe and healthy recovery. The residents however are not placed by themselves in the agonizing time as the gesture of beginning to place individuals into the community and to bind those going through this phase together.



Fig 191.1

Existing South Facade



Fig 193.2

The existing exterior with broken windows and plywood shows the damage of four decades of sitting vacant, however it also reflects the resilience of the structure and reveals a potential for change.

South Facade Addition



Fig 194.2

By removing one single portion and replacing it with this modern gesture the entrance of the building can become a beacon to welcome those who come through. Each person will enter through an original window of the 1906 addition and into the structure, giving a new purpose to the century old element. The veil of glass on the facade covers one portion, exposes yet shrouds sections of the building, giving the issue of addiction some transparency, yet keeping the anonymity of the residents inside.

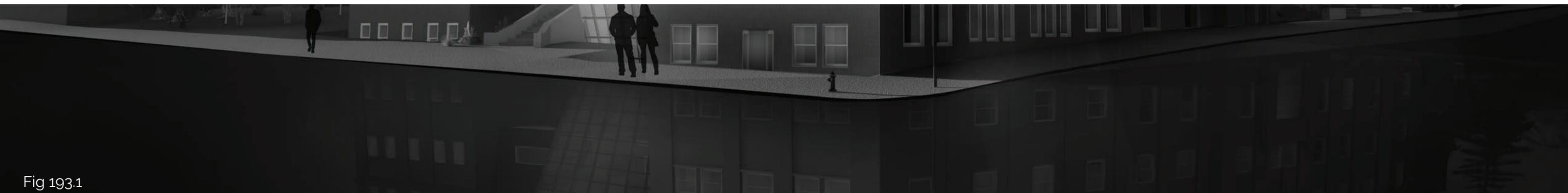


Fig 193.1



Fig 195.2



Fig 196.2

In the end the building faces an incredible challenge of changing those that interact with it, but by understanding the challenges addicts face and the historical theories on desire one is better able to connect the building to the experiences desired. By recombining the pieces of the building and framing damage, the building resonates the tension addicts in recovery face, the scars of the past always being existent, yet the scars not being enough to tear them down if they recognize it.



Fig 195.1

PERFORMANCE

MAXIMUM PATIENTS - 52
MAXIMUM DETOX PATIENTS - 8
MINIMUM STAFF - 20
IDEAL OCCUPANCY - 90
SIZE - 116,335 S.F.



Site and Context

The building as it sat in the current context is quite dominating, and with an additional story and irregular roof lines it will become much more dominant, however with the width of the streets it is not crowding on any of the neighboring building. The decision to expand the North addition will offset the building to its North, as they are twin buildings, however this will highlight the contrast between the Nurse's Annex which is on the National Register of Historic Places, to the modern approach to the Old St. James.

Relating to the city, the building gives a few ties to the historic nature of Butte, and offsets the nature of the blighted city frozen in time. Material choice and scale relate to some of the more overlooked aspects of the history in Butte.

The building is responsive to the environment of the Mountainous town but maintain thermal mass and allowing new fenestration to work in unison with the bulk of the building to passively heat it as it needs. Keeping a seasonal greenhouse also allows patients to have more direct exposure to nature in the winter while still being in a controlled environment.

Typology

The design meets and fulfills all requirements for an addiction treatment center of this type on a programmatic level. All appropriate allocations have been met, and sizing of elements is to the Department of Veteran Affairs requirements. The building also is very generous with resident amenities and contains certain features many centers wish they could provide. On paper it checks all of the boxes and would be fine in service, but the approach takes some elements and brings it into a different direction than most clinical settings would expect or allow.

The building itself recognizes that the people inside are adults and do not need to be coddled and placed into a sterile suburban environment. Rather it celebrates the things that would be unsightly and expresses these powerful moments explicitly. Allowing corrosion and blight to remain is something that would not be expected in a new design, but that is exactly the contrast that needs to be framed for the residents. Spaces need to feel real and have a history, for the memories embedded in the walls of the facility are the same memories therapists will ask the patients to recall and face.

In the collective memory of the building rests a collective society, and this society is made of pieces that all are not necessarily complete or unbroken. This collection is what the building is combating in the world of modern addiction treatment centers.



Fig 199.2



Fig 199.3

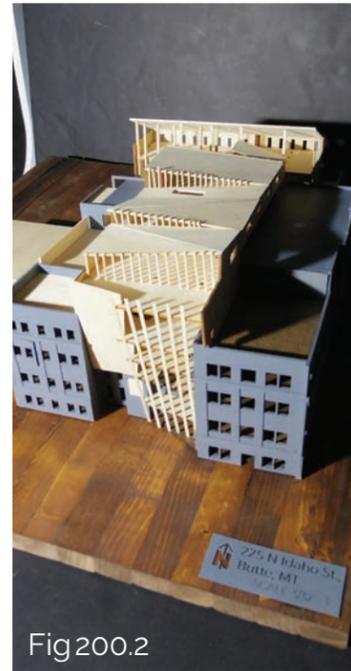


Fig 200.2

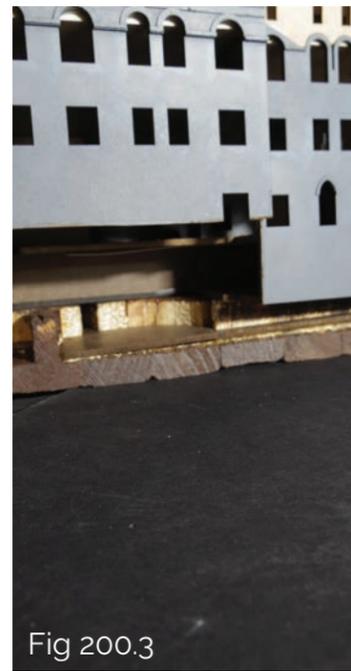


Fig 200.3



Fig 199.1

Project Goals and Emphasis

Recovery

The research throughout the year constantly pointed to what recovery means and how that can be facilitated through design, but with the breakthrough in understanding the human desire for wholeness the idea of recovery quickly changed. The recovery aimed for was in a magic formula that would heal someone while a building would be healed, but rather in recognition of the brokenness in both. By using a building in blight and brokenness as a vehicle for human participation the damage cannot be ignored, but rather confronted. This confrontation is exactly what recovery came to mean.

Community

The issue of community is always being a challenge and something that must be fostered through human interaction. not simply making a round room. This challenge is creating that round room that can be a catalyst and hope to employ a common experience, for it isn't being together in the room that makes the experience that bonds people. By allow choice for each individual in design the building creates a collection of pieces and pulls them together giving them the option to bond.

Preservation

The idea for what the final product of this thesis would be has admittedly changed, but that is from a recognition of a criticism already drawn of modern addiction treatment centers. By taking a building and filling it with addicts in the hope of recovery, nothing has been given to them but a second hand building. This approach is not compassionate or empathetic, and was avoided in this design. By making thoughtful changes and additions, the St. James is no longer the same building, yet the traces of the existing are celebrated, not simply painted over.

Meaning

The final product is something embedded with meaning and should return meaning to a building that has meant so much to the city and community that raised it. On the theoretical premise, there are many elements that would express meeting and elicit emotion inside of the building, and it is even on the basic level a working metaphor. However, the success of the meaning should be in what it tries to do, and that is fix an incredibly painful and ubiquitous issue.



Fig 201.2



Fig 201.3



Fig 202.2



Fig 202.3



Fig 201.1

Physical Installation

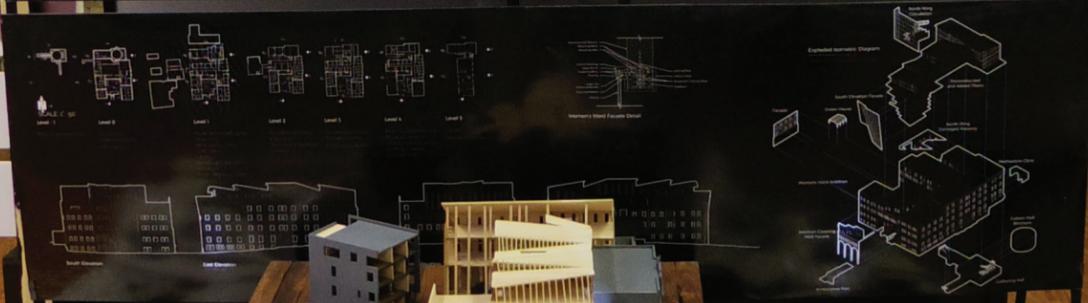
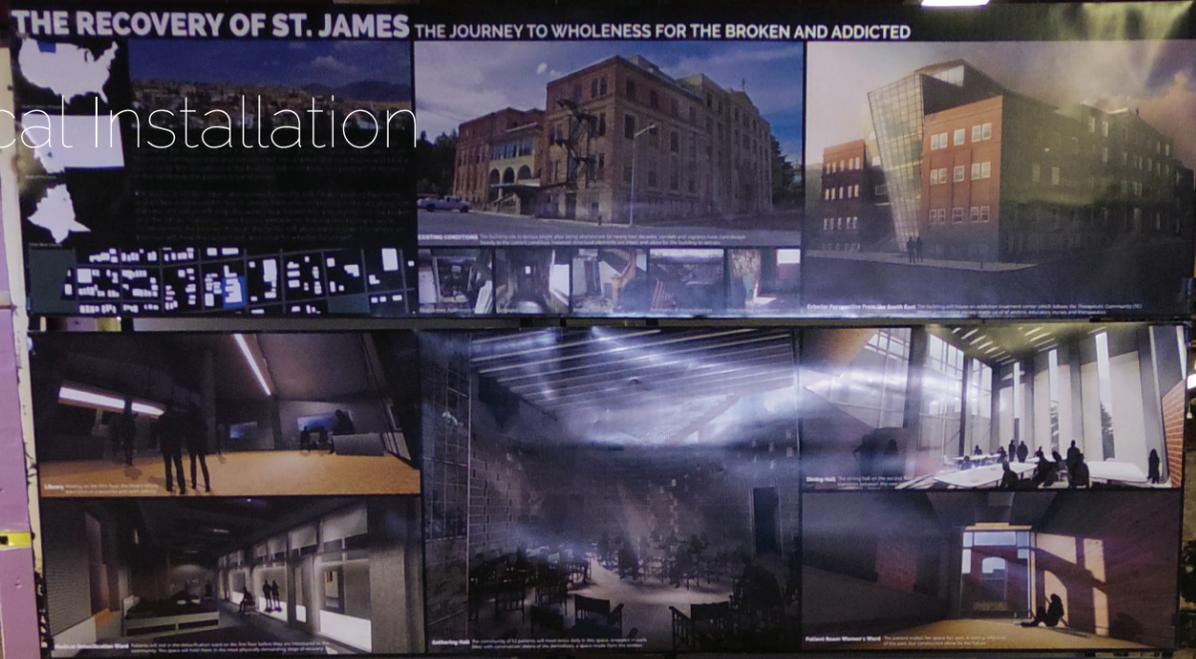


Fig 203.1



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My time at NDSU has been a true blessing that allowed me to not only to develop intellectually, but also personally and professionally. The challenge of Architecture School provided me with many lessons, and an equal amount of memories with people who went from classmate to friends. I am excited not only for my future, but to see where my friends end up and how they will change the world. NDSU will always stick with me and gave me the foundation to start a career on the right foot in the field of Architecture.

I would like to give special thanks to all of my Professors during my time at NDSU, particularly; Cindy Urness, Mark Barnhouse, Stephen Wischer, Ron Ramsay, Paul Gleye and David Bertolini. I would also like to thank my parents, Robert and Cherie Harms for their support throughout my education. Special thanks go to everyone I worked with at JLG Architects and at the Kilbourne Group, for pushing my professional skills and giving me great guidance. I would also like to thank all of the individuals that allowed me interview them to gain insight into their experiences and thoughts.



My first digital rendering

Previous Studio Experience

Fall 2013 Project was an exploration of the Japanese Tea Ceremony and the journey of experience through a tea house and the tea master's cottage.
Joan Vorderbruggen



Spring 2014 Projects included a single resident dwelling, a birdhouse, and dance studio. Began to apply code and building regulations to design more strictly.
Cindy Urness



Fall 2014 The semester was an implementation of building systems, both passive and active, as well as addressing overall site and urban contexts. Projects included Fargo Visitors Center and Downtown Student Center.
Paul Gleye



Spring 2015 Designed a new S.C. Johnson Headquarters in Racine Wisconsin and a Library on the NDSU Campus. Skills applied were understanding of structural systems and thoughtful detailing of elements.
Mark Barnhouse



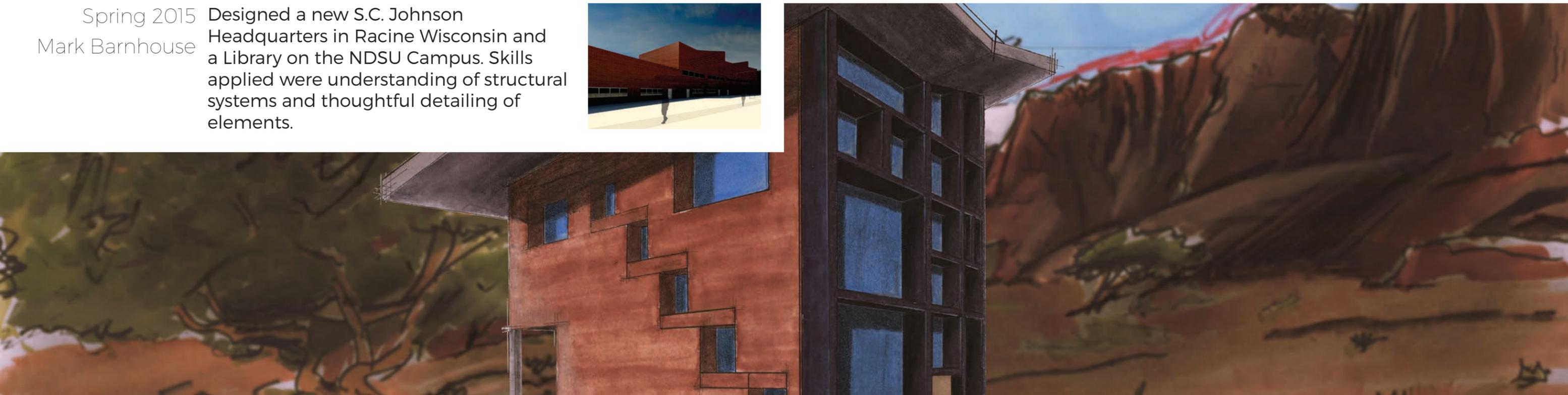
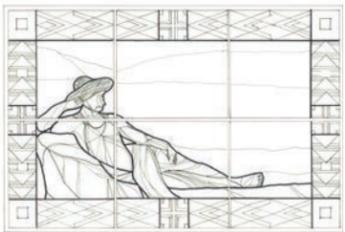
Fall 2015 High Rise Studio, Senior capstone that included the design of a tower in San Francisco. The design process addressed all major categories of design understanding.
Bakr Aly Ahmed



Spring 2016 Studio was an international design studio based in Brussels, Belgium and was a multi-use urban infill project. Goal was to assist residents of the poorer St. Gilles Community.
Paul Gleye



Fall 2016 The focus of this semester was an analysis of designers that could have hypothetically been invited to the Weissenhof Estate project of 1927. Design was a partnership of Architect Josef Hoffmann and artist Koloman Moser.
Ron Ramsay



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