



**INBETWEEN**  
**LIFE, LOSS, HEALING, AND ARCHITECTURE**



# INBETWEEN

## LIFE, LOSS, AND HEALING WITHIN ARCHITECTURAL SPACE

A Design Thesis Submitted to  
The Department of Architecture and Landscape Architecture of  
North Dakota State University.

By

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In Partial fulfillment of the requirements for the  
Degree of Master of Architecture



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Primary Thesis Advisor



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Thesis Committee Chair

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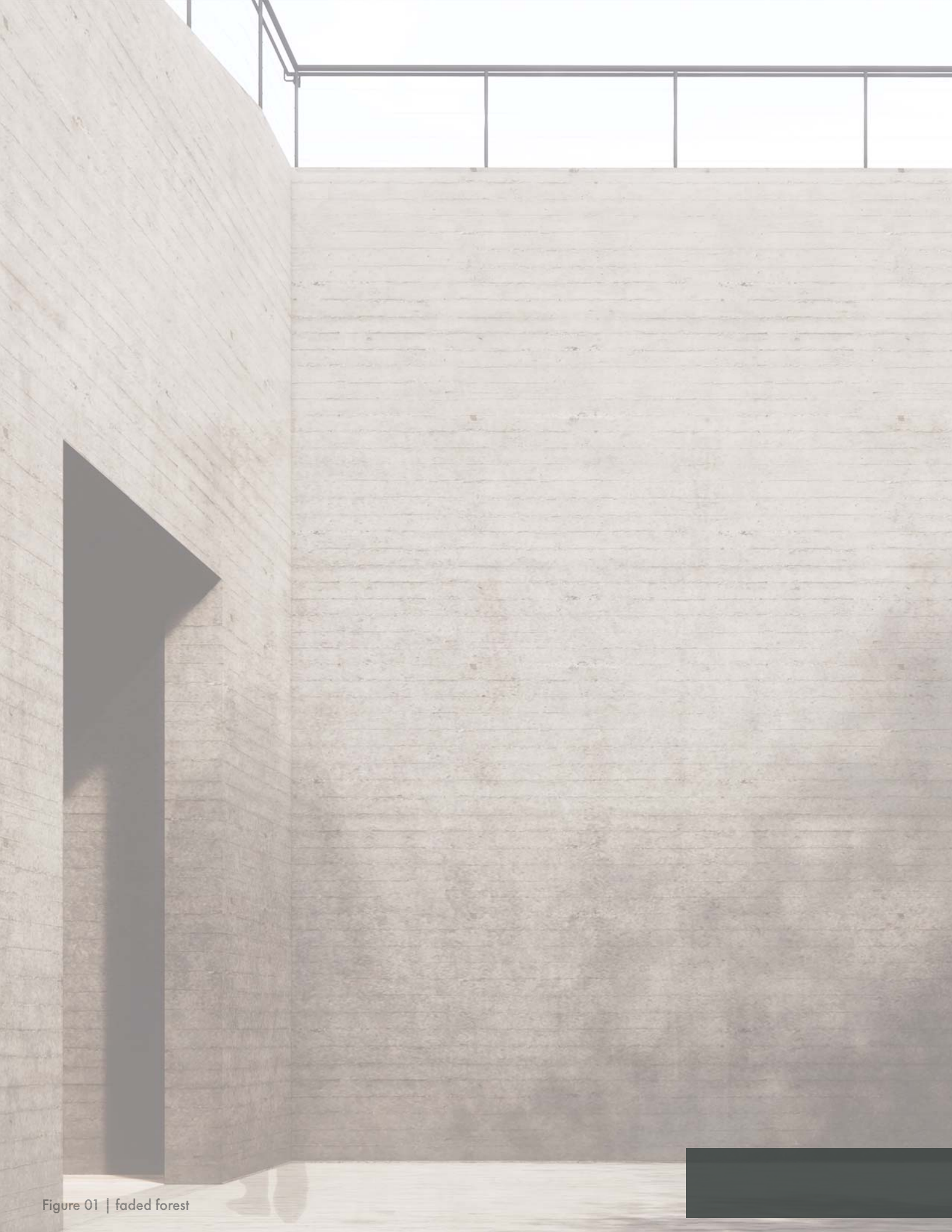


Figure 01 | faded forest



**THESIS ABSTRACT, NARRATIVE, AND RESEARCH**



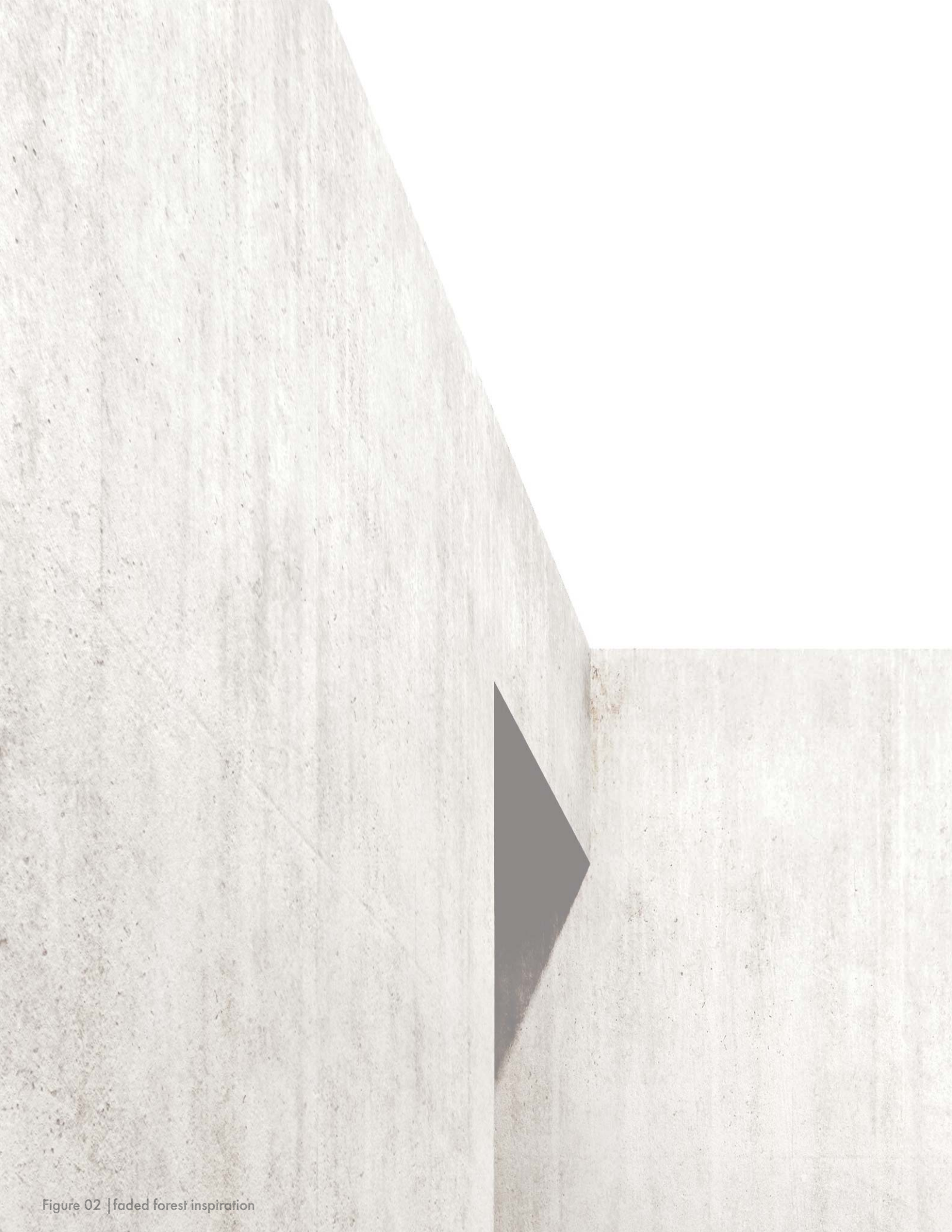


Figure 02 | faded forest inspiration

# THESIS ABSTRACT

Our relationship with loss is something that has dwindled overtime due to the lack of representation of death within our modern society. At the same time, I believe that our healthcare facilities have also played a part in the degradation of that relationship because of its specialized environments that have disconnected from those emotions.

## **HOW DOES MENTAL HEALTH ARCHITECTURE FURTHER INCLUDE OUR ENVIRONMENT? CAN WE BLEND THE LINE AND WEAVE TOGETHER LIFE, LOSS, HEALING, AND ARCHITECTURE?**

This thesis will seek to develop that relationship and bring it back to the forefront through architecture. Bringing together two separate typologies, a memorial and a research facility, I will hope to discover how we can design spaces that appeal to the differences. At the same time, remaining incredibly focused on discovering a new experience.



# THE NARRATIVE of the UNIFYING IDEA

## THE STATE OF DEPRESSION

Depression alone affects over 16 million people in the United States, and is the leading cause of disability, ranking #1 in being a major contributor to the global burden of disease. Mental Illness in the broader context, is a pervasive and widespread problem that our society faces today. A survey done by the National Survey on Drug Use and Mental Health and the National Institute of Mental Health have both stated that 20% of the adult and adolescent population suffer from mental illness with depression ranking amongst the highest. A study done by Harvard Medical School found that though more people are seeking extra help and treatment, one of the biggest factors that prevent the individuals in this study from seeking or coming back for more help was the overall inadequacy of the initial treatment that they did receive. This inadequacy leads me to believe that something is missing. In our day and age, especially here in the United States, we have nearly 60% of people with psychiatric disorders that are not getting the correct treatment or any treatment at all. To make it worse, the treatment that patients do receive are too generalized. Inadequate to the specific needs that the individual may have.



Figure 03 | crowd of people







There is a difference in the way that people who are suffering from the loss of a loved one should be treated, and how the architecture of the place that they are being treated should be different as well. Right now, *Situational Depression* (or when one is having trouble managing a stressful event in life) is not a *technical term* in psychiatry, but I hold value in specifying the differences and the treatments of both, in which I think will lead to greater rates of success when conducting the means goes deeper. A generalized way of approaching depression with individuals who have suffered loss is not enough. The design of a Mental Health Research Institute that deals with a specific situation within depression will be a worthy venture to explore because we can design the spaces inside to be tailored atmospheres and moods for the individuals that come. How will this affect how we treat depression? Let alone the design of a facility that aims to research and treat a specific mental illness instead of a generalized approach to all types of mental illness. Imagine the possibilities. Right now, there are only two research facilities that are doing as specific of an approach. The UCLA Anxiety and Depression Research Center, and the Anxiety and Depression Research Center at SMU otherwise known as ARC. The program of these facilities is not the problem. I believe that the mission of what they are wanting to do are very important, but the environment and the architecture in which they perform them in are limiting the possibilities of what they can do. The successful design of a different kind of Mental Health Research Institute is what I hope to accomplish.

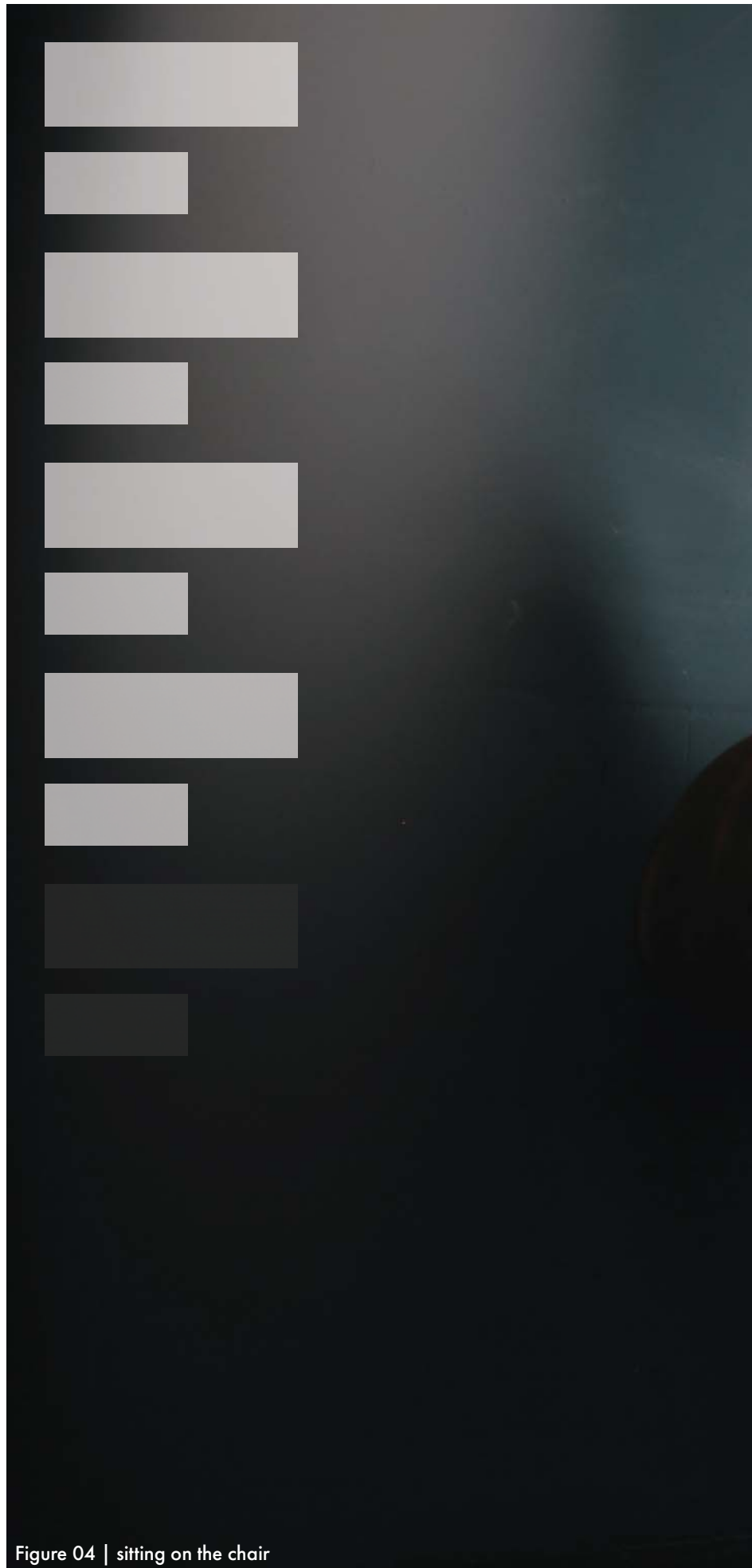


Figure 04 | sitting on the chair





## THE CONNECTION TO LOSS

Harvard Medical School did a study on the treatment of mental health and found that more people are seeking help and treatment, but are not coming back because of the inadequate treatment that they received. Something is missing. I believe that missing link can be found in architecture, specifically our architecture today, and its connection to death. The lack of the representation of death in our society that has led to our misalignment with the subject. In the Enigma of Health, written by a Hans-Georg Gadamer, a renowned German Philosopher says this,

**"...I am concerned with more than the mere change in the representation of death as it has come down to us through the millennia of human memory, whether in the interpretation provided by religion or in the rituals of everyday life. I am concerned with a much more radical and specifically contemporary occurrence, (and) that is, with the gradual disappearance of the representation of death in modern society."**





We are now becoming more so ill-equipped to deal with the ramifications of death in our lives that I believe it has also affected the way in which we deal with depression. Depression is defined as a mood disorder that causes persistent feelings of sadness and loss of interest. MDD (Major Depression Disorder) affects how you think, feel, and behave. It can lead to a variety of emotional and physical problems that spill into day to day activities. Sometimes, depression is something that makes an individual feel as if life isn't worth living at all. Within the definition of depression, underlying tones are present that relate it back to loss, setting the contrast between life and healing.

Depression doesn't always stem from grief from loss, and I am aware that there are cases of depression that are attributed to an imbalance of certain neurotransmitters found in the brain. But if we regard depression as "just" a chemical imbalance, it does a huge disservice to the disorder. Doing so brings us to the critique of how specialized the healthcare system has become. This is a response to much of the architectural spaces in healthcare that have merely become invisible, numbing, spaces that have been dreamt by functionalism by today's architects who just want to design increasingly more "intelligent" buildings. This approach loses all connection to the individuals that are using the spaces. Ultimately, in a healthcare facility it is about the patients that are undergoing a journey in which they are trying to make sense and find meaning in what has happened. Death and Depression are emotionally intertwined. Architecture today, in the form of Healthcare facilities, are not properly dealing with the ramifications of death, and it needs to be improved.

If we want better spaces that deal with how we interact with death, we must talk about it. But because the subject of death makes us uncomfortable, we shirk the opportunities to do so, and culturally there is an underlying expectation to deal with these issues in the quickest way possible. In the past, I have been guilty of this exact thing. For I have faulted someone for grieving for a prolonged period of time. I was outside of that situation, and I impose my own notions and deemed the circumstance as an overreaction. A stain to be put in the wash, expected to be clean after a single cycle. Yet I now realize that those stains are all but permanent, and take a much greater effort to resolve than I had previously thought. Bringing that darkness into the light, those secrets out in the open, is the only way in which we can find any sort of convergence. Any sort of healing.



Figure 07 | Lab space II 19









# THE PROJECT TYPOLOGY & PROGRAM

## MEMORIAL FOR LOSS + RESEARCH INSTITUTE FOR MENTAL HEALTH

Atlanta, Georgia is going through stages of severe mental health issues and repercussions. By providing a space that serves both as a memorial for loss while helping provide a better way in which we can treat mental health. This serves the Atlanta, Georgia community and seeks to benefit the entire mental health community at the same time.

Again this goes back to the two main critiques that I stated: the lack of the representation of death in our modern society, and the way in which mental healthcare spaces have been so specialized.

The Atlanta Memorial & Mental Health Research Institute will differ from other typologies because of the built-in component of the memorial. Through this, members of the community that do not suffer from mental health illness will get an opportunity and will be drawn to the site.

The blending of both programs will cause an effect on the relationship that we have now with death and loss, in which the architectural spaces formed and curated will be the main catalysts.

# THE TYPOLOGICAL RESEARCH

The precedent studies selected contribute to the weaving of typologies that I am trying to accomplish in the thesis project. In the first three projects, there is no representation of death at all, which contributes to the lack of representation of death. The first three are also examples of projects that are perfect examples of the intelligent spaces that contribute the specialization of the healthcare facility. They will however contribute to the formative creation of the architectural spaces, but will serve as a reminder of what to avoid.

## **NEPEAN MENTAL HEALTH CENTRE**

Woods Bagot

Parker Street & Derby Street, Kingswood NSW 2747, Australia

7278 SQM

2014

## **WEILL CORNELL MEDICAL COLLEGE BELFER RESEARCH BUILDING**

Todd Schliemann | Ennead Architects

413 East 69th Street, New York, NY 10021

480,000 SF

2014

## **YOUTH MENTAL HEALTH BUILDING, BRAIN, AND MIND RESEARCH**

BVN Architecture

Sydney NSW, Australia

3000 SM

2010

## **SALK INSTITUTE**

Louis Kahn

10010 N Torrey Pines Rd, La Jolla, CA 92037

1965

## **NATIONAL SEPTEMBER 11 MEMORIAL**

Michael Arad, and Peter Walker

180 Greenwich St. New York, NY 10007

2013

## **THERME VALS**

Peter Zumthor

Graudunder, Switzerland

1996





Figure 09 | nepean



Figure 12 | salk



Figure 10 | belfer



Figure 13 | 911

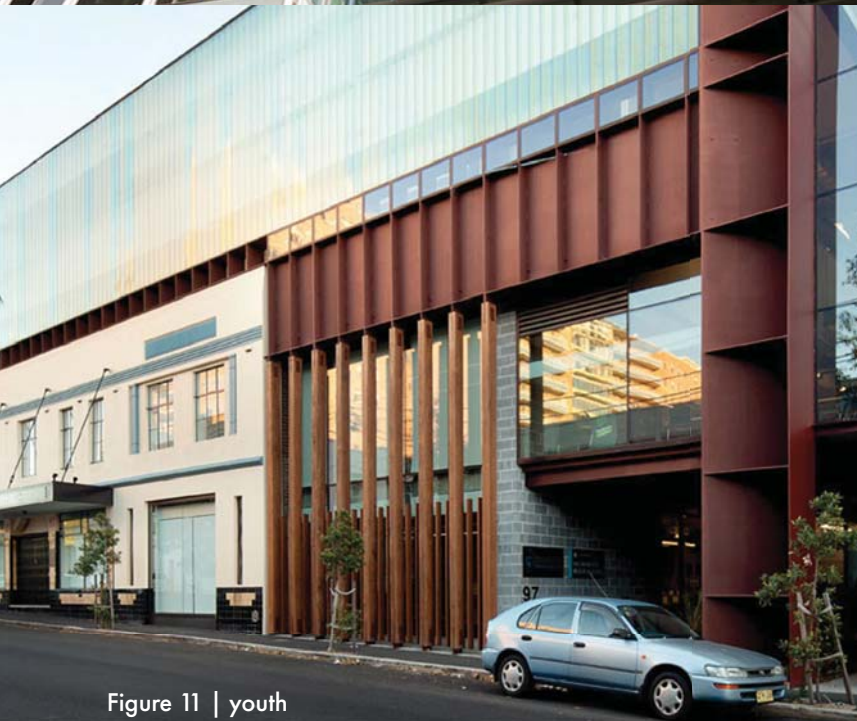


Figure 11 | youth



Figure 14 | therme



# NEPEAN MENTAL HEALTH CENTRE

Woods Bagot

Parker Street & Derby Street, Kingswood NSW 2747, Australia

7278 SQM

2014

## Summary

In this design, Woods Bagot wanted to create an environment that acts, in conjunction to the other buildings, as a catalyst and motivation for the healing process. The Nepean Mental Health Centre is part of a larger campus all related to one's health and welfare. Located directly to the west of the centre is the hospital. A canopy that connects both the hospital and the centre is indicative of the intentions of the design firm.

NMHC (Nepean Mental Health Centre) includes 64-mental health beds that service high dependency, acute, and Specialist Mental Health Services for Older Persons. NMHC will also offer a dedicated inpatient ward and new facilities for the outpatient day program.

The strategic location of this facility is one of the main reasons that I picked this project to begin with. Its proximity to adjacent healthcare facilities makes a good case for why building next to them would be beneficial. Systematically, if individuals admitted within the hospital, cancer, or alcohol and substance abuse centers are admitted and show symptoms of mental illness, no longer would they go unchecked and improperly diagnosed. NMHC is also a phenomenal example of how mental health care is heading towards regenerative, healing environments for recovery. Located on the right, we can get a sense of the internal courtyards that are provided for nearly all the patient rooms. Giving them more sunlight, fresh air, and views to greenspaces. The architectural material of the courtyard also reflects the ode to nature that Woods Bagot was going for.

## Relevance and Reaction

The Nepean Mental Health Centre is a great example of integrating a facility within a greater context of the healthcare industry. I like how the exterior of the building relates to the context, but it feels much too cold. Although the secondary material is well considered, the feel of the building can be much lighter and more conducive to the goal. It again lacks the representation of loss and does not allow us to connect to that part of the journey.



Figure 15 | nepean I



Figure 16 | nepean II



Figure 17 | nepean III



# NEPEAN MENTAL HEALTH CAMPUS SITE

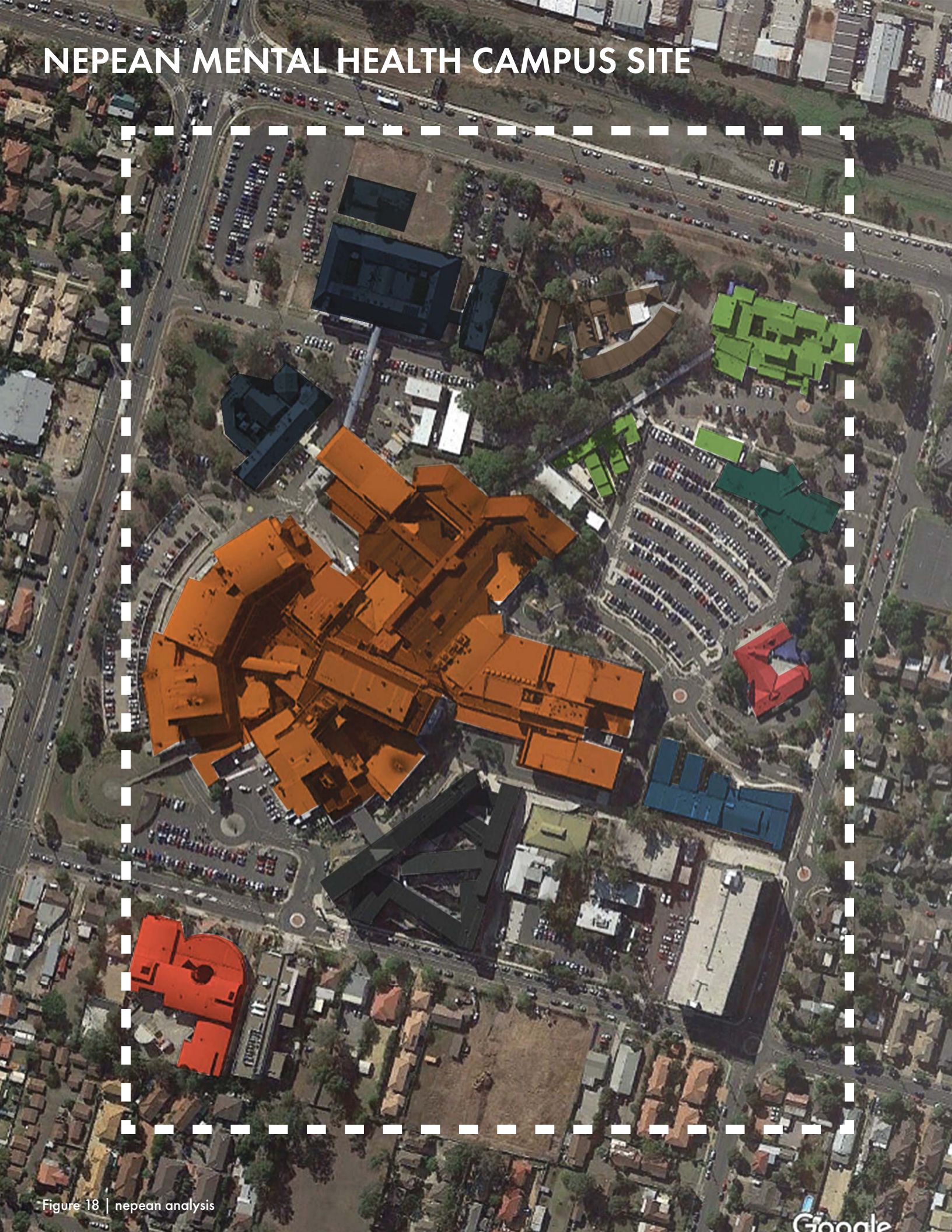


Figure 18 | nepean analysis





**Tresilian**



**Drug and Alcohol Services**



**Nepean Cancer Care Facility**



**Sommerset Cottage Child Care**



**Nepean Oral Care Center**



**Sydney Medical School Nepean**



**Nepean Hospital**



**Nepean Private Hospital**



**Nepean Mental Health Center**



# WEILL CORNELL MEDICAL COLLEGE

## BELFER RESEARCH BUILDING

Todd Schliemann | Ennead Architects

413 East 69th Street, New York, NY 10021

480,000 SF

2014

### Summary

From Todd Schliemann | Ennead Architects comes the Belfer Research Building situated in conjunction to the Weill Cornell Medical College. Again, this project was chosen because of its proximity to already existing healthcare components. Located adjacently from BRB, Weill Cornell Medicine, Weill Cornell Medical College, Weill Greenberg Ambulatory Center, New York Presbyterian Hospital, The Helmsley Medical Tower, and Memorial Sloan Kettering Memorial Hospital Hospital just to name a few.

The Belfer Research Building offers up 13 floors of laboratory spaces that consider and implement a humanistic research environment. These spaces effectively demonstrate that architectural environments programmed for research and laboratory spaces can be pleasing and inviting. BRB also features 3 floors for academic programs, and 2 floors for flexible research support space.

All the while promoting a better environment on the interior of the building, the Belfer Research Building is also a successful example of how to implement cutting-edge sustainable components to the overall design. Those components include passive ventilation, energy efficient HVAC, lighting control, water conservation systems, and sustainable and green construction technologies are all embedded into the architecture of this building. This saves BRB around 30% on energy consumption, and thus reduces the carbon footprint of the building by 26%.

### R/R

Overall, I would say that the Belfer Research Building is going to be a valuable resource in making the case for the intelligent spaces that only care about inner workings of the building and not the people that are operating within.

Either this precedent study puts my stance in perspective, and allows people to see through what is happening to our spaces, or it perpetuates how we go about constructing architectural space.

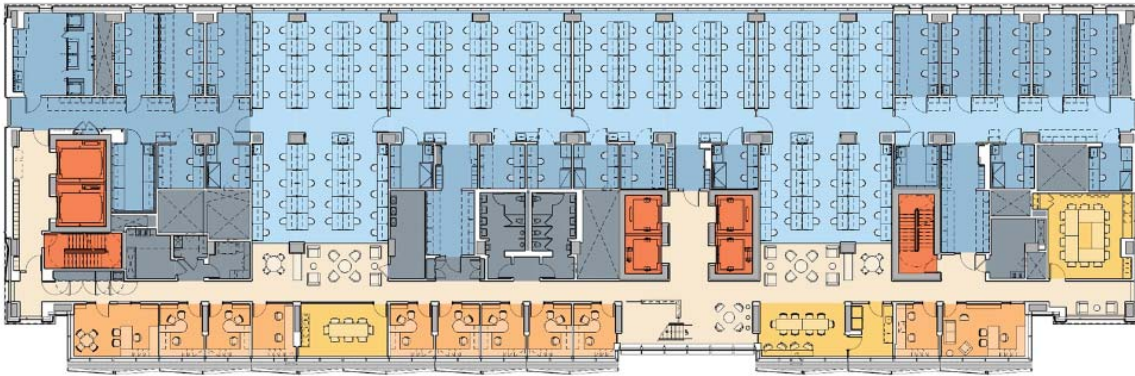




Figure 19 | belfer



# BELFER RESEARCH BUILDING FLOOR PLANS



- BLDG SYSTEMS & TOILETS
- VERT. CIRC.
- OFFICE
- CONF. COLLEGE PROG.
- LAB
- LAB SUPPORT

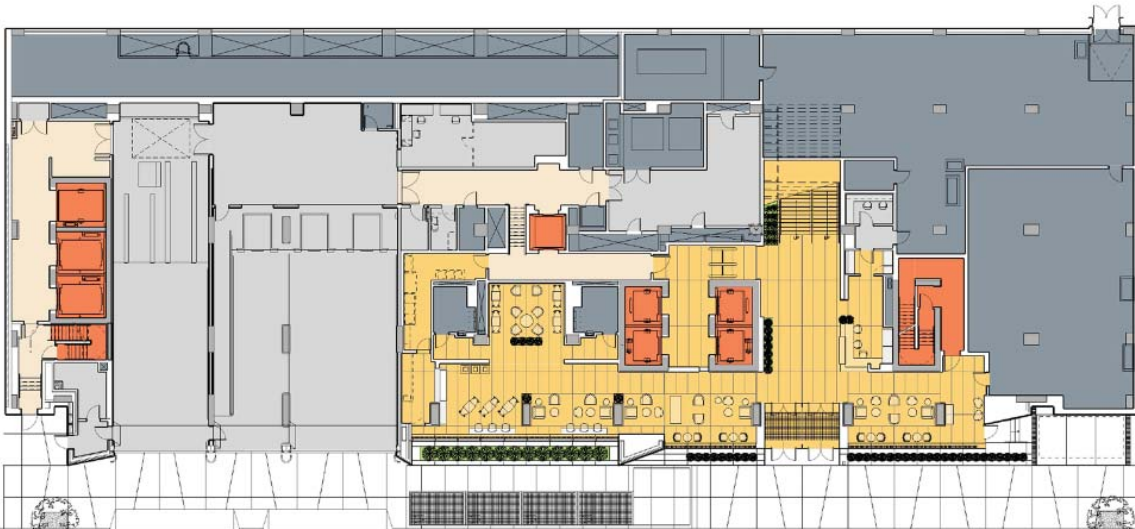
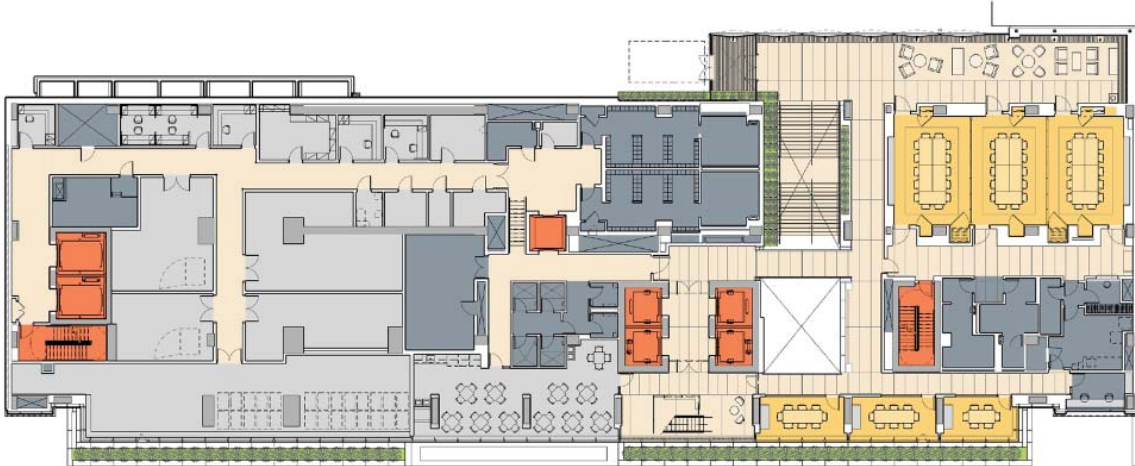


Figure 20 | belfer floor plans



# ANALYSIS

Shown to the left is a lab space that is flooded with sunlight. This is repeated and showcased all throughout all 13 floors of the building. There is a combination of seating, storage, amenities, and upper shelving.



Figure 21 | belfer I

Another view of the laboratory space at the Belfer Research Building. I would say that the translucent walls is indicative of how the designers wanted to allow the light to permeate throughout the entire building.

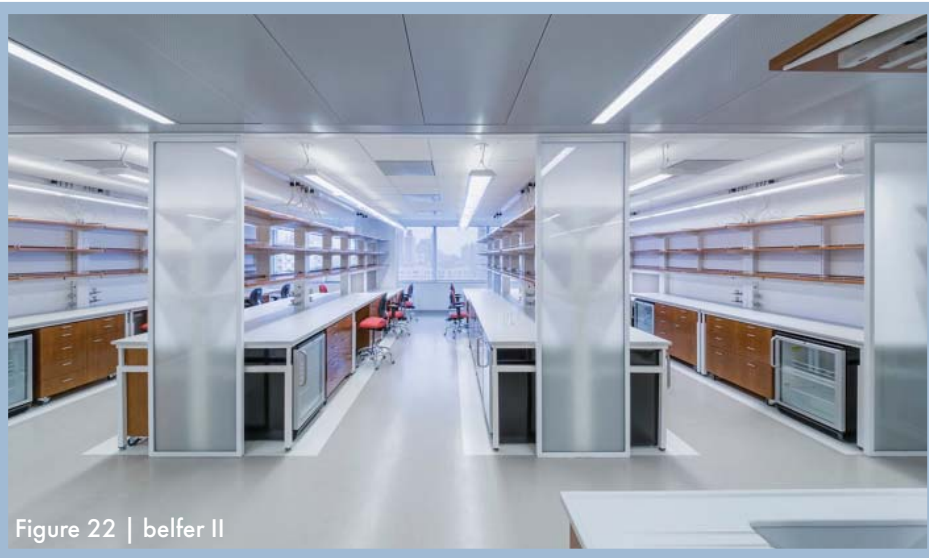


Figure 22 | belfer II

Featured on the left, Ennead Architects wanted to provide a space that fosters interactive and informal meetings. What better to create that relationship through the design and execution of a vertical circulation space that lets in light and gives room for people to sit and mingle.

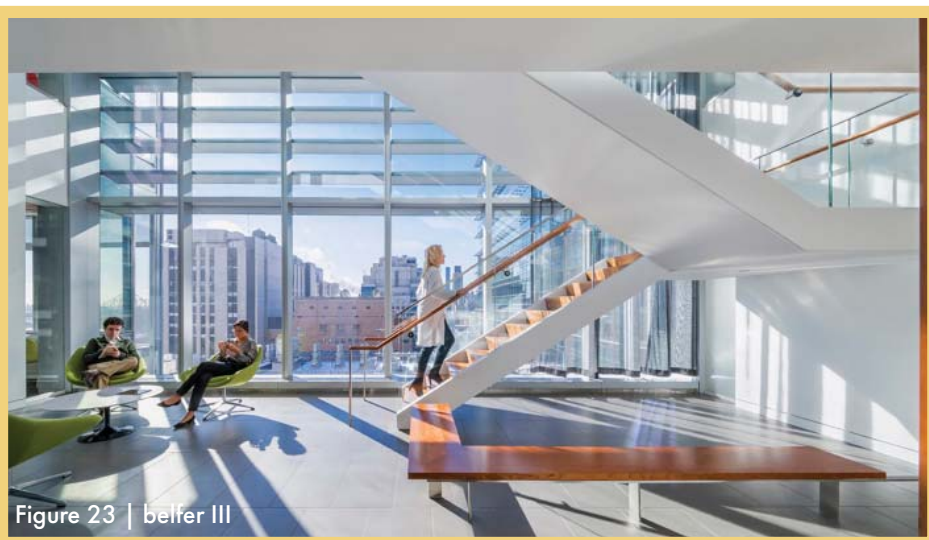


Figure 23 | belfer III

# YOUTH MENTAL HEALTH BUILDING BRAIN AND MIND RESEARCH

BVN Architecture

94 Mallett St, Camperdown NSW, Australia

3000 SM

2010

## Summary

From the award winning architects of BVN comes the Youth Mental Health Building in Camperdown, Sydney. This design has yet again won the prestigious Sulman Award, marking the sixth time the firm has succeeded in winning the award.

## Jury Remarks.

**“(a building that succeeds in) uniting patients, carers, clinicians and scientists working in the fields of neuroscience and mental health, in a refreshingly engaging off-campus facility.”**

**“internal public spaces are modest yet delightful, encouraging visitors to feel welcome by the unexpected use of timber in the main stairway, doors, handrails... anticipate and welcome human touch.”**

**“This building was designed to take into account many diverse requirements and constraints, it had to provide a human scaled and tactile environment for mental health patients on one hand and address an inner-city streetscape that combines residences and the remnants of the industrial character of Camperdown on the other.”**

## R/R

This is the perfect precedent to end with because it had such a large focus on the client user, and the building tectonics themselves. It also fulfills the campus component that the Nepean Mental Health Campus demonstrates. You can see from the jury comments to the left that the building unites the people working within, and is located in an area that people are already inhabiting.



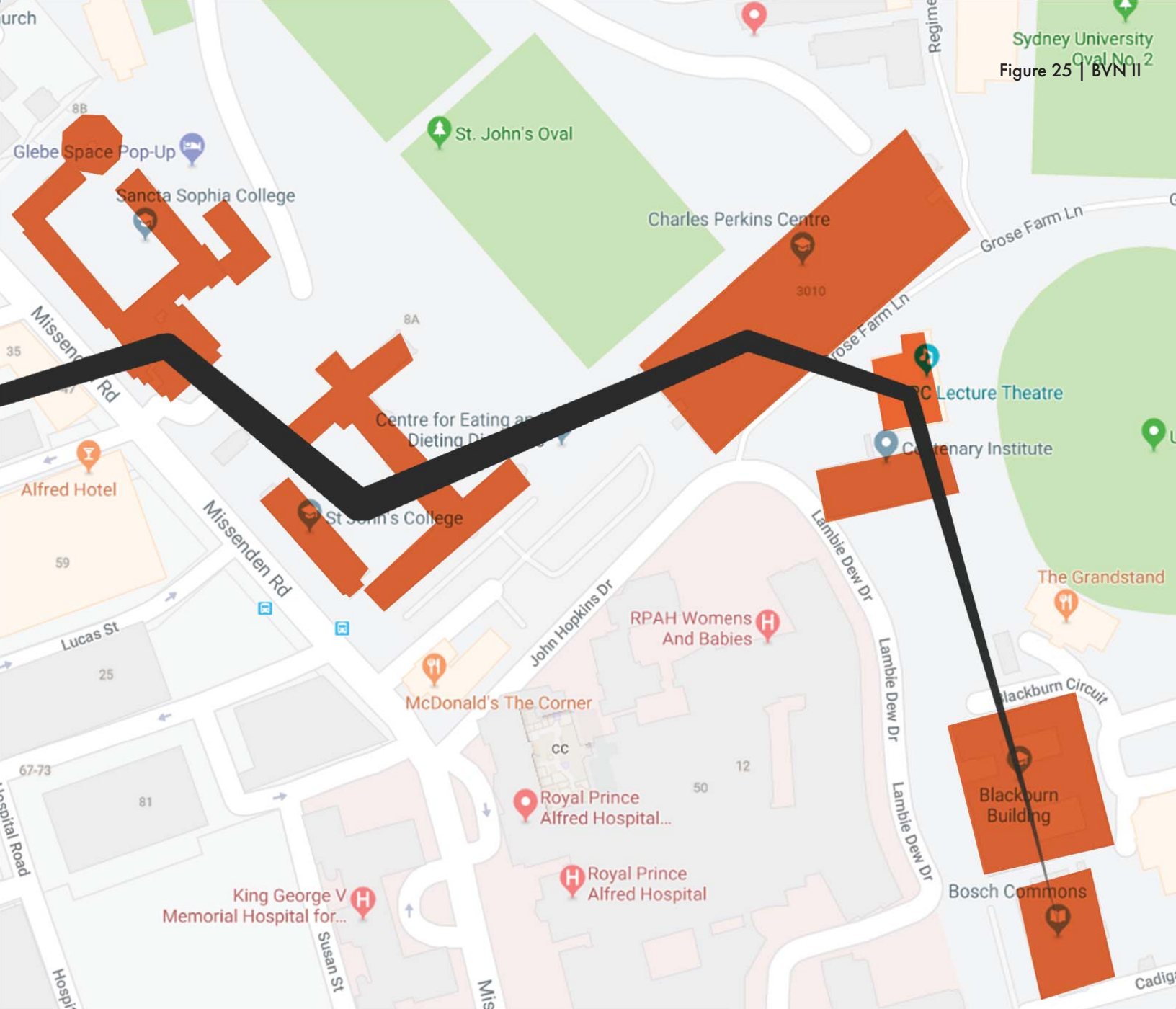


Figure 24 | BVN

# YOUTH BRAIN AND MIND INSTITUTE SITE







## ANALYSIS

The Youth Mental Health Building is another project that is situated in yet another setting where the location is strategically placed within conjunction to other healthcare facilities. Shown to the left is an emphasized version of the plan.

Upon further review, the building is positioned in an alley like location that is flanked by two other buildings. This provides a sense of security that only allows an entry point from church street.

## R/R

This is an aesthetically pleasing project that I will be using to inform my design moving forward. Again, this is a case in which I will be attempting to meld together both mental health facility and institution.



# YOUTH BRAIN AND MIND INSTITUTE INTERIORS



Figure 26 | BVN interior





Figure 27 | BYN interior II

# SALK INSTITUTE

Louis Kahn

10010 N Torrey Pines Rd, La Jolla, CA 92037

1965

## Summary

The overall depth that can be done of the Salk Institute is vast. Located on the west side of the country, the architectural materials that were used would have a similar climate to Atlanta, Georgia.

Focusing on the formal tectonics of the architecture, and not getting transfixed on the programmatic elements of the Institute will be the approach that I will be taking in dissecting the Salk.

Heralded as one of the seminal works of master architect Louis Kahn, the Salk Institute is a must see, pilgrimage worthy venture that every lover of architecture, design, and aesthetics needs to make.

The picture seen here highlights the horizon line and the sunset mood that Kahn wanted to capture and through this precedent study finally comes a tectonic space that prioritizes atmosphere above all else.

Concrete is the main material that was used on the site. It acts as both a thermal mass and a durable material that is needed when building close to the coast. The teak wood that is used to accent the concrete ages very well, and adds a distinct warmth to the concrete that would otherwise become too cold. Glass and steel round out the material palette of the Salk, which are classic architectural materials that are put to minimal use on the space.

The last material that I believe Kahn used that should be highlighted in this study is water. Through water, we are able to get a sense of what nature is doing. It acts as a constant barometer to the workings of the world without being tasked to do so, water naturally does. It freezes when it gets cold, it reacts to the gusty winds and creates waves, it renders still when there is no disturbance, reflects the sunlight and the moonlight, etc.

So many things can be said about the Salk, but the materials used in this project are the materials that I will emulate in the creation of the Atlanta Memorial & Mental Health Research Institute.





Figure 28 | salk horizon



Figure 29 | salk II



Figure 30 | salk III



# NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

MICHAEL ARAD, AND PETER WALKER  
180 GREENICH ST. NEW YORK, NY 10007  
2013

## Summary

Creating a space that commemorates the void that was left by the towers that stood tall and proud was one of the hardest tasks that young architect, Michael Arad successfully conquered. Turning that space into a memorial that has the atmosphere that fosters healing and contemplation was exactly what he did.

**“This should be about creating a profound site for contemplation and memory, but it should also be something that’s part of the city. I wanted it to be part of the city, something that would benefit everyday residents on their way to work. I had lived in New York for three years when I was working on the competition entry, and it was public space that made me feel like a New Yorker.”**

This is exactly what I want to accomplish in the creation of a memorial that has a more specific purpose. In the case of the 9/11 Memorial, Arad wanted the site to be part of the everyday residents life. Instead of shirking the responsibility of encapsulating the loss that happened here, Arad acknowledged it and brought it to the forefront. The endless void that continues on and on with the aid of the waterfalls that gently cascade through the names of the victims that were taken on this hallowed ground.

What happened here, should never be forgotten. The same way in which what has happened in our lives should never be forgotten.

MISSA MARIE HARRINGTON  
A. C. LEE  
V. C. CRK  
SCOTT J. O'BRIEN  
VLADIMIR TOMASEVIC  
ALEXANDER BRAGINSKY  
KEY THOMAS CAMPBELL  
ANTHONY RICHARD  
AMY ELIZABETH  
SCOTT H. SARR  
DAVID  
CLAR  
ANTHONY RICHARD













# THERME VALS

Peter Zumthor

Graubunder, Switzerland

1996

## Summary

Zumthor's Vals is the precedent study that I will be leaning on in order to get a better sense of how to design for the atmosphere of the space. The full experience that not only tailors to the visuals as you would expect from an architectural masterpiece. Therme Vals aims to encompass all the senses that we have, and connects us back to the earth, and back to a state of equilibrium.

The Vals is a hotel and spa that requires quite a journey to even get to. While on the trek, the anticipation of the space already creates a mystery and wonder that adds to the experience. Looking around and getting a sense of the materials that surround the Vals, you can get a sense of what the space is made out of. Created from the very stones that were mined around the area, the Therme Vals blends perfectly with the surroundings of the context.

The minimalistic materials that were used to construct the spaces add to the tectonics of the space because the users are not focused on additions that would otherwise be distractions. Not only is this a precedent that I will be using for its ability to evoke atmosphere, it will also be a precedent that I will look to when creating the spaces for the spa therapy that will be incorporated within the project.





Figure 34 | therme vals



# MAJOR PROJECT ELEMENTS

## GATHERING ROOMS

Areas that will be used to hold group meetings with clients and clinicians. They will also be used for mini conferences between clinicians that are working there within the space.

## OFFICES FOR STAFF

Spaces that foster the individual. An area in which the occupant user of the research facility can have intentional focus.

## CLASSROOMS | CONFERENCE

Rooms that are to remain multipurpose and flexible. For large scale gatherings of public events geared towards teachings on mental illness or conventions for continuing education for healthcare research specifically for mental illnesses.

## LOBBY AREA

An atmosphere of acceptance and safety needs to be a priority. This space is meant to disarm any notion of the clients and the clinicians that the facility is not for the overall well-being of all parties involved.

## CAFETERIA

Hearth. This area will be devoted to blurring the lines of the patients and the clinicians. Meant to convey an essence community. A space that will be meant for relaxation and informal gathering.

## BREAK ROOM

This room will serve as the refuge space for the users of the building. Being on the frontlines of the fight to find more knowledge on the disease and disorders, these people deserve a calming space.

## PRIVATE ROOMS

Privacy and sensitivity are essential. These areas will be dedicated to one-on-one diagnosis and briefings that are only for the client.

## MAINTENANCE FACILITIES

Standard rooms and areas that are typical of any building typology. Mechanical room, storage facilities, data rooms, restrooms, etc.

## PATIENT INTAKE | LIVING

Secure spaces for patients to enter and exit. Strategic placement and orientation on the site is key for adding privacy for clients. This space will also be attached to a living area that can double as a space for examination and interview.

## SPA

The spa area will serve as the space in which the the patients that are admitted, people from the community, and the users of the space can come and relax.

## TRANSITIONS

One of the most prevalent categories of space in the building. All of these spaces that contribute to the overall tectonics of the building's transition will be carefully tailored and curated in order to display a connection to loss.

## REMEMBRANCE SPACES

The connection that we lose to our loved ones will be woven back together through the use of architectural space. In regards to this, these spaces for remembrance will play a big role in the enaction of that process.



Figure 35 | tunnel into the forest

# USER | CLIENT DESCRIPTION

## EMPLOYEES:

Operations Coordinator

Clinicians: Doctors, Nurses, Therapists, etc.

Researchers: Professors, Graduate Research Assistants, Scientists, etc.

Facilities Coordinator

Security

General Faculty

## CLIENTS:

People that are suffering from depression that has something to do with the loss of a loved one, or a traumatic experience that encapsulates loss. They will be admitted to the space and thus will be subject to and be asked to be researched.

## COMMUNITY:

People that are suffering from depression that has something to do with the loss of a loved one, or a traumatic experience that encapsulates loss will be the target of the memorial. However, everyone from the surrounding community will be able to



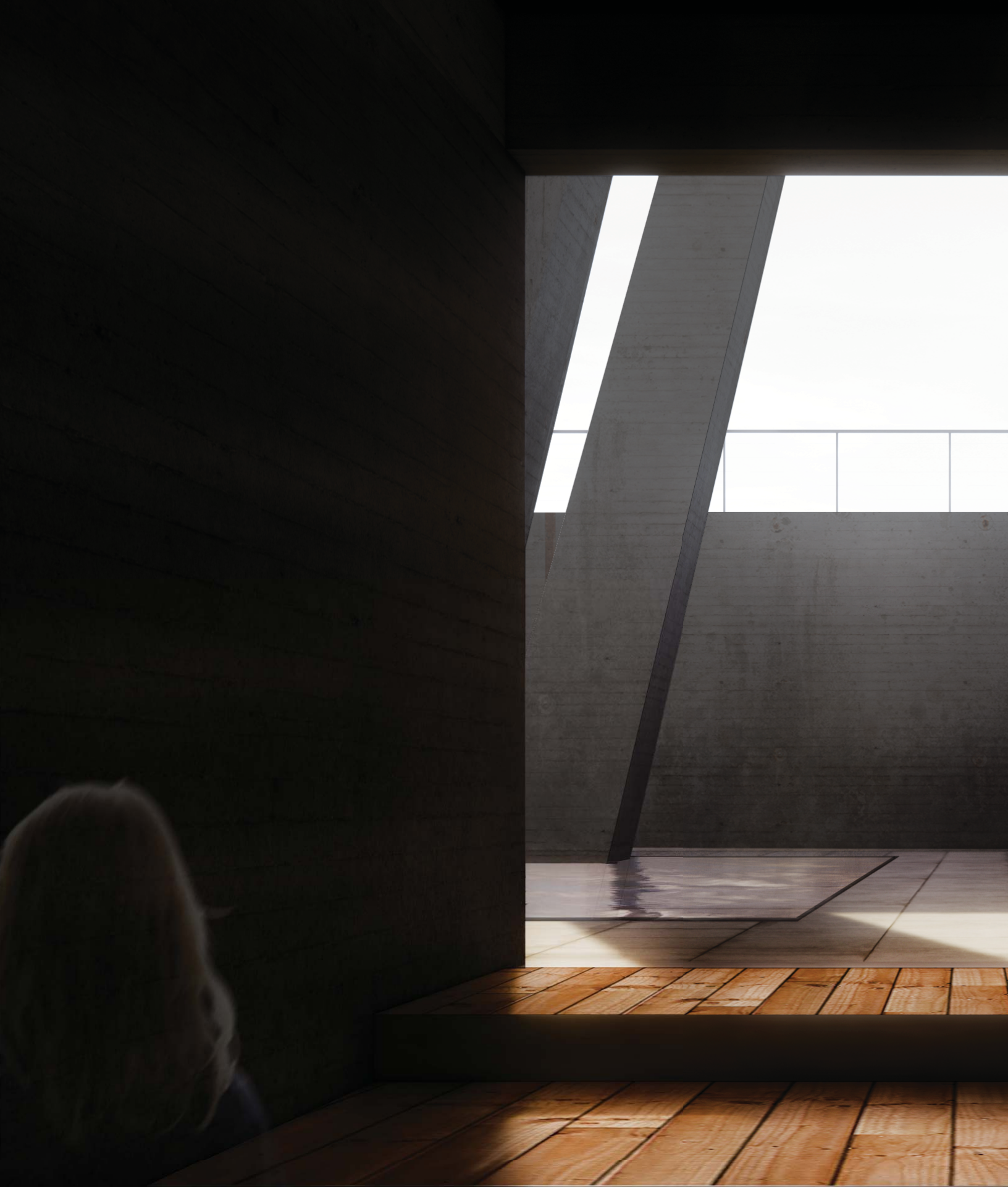


Figure 36 | emerging into pool



# PREVIOUS SITE: FARGO, ND 58103



Prairie Rose

Figure 37 | region fargo





Figure 38 | close-up fargo

# PROPOSED: SITE INFORMATION

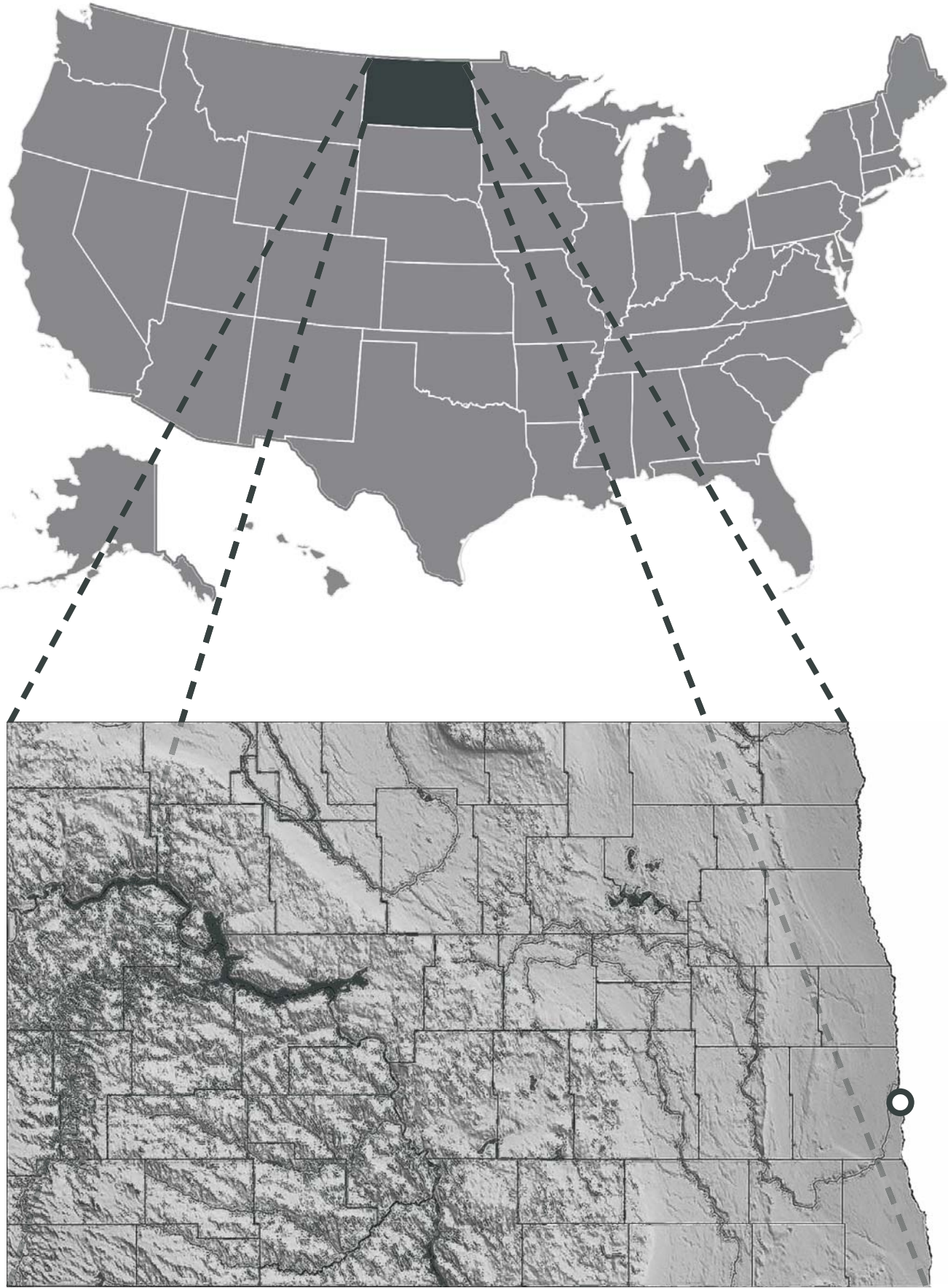


Figure 39 | fargo zoom in





## FARGO, NORTH DAKOTA

Metro Population:	234,100
Median Household Income:	\$54,433
Unemployment Rate:	2.5%
Job Growth:	1.7%

## FORBES LIST RANKINGS

Best Small Places for Business & Careers	#12
Job Growth	#13
Education	#24



## URBAN PLAINS DEVELOPMENT

This development is an intentional location focused on the future. The 21st Century will be the main focus and the amenities that come along.

## THE BRIGHT FUTURE

- Large Hotel connected to Scheels Arena
- 2,000 units of Housing
- Medical Office Park on 51st Street
- Direct access to Sanford Hospital
- Brandt Park
- Corporate Park
- Professional Park
- Scheels Arena



## IS THIS THE RIGHT SITE?

Fargo, North Dakota is an amazing city that is on the rise. With an incline of the infrastructure of the city and the increasing socio-economic trends rising from within, Fargo can go either way. On one end, the stability of the site might be the best option for those who are struggling with issues of Mental Illness. Opposite of that spectrum, the city's stability might not be the most polarizing for the mentally ill.

Overall, more research will have to be done moving forward onto the location of the site.

More content after finalized site is chosen.

# PROJECT EMPHASIS AND GOALS

## PROJECT EMPHASIS

### HOLISTIC APPROACH TO MENTAL HEALTH

---

In architecture, our focus is rarely on mental illness. In this project typology and thesis document, I want to address the growing concerns that surround our generation with the increasing occurrences of mental health issues that lead to mental illness.

### ENDING THE STIGMA OF DEATH

---

Mental Illness carries a stigma that has been intergrated with its inception. I am not arrogant enough to think that one project will end the stigma, but I hope to shed onto it through the means of my deliverables. The project will hopefully be an introduction on how we can insert the concepts of death back into our society without having it be scary or overt. The goal is to have it be a companion to add richness to our lives, because once we know that our lives are not infinite, we are able to get a better

### A BEAUTIFUL SOLUTION | COMMUNITY

---

Through the means of the built environment, I will seek to find a beautiful solution that embodies meaning, passion, understanding, and new beginnings. While the effort to create an environment that is all pleasing physically, emotionally, and psychologically will be a major component of the designs, the end solution has to evoke an emotional response. A response that reaches throughtout time, unwavering against the new findings of the ever growing field of healthcare. A response that, coupled with the right space, might be the very component that ultimately brings healing to the parties involved. One that brings together the visitors of the space, users, and the patients that are within. United one another and creating a bond of support that allows the space to be a constant source of support and community.

## PROJECT GOALS

### THE ACADEMIC

---

To be able to produce a thesis document that is an honest respresentation of my academic skills throughout my college career. Throughout this thesis, I hope to increase my skills in writing and critical analysis to meet the demands of the academic requirements to produce the best project I can. I want to be able to look back on this project and reach the potential that is within the bones of the framework to match the passion that I feel about the subject.

### THE PROFESSIONAL

---

I want to shed more light onto a new typology of architecture that is on the forefront of mental illness treatment. By being able to find out more about mental illness, future generations will be better equipped to tackle the symptoms and have better ways to treat specific illnesses. My aim is to approach this thesis project with a real world perspective. That the findings uncovered will have an impact on the world around me. Overall, to be able to create a document that can showcase my skills and passions to place me in the right setting where I can further my career in the pursuit of architecture.

### THE PERSONAL

---

At the end of the day, this project means more to me personally, than academically and professionally combined. I hope to find healing in the research, solice in the design, and peace in the solution. Dedicated to the friend I lost to mental illness, I hope to make an impact enough to save someone else's life in the medium we both loved: Architecture.





Figure 43 | belfer interior lobby

# PLAN FOR PROCEEDING

## **THEORETICAL PREMISE**

---

The creation of ideal environments that maximize the potential of research can truly affect how the gathering of knowledge can be bolstered, specifically in regards to mental illness. By uncovering instances and discovering solutions in architecture that support this theory, I hope to further the conversation of designing with mental health and mental illness as a main priority.

## **PROJECT TYPOLOGY**

---

A holistic approach will be the most important quality that will result in a building that truly exemplifies that vision of an intergrated research facility tied to what it is researching. The facility will be primarily geared towards the furthering of the knowledge-base centered around the human condition of mental illness. Because of this, it is vitally important to not only create a space that researches mental illness, but combats it through the fostering of mental well-being and mental health. I will be researching mental health research facilities and institutes that have and have not been successful in the past. At the same time, research that revolved around holistic office design and architecture design will also be assessed to draw further similarities on holistic, intergrated design.

## **HISTORICAL CONTEXT**

---

Further research into a rich historical context will be done within the next semester. Moving forward, I will hope to find a deeper connection to the history of mental healthcare, loss in other cultures, and architecture that deals with loss.

## **SITE ANALYSIS**

---

Further research will need to be done on the final site solution for the project. For now, I have chosen Fargo, North Dakota as the initial site for the research facility, but in light of recent findings, I am unable to determine whether Fargo is the best place. More research will need to be conducted if successful research facilities were situation in high-risk areas, or stable communities that mitigated and fostered the mental health and well-being.

## **PROGRAMMATIC REQUIREMENTS**

---

In this area, experience is key. Interviews with professionals that design and professionals that are employed in mental health research facilities will need to be conducted to determine the areas of focus that will need to be addressed. Research that is published by industry leading design firms will also be used to find the necessary spaces that will lead to the most efficient and effective solution.





Figure 44 | belfer stair lobby

# DELIVERABLES

## THESIS BOOK

The main book that will be the culmination of the years hard work. Everything will be included in the book. Research, proposal, investigations, schematic design, design development, final drawings, and reflections.

## PHYSICAL MODELS

Large scale context model to give site a sense of place. Materials are not yet determined. A physical interaction of the site and final model will give insight to the urban context of design.

## PRESENTATION DOCUMENT

The final presentation will be made to a jury, my peers, and whomever may come at the end of the spring semester. This will include a reformatted document of the initial processes, final iterations, sketch models, final models, and final renderings.

## FINAL BOARDS

Along with the final presentation, a standalone representation will be required to convey the various details, graphic elements, and visual standards that are required for the project.

# MEDIUMS

## ANALOG

Sketching  
3D Modeling  
Woodworking  
3D Printing  
Physical Modeling

## SOFTWARE

Autodesk Revit Architecture  
Autodesk AutoCAD  
Enscape Visualization  
Vue  
Adobe InDesign  
Adobe Photoshop  
Adobe Illustrator  
Acrobat DC  
Vray for Revit



# DESIGN METHODOLOGY

## MIXED METHODOLOGIES

### PHYSICAL MODELING

---

Starting with "rip & tear" models, basic mass modeling and design iterations will be conducted in order to determine the shortcomings and successes of the design with quickness and efficiency. Working forwards, designs will evolve from the previous iterations to compound the quality of the work.

### TECHNOLOGICAL ITERATIONS

---

Stemming from my physical models, I will take pictures from orthogonal viewpoints of the models and inserting them into the digital programs. Integral to my generations way of thinking through designs, I will be iterating mainly through technological programs such as revit, rhino, sketchup, and enscape. The last of which is a virtual reality software that is intergrated with revit, and through process via live-link, designs would be streamlined. By iterating through digital programs, coupled with virtual programs, cursory reviews with professors and peers will be more productive. Ultimately, designing with these programs will not only lead me to the design form, but will be allow me to work on the documentation of the designs simultaneously.

### INTUITIVE DESIGN

---

Real world experience will be the most important methodology that will assure that I am heading towards the right direction. Nothing will compare to the insight that can be discovered from instances that are grounded in reality. These intuitive moves through the pursuit of model making, drawings, and group critiques will be the way in which the form finding of the project will arise.

### PARTI MODEL | ARTEFACT

---

Future discovery. A creative grounding that will hold fast when the eventual idea tarries will be essential to the pursuit of a cohesive project.

## QUALITATIVE DATA

- +Gathered from direct observation
- +Gathered from a precedent studies
- +Gathered through an archival search
- +Gathered from direct Iterations

## QUANTITATIVE DATA

- +Statistic: gathered and analyzed locally or obtained through an archival search.
- +Scientific: measurements intentionally obtained through instrumentation and or experimentation; also gathered directly or through an archival search.

# PROJECT SCHEDULE

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

Proposal

Program



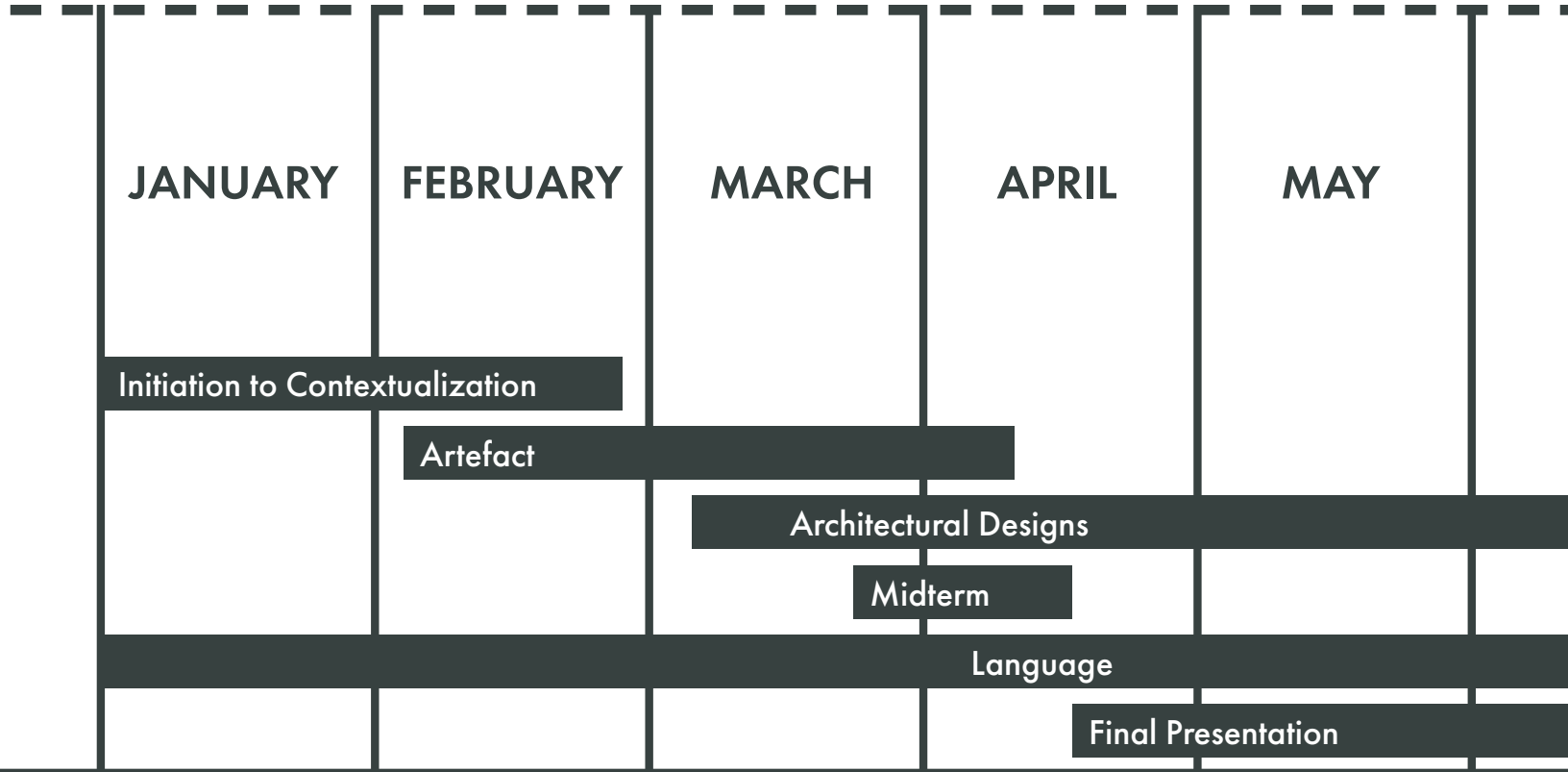
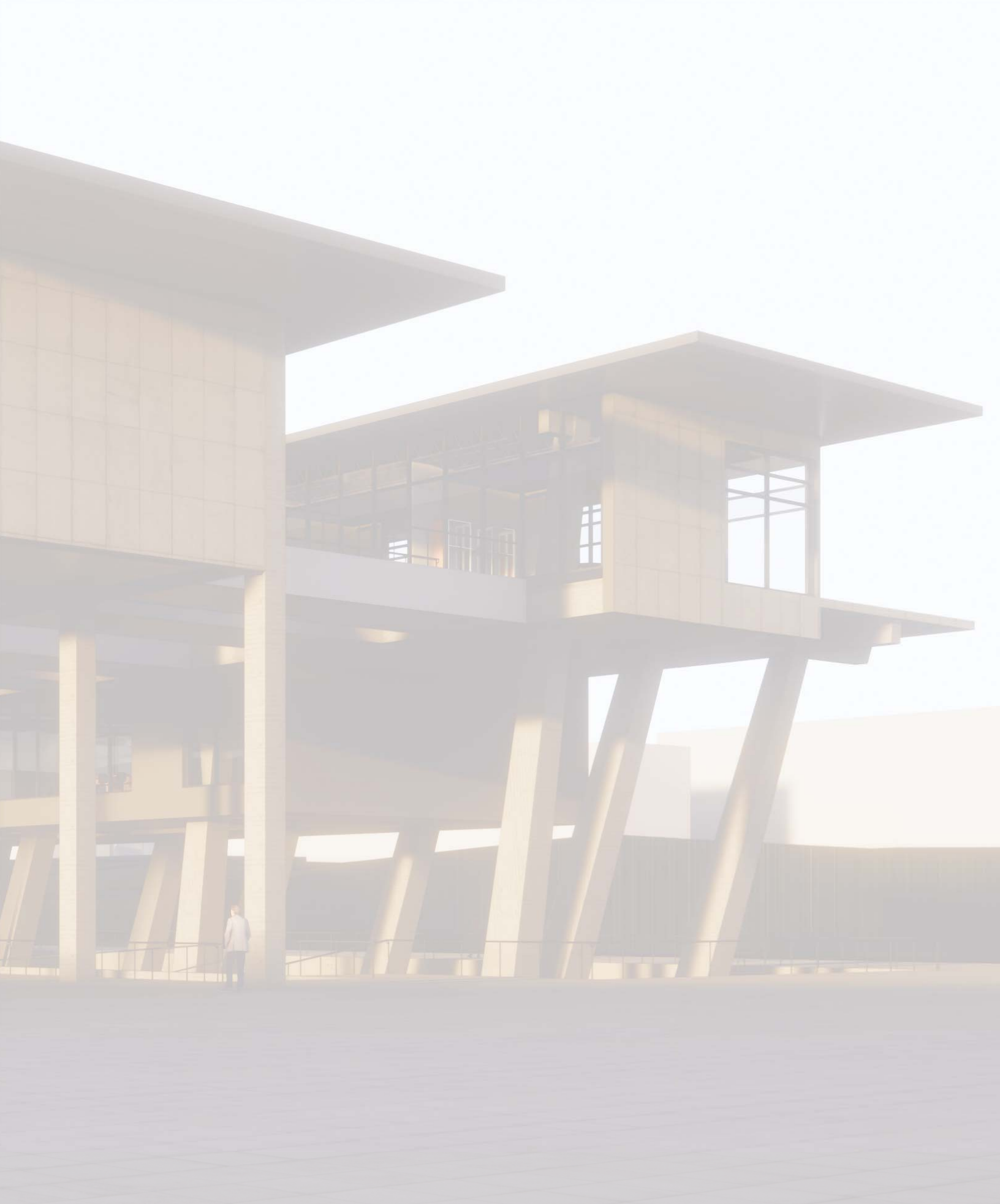




Figure 45 | entrance faded













## **HISTORICAL, AND SOCIAL CONTEXT**

# HISTORICAL CONTEXT

## HISTORY OF MENTAL ILLNESS ARCHITECTURE

The past has had three theories when it comes to mental illness: supernatural, somatogenic, and psychogenic. Supernatural theories believed that mental illness was caused by possession of evil spirits, displeasure of gods, eclipses, planetary gravitation, curses, and even sin. Somatogenic theories attribute mental illness from physical disturbances like illness, genetic inheritance, brain damage, or imbalance. Finally, psychogenic theories attribute mental illness to traumatic or stressful experiences, maladaptive learned associations, cognitions, and distorted perceptions as well.

Our histories many solutions to treat mental illness have been extreme. For example, trephination is the belief and practice of drilling holes in the skulls of the diagnosed to treat the aforementioned illness. Trephination believed that evil spirits resided within the head and thus needed to be freed through the skull drilling.

While this might be the most extreme treatment in the scope of mental illness, later on towards the 1900s, strides were made and the creation of a standardized diagnostic classification system was created. German psychiatrist Emil Krapelin in 1883 was the initial composer that brought together patterns of symptoms. His work was instrumental in the creation of the first publication of the *Diagnostic and Statistical Manual*. Since its inception in 1952, DSM has gone through revisions in 1968, 1980, 1987, 1994, 2000, and 2013.

The Mental Health Research Institute that I am designing holds significance by gaining knowledge and thus becoming more informed in how to treat mental illness. History has taught us that mental illness can only be remedied by gaining more information about each and every individual case that we can research.







Figure 47 | asylum

# HISTORICAL CONTEXT

## MENTAL ILLNESS WITHIN HEALTHCARE

In my initial propositions, I discussed the affects of mental illness within healthcare. The facts and stances I had were based off of conversations that I have had previously with those who are in healthcare, and some of them were persons within related fields of study. Moving forward, I wanted to find out and seek answers that are rooted in a more concrete frame. This lead me to study the stigmatized reactions that persons in the medical field have to deal with and how it affects them.

Stigma related to mental illness within the healthcare system exists. It creates a major barrier to access and quality care. This stigma also creates issues within the workplace and puts up a help seeking block for the practitioners.

What do those barriers look like, and what has contributed to the stigma within healthcare? One would think that since they know the effects of extrinsic forces of falsified information, those who are within the field would not fall victims to stigma.

**Stigma - a mark of disgrace associated with a particular circumstance, quality, or person.**

**- conceptualized as a complex social process of labeling, othering, devaluation, and discrimination involving an interconnection of cognitive, emotinal, and behvioral components.**

Persons that stigmatize can be categorized on multiple levels: intrapersonal (self-stigma), interpersonal (relationship with others), and structural (discriminatory and/or exclusionary policies, laws, and systems.) Knowing that this is the case, we can have a more focused approach in treating them. Through these groups, those who experience mental illness are treated similarly on both ends of the spectrum. They often feel devalued, dismissed, and dehumanized by professionals that they come into contact with. Their identity within themselves no longer becomes their own individual composition, but is replaced with the symptoms and identity of the mental illness they are suffering through. Adding to this issue is the lack of awareness and unconscious biases that undoubtedly causes the issue to be self-actuating. The pessemistic views that clinicians have becomes a barrier that they themselves put up.

Above all, an overarching, systemic approach may be the biggest factor that has grown and fostered the stigma instead of what has come before. The culture that healthcare stands up is to not talk about it, and not openly seek help. We are often chained by invisible strings rather than the invisible. This is no different. The workplace needs to be a place where these individuals are encourage and taken care of. One would think, however they are seen as less competent, dangerous, unpredictable, and self-actuating.

Overall, the change needs to come from within. An outlook within the healthcare community needs to be the catalyst for this change, and in now knowing this, I can say that a project designed in regards to considering not only the patients, but the clinicians gets justified through this. If we cannot protect and





create a better environment in which people can seek help and seek to help those who seek help then what are we doing? The findings that occurred here are hints of how I will be able to partner alongside of a comprehensive program architecturally. The spaces need to be beautiful and tailored to combat these negative feelings, however if left unchecked and not properly grounded within a comprehensive program, all that can fail.

The most important component came out later in the research in which there has been a lack of representation of death within our architecture. At the same time, while our abilities to design increasingly intelligent buildings are getting better, we have lost that connection to the emotive character of the building.

Pictured below is the Youth Mental Health Building. An award winning and current architectural project that was successful in blending the considerations needed to provide a space where the users and the clients were thought of. I believe that more can be done.



Figure 48 | BVN night shoot

# SOCIAL CONTEXT

## MENTAL ILLNESS TODAY

### KEY FINDINGS

#### **1 in 5 Adults have a mental health condition.**

That figure contextualized is over 40 million Americans; more than populations of New York and Florida.

#### **Youth mental health is worsening.**

Rates of youth that have severe depression increased from 5.9% in 2012 to 8.2% in 2015. This again proves why the thesis is important because 76% of those youths are left without/insufficient treatment.

#### **More Americans have access to services.... those services still lack access to care.**

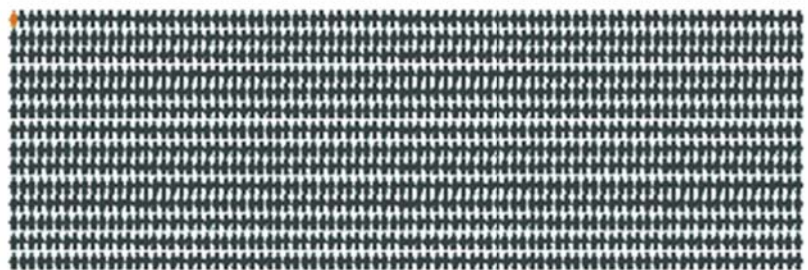
Insurance and treatment have increased, as healthcare reform has reduced the rates of uninsured adults. However, there is a decrease in uninsured adults with mental illness is seen in states that have Medicaid. That decrease amounts to 56% of Americans not receiving the treatment they need.

#### **Serious Shortage in Mental Health Workforce**

States that have the lowest workforce have a ratio of 6:1 in regards to mental illness individuals to clinicians. That term includes psychiatrists, psychologists, social workers, counselors, and psychiatric nurses combined.

## THERE IS A SHORTAGE OF PROVIDERS

IN ALABAMA,  
THERE'S ONLY  
**ONE MENTAL  
HEALTH  
PROFESSIONAL**  
PER 1,260 PEOPLE



TO MEET THE NEED FOR MENTAL HEALTH CARE, PROVIDERS IN THE LOWEST RANKED STATES WOULD HAVE TO TREAT **SIX TIMES AS MANY PEOPLE** THAN PROVIDERS IN THE HIGHEST RANKED STATES



# MENTAL HEALTH FACTS

## MENTAL HEALTH AND SUBSTANCE USE CONDITIONS ARE COMMON



NEARLY HALF HAVE A CO-OCCURRING SUBSTANCE ABUSE DISORDER



## MOST AMERICANS LACK ACCESS TO CARE

**56%**  
OF AMERICAN ADULTS WITH A MENTAL ILLNESS DID NOT RECEIVE TREATMENT

**1 IN 5**  REPORT AN UNMET NEED

**7.7%**  
OF YOUTH HAD NO ACCESS TO MENTAL HEALTH SERVICES THROUGH THEIR PRIVATE INSURANCE

## YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED



IN A FIVE YEAR PERIOD, RATES OF SEVERE YOUTH DEPRESSION HAVE INCREASED



**OVER 1.7 MILLION** YOUTH WITH MAJOR DEPRESSIVE EPISODES DID NOT RECEIVE TREATMENT



THAT'S ENOUGH TO FILL EVERY MAJOR LEAGUE BASEBALL STADIUM ON THE EAST COAST TWICE



## HEALTHCARE REFORM IS HELPING

RATES OF UNINSURED ADULTS WITH A MENTAL ILLNESS DECREASED BY

**5%**

STATES THAT INCREASED MEDICAID EXPANSION...



...SAW GREATER IMPROVEMENT IN YOUTH COVERAGE  
...HAD FEWER UNINSURED ADULTS WITH MENTAL ILLNESS

## SUMMARY

Knowing more about what we are up against gives us a better sense of urgency. The text on the far right of the page gives us a bullet point and highlights the major aspects of where mental health is today.

The biggest takeaway that proves my point is that there is a serious shortage in the mental health workforce. It was said that there is a 6:1 ratio of patient to clinician. In conjunction, we are seeing a trend that youths are experiencing a spell in mental illness.

Reading about the facts of where mental illness is today resonates with people but not all. We all learn differently, and for those who learn through visuals, the images on the right provide that opportunity. A startling graphic is that over 43 Million Americans suffer from some form of mental illness. 1 in 5 of those Americans report an unmet need. That is 8.6 Americans that go without treatment every year.

This information will strengthen the argument of why this building needs to happen. We need to make a conscious effort into reducing these numbers. I can use this information in the educational side of the building. Being able to have concrete figures gives something a base in which we can build off of.



Figure 50 | a look of anguish



## DEPRESSION

Depression is a serious medical illness that involves the brain. It's more than just a feeling of being "down in the dumps" or "blue" for a few days. If you are one of the more than 20 million people in the United States who have depression, the feelings do not go away. They persist and interfere with your everyday life. Symptoms can include:

sadness

loss of interest or pleasure in activities you used to enjoy

change in weight

difficulty sleeping or oversleeping

energy loss

feelings of worthlessness

thoughts of death or suicide

Depression is a disorder of the brain. There are a variety of causes, including genetic, environmental, psychological, and biochemical factors. Depression usually starts between the ages of 15 and 30, and is much more common in women. Women can also get postpartum depression after the birth of a baby. Some people get seasonal affective disorder in the winter. Depression is on part of bipolar disorder. There are effective treatments for depression, including antidepressants and talk therapy. Most people do best by using both.

# PROJECT JUSTIFICATION

## Summary

Architecture makes up the environments in which we live and work. That environment can either add to our mental health, or cause us mental illness. This is an important field of study because it is one of the most prevalent cases that more people are going through everyday. A shift has happened between the physical and the mental.

Designing a mental health research facility will seek to solve the problems that are yet to be discovered, all the while be the solution that we have been waiting for. An environment that considers not only the problems that the patients are going through, but the users as well.

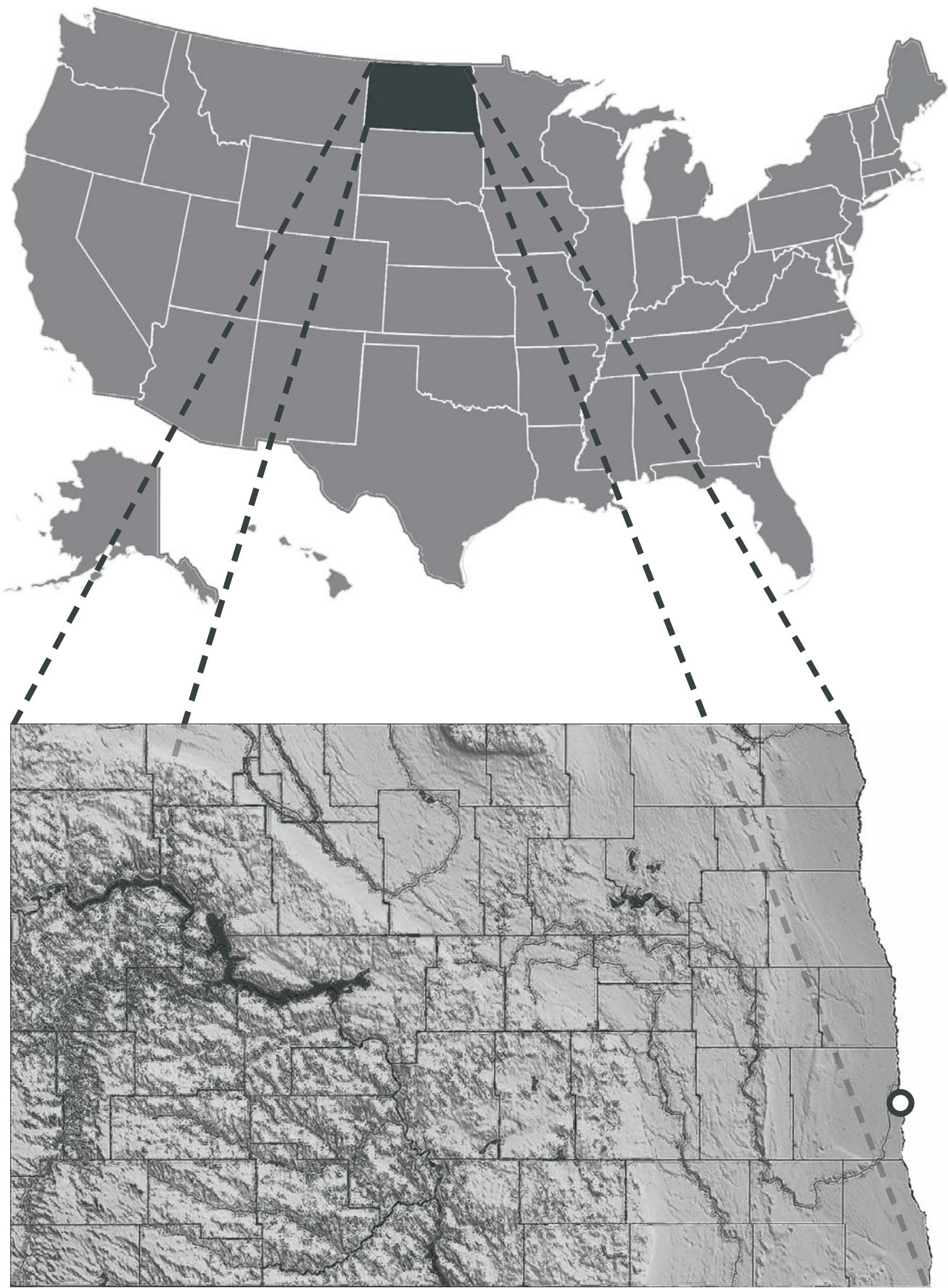
This project will be the result of hard work and a dedication to a craft that I have been building towards the last five years. I can say with confidence after this project is completed that I will have undergone a rigorous training in Architecture that has allowed me to accomplish my dreams.

The set of skills that I would be demonstrating through this project would be the ability to research and justify a design problem. A comprehensive understanding of the basic components in which I will be expanding on when I get into the field.





# PREVIOUS SITE ANALYSIS





# FARGO, ND 58103

Fargo, ND is a growing city that boasts a lot of premium and open spaces for incoming businesses. Popularly categorized as a college town, Fargo's population offers a broad spectrum that would bring in a wider variety of people for the research. Also, Fargo strategically lies on I-94 and I-29 which bring visitors to Fargo from a 300 mile radius. Overall, Fargo's commitment to Sanford and providing a health center was a major factor in choosing a site.



Figure 53 | fargo I

## URBAN PLAINS

The Urban Plains is a land development that combines commercial, retail office, medical, event center, multiple dwelling housing, condominium and town home development in a neighborhood setting.

The developers are intentional in the business that they accept. This creates a holistic and logical development that can ebb and flow according to what is wanting to be developed.

Within the design, a partnership to create an emphasis on the medical conglomerate on the land development is an outcome that would bring Urban Plains an influx of revenue, but will push Fargo to new heights in its pursuit to be a contributing city to health and wellness.



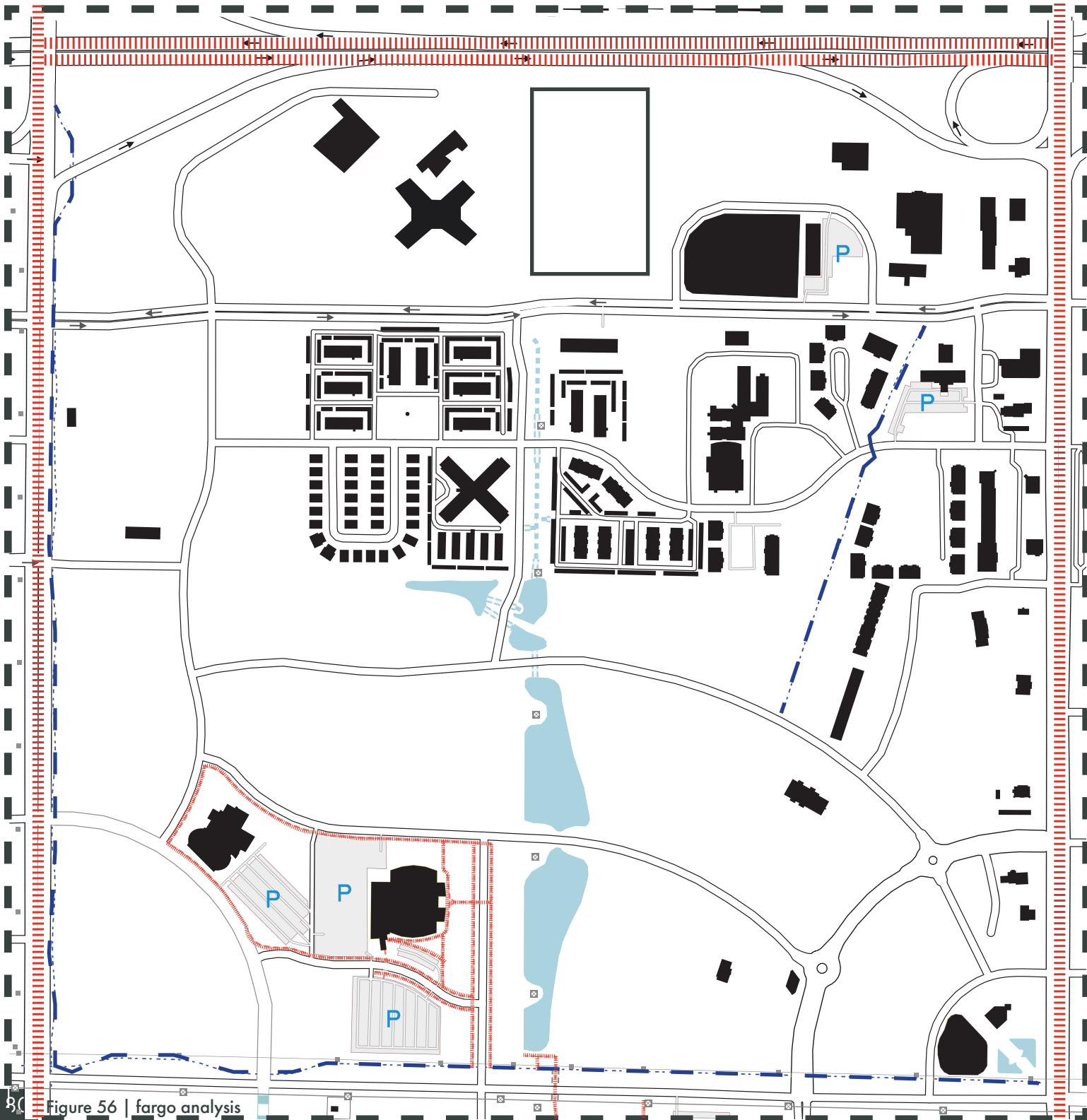
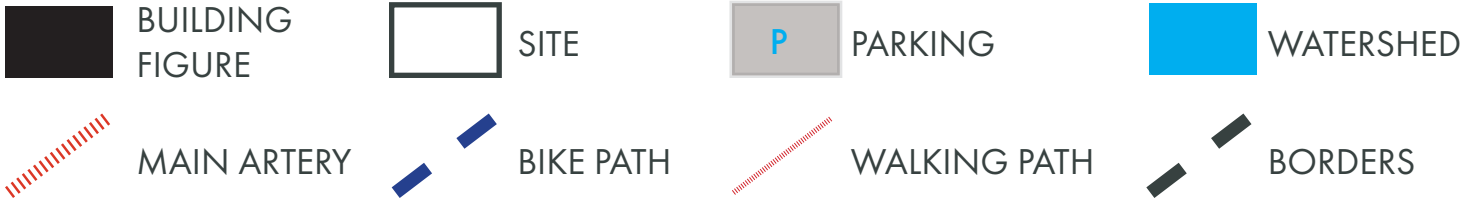
Figure 54 | fargo II



Figure 55 | fargo III

# URBAN PLAINS INVENTORY

## LEGEND



80 Figure 56 | fargo analysis



# FARGO, ND 58103

## BUILDING FIGURE

The west end of the Urban Plains development is more developed than the eastern side. A closer proximity to 45th street is likely the case. The heart of Urban Plains is also well developed, and this gives way to a wave of developments to arise along the exterior.

## MAIN ARTERY

Along the east is Veterans Boulevard and on the west is 45th street. Along the north end is I-94. Giving the site an incredible amount of accessibility.

## BIKE PATH

The city of Fargo is only beginning to take advantage of the flat terrain in Fargo. For now however, there are very few bike paths, especially when the site is further away from downtown and university. The paths seen here shows one within the interior and a path along the exterior.

## PARKING

Parking in Fargo, ND has never been a problem because of the flat terrain. A large conglomerate of asphalt can be seen on the southern side of the Plains.

## WALKING PATH

Along with the Sanford Hospital along the north, Family Wellness and the Sanford Power Complex is located towards the south. Also located on that end is the Scheels Arena. This collection of buildings warranted walking paths that meander all around the property.

## WATERSHED

Collections of water that help with the drainage of the Urban Plains.

## BORDER

Denotes the borders of the Urban Plains Development.

## CHANGE FORESHADOWING

Moving forward, I do not think that Fargo will be the right site for the building, and it shows in the final title that I moved it down south. However, I wanted to show that an analysis was done.



Figure 57 | tapestry faded











This tapestry allowed the conversation to get started. This was the vehicle I used to attune an environment where someone would be willing to, and feel comfortable enough to talk about those feelings. To summon those deep emotions. Afterwards, I asked my peers to become participants to transcribe those moments that came up. Bearing the inner darkness, out into the light, where the vulnerability of the words pierced through and allowed truly cathartic moments to occur. Through the materialization of the words, and looking at the impact it made on my peers and me was the moment that I knew... The moment where I could see the interconnections that can happen between life, loss, healing and architecture.



Figure 59 | the death of patroclus

But to begin the process of discovery, I looked towards other cultures that have traditions in which they properly deal with a life lost. I noticed that time would be allotted, and rituals would be performed, to weave back to the lost connections that have been severed. Exactly the opposite of what we do. Some quick examples would be the Funeral Games that the Ancient Greeks would host to honor those that have passed. For thirteen days, they would compete in games of sport like chariot racing, boxing matches, and much more.

The process of weaving and assembling the strands takes the body through the entire length of the artefact. Along the way, like the physical exertion and struggles of the games, the strands of the weave undergo twists and turns, but in the end, the strand can still be brought back and smoothed over. Struggles along the way will happen, yet it is through those struggles that one can look back and see exactly where they have been, and where this has taken them. Sadly, loss through death happens to everyone... it is a fact of life that cannot be avoided. Suzanne Laba Cataldi, an American Philosophy educator, says this about experiencing loss.

**"I image grief as an injury. As a type of open wound; TORN tissue. I came to this sense of grief through reflecting on how I felt as a teenager when my father died completely, unexpectedly all at once. I felt as though he was ripped away and that I was ripped apart from him."**





When one key strand in our lives gets ripped away, torn apart, shredded off, the pattern of the fabric of our lives are altered and can never be the same. This is what happens when we lose a loved one. Grief as a torn tissue being compared to fabric is embedded in the Jewish mourning custom Kriyah. When they receive that initial shock – the feelings of feeling nothing – Jews rip their clothes to symbolize a ruptured relationship and the pain of grief. Almost as if to shock themselves out of the state of emotionlessness. They externalize and give breath, life, and releasement to the feelings that they hold inside. Enacting an emotional response that they can lean on to further understand what had just transpired. Cataldi eloquently phrases it as

**“What is felt on the inside, crosses over onto the outside and is expressively exposed: the external tearing of fabric dramatically symbolizing a stabbing finality, the internal tearing asunder that mourners feel in their relationship with the deceased.”**



Figure 60 | tapestry assistance

The artefact is already woven, demonstrating that idea of crossing over. However, it is when it is taken back apart, and put back together that the tapestry gains incredible meaning. The dismantling and reassembling of the piece shows two things: moments of transition and moments of transformation. The act of dismantling shows that when we deal with these intense moments of grief, its not to say that it's a continuous pain. It's something that stays with you, but the intensity ebbs and flows like a wave. One day, you might think that you are completely healed, but then on another you completely unravel. But all at the same time, there is a trying attempt to be whole.

The second one I mentioned was the moments of transformation that would be given the opportunity to happen. Where stories are fragmented, and recombined with different stories. Showing that in its incomplete and fragmented state, we are invited to use our imaginations and memories to surmise the rest. In its finished and displayed state, the artefact still asks the for the participation of others. Fortunately, moments of transformation like this would happen. Where someone else's story would converge with another. And while the circumstances and minute details could be different, the overarching themes of loss can be felt and stitched together. Demonstrating, and dispelling the notion of isolation that depression wants to give.



Figure 61 | convergence





Figure 62 | tapestry on the floor

The width of the artefact was designed so that it would be incredibly difficult for just one person to pull it across. Needing assistance is an important value that the artefact calls to the surface because in depression, the worst thing for those afflicted would be to enter a zone of isolation. To bring out the aspect of community is something that I want to transfer from within the artefact into the architecture. For people that are suffering from depression while dealing with losing a loved one.... time has been warped, or more appropriately, time has been suspended in the past. Not wanting to, or unable to look ahead, as though somehow the future has been closed. Detached from the context of what is happening around them. "Being in a fog" is the atmosphere that they live in. Losing a loved one causes an insurmountable feeling of being lost. Having no sense of direction. C.S. Lewis depicts this sense of lost direction in one of most beautiful quotes I've ever heard.

**"(for) I am beginning to understand why grief feels like suspense. It comes from the frustration of so many impulses that had become habitual. Thought after thought, feelings after feelings, action after action had her Helen for their target. Now their target is gone. I keep on, through fitting an arrow to the string, then I remember... and I had to lay the bow down."**

The target is no longer there. But I would argue that the target can still be hit. That there are moments in which our emotions and our feelings still land on the target. Proof is whenever you have that overwhelming sense of emotions that blur and blot our visions with tears... when we swallow that lump in our throat, or hear that crack in our already wavering voice. So, because of this, we can emotionally perceive and understand that loved ones are behind them. That they are still there, intermingled with us, as they must have been all along. But again, it goes back to how ill-equipped we have become in dealing with the ramifications of death that we are struggling with these issues.

That is why the design of our environment matters. The mood and the atmospheres that people get attuned to makes a difference in how the world around them is shaped and felt. Alberto Perez-Gomez, an architectural historian and theorist, says it best.

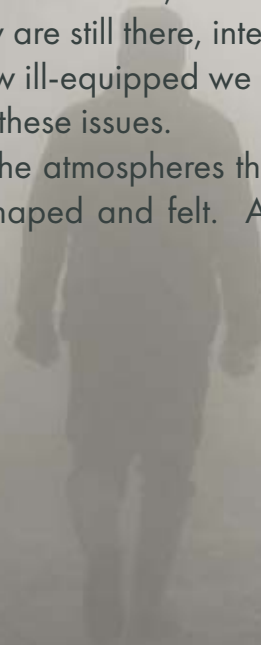






Figure 64 | fog emulation

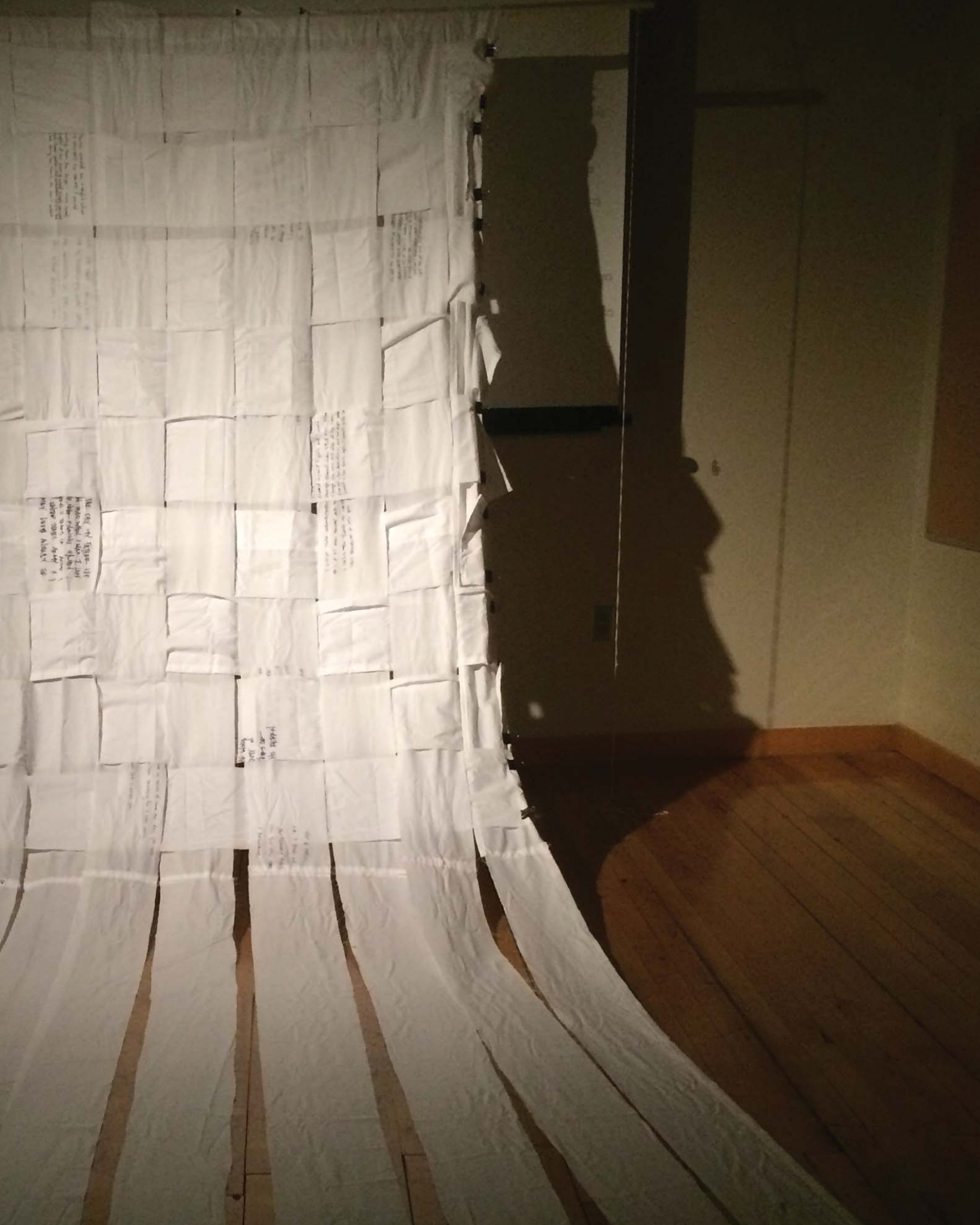
**“Once we start to understand, through recent cognitive science, that our consciousness does not end with our skulls, it becomes easy to grasp that the emotive character of the built environment matters immensely: what matters, in other words, is its material beauty; its power to seduce us on one hand, and its capacity to open up a space of communication for intersubjective encounters on the other.”**

That space of communication is the realization that the targets for our emotions may not physically be there anymore, but emotionally they still exist within our memories and therefore in our hearts. That the emotive character of the built environment that Alberto talks about is the aesthetic beauty of the spaces within the architectural design. Contrary to the popular trend of overly sterile, and numbing spaces, it is through this emotive character of the built environment, that one can find intellectual understanding. Life, loss, and healing will be the strands that will be woven together to create this new architectural space.



Figure 65 | reaching out with words





Handwritten note in the top left corner of the blanket.

Handwritten note in the top right corner of the blanket.

Handwritten note in the middle right section of the blanket.

Handwritten note in the middle left section of the blanket.

Handwritten note in the bottom left section of the blanket.

Handwritten note in the bottom middle section of the blanket.

Handwritten note in the bottom left section of the blanket.



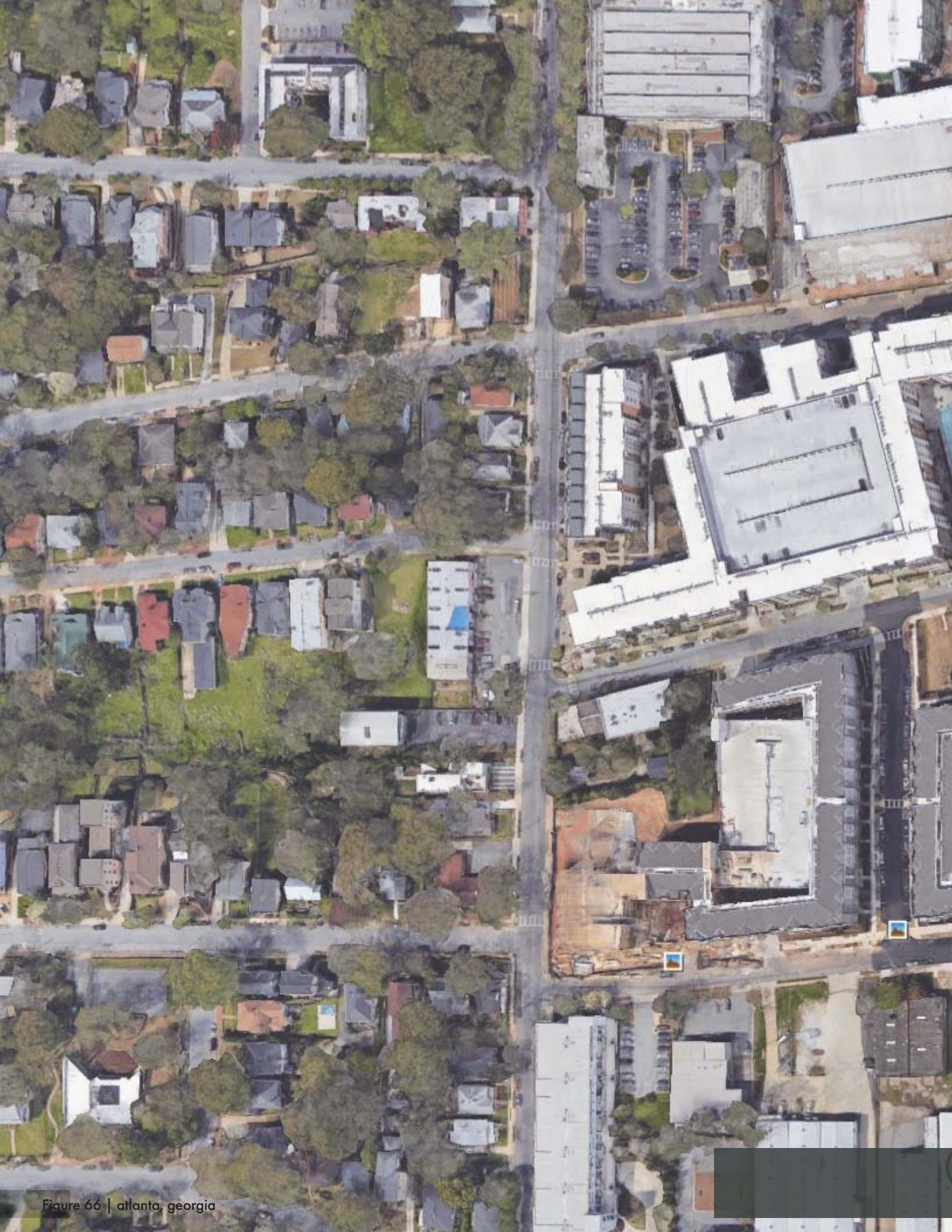


Figure 66 | atlanta, georgia





**Atlanta Dream Center** FINAL SITE: ATLANTA, GEORGIA



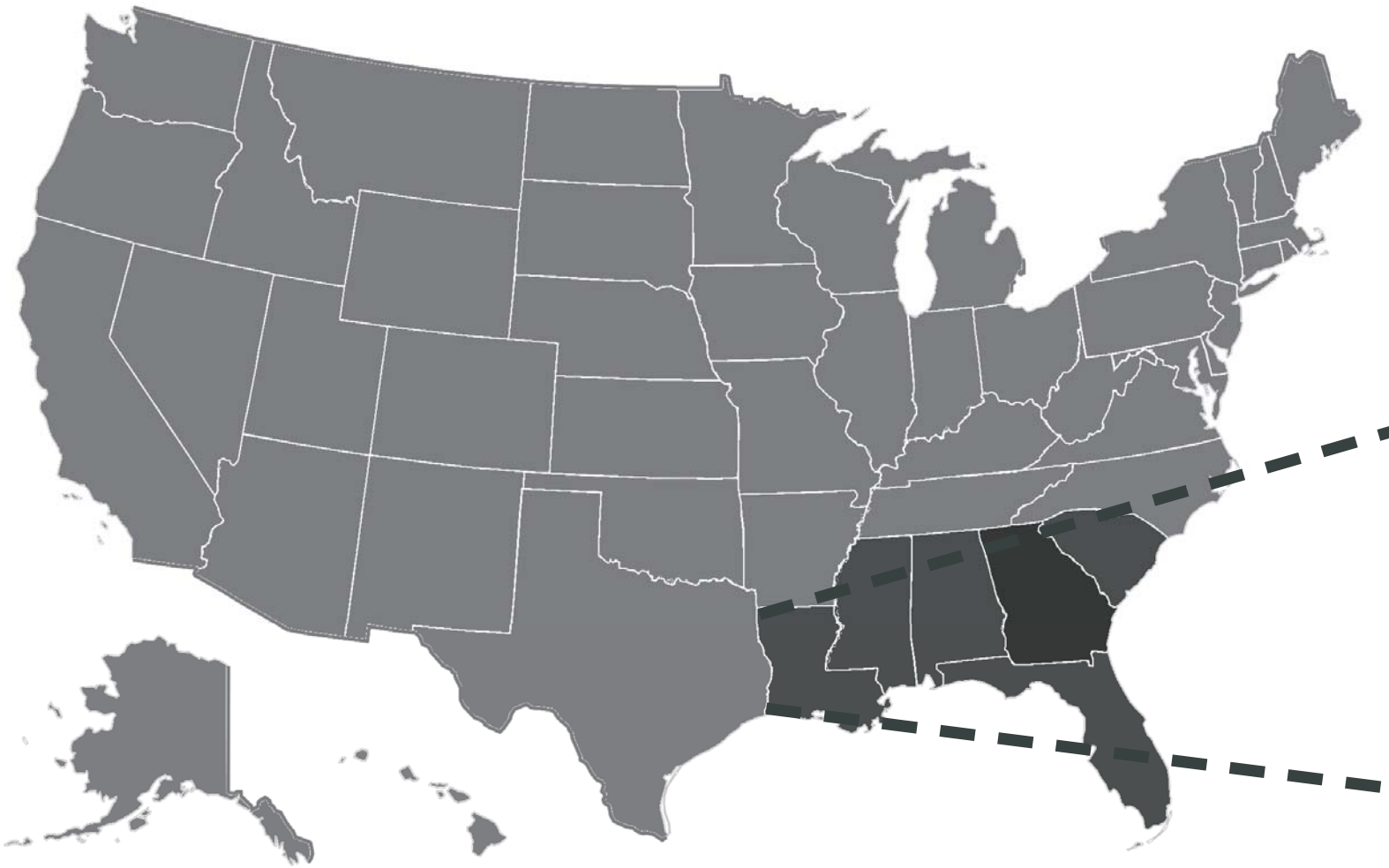


Figure 67 | america region

Thus, the Atlanta Memorial & Mental Health Research Institute finds itself in the heart of one of the oldest and most historic neighborhoods of ATL, Georgia: Old Fourth Ward. Georgia is a state that qualifies for both a severe lack of capable mental health clinicians, while boasting an enormous amount of people that lack the access to treatment. The Atlanta Memorial & Mental Health Research Institute will function as both a memorial for loss, while allowing the clinical spaces to work and maintain maximum capability to research and treat mental illness.

The Atlanta Memorial & Mental Health Research Institute will be located in the historical Old Fourth Ward Neighborhood. It was once a poorly developed neighborhood, but in recent years the neighborhood has experienced an amazing revival that fostered the growth of residential, and mixed-use architecture adjacent to the site.







Figure 69 | figure ground analysis

## Old Fourth Ward

**Upper:** View of an outdoor Pub and Brewery Local to Old Fourth War

**Middle:** A view of the Fourth Ward Park and the surrounding Residential Buildings that frame the West End

**Lower:** Ponce City Market, a major attraction to the neighborhood. Mixed Use.

The dark band on the left side is mainly residential. The buildings closer to the park are multi-family housing. The smaller boxes are single family homes.





Figure 70 | ponce local bar



Figure 71 | historic park



Figure 72 | ponce city market



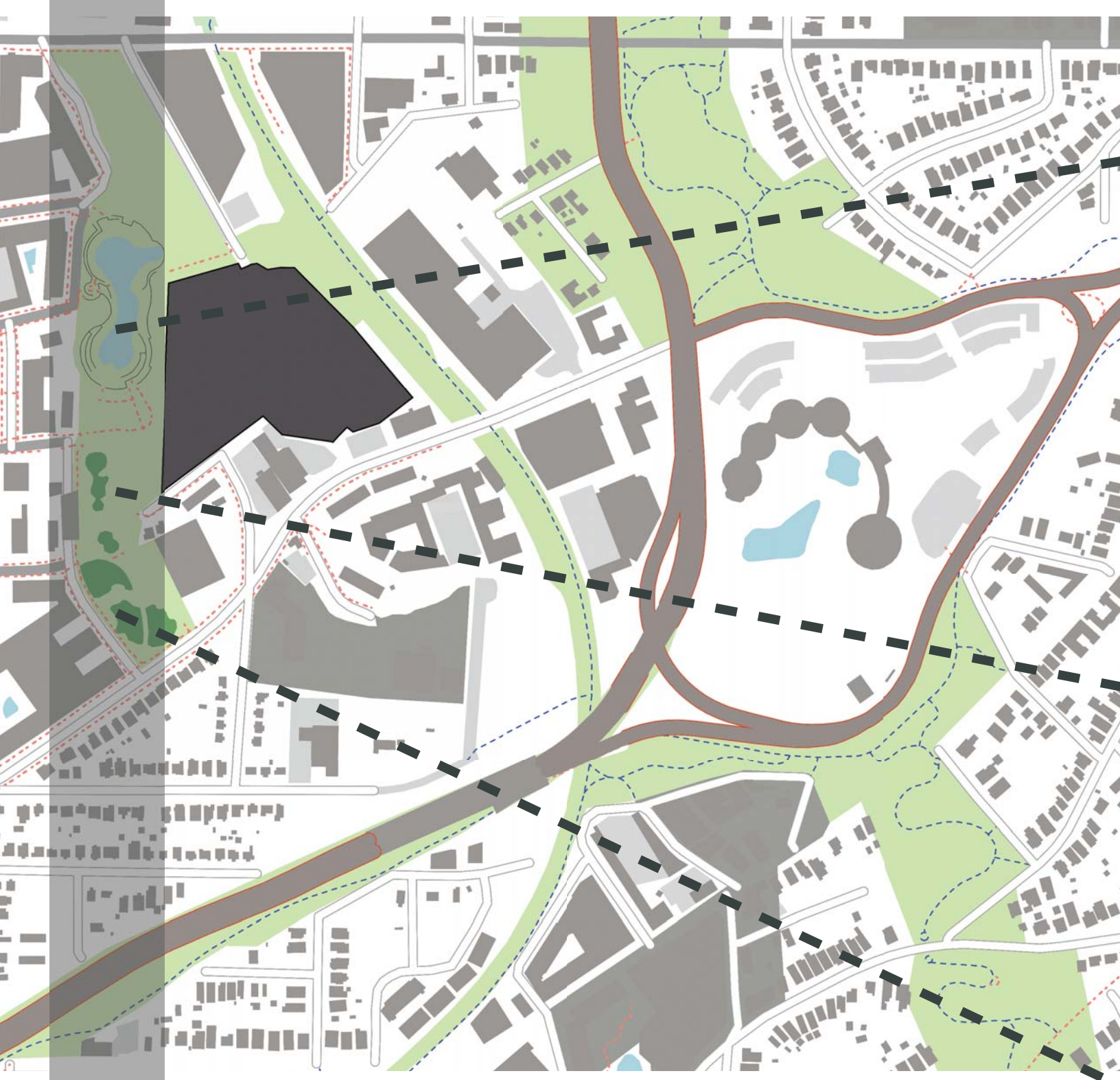


Figure 73 | figure ground II

## Old Fourth Ward

**Upper:** Historic Park

**Middle:** Playground

**Lower:** Splash Pad





Figure 00 | crowd of people

Figure 74 | historic park II

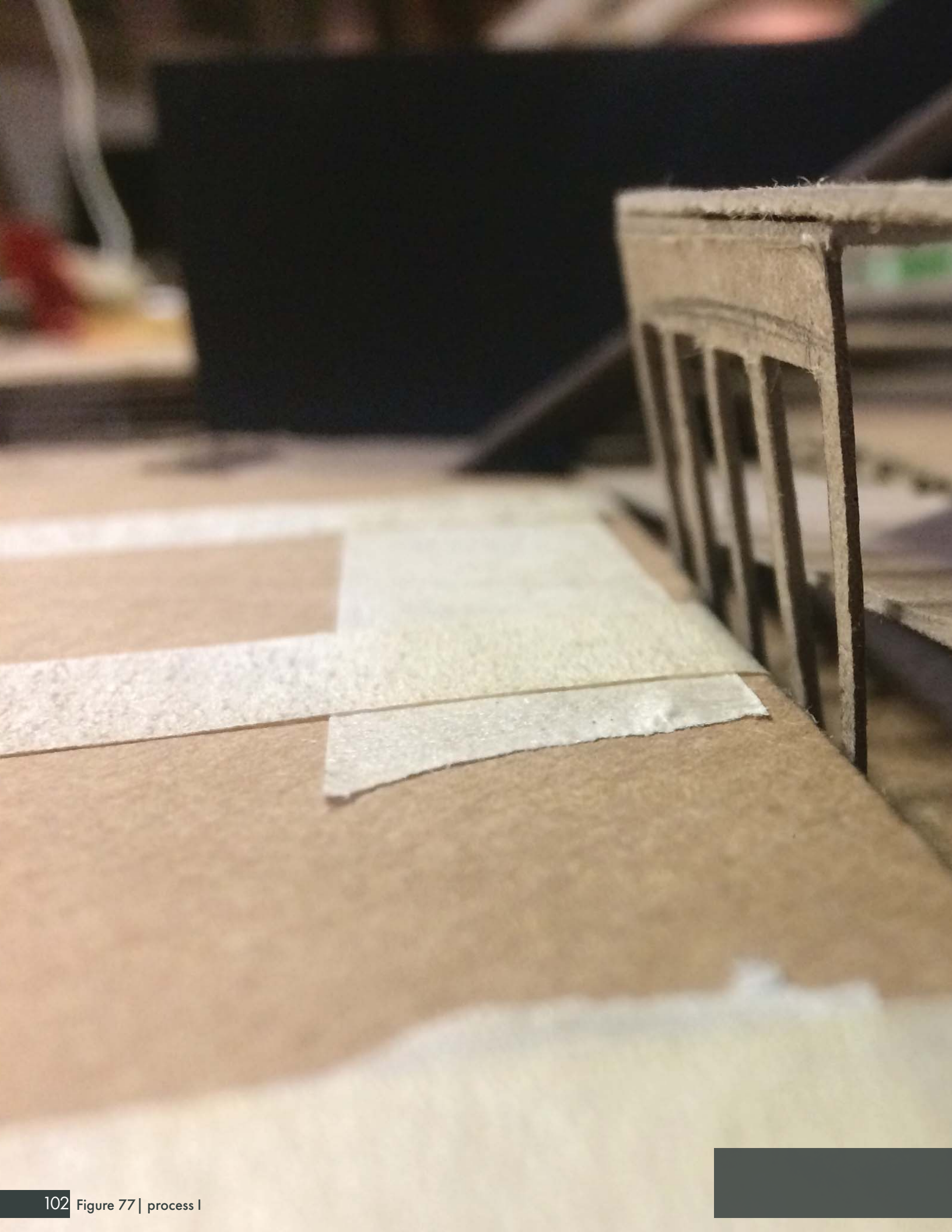


Figure 75 | playground



Figure 76 | splash pad









**PROCESS MODELS & SKETCHES**



Figure 78 | process II







**FROM:**  
 225 PARKWAY PLAZA BLDG  
 COLUMBUS, NJ 08502

**CARR:** PILOT 2 DAY  
**PRO:** 58527235  
**BOL:** 6776538

**TO:** NDSU BOOKSTORE  
 STUDENT REH UNION  
 1401 ADMIN AVE

**FARGO ND 58102 US**  
 (420) 58102

**PO#:** TX1021656  
**#:**

BARCODE  
**SEO**

PEARS  
 SE

Figure 79 | process II site



Figure 80 | process III



Figure 81 | process III side view



Figure 82 | process III other side





Figure 83 | process III site



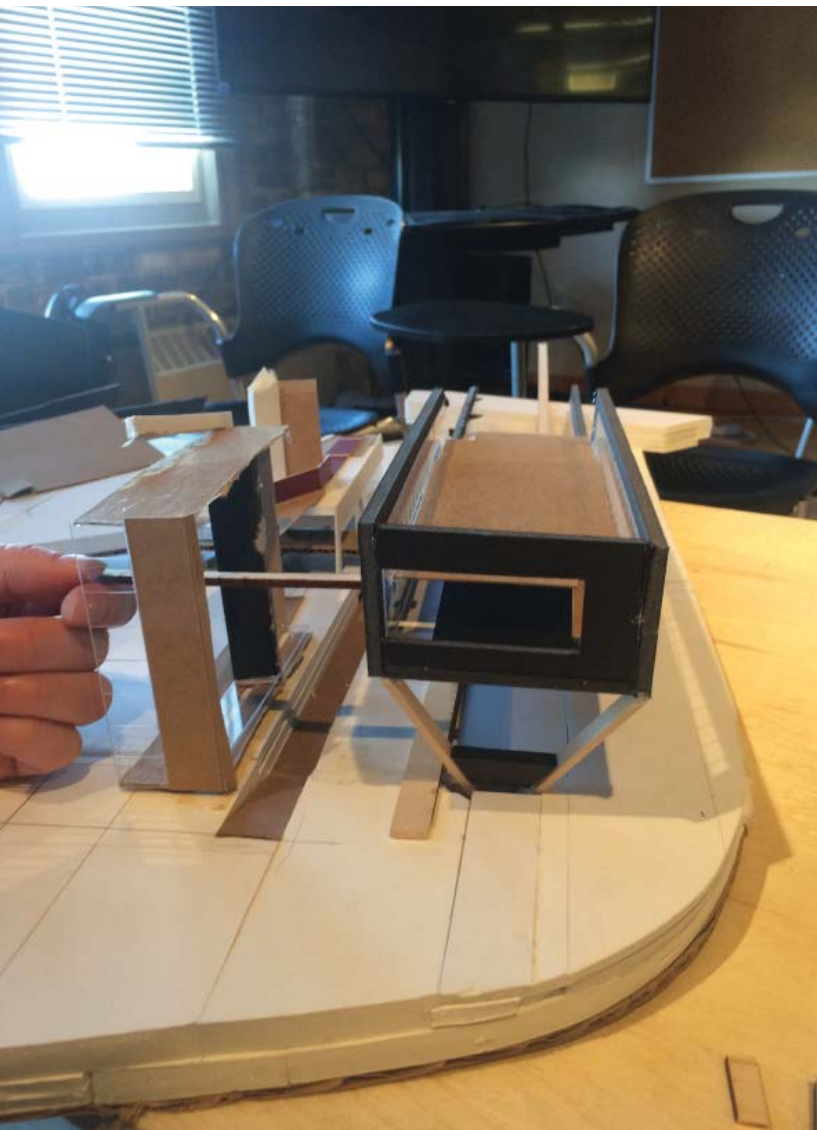
Figure 84 | a missing component





Figure 85 | process IV site







# PROCESS MODELS

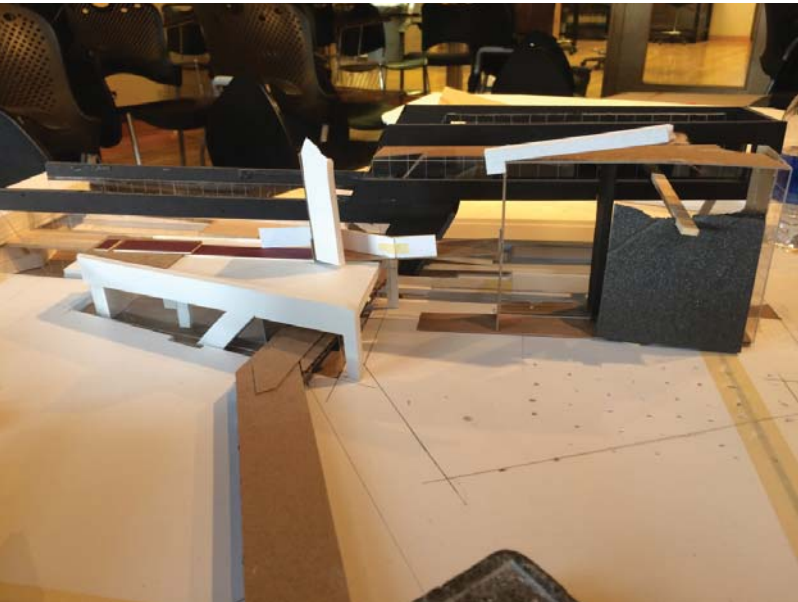
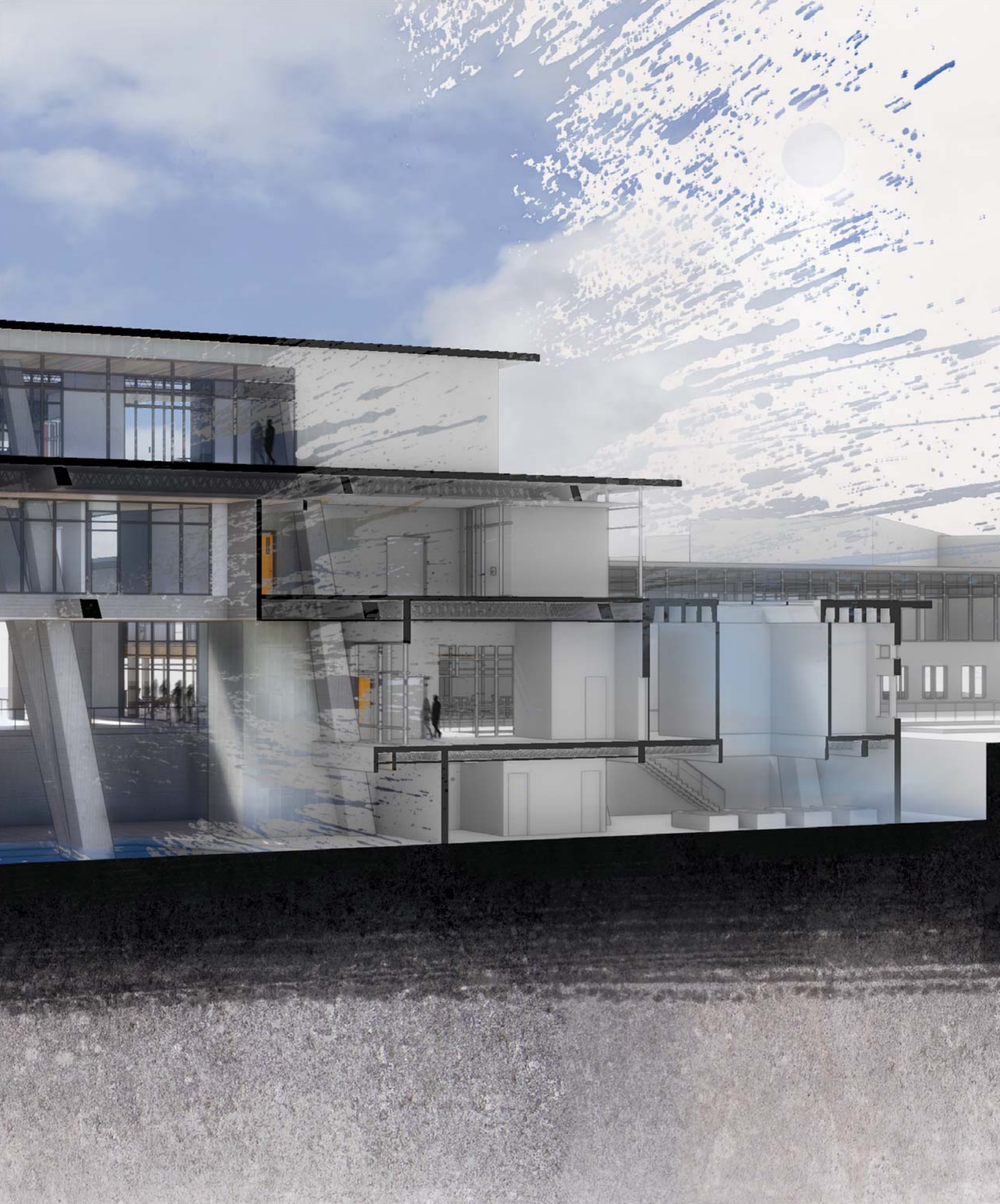


Figure 86 | process v site and studies









**FINAL REPRESENTATIONS**

# LEVEL 0

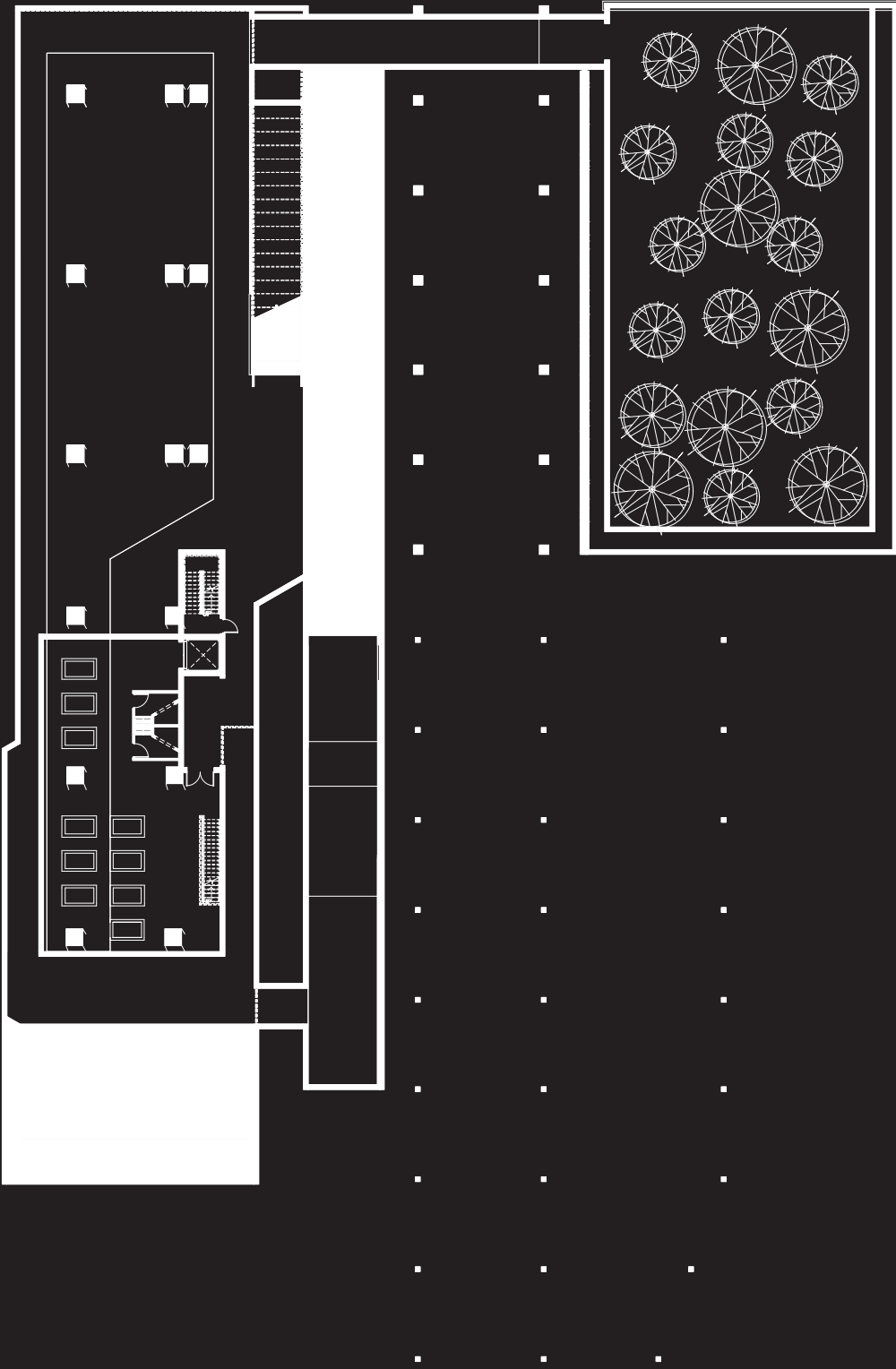


Figure 88 | level 0



# LEVEL 1

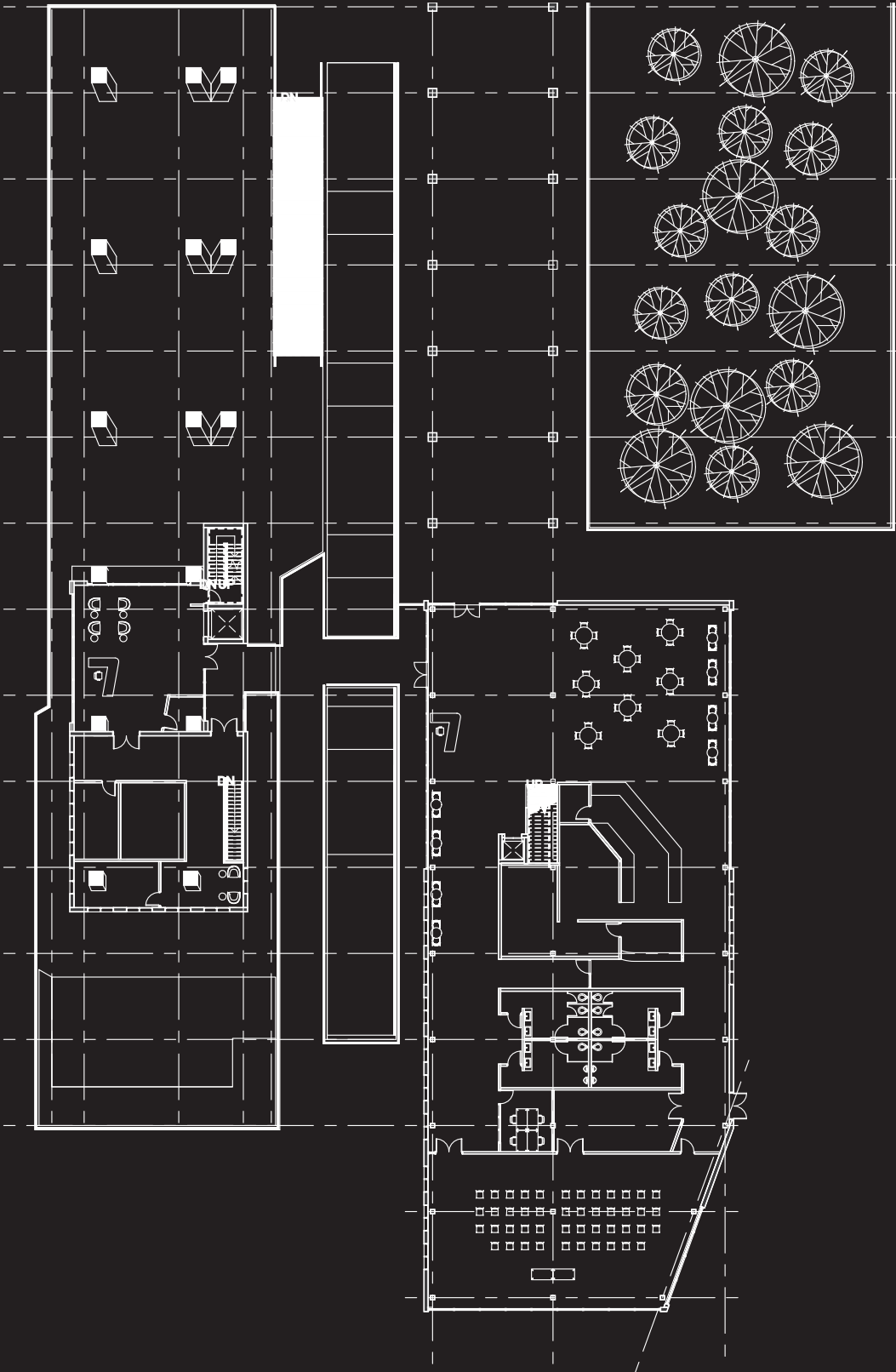


Figure 89 | level 1

# LEVEL 2

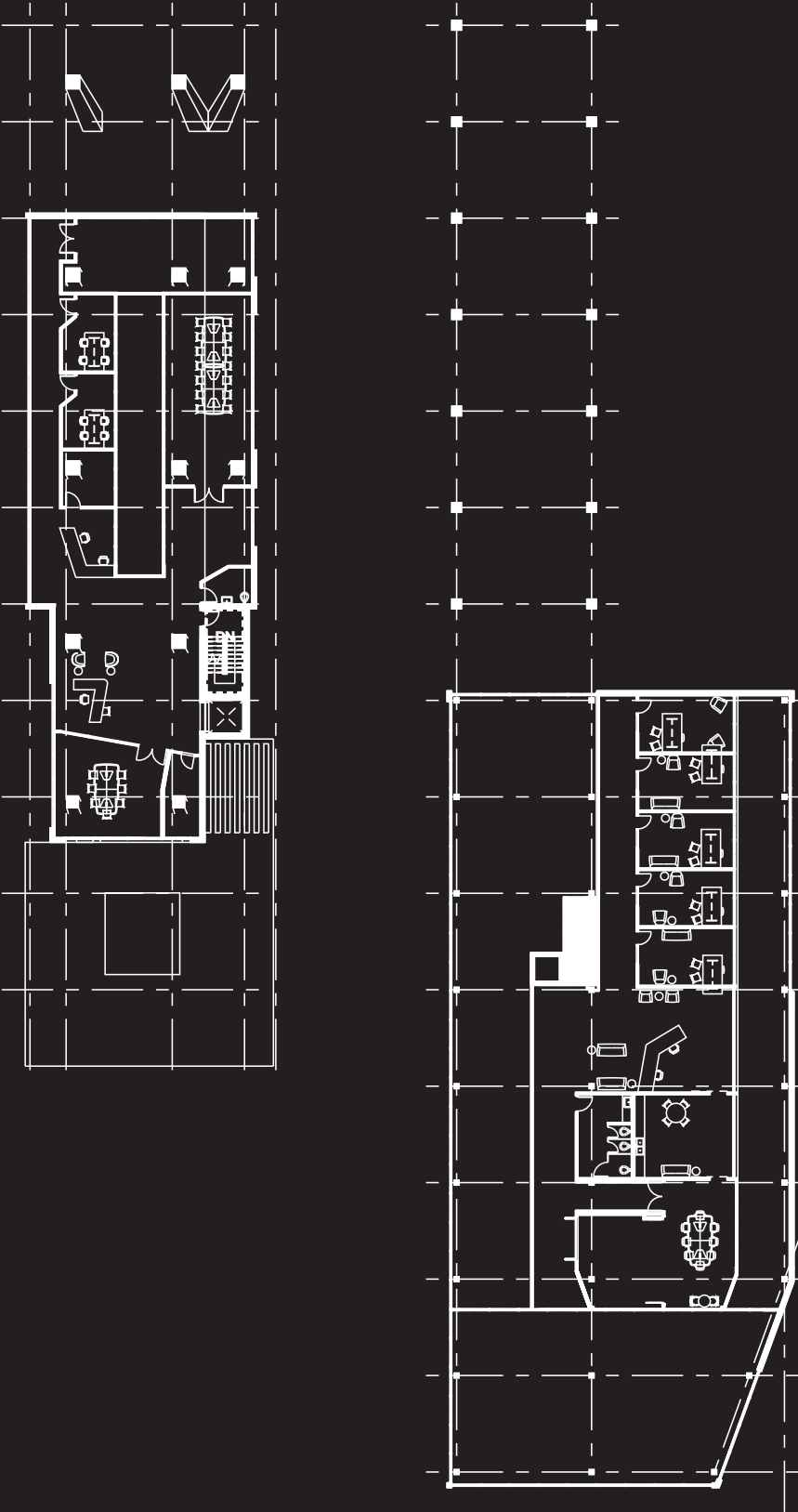


Figure 90 | level 2



# LEVEL 3

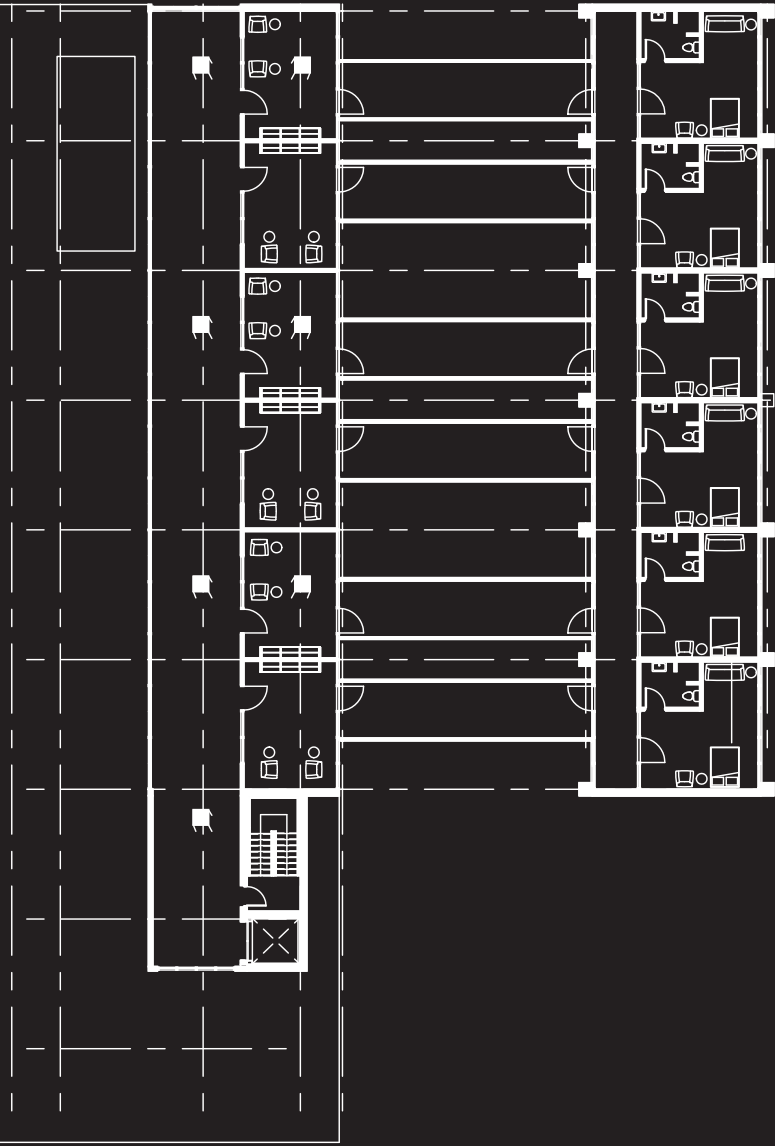


Figure 91 | level 3

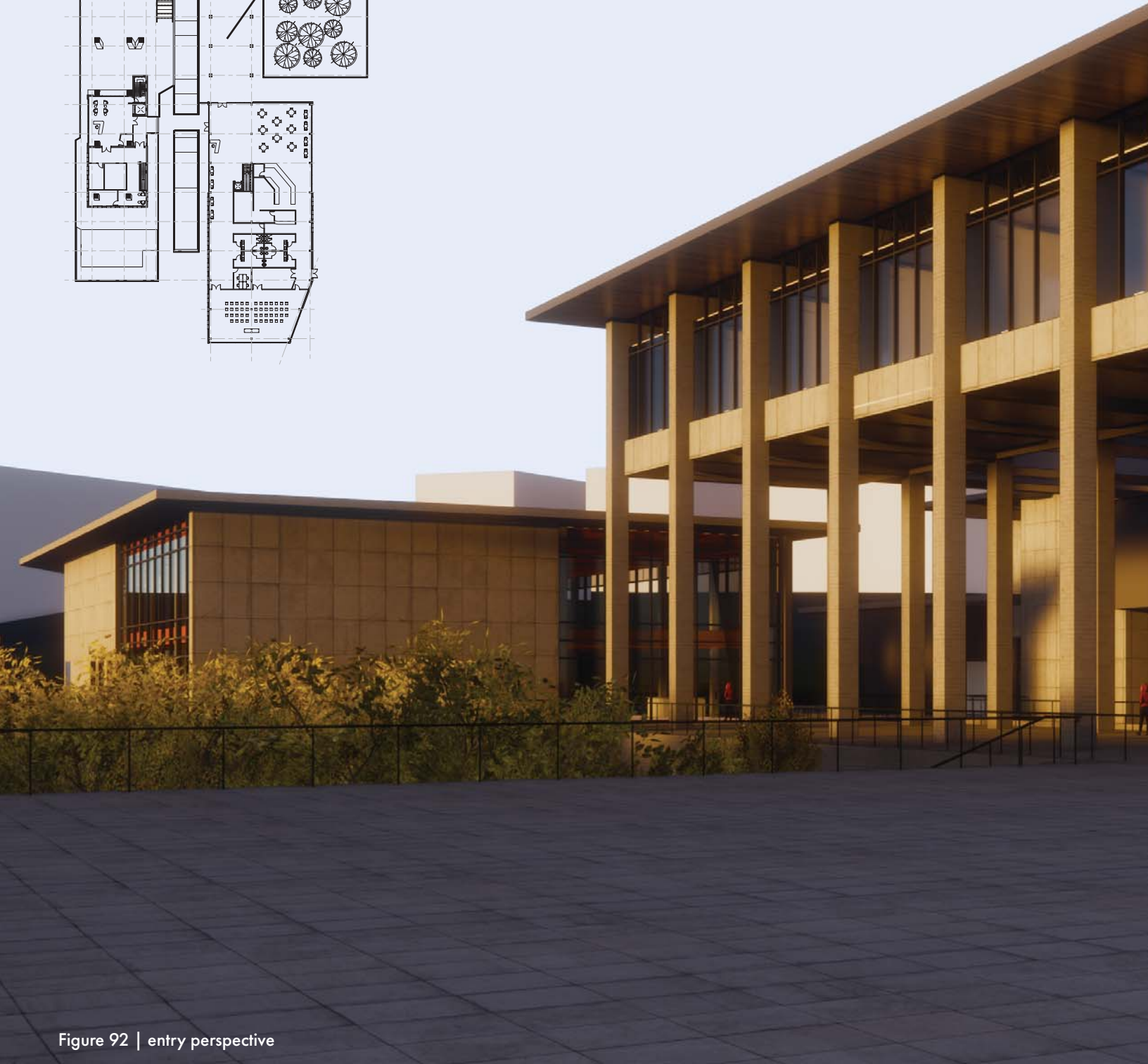
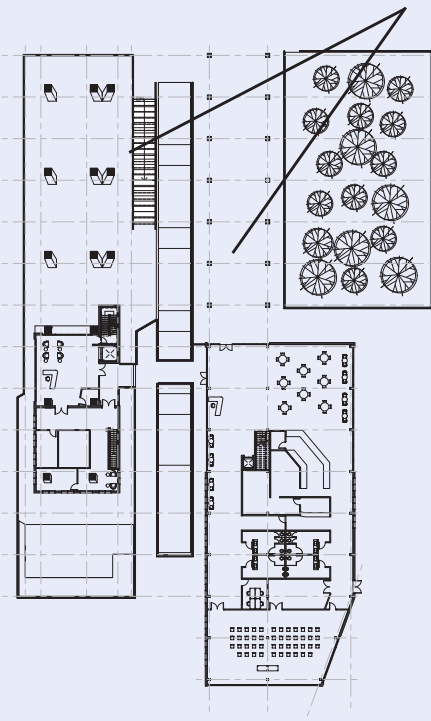
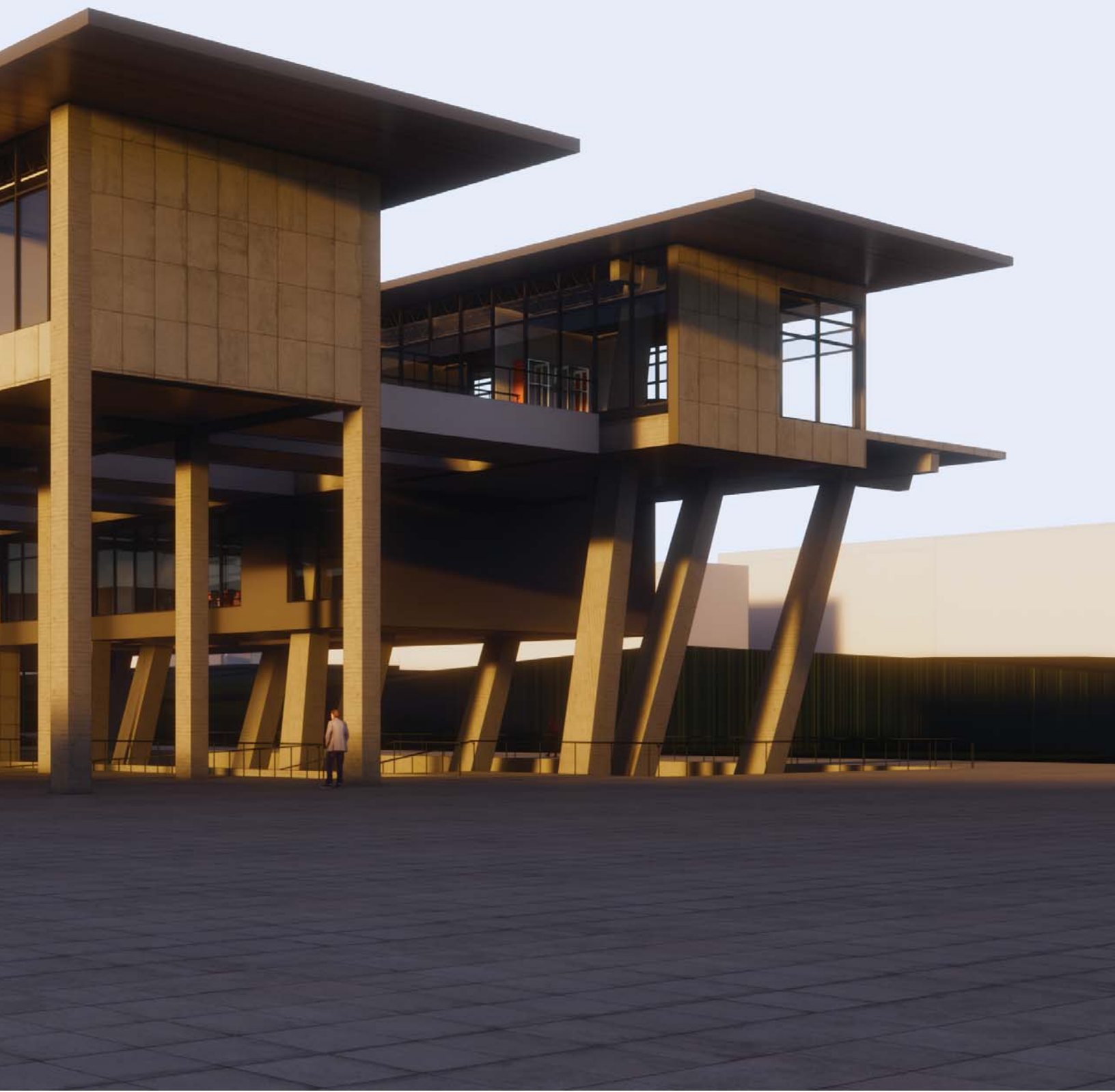


Figure 92 | entry perspective

The journey through the project starts on the north side along with the sun. The paths that lead into the main part of the Institute come together under the healing portion of the composition. It is because like the design of the artefact, the convergence of stories (and individuals) are vital to showing that both patient and clinician are part of the same community.





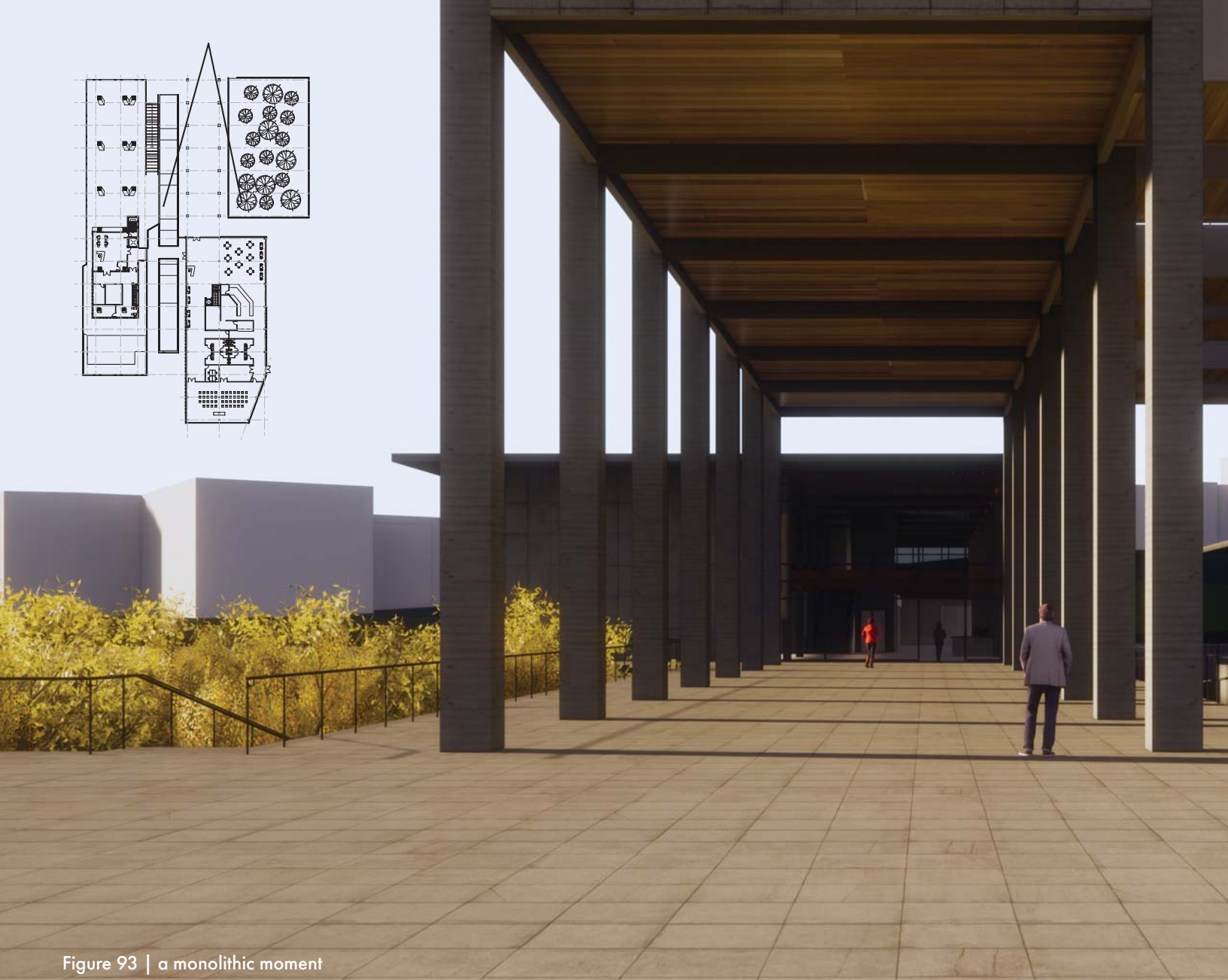


Figure 93 | a monolithic moment



Figure 94 | section I





Everyone walks through the main procession before entering the lobby portion of the community space. A heavy presence looms over the path, and yet the light and airy nature of the space allows the opportunity for the user to linger underneath. The lightness provides protection and comfort, rather than heaviness of oppression and disturbance.

The section gives us a clearer view as to how the tectonics of the project come together. What was once in the ground, has been lifted. Framing a space inbetween.





Figure 95 | a look at materials

But going back to this other image allows me to expand upon the materiality of the space. The board formed concrete columns reverberate with the decking of the patient rooms, revealing the different level of permanence inherent to the materials. The very essence of each texture is kept and is present in both, and yet one serves as warm, and full of life, while the other is cold, heavy, devoid of it.

Upon entering the main lobby, the light reaching into the space is designed to highlight the gathering areas, drawing the users to take a moment to settle themselves before the tasks ahead. Again, by looking back at the influences of the artefact, this serves as the solution to the critique of



Figure 96 | entry lobby





our society moving too fast through moments of tragedy. We need to be able to slow down, and to do so, I designed this space to have that hearth. Those feelings of home and warmth. The height of the lobby reaches all the way to the top, allowing the glazing on the west side of the building to flood the interior with as much light as possible. Carefully, and delicately crafting shadows on the ground that cross over, and bridge through. Taking advantage of the strong horizontal gestures that the structure is doing, while the continuous verticality of the columns draws the eye upward to encounter the same material that was used on the ceiling that was just walked under on the outside, bringing that continuity inside the building. A warm embrace for those who are in desperate need.

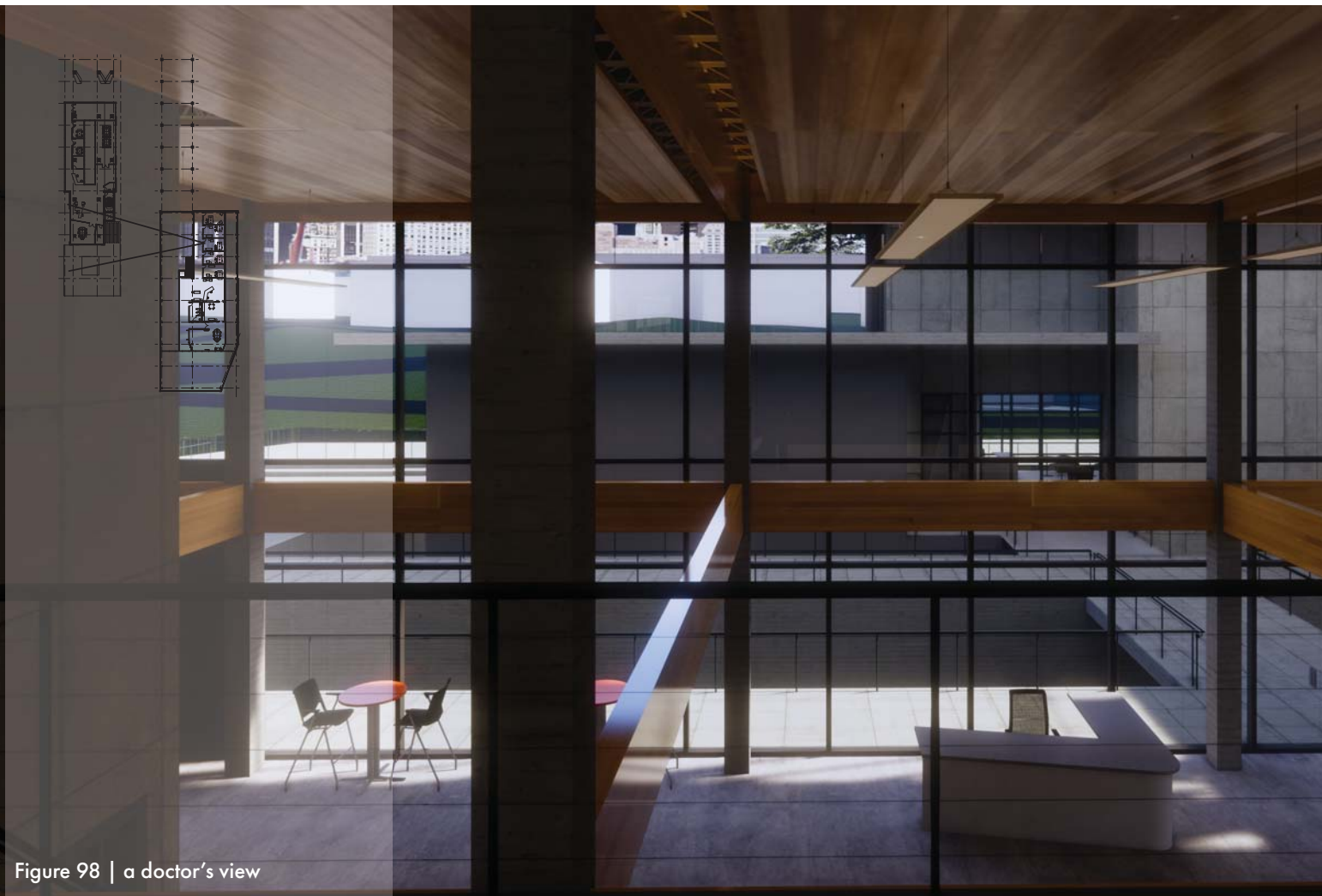


Figure 98 | a doctor's view

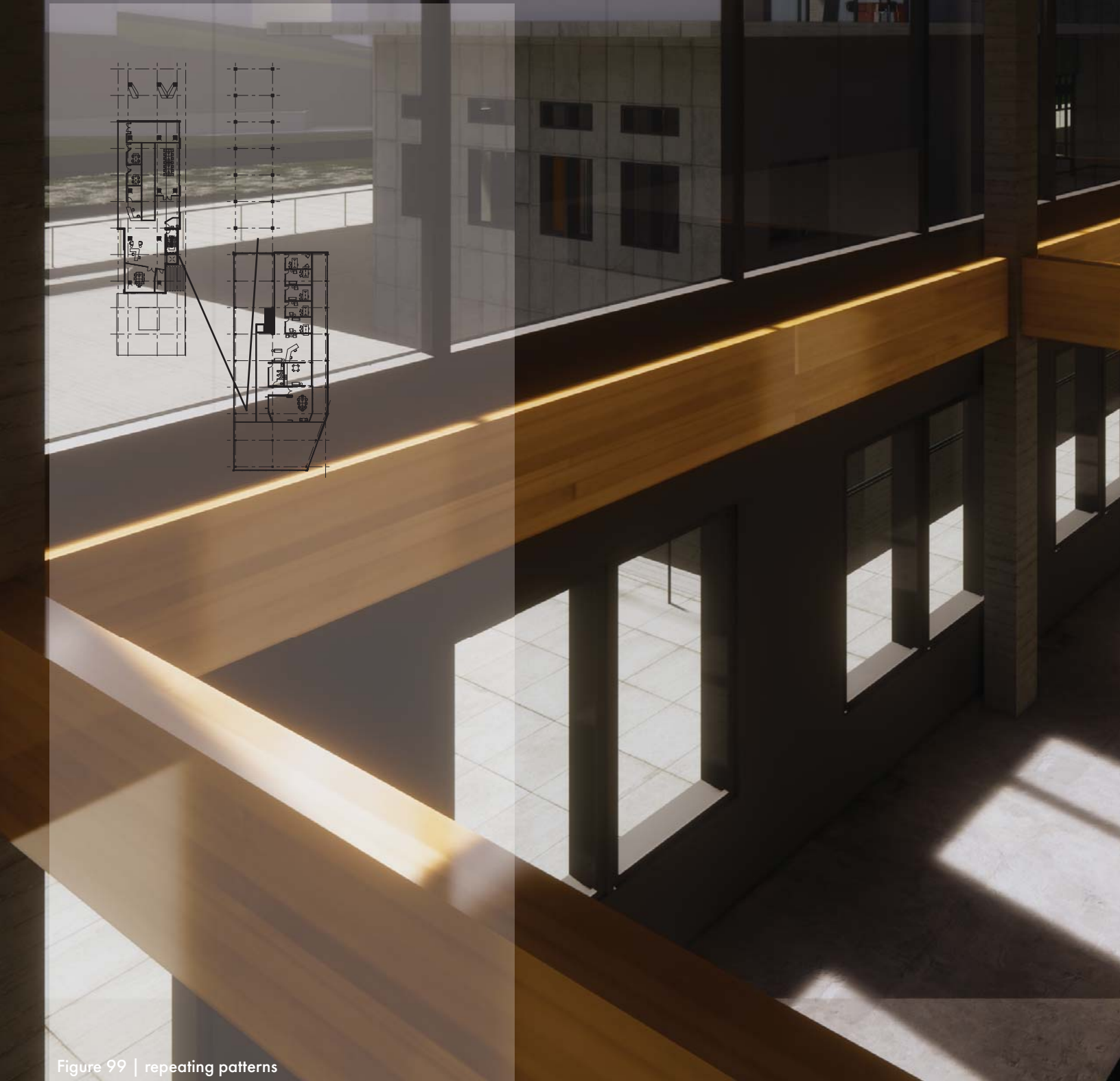


Figure 99 | repeating patterns

Segmented openings along the main corridor create the gridded effect that we see in the artefact and transcribes light from the outside onto the ground, forming a pattern prevails throughout the length of the corridor. The repetitious order attunes the visual and physical walk up to the main gathering hall to unite those who are congregating within the space. Walking in the light, and walking out. Ebbing and flowing from light, to dark. Adding awareness and bringing out a consciousness that one should have when entering the lecture hall at the end of the hallway, which then explodes with natural light and gives views to the rest of the city. Structural beams stem out from underneath, to connect back to the edge, which allows them to join and hold up the second floor. It was important to give the tectonics a way to come out of the shadows and to exhibit strength. An honest connection. Whether it be the strength of the patients





bearing out their inner secrets to affect the practices related to mental illness, to the clinicians that are emphasizing to the harsh realities of another human being going through an incredible pain of loss. By inserting these design features into the open corridor with transparency and truth, it inspires not only in an aesthetically beautiful way, but lets out a fresh honesty that we do not get within typical healthcare architecture that can be the anchor point of everyone in the space that needs to borrow strength.

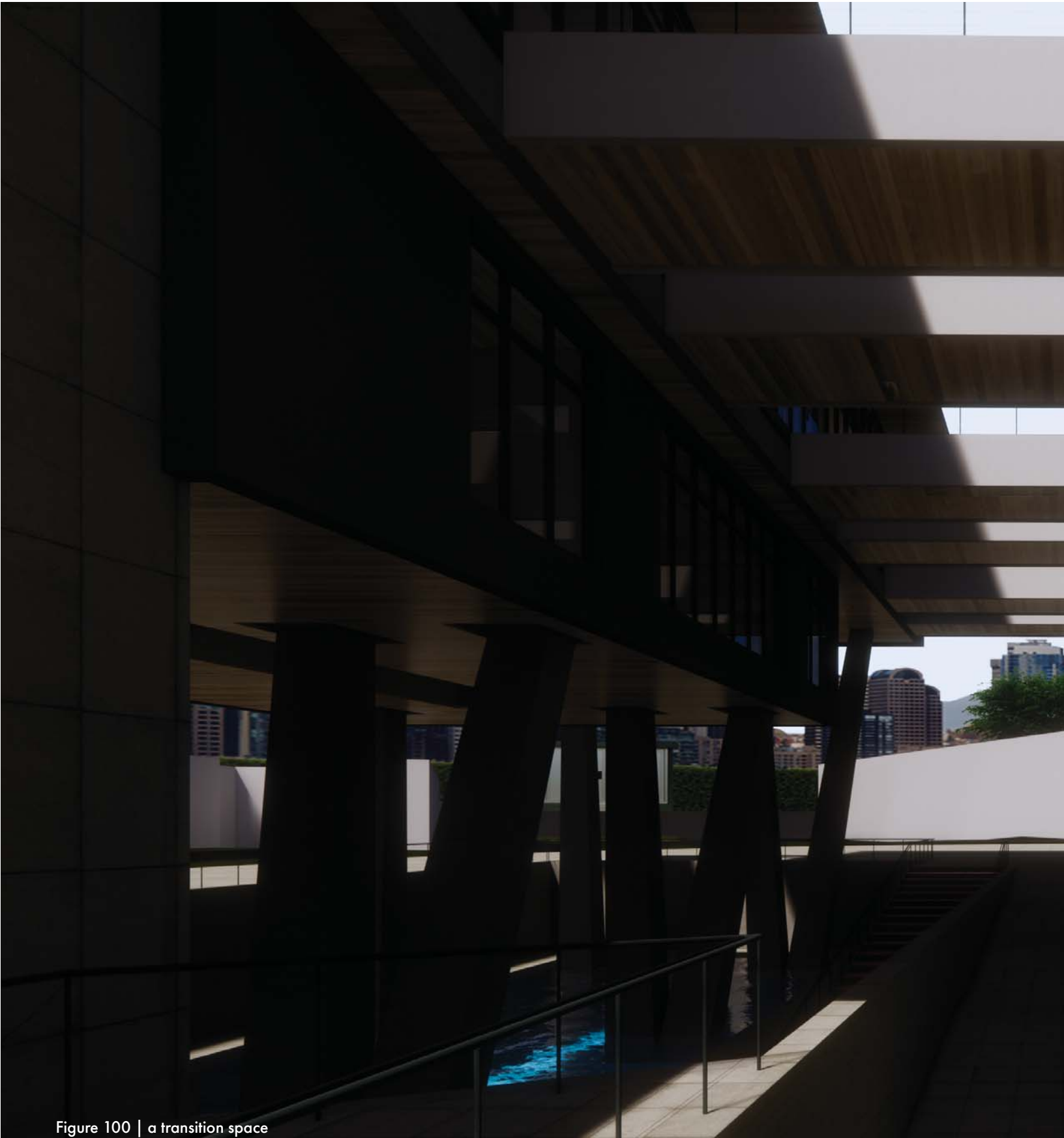


Figure 100 | a transition space

Transitioning from lobby to lobby physically takes us from the inside to the outside. Causing the users to break out of the environments that are typically given, and arranges for the body to move through and out. "What is felt on the inside, crosses over on to the outside and is expressively exposed." By being directly in the middle of the path, where nothing other than the bridges above cut through, the users crossing over from the community space to the healing space get a sense of what it means to transition from one side to the other.





Sensing the fragmentation of shadow and light points back to the way the artefact distributes light and dark. How in this moment of transition, the movement of the body over this bridge is folded into the center of the intersection of the entire facility.

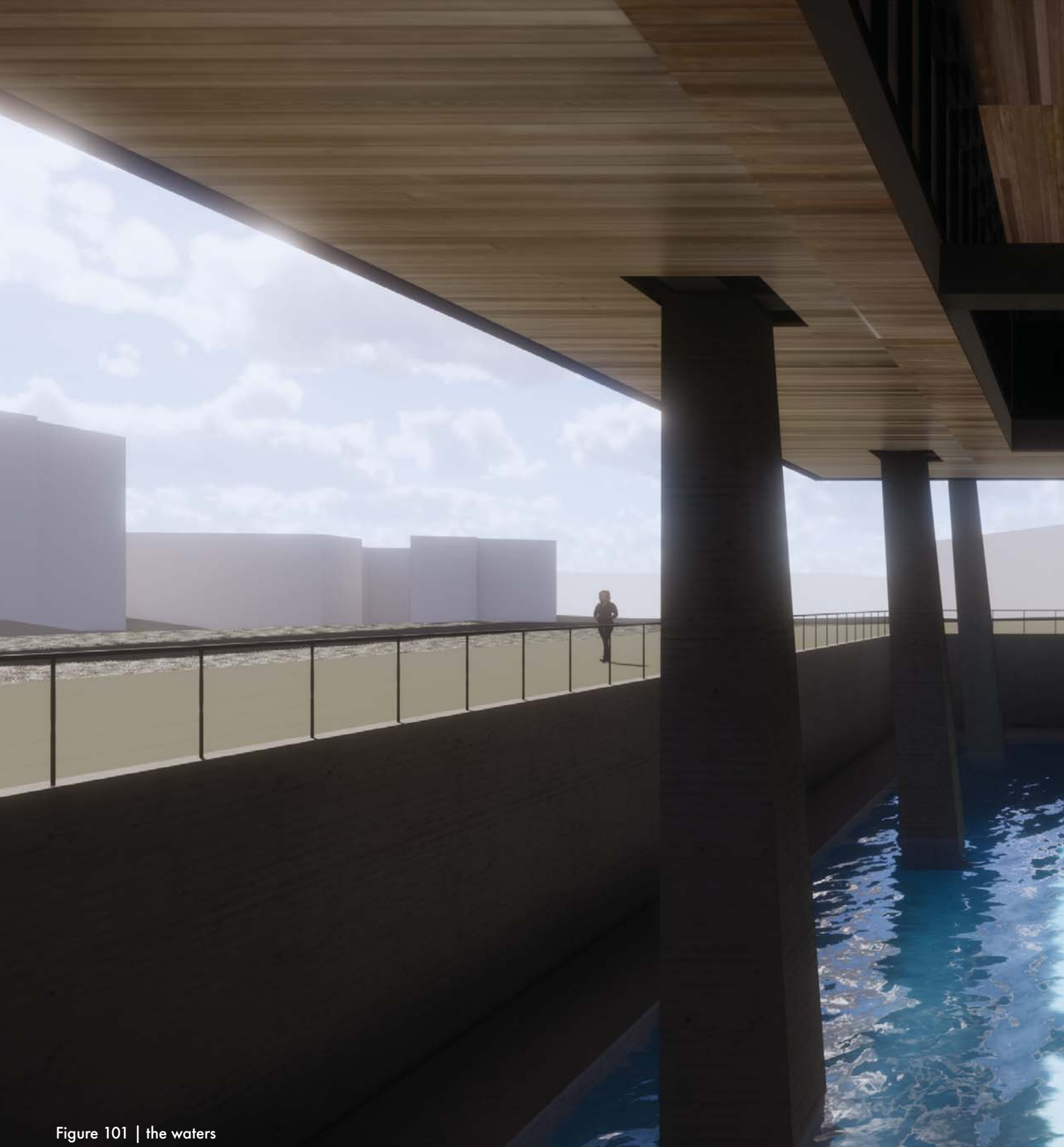
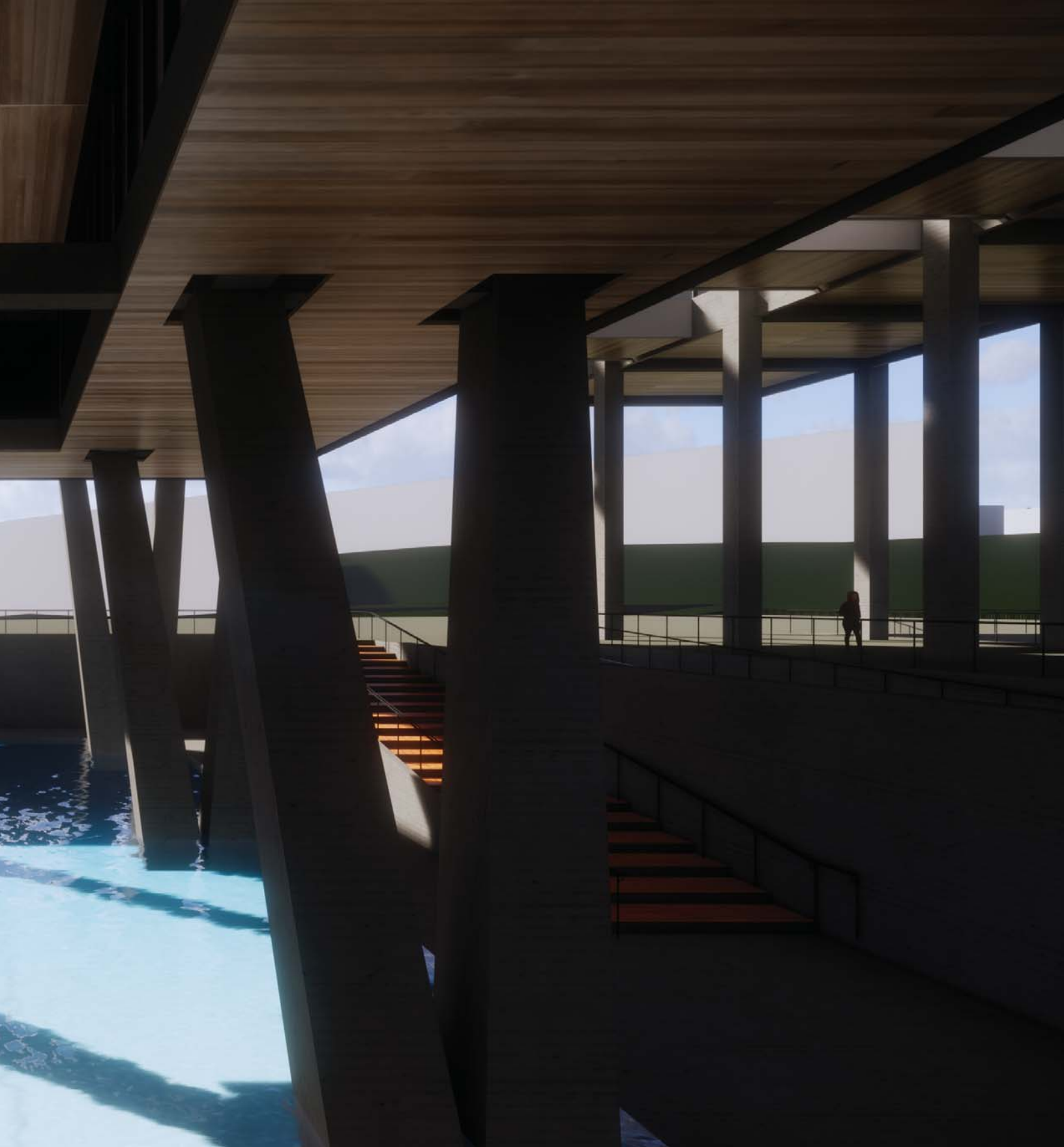


Figure 101 | the waters

From that front edge of the second lobby, jutting out of the waters are columns that hold up the space in-between. These columns are emulative of the trees that are just beyond the other side of the paths that run through the length of the facility. I wanted to again further stretch the idea of comparing the forms constructed and how I could use the arrangements to call back upon what has been done in a completely different way. From the edge one would also be able to peer inside the small group and large group counseling rooms.





These rooms are directly above the waters, so that the light shining from the sun can be bounced up into the rooms at certain times of the day. The dancing nature of the water gives the shadows of light from the reflection their own unique characteristics. Adding the extra layer of aesthetic that is important to the conversations that are happening within the spaces. Giving character and emotion to spaces above.



Finally, we transition to the highest level of the facility and again, this idea of bridging through is implemented in the design. The similar and organized paths show how those who suffer from mental illness can find solitude in one another for they are all going through the same thing, and thus emulating the same paths. While the proximity of their bodies are completely different from one another, the chasm that separates the bridges also what unites them. Remember back to the artefact, and how it is through the disassembly and dismantling of the piece that shows that those intense moments are not continuous. That in the case of the individuals within the different paths, each of their stories are completely different, but it is within that difference that they are all the same. They all share a common difference, but can use the convergence of their diverse stories to piece together whatever they are missing through coming together and sharing through the spaces in between.



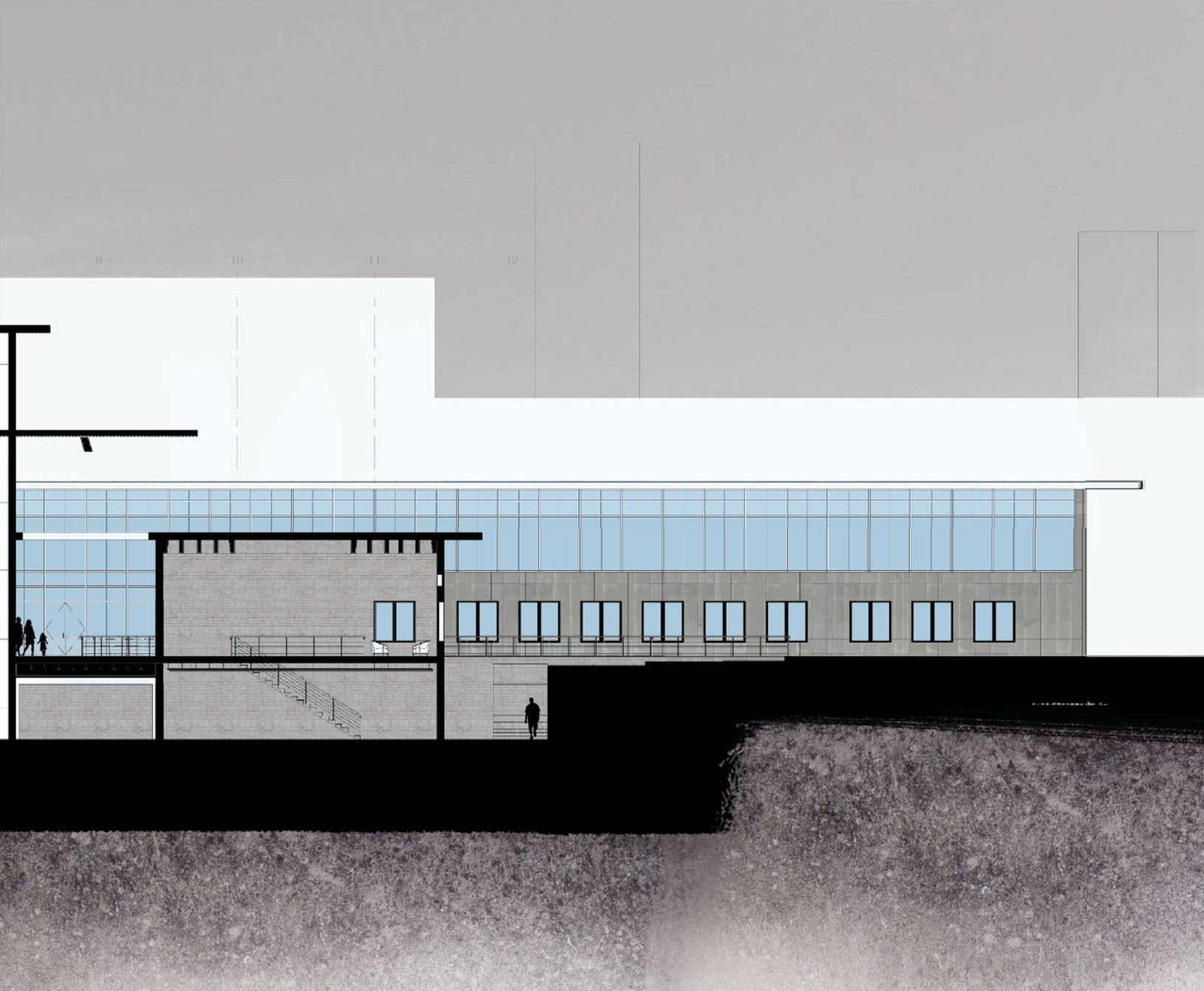


Figure 103 | the bridges



Figure 104 | section IV



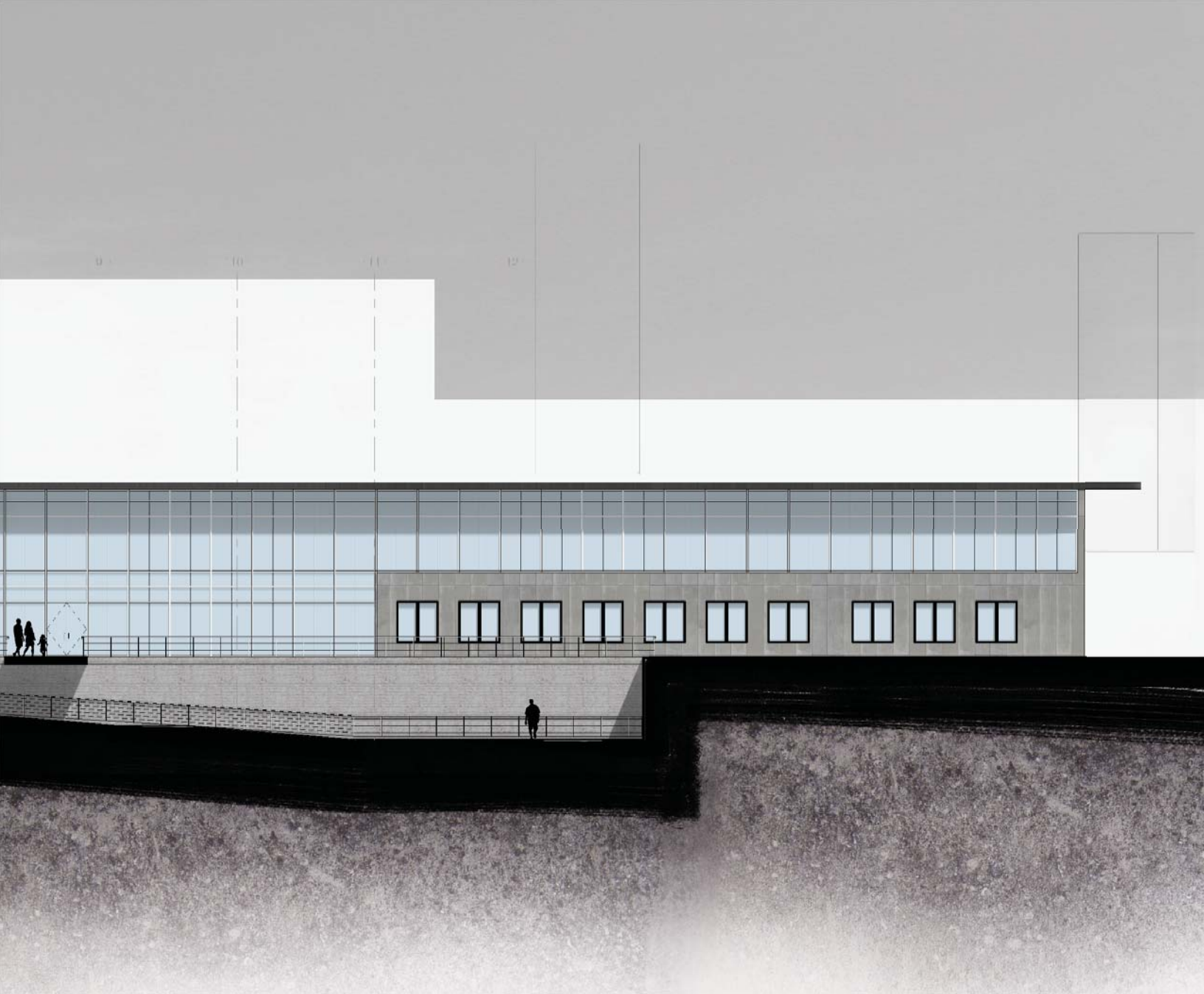




Figure 105 | far, and visible

Ultimately, the Atlanta Memorial & Mental Health Research Institute operates as the hyphen between the visible and invisible. The near and far. Above and below. It seeks to find the light at the end of the tunnel for those who are lost. It aims to bring about the idea of death, not to scare or intimidate. But to add a richness in understanding that once we can get behind the grief. The pain. The confusion. That is when we can see the other side. Sometimes it is only when something is gone that we truly realize that it was there in the first place.

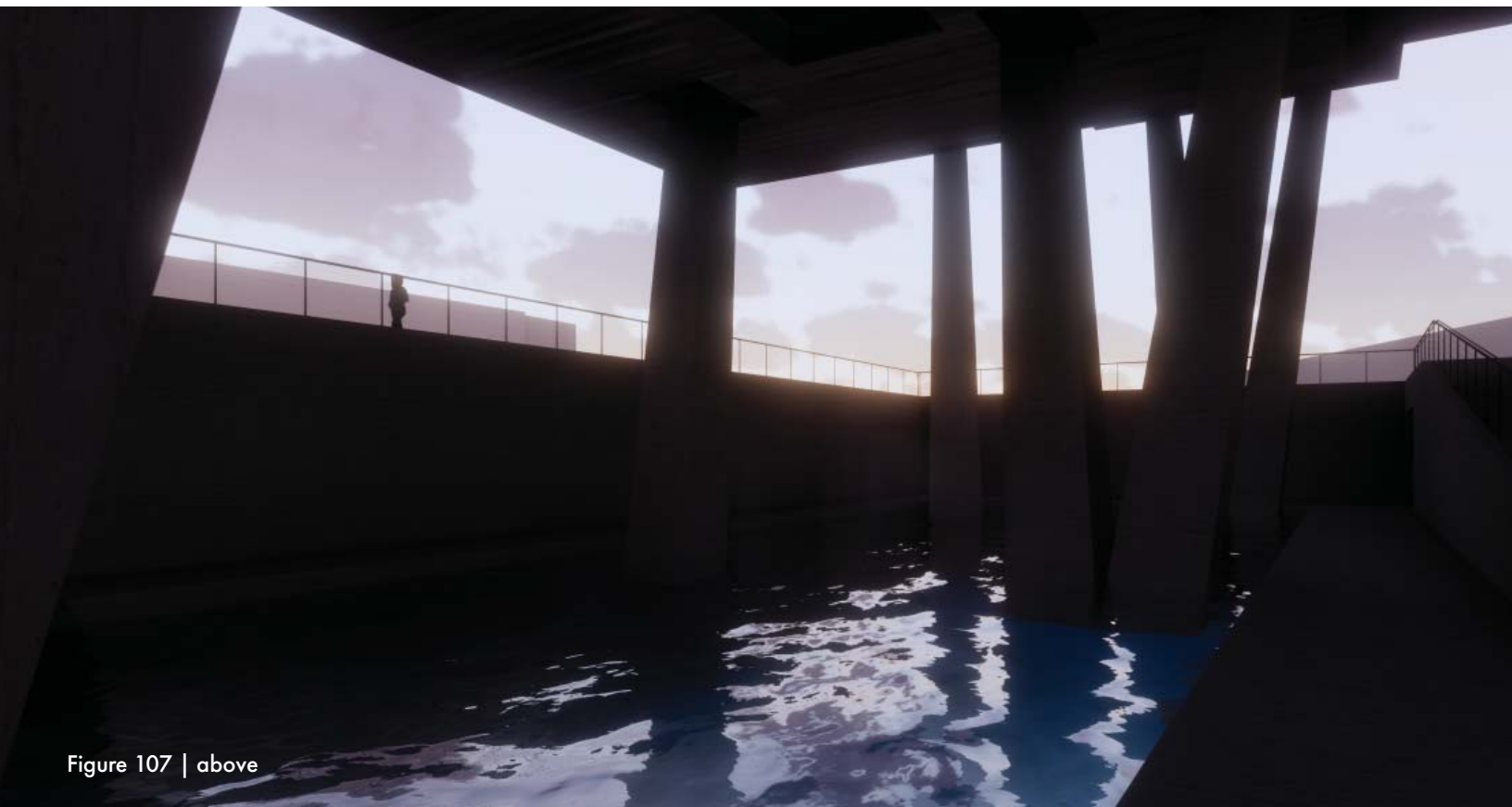


Figure 107 | above





Figure 106 | near, and invisible



Figure 108 | below



Figure 109 | forest perspective

One of the biggest parts of the program I saved for last. Imagine yourself as the patient and you have just successfully gone through the program and emerged victorious with the battle against depression. You want to visit the forest one more time and leave your own legacy just like those that have come before you. The tradition or ritual in the Atlanta Memorial is planting a tree. To give a permanent support proxy to last for generations long after your days at the facility.







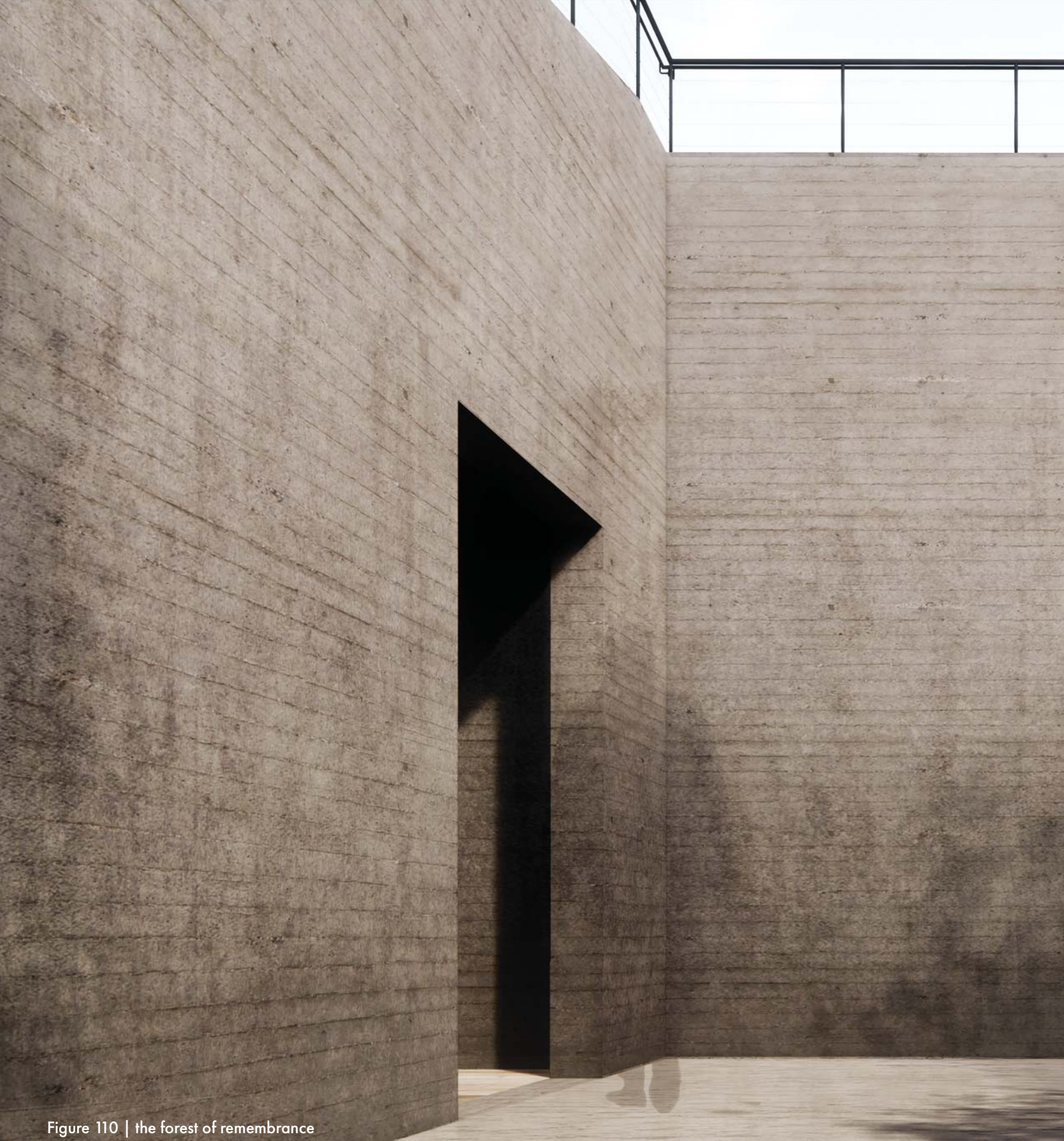


Figure 110 | the forest of remembrance

One more time, you make the descent down into the forest. While going through the tunnel, you are reminded of in the past how the darkness was the most prevalent aspect of the space. How when you heart was heavy, and burdened by the loss of your loved one you could fixate only on the darkness. But along the way it changed. The darkness remained, although the light became



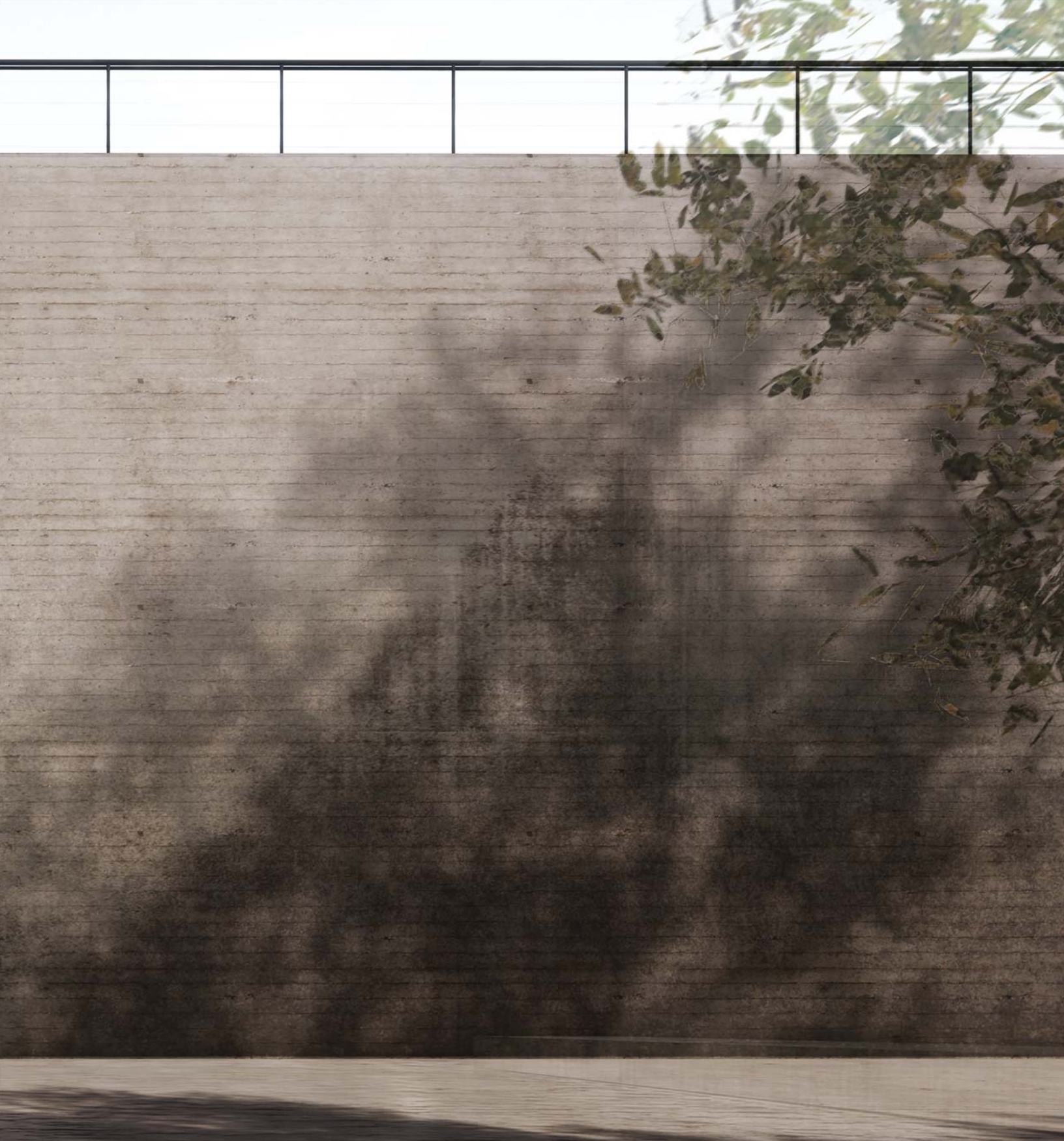






Figure 111 | looking at hope

brighter. And what use to be a place of hopelessness, now all one sees is hope. All that wants to be done is add to what is already there. No longer are you afraid of the journey back through the tunnel. For it is the destination on the other side that matter more.

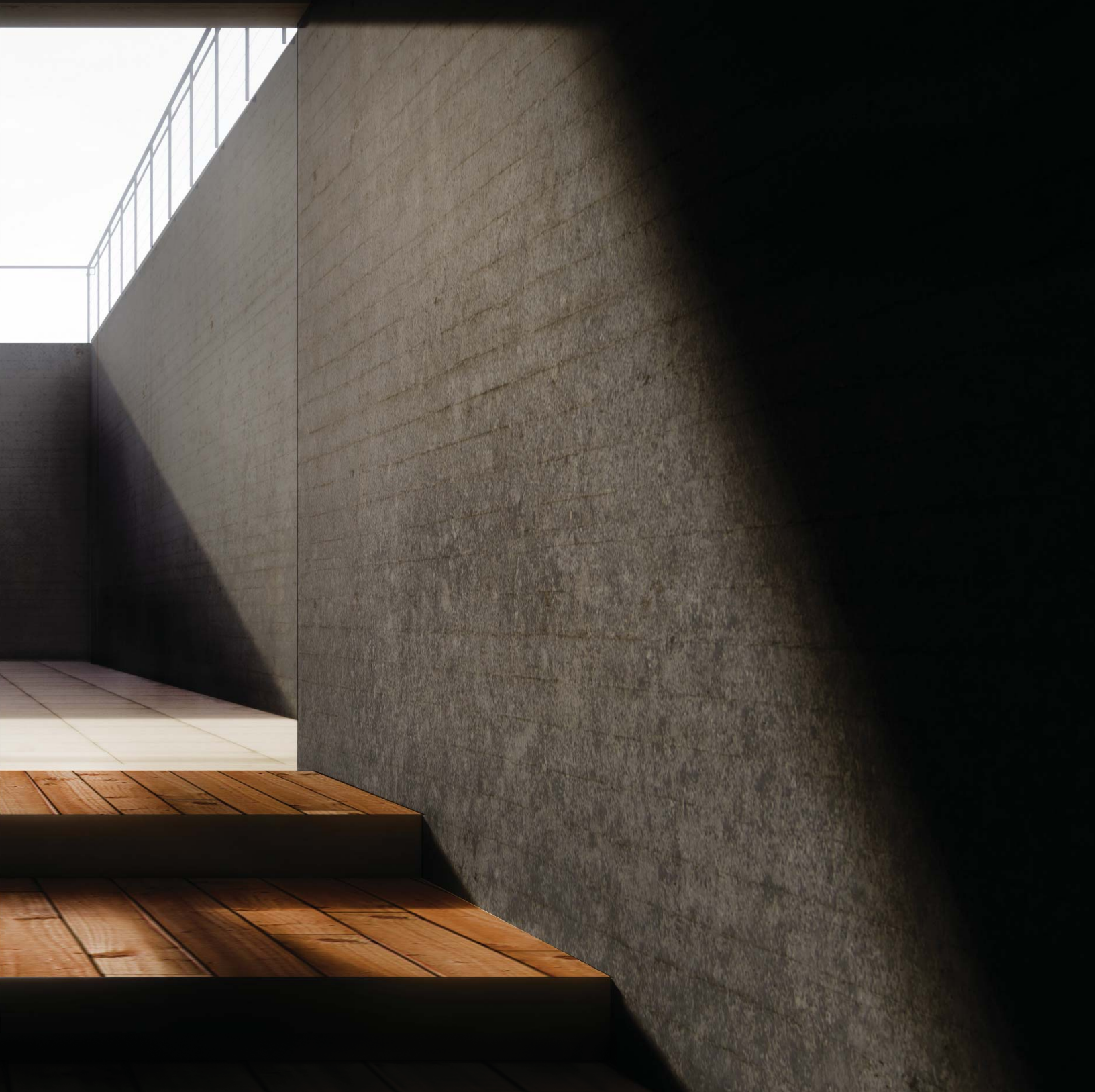






Figure 112 | the destination back





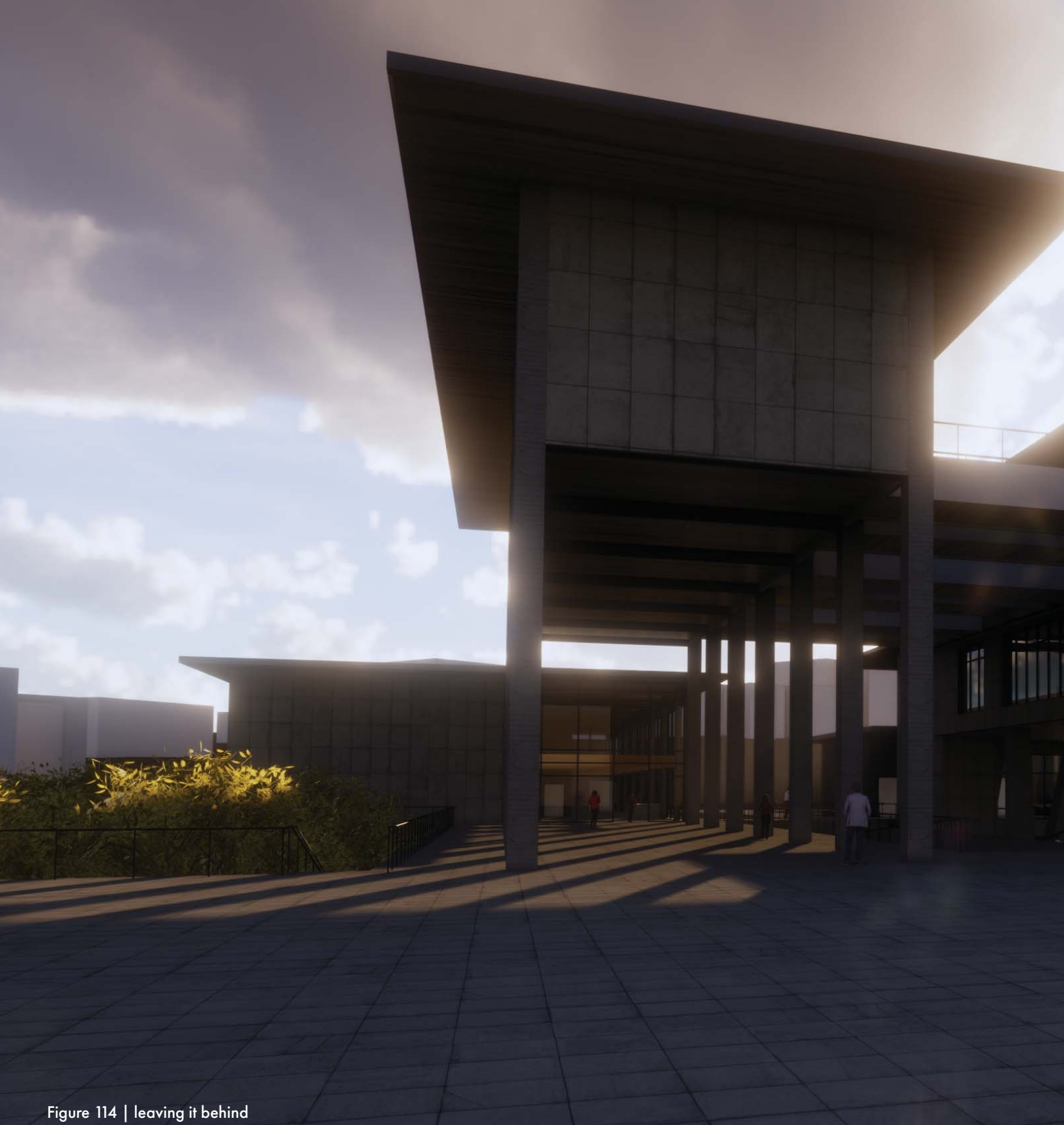
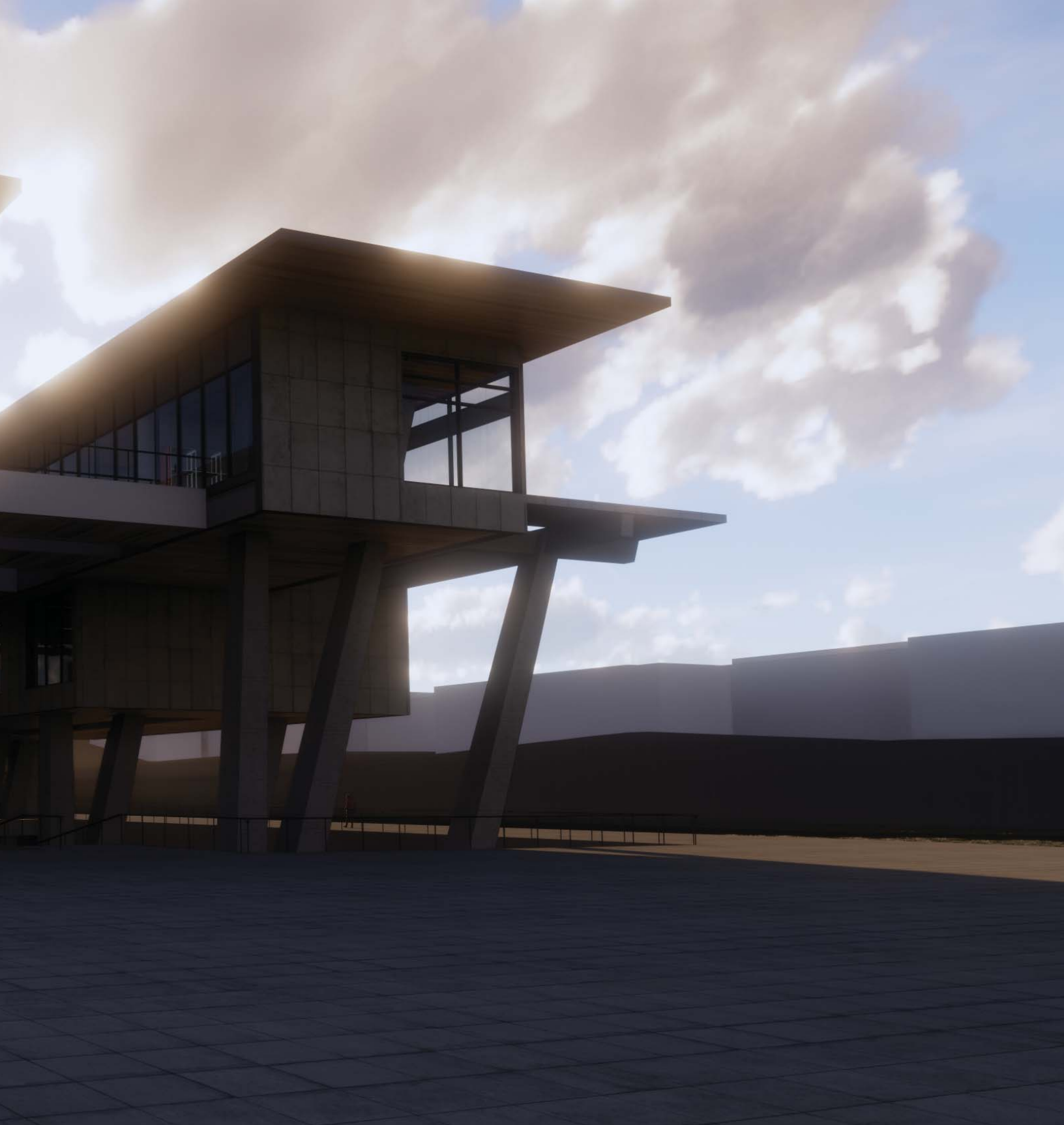


Figure 114 | leaving it behind







# IN BETWEEN

WEAVING LIFE, LOSS, AND HEALING WITHIN ARCHITECTURAL SPACE

The initial healthcare needs to be further embedded in our environment. For this reason, I wanted to weave together an intricate architectural thread to demonstrate how a design can be forward that just the way needs exist of healthcare, open this to be a process, leading to do in the loss. It is a necessary that we create a sense of calm and a sense of hope. Through this we can use these principles to be that we need to be designed to be there that need to be factored into a healthcare facility.

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Depression in the United States affects over 16 million adults, and 280 million more around the world making it the leading cause of disability. Performing the various of these different types of therapy and medication for the management of mental health is a complex task that requires a high level of skill and expertise. The goal is to create a space that is not only functional but also a place where patients can feel safe and supported.

For this reason, health care facilities are designed to be a place where patients can feel safe and supported. The goal is to create a space that is not only functional but also a place where patients can feel safe and supported. The goal is to create a space that is not only functional but also a place where patients can feel safe and supported.

From the patient's point of view, the most important thing is to feel safe and supported. The goal is to create a space that is not only functional but also a place where patients can feel safe and supported.

A View from under the floor, the long wooden planks that connect the rooms to the rest of the building are the last of a long series of architectural details that have been thought through.



What you will be what the patients will be looking for to see when they are staying at the facility. People have all around the corner of it to be able to go to the rest of the plant. From this they have to be a management system for the patients, in which they can go to get information to know when they have the best of being alone. This view makes sure the lightness of the structure that hold the heavy loads of the patients in being alone.

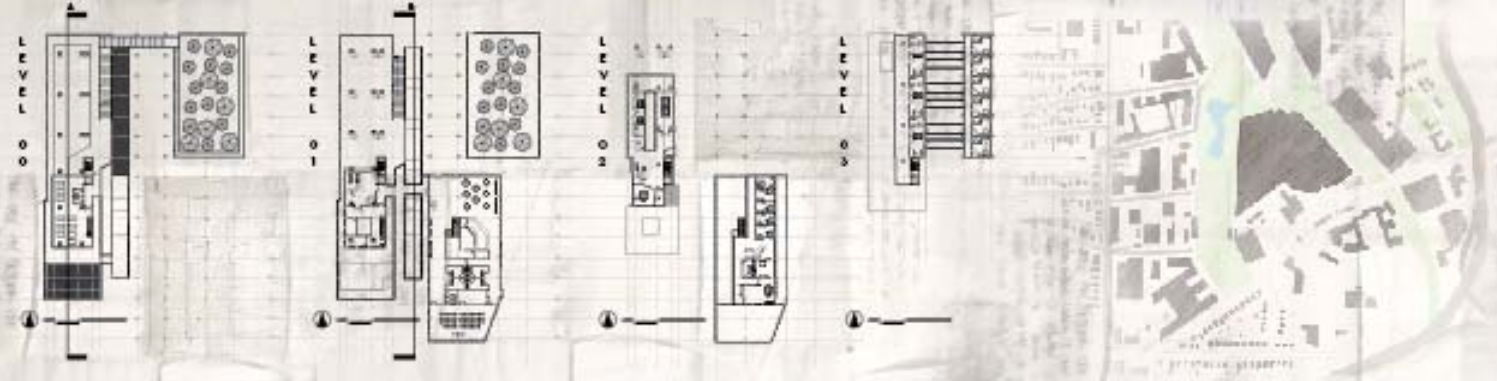




Figure 116 | physical display



# THESIS APPENDIX

## SOURCES

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# PREVIOUS STUDIO EXPERIENCE

## **2ND YEAR | FALL 2014 | CINDY URNESS**

---

Tea House | Fargo, North Dakota  
Boat House | Minneapolis, Minnesota

## **2ND YEAR | SPRING 2015 | DARRYL BOOKER**

---

Montessori School | Fargo, North Dakota  
Dwelling Project | Marfa, Texas

## **3RD YEAR | FALL 2015 | RON RAMSAY**

---

Shaker Barn Project | Berkshire, New York  
Unitarian Church | Fargo, North Dakota

## **3RD YEAR | SPRING 2016 | MARK BARNHOUSE**

---

Appareo Tech Company | Fargo, North Dakota  
Sanford Day Surgery | Fargo, North Dakota

## **4TH YEAR | FALL 2016 | BAKR ALY AHMED**

---

Intergrated Design Studio | San Francisco, California

## **4TH YEAR | SPRING 2017 | DON FAULKNER**

---

Urban Design Studio | Multiple Locations

## **5TH YEAR | FALL 2017 | ELIZABETH MEDD**

---

Fargo Public Pavillion | Fargo, North Dakota

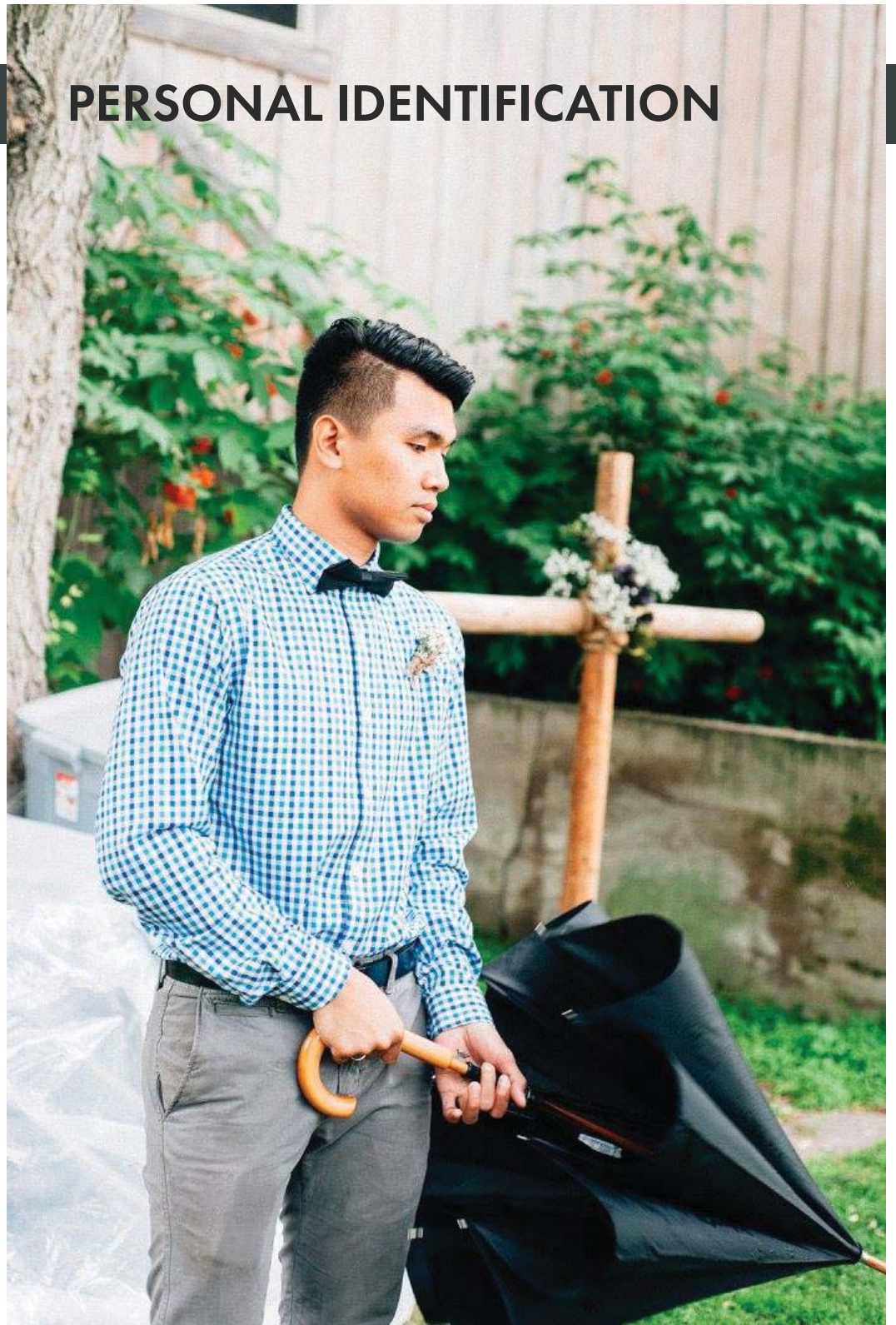
## **5TH YEAR | FALL 2018 | STEPHEN WISCHER**

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Thesis Project -  
Atlanta Memorial & Mental Health Research Institute |  
Fargo, North Dakota



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