Architecture as Therapy

Bloodletting: Beauty Spills forth from the Wound

Scar: Photograph by Phil Poynter, 2000

Image Source: Lupton, Ellen. Skin: Surface Substance and Design. *Princeton Architectural Press, New York, 2002, p 14.*

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Abstract

Self harm is a plague, wreaking ugliness across the face of society, a scar deforming what was pristine, swiftly spreading to become a gaping open wound. The therapy techniques and facilities aiming to treat such self harm conditions were discovered to be ineffective; the plague is gaining momentum. This research proposes an alternative, an *architecture as therapy*, as a case study with the programme of a bath house to explore how architecture might operate therapeutically with respect to women with self harm conditions. This architecture is not a housing of therapy but rather a tool of therapy, an architecturalisation of psychoanalysis and cognitive behavioural therapy. The architecture as therapy inspires the shifting of paradigms, blurs and shatters boundaries and preconceived notions to further individual thought, reconciliation with the post harm body, and the development of new awareness and identity. Through a process of *provocation, engagement and release* the architecture as therapy addresses such notions as the inability to communicate through conventional means, and ill-developed identity and sexuality which hinder these individuals. Architecture's potential to offer therapy is further cemented through its links with communication; it possesses a potential to generate new languages of performativity and of the body through the design of its spaces and elements. The inhabitant's journey encompasses manipulations of *ugliness and beauty*, the *senses* and *performativity* within an architectural environment to elicit a therapy. Each of these notions is tested across case studies and within the architecture as therapy itself, elicited in a manner specific to these particular individuals. The architecture as therapy can be viewed as a conceptual piece; the purpose of the work is to challenge, to deconstruct preconceived notions of therapy processes and healthcare facilities. Aligning with psychoanalysis, the architecture is a conceptual vehicle with the purpose of pushing boundaries and eliciting paradigm shifts. The architecture inhabits the labyrinthine realm of the mind and as such has been represented in a way where the conceptual ideas and relationships to psychoanalysis are brought to the fore. Finally the architectural form is rendered irrelevant; the body becomes the definer of space and of architecture. The body becomes the beautiful, glorious in her

own wounds, her own ugliness. She may unleash her own plague, her autonomy, her liberation, her sexuality, and her identity.

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Research Problem:

The current dissatisfaction with therapy techniques and healthcare facilities relating to women who self harm.

Research Aim:

To develop an architectural response that operates therapeutically for women with self harm conditions.

Research Question:

How can architecture operate therapeutically with respect to women with self harm conditions?

I can't believe he'd managed to do it again. Worm his way into my thoughts. I'd told him I never wanted to see him again, he was no good for me, I knew it. "Come on, A," he'd say, "just one more chance…you know you want me, want me all to yourself…"
"NO! Never!," I thought to myself bitterly. He can't control me like that, I'm a grown woman, I know what I want.

I can live without him can't I? I just seem so confused lately. I awake with this terrible longing, this hunger I cannot sate, will not sate! My body trembles at the thought of him, my limbs are weak with desire. I lie here in a daze, cold sweat sticks the rough cotton sheets to my skin and bones, a dull ache permeates my existence. 'Is this what it is like for everyone?' I think to myself. Who knew being without him would be this hard.

No! I can do this, it'll be easy, one step at a time, one meal at a time…no! Don't think of him… His smell is everywhere, his face on the television, I can't escape. Mum practically serves him up to me on a plate! I'm disgusted. Nauseated. She doesn't understand anyway, she couldn't, doesn't know what its like. She has her perfect man, her perfect body, perfect life, well I'm in control now, I'll get mine too.
"Don't you want him dear?," she calls from the kitchen. Doesn't she know I don't need him anymore!

His touch is rough, rough but comforting. He leaves his marks on me, I see his presence on my arms, my legs,.. I've sacrificed so much for him, how could he leave me now.,,

I'm running, leaving the smell of him behind, it permeates the house, I'm sure. One step after another, get away from him, that's it, one step at a time...no…no…not again…

Blackness. My bones ache. So weary, again. He'd comfort me now, wrap his arms around me in that familiar embrace. I know his feel, his taste, his subtle presence on my lips…I long for it! So hungry am I and only he can end this famine, sate this desire. He is my saviour, no the trouble of my existence! He destroys my flesh, destroys my body…and satisfies it. I am thirsty for him, but another craving overwhelms this gluttony.

Food is what I need, scars are what I need, but I don't want him anymore…

- Stephanie Liddicoat

Introduction

i. Introducing the Architecture as Therapy

ii. Subjectivity and The Body

Beauty is coveted in modern society; media bombards us with images of the perfect, the ideal, and the flawless feminine form. Attainment of this unspoiled body form draws many to the depths of obsession, illusion and deception. This research explores the development of an *architecture as therapy* where beauty and ugliness have become central stimuli and further, have become a central notion in the architecture aiming to treat patients suffering self harm disorders. The focus of this architecture as therapy[1] aims to treat in particular anorexia nervosa and self injurious behaviour. Where anorexia is the hunger for the perfect body, starving and purging oneself to reach this hallowed ideal, self injury is the destruction of the body in order to sate a different hunger, a longing. Self injury is a desire to fill the void where anorexia aims to erode this same void, to craft hollows, pits, concave abysses of the body. However, similarities exist; anorexia creates a body wrought with cavities and holes, self injury a body wrought with scars, both aiming to escape in darkness, in retreat.[2]

Those who suffer with these self harm conditions which the architecture as therapy aims to heal are addressed throughout this research as the practitioners of self harm; this is not a term meant to evoke reference to a sadistic nature, rather these inhabitants are people who practice a harm to their bodies and their psyche yet also crave a cure from these practices.[3] The

[1] This architecture as therapy is the final case study design project which serves as the result of this research undertaking. This design is referred to throughout this research as the architecture as therapy and aims to assess the initial research question: How can architecture operate therapeutically with respect to women with self harm conditions?

[2] Research suggests self injury serves as both a release of tension and an escape from the pain of the world. This is addressed in the first section of this research.

[3] The architecture as therapy aims to treat individuals through a new intervention of therapy. It does not cater to individuals who require intensive care, secure monitoring for their safety, patients who are suicidal or requiring of rigorous hospitalisation treatment. The inhabitants will have a body mass index higher than sixteen, as patients lower than this level will not commonly be admitted to therapy. This is due to the fact that it is too difficult to undertake any supportive therapy cognitively, explains psychotherapist Lucy Treadwell (Treadwell, Lucy.

inhabitants are also referred to throughout this research as 'she'; this is due to the fact that research suggests that women are the predominant gender suffering with self harm conditions and whom this architecture as therapy is designed for.[4]

i. Introducing the Architecture as Therapy

The architecture as therapy operates through three parallel processes functioning on different levels (see Figure 1) through the programme of a bath house.[5] The first thread of therapy is the notion of the transformation of *ugliness to beauty* in the architecture and in the inhabitant; this is linked to a shift in paradigms as achieved through *manipulations of the senses* and through deconstructing boundaries and preconceived notions within architecture through *performative engagement*. The second thread is the development of identity and the self, and in turn beauty through the senses, performativity and engagement. The third thread is the development of communication, identity and sexuality which is commonly absent in practitioners of self harm. Supplementary techniques to create therapy include fostering new communicative methods through the body, fostering a mind which is receptive to shifting paradigms and in turn receptive to new constructs of beauty, and fostering autonomy in the body through bodily engagement leading to identity and awareness of beauty in this body. These methods will be discussed in depth across the sections of this research. The nature of practitioners of self harm and associated therapy techniques are explored in the first section of research *Self Injurious Behaviour and Anorexia Nervosa: Architecture as Therapy.* This section also examines the dissatisfaction with current healthcare facilities and case studies aiming to

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Personal Communication. 26th July, 2010.). For full interview transcripts, please see Appendix A.

[4] This notion of gender will also be discussed in the section entitled *Performer: The Beauty of the Stage*, where it may be considered that the notion of 'she' becomes deconstructed to encompass wider connotations that we traditionally associate with the female. Further, these terms referring to these individuals are interchangeable and address the same group of people identified here.

[5] The therapy process can be understood as an 'architectural process' of psychoanalysis as a therapy technique. This is further explored in this research and involves the realignment of thought paradigms and thought processes with the aim of dispelling the negative thoughts which cause an individual to harm. In this modification of feelings, cognitions, attitudes and behaviour which have become detrimental, thoughts are subverted and new paradigms may arise.

rectify this discontent. This section also introduces sensory manipulation and performativity as alternative therapy techniques. In light of the discussion on therapy techniques, the section *Architecture as Therapy: Introducing Techniques to Create Therapy* introduces the means by which the architecture created aims to offer a successful therapy process. Ugliness and beauty and their association with paradigm shifts and healing are explored in *Ugliness and Beauty: Stimulus for Architecture.* Following this, sensory manipulation is explored in depth in *Senses and the Body: The Waters that Heal*. Performativity is explored in *Performativity: The Beauty of the Stage* (See Figure 2).[6] Within each section research is presented as well as the relating architectural application as seen in the design of the architecture as therapy. The research thus explores factors relating to therapy of self harm and incorporates within that ideas about the design. The resulting design acts as a final case study to assess the research question: *How can architecture operate therapeutically with respect to women with self harm conditions?* This will be carried out through an architecture as therapy with the programme of a bath house. The architecture as therapy can be viewed as a conceptual piece, one which rather than focusing on the pragmatics of design has the purpose of challenging paradigms and preconceived notions, realigning cognitions with regard to therapy processes and healthcare facilities. It is represented in such a manner so as to emphasise these conceptual notions, the relationship to psychoanalysis and a highly internalised focus. The architecture inhabits the realm of body and mind, of sensuous engagement and stimulating encounter.

[6] Supplementary information on the factors in society leading to the creation of practitioners of self harm, the architecture as therapy influencing society and further analysis on the notions of the transformation of ugliness to beauty, identity, communication, prosthesis and affect can be found in Appendix B.

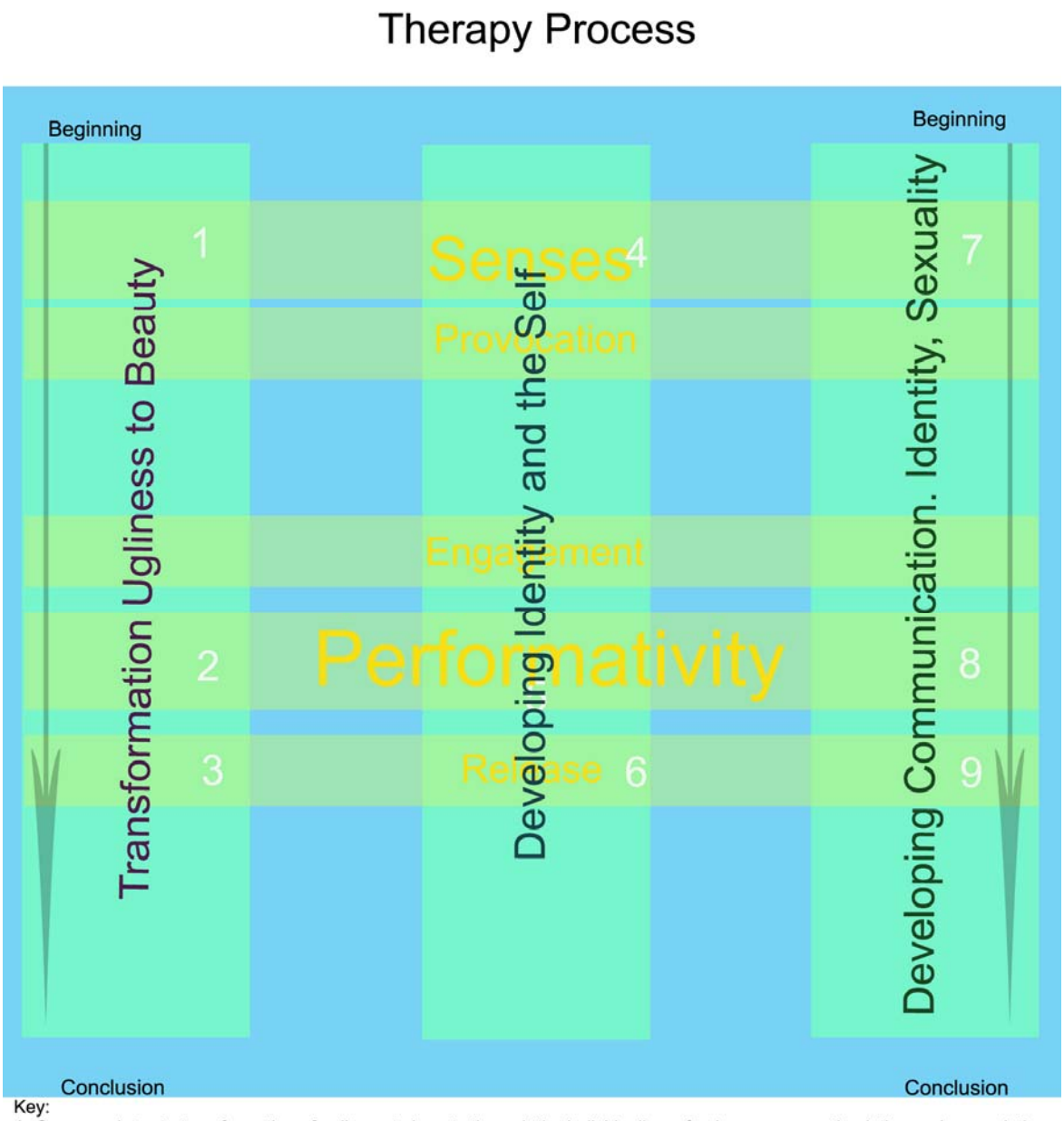

Figure 1

Therapy Process

Source: Author's own image

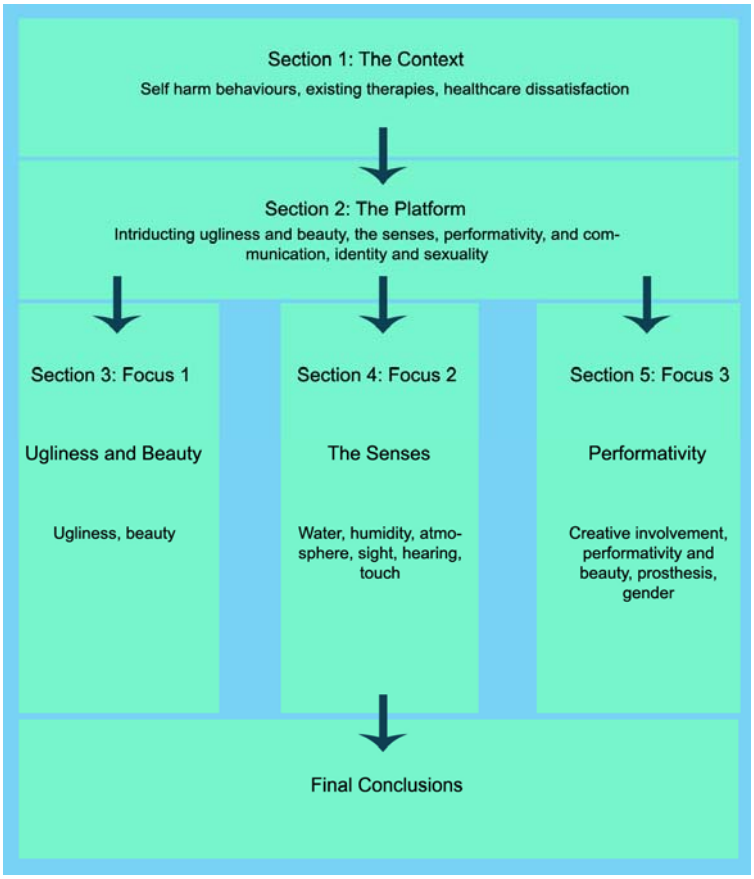

Figure 2

Thesis Structure

Source: Author's own image

ii. Subjectivity and the Body

Before an analysis of self harm conditions and existing therapy techniques takes place, it is pertinent first to outline the framework of the concept of subjectivity and body which is applied in this research. This research aligns with philosophers Edmund Husserl and Maurice Merleau-Ponty's views of the self as necessary and essentially embodied, highlighting the way that consciousness is the body's awareness of the world. Engaging with the environment and interpreting this is the way in which the body-subject actively constructs perceptions.[7] Thus, reason is founded in the body; the body-

[7] Burns, Kelly A. *Warren's Ecofeminist Ethics and Merleau Ponty's Body-Subject: Intersections*. In Ethics and the Environment, Indiana University Press, United States of America, 2008, vol 13, iss 2.

subject is essentially expressive and gesture becomes a communicator. In this way the "body is a power of natural expression."[8]

The action of the body on the world results in perceptions. Husserl's phenomenology explores that any knowledge has its origin in experience, which is prereflexive.[9]

> The core of phenomenology is the *intentionality of consciousness*, understood as the direction of consciousness towards understanding the world…therefore, there is no consciousness without the world, nor is there a world without consciousness. Through the intentionality of consciousness all actions, gestures, habits and human actions have a meaning.[10]

Merleau-Ponty develops on this line of thinking, exploring the notion that the body itself is the perceiving subject, and in the world individuals learn about themselves.[11] "Each body, with its own structure, selects ways to adapt, which are never repeated… I *am* the subject of my experiences and I make my own choices."[12] This extends beyond the body to considering, alongside the body, "the others who haunt me and whom I haunt."[13] The body is now the sensing and the sensed, that which sees and touches is also what is seen and what is touched.[14]

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[8] Fisher, Alden L (Ed.). *The Essential Writings of Merleau-Ponty*. Harcourt, Brace and World, Inc., United States of America, 1969, p. 193.
[9] Husserl, E. *L'idee de la phenomenology*. Presses Universitaires de France, France, 2000.
[10] Sadala, Maria Lucia Araujo and Adorno, Rubens de Camargo Ferriera. *Phenomenology as a Method to Investigate the Experience Lived: a perspective from Husserl and Merleau-Ponty's thought*. In Journal of Advanced Nursing, Blackwell Science Ltd., United States of America, 2002, vol 37, iss 3, p. 283.
[11] By using the concept of the lived body, Merleau-Ponty attempts to discover deeper meanings in one's experience that ones' own body is more than its physical aspects, it is not merely responding to external stimuli but is in lively interaction forming an ongoing dialogue with the world (Merelau-Ponty, Maurice. *The Phenomenology of Perception*. Routledge, London, 1962.).
[12] Sadala, op. cit., p. 287.
[13] Merelau-Ponty, Maurice. *The Primacy of Perception*. Northwestern University Press, United States of America, 1964, p. 160.
[14] Alongside communication via the body and its gestures, the 'lived body' gains knowledge of the world through experience; "the world is not an object such that I have in my possession the law of its making; it is the natural setting of, and field for, all my thoughts and all my explicit perceptions" (Fisher, Alden L (Ed.). *The Essential Writings of Merleau-Ponty*.

Merleau-Ponty's philosophy may also shed light on the therapy and healing process. It is possible to consider that the bodily pain of self harm conditions ruptures the connection between body and world and the "rehabilitation process can be understood as the re-insertion of the body into the flow of experience… [the experience of self harm] places the painful body is focus, resulting in a diminished articulation of both self and world."[15] This is alienating and isolating; healing thus needs to address both comforting sensations of the body but also the diminished sense of self.[16] "Articulation needs to accomplished on all levels"[17] to overcome this, where articulation of the world invites new experiences and aspects of the self to evolve. The split between the self and body is reconciled and open to these invitations. The aim of healing is to help the inhabitant of the architecture as therapy regain access to the realm of articulated experience to allow for new modes of thinking, feeling, moving and perceiving,[18] discovering a rich world of sensations.[19] Architecture is considered here as a powerful tool to elicit therapy and discovery in this manner; the following section will introduce the notion of an architecture as therapy and the tools and methods employed to elicit healing.

Harcourt, Brace and World, Inc., United States of America, 1969, p. 31.). The body is the necessary intermediary between the world and perceptions, to increase awareness of self and body is meaningful and contributes to the creation of realisation; the body is the object of consciousness.

[15] Bullington, Jennifer. *Embodiment and Chronic Pain: Implications for Rehabilitation Practice*. In Health Care Anal, Springer Science and Business Media, LLC, Boston, 2009, vol 17, p 100.

[16] As psychotherapist Lucy Treadwell explains, "We're not disconnected from our surroundings. The more connected, or in some cases reconnected we get, we can put aspects of our lives into perspective. Patients can lose focus; lose sight of reality to an extent. If you can reconnect them to their bodies it is a must, especially with anorexia nervosa… it's very important to connect mind and body and get them to foster respect for themselves" (Treadwell, Lucy. Personal Communication. 26th July, 2010.). (For full interview transcripts, please see Appendix A.)

[17] Bullington, op. cit., p. 107.

[18] This relates closely to the notion of psychotherapy which will be employed in the architecture as therapy and discussed in this section of research.

[19] Merelau-Ponty, Maurice. *The Primacy of Perception*. Northwestern University Press, United States of America, 1964.

Section One: The Context

Self Injurious Behaviour and Anorexia Nervosa – Architecture as Therapy

"I pushed the blade across my wrist, more deeply than ever before, conscious it had to be worse than the last cut. Every cut had to be worse than the one before…In that sense, this one was a success: it was nasty. I knew that immediately…"[20]

[20] Leatham, Victoria. *Bloodletting: A Memoir of Secrets, Self-harm and Survival*. Allen and Unwin, Australia, 2004, p. 32.

Self harm has become increasingly prevalent in modern Western society,[21] with sufferers frustrated at the lack of efficacy in the current treatments available to them. These practitioners of self harm, commonly young women, without being able to ascertain adequate treatment, are thus left to deal with their situation on their own, continuing to harm the body and mar it with their discouraged and agitated states of mind. This section of research first outlines the self harm behaviours being dealt with and the issues with current therapy techniques. One therapy technique is particular is considered with its connection to the therapy process employed in the proposed architecture as therapy. The notion of an architecture which is therapeutic is investigated across case studies presented in this section. This link of architecture and therapy relates closely to the dissatisfaction with healthcare facilities, which will be explored as well as several case studies aiming to rectify this discontent.

1.1 Self Harm Behaviours

1.1.1 Self Injurious Behaviour

Self injurious behaviour is defined as "those behaviours that involve the deliberate infliction of direct physical harm to one's own body without the intent to die as a result of the behaviour itself."[22] Within this arena of self injury are three categories which were developed based on the consequences of the self harm. These include:

> major self mutilation, which refers to particularly severe acts such as eye enucleation or castration,… stereotypic self mutilation, which refers to repeated acts such as head banging or self-biting, and… moderate/superficial self mutilation, which includes behaviours such as

[21] For an analysis of the factors leading to the increasing numbers of individuals who practice self harm in society please see Appendix B.

[22] Favaro, Angela and Ferrara, Silvia and Santonastaso, Paulo. *Impulsive and Compulsive Self-Injurious Behaviour and Eating Disorders: An Epidemiological Study.* In Self-Harm Behaviour and Eating Disorders: Dynamics, Assessment and Treatment, Brunner-Routledge, London, 2004, p. 31.

> skin cutting, scratching, picking or burning, hair pulling, severe nail biting and other forms of superficial self injury.[23]

Self injurious behaviour is usually episodic, "involves little conscious resistance, and provides some form of gratification beyond reduction of tension or anxiety."[24] The behaviour in itself acts, at once, as a release and as one taking control, the behaviour helps to control negative emotions such as depression, loneliness, or depersonalisation, emitting a relief and solace for which the sufferer longs for. If only for a fleeting, lonely moment.

1.1.2 Anorexia Nervosa

Anorexia nervosa is a disorder defined as "a way of using food or starving oneself to feel more in control of life and to ease tension, anger and anxiety."[25] Risk factors of anorexia nervosa include accepting and internalising society's attitudes about thinness, and "being a perfectionist."[26] Society has influence here; the portrayals of the body in the media whispering notions to the potential anorexic, extending tendrils of manipulation and persuasion. "The eating disorder is seen mainly in Caucasian women who are high academic achievers and have a goal oriented family or personality."[27] These women are focused, they are driven. She strives for perfection, both of the mind and the body; society's dictated ideal of perfection. "She often sets hard to reach goals for herself… and tries to be perfect in every way."[28] However in this fruitless search for perfection, for beauty, she becomes the harbourer of such symptoms as "confused or slow thinking, blotchy or yellow skin, wasting away of muscle"[29]; her mind is adrift in a sea of society's making, aimless and directionless she treads water bitterly clinging to life and to the perfection she resolutely holds dear.

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[23] Favaro, Angela and Ferrara, Silvia and Santonastaso, Paulo. *Impulsive and Compulsive Self-Injurious Behaviour and Eating Disorders: An Epidemiological Study.* In Self-Harm Behaviour and Eating Disorders: Dynamics, Assessment and Treatment, Brunner-Routledge, London, 2004, p. 31.
[24] ibid., p. 32.
[25] <http://www.womenshealth.gov/FAQ/anorexia-nervosa> viewed on 11 March 2010.
[26] <http://www.nlm.nih.gov/medicineplus.ency/article> viewed on 12 March 2010.
[27] ibid.
[28] <http://www.womenshealth.gov/FAQ/anorexia-nervosa> viewed on 11 March 2010.
[29] <http://www.nlm.nih.gov/medicineplus.ency/article> viewed on 12 March, 2010.

The number of women who suffer anorexia is increasing dramatically throughout the Western world. Dr. Charles A. Markovsky of Grace Square Hospital in New York City, an eating disorders specialist, says that "about twenty percent of American college women binge and purge"[30] whilst Kim Chernin in *The Hungry Self* "suggests that at least half the women in the United States at some time suffer from bulimia or anorexia."[31] Roberta Pollack, author of *Never Too Thin*, agrees that five to ten percent of young American women are anorexic, so if we are to take the higher end of these figures, "it means that of 10 young women in college, two will be anorexic and six will be bulimic; only two will be well. The norm, then, for young, middle-class American women, is to be a sufferer of some form of eating disease."[32] Beyond this the hospitalisation success rates are very poor, with five to fifteen percent of anorexics dying in treatment; this is the highest fatality rate for a mental illness.

It may be understood that both of these self harm conditions are becoming increasingly prevalent in society.[33] These individuals caught in a web of desire and harm need to wound and purge yet they crave a healing, to be freed from this compulsion, this reliance on the process of harming.[34] However, therapies and facilities aiming to treat these individuals are becoming understood as ineffective and inefficient. This is explored below.

[30] Wolf, Naomi. *The Beauty Myth*. Vintage, London, 1991, p. 182.
[31] ibid., p. 182.
[32] ibid., p. 182.
[33] Favaro, Angela and Ferrara, Silvia and Santonastaso, Paulo. *Impulsive and Compulsive Self-Injurious Behaviour and Eating Disorders: An Epidemiological Study.* In Self-Harm Behaviour and Eating Disorders: Dynamics, Assessment and Treatment, Brunner-Routledge, London, 2004.
[34] This increasing prevalence of self harm is also apparent in New Zealand, where a study has shown that over 27% of young girls who participated in the study self harmed in the last year (Swift, Donna. *The Girls' Project: Preliminary Findings from Questionnaire*. In press, Nelson, New Zealand, n.d.).

1. 2. Existing Therapy Treatments and Critique

Research into therapies focuses on causes rather than exploring the productions and regulation of these conditions, and the results of these therapies "strongly indicate that long-term outcome is often unfavourable."[35] Further, patients who self harm often report negative treatment experiences and "dissatisfaction with treatments may cause treatment delay, failure to engage and withdrawal from treatment."[36] This section will explore existing therapy treatments and how the architecture as therapy relates to a specific existing treatment.

Therapies occur across in-patient, out-patient, community-based, specialist and non-specialist settings. The therapy techniques used which will be covered in this section are symptom focused models of therapy. These focus on talk therapies in groups or individually, behavioural and cognitive therapies falling into the wider therapy of psychoanalysis, and pharmacological treatments.[37] Goals of treatment include the normalisation of the self harm behaviours and communication, the reduction of the over-evaluation of body shape and its inadequacies as part of self awareness, the identification of the patient with the body in a positive way, and furthering developmental processes conducive to self image issues.[38] These self harm conditions are thought to serve dual functions; "it [the condition] creates an artificial sense of self control, and it replaces the pursuit of stable and satisfying interpersonal relationships with a curiously intense relationship with the body. The body… becomes the scene for an assertion of independence and need mastery."[39]

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[35] Malson, H and Finn, D M and Treature, J and Clarke, S and Anderson, G. *Constructing 'The Eating Disordered Patient': A Discourse Analysis of Accounts of Treatment Experiences*. In Journal of Community and Applied Psychology, John Wiley and Sons, Ltd., London, 2004, vol 14, iss 6, p. 475.

[36] Halvorsen, Inger and Heyerdahl, Sonja. *Treatment Perception in Adolescent Onset Anorexia Nervosa: Retrospective Views of Patients and Parents*. In International Journal of Eating Disorders, Wiley Periodicals Inc., London, 2007, vol 40, iss 7, p. 629.

[37] Steiger, Howard and Israel, Mini. *A Psychodynamically Informed, Integrated Psychotherapy for Anorexia Nervosa.* In Journal of Clinical Psychology, John Wiley and Sons, Inc., London, 1999, vol 55, iss 6.

[38] ibid.

[39] Ibid., p. 742.

1.2.1 Talk Therapies

Traditional therapies for these self harm conditions involve differing types of 'talk therapy', from group discussions to one on one therapy with the aim of fostering a positive view of the body and quelling the need to self harm or to purge (see Figure 3). These therapies offer tools such as mantras or self affirmation techniques with the purpose of providing positive thought processes and dispelling the obsessive, often controlling tendencies of these conditions. To promote this attitude shift is the key benefit of talk therapy.

Commonly treatment programs rely on group treatments as a primary means of therapy, with some supplementary individual talk therapy.[40] However, during group therapy, individuals in the "patient group are monitored and supervised by the clinical psychologist"[41]; the patient feels scrutinised, analysed and craves escape from this due to the secretive nature of her condition. Group therapy "encourages patients to examine their inner conflicts, their interpersonal functioning and the meaning of symptoms."[42] Here the patient is forced to voice her innermost sensitivities in a situation where she is not comfortable or does not feel she has the means to express herself without communication via the body, as occurs in her self harming. During these treatments "the client often complies, participating in intellectualised exchanges about her family of origin, while effectively keeping her more immediate and personally meaningful experiences out of the therapy."[43] These talk therapies, whether group or individual are thus flawed; many patients do not build a rapport with the therapist or therapy group and thus distrust is developed, thinking "the counsellor just kept putting her words and thoughts in my mouth and in my head"[44]; these individuals do not which to share their pain with others, as it is such a secretive condition, and most commonly they simply cannot verbalise their emotions as they are simply too

[40] Lammers, M W and Exterkate, C C and DeJong, C A J. *A Dutch Day Treatment Program for Anorexia and Bulimia Nervosa in Comparison with Internationally Described Programs*. In European Eating Disorders Review, John Wiley and Sons, Ltd., London, 2007, vol 15, iss 2.
[41] ibid., p. 99.
[42] ibid., p. 101.
[43] Steiger, Howard and Israel, Mini. *A Psychodynamically Informed, Integrated Psychotherapy for Anorexia Nervosa.* In Journal of Clinical Psychology, John Wiley and Sons, Inc., London, 1999, vol 55, iss 6, p 744.
[44] <http://www.dailystrength.org/treatments> viewed on 13 April 2010.

strong for words; "you don't talk about it, you cant, you keep it to yourself."[45] Thus the benefits of talk therapy cannot be realised. These conditions often haunt and individual for twenty years or more; they seek help yet communication and talking through the issues clearly is not an efficient therapy: "this doesn't motivate me to eat better. In fact, you're making me feel like not eating. Why should I try?,"[46] says one patient suffering anorexia nervosa.

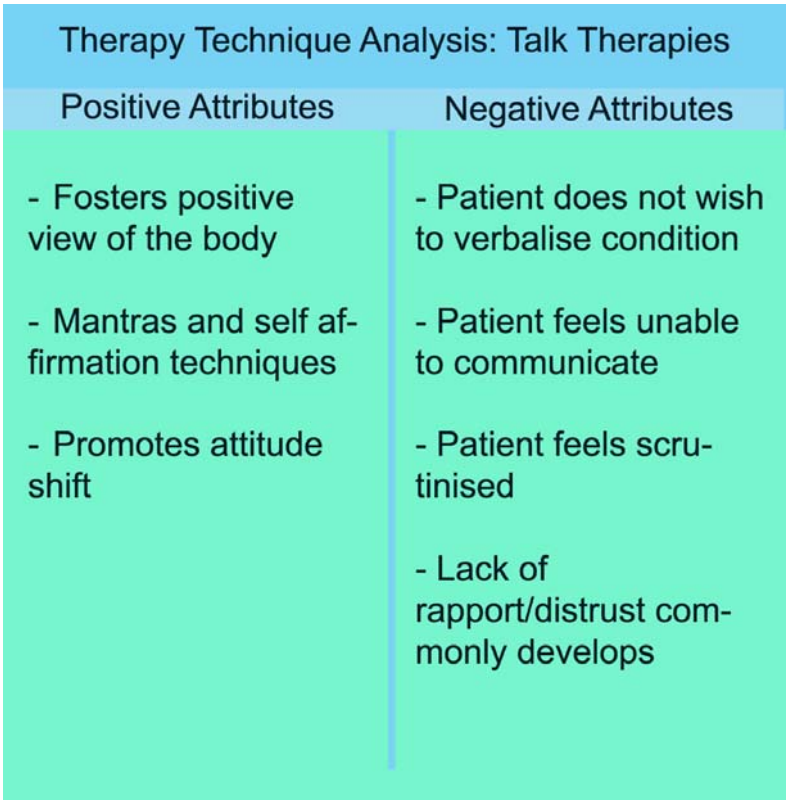

Figure 3

Analysis of Talk Therapy Technique

Source: Author's own image

[45] <http://www.dailystrength.org/people/179275> viewed on 13 April 2010.

[46] Steiger, Howard and Israel, Mini. *A Psychodynamically Informed, Integrated Psychotherapy for Anorexia Nervosa.* In Journal of Clinical Psychology, John Wiley and Sons, Inc., London, 1999, vol 55, iss 6, p. 748.

1.2.2 Psychoanalysis: Behavioural and Cognitive Behavioural Treatments

Psychoanalysis therapy for self harm conditions will be overviewed and followed by two specific application treatments of psychoanalysis principles, behavioural and cognitive behavioural treatments.

Psychoanalysis has been defined as "an interpersonal process designed to bring about modifications of feelings, cognitions, attitudes and behaviour which have become troublesome to the person seeking help."[47] Psychoanalysis has the power to question, to subvert "common-sense understandings of subjectivity itself."[48] Cartesian theory sees the self as rational, unified and free of conflict; notions which do not relate to these practitioners of self harm.[49] Psychoanalysis splits the self into the consciousness of the self and that which is unconscious. It is at this point, "between the splitting of conscious intention and unconscious desire, that psychoanalytic theory inserts itself, seeking to uncover repressed or over-determined aspects of self organisation."[50]

Psychoanalysis involves the concept of mentalisation. This is a notion which involves self realisation to create an individual with a "well developed capacity to distinguish inner from outer reality, physical experience from mind and intrapersonal mental and emotional processes from interpersonal communications."[51] In self harm, impaired mentalisation creates misunderstandings and misinterpretations of the world, rupturing relations and creating vulnerability and insecurity. This further impairs the mentalisation capacity resulting in withdrawal and inability to communicate or to relate

[47] Strupp, HH. *Psychotherapy Research and Practice: An overview*. In Handbook of Psychotherapy and Behaviour Change: An empirical analysis. John Wiley and Sons, Ltd., New York, 1978, p. 3.
[48] Elliott, Anthony. *Psychoanalytic Theory: An Introduction*. Duke University Press, Durham, 2002, p. 9.
[49] This relates to the consideration of subjectivity aligned with Merleau-Ponty's phenomenology and sense of body-subject. There is division here, and conflict may arise within the practitioners of self harm which must be addressed in the architecture as therapy.
[50] Elliott, op. cit., p. 10.
[51] Skarderud, Finn. *Eating One's Words Part III. Mentalisation-Based Psychotherapy for Anorexia Nervosa – An Outline for a Treatment and Training Manual.* In European Eating Disorders Review, John Wiley and Sons, Ltd., London, 2007, vol 15, p. 325.

through conventional means. This relates very closely to Merleau-Ponty's phenomenology, where "the perceived world is always the presupposed foundation of all rationality, all value and all existence,"[52] where "perception reduces all out experience to the single level of what, for good reasons, is judged to be true."[53] However, in the case of self harm, therapy aims to correct the individual's distorted sense of reality as "faulty thinking and beliefs are applied to the world around them as well as to themselves."[54] The aim of psychotherapy is to develop the functioning of self awareness, to distinguish between bodily sensations and mental representations, to assist communication, through the changing of mental states. To shift awareness and elicit paradigms shifts by realigning reality from a constructed reality to an environment based perception is ideal.[55] This is to "propose alternative views,"[56] to dispel misconceptions through a "process during which erroneous assumptions and attitudes are recognised, defined and challenged so that they can be abandoned."[57]

The notion of the 'concretised metaphor' links anorexia and self mutilative behaviour closely with psychoanalysis. The 'concretised metaphor' refers to an instance where the metaphor, the body as symbolisation, is not experienced as an indirect expression showing something thus mediated, but is "experienced as direct and bodily revelations of a concrete reality. There is an immediate equivalence between body and emotional experience."[58] The body becomes a source of such metaphors; bodily qualities and sensations including hunger, size, shape and weight "are physical entities that may also

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[52] Fisher, Alden L (Ed.). *The Essential Writings of Merleau-Ponty*. Harcourt, Brace and World, Inc., United States of America, 1969, p. 48.
[53] Merelau-Ponty, Maurice. *The Primacy of Perception*. Northwestern University Press, United States of America, 1964, p. 14.
[54] Garner, David M and Garfunkel, Paul E and Bemis, Kelly M. *A Multidimensional Psychotherapy for Anorexia Nervosa*. In International Journal of Eating Disorders, vol 1, iss 2, p. 14.
[55] This relates closely to the notion of performativity which will be employed by the architecture as therapy and explored further in this research as a tool to induce these paradigm shifts and allow new thought to evolve and healing to ensue.
[56] Skarderud, Finn. Eating One's Words Part III. *Mentalisation-Based Psychotherapy for Anorexia Nervosa – An Outline for a Treatment and Training Manual.* In European Eating Disorders Review, John Wiley and Sons, Ltd., London, 2007, vol 15, pp. 333-334.
[57] Bruch, H. *The Golden Cage: The Enigma of Anorexia Nervosa*. Harvard University Press, Massachusetts, 1978, pp. 143-144.
[58] Skarderud, op. cit., p. 164.

represent non-physical phenomena. This is highly relevant in anorexia nervosa [and self injurious behaviour]."[59] In concretised metaphors these body metaphors are not merely representations but experiences of fact, fact which is difficult to negotiate with or dismiss as untrue.[60] This relates closely to psychoanalytic context.[61]

Behavioural treatments involve a process whereby patients monitor their self harm behaviours through, for example, a food and/or emotion diary and must discuss these with their therapy group or therapist. The diary, which may be written or visual, functions as an outlet for emotional expression, becoming a "symbolic link"[62] to therapy. These aim to identify when the negative behaviours surface and focus on extending the periods of time between self harm episodes. These also aim to identify the situations, spaces or locations of such episodes. Further, techniques for self monitoring are taught, encouraging the ability to more accurately perceive and respond to body stimuli and foster communication.[63] These are processes undertaken regularly as part of the therapy process.

As talk therapies are commonly resisted by patients[64] due to the secretive, resistant nature of their conditions[65], cognitive behavioural therapies are a useful alternative and aim to formulate positive affirmations and change

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[59] Skarderud, Finn. *Eating One's Words Part III. Mentalisation-Based Psychotherapy for Anorexia Nervosa – An Outline for a Treatment and Training Manual.* In European Eating Disorders Review, John Wiley and Sons, Ltd., London, 2007, vol 15, p. 164.

[60] For further information on psychoanalysis, please see Appendix C.

[61] Enckell, H. *Metaphor and the Psychodynamic Functions of the Mind*. Doctoral Dissertation, Kuopion Yliopisto, Finland, 2002.

[62] Murphy, Susan and Russel, Linda and Waller, Glenn. *Integrated Psychodynamic Therapy for Bulimia Nervosa and Binge Eating Disorders: Theory, Practice and Preliminary Findings*. In European Eating Disorders Review, John Wiley and Sons, Ltd., London, 2005, vol 13, p. 386.

[63] These processes of recording feelings and emotions and working through issues have been translated into the process of the design of the architecture as therapy, where I, the designer, undertook such processes as occur in therapy to give insight into the inhabitants, to increase empathy with these individuals and to utilise psychoanalysis to clarify my own ideas. This is detailed further in a section devoted to design process.

[64] Le Grange, Daniel and Lock, James. *The Dearth of Psychological Treatment Studies for Anorexia Nervosa*. In International Journal of Eating Disorders, Wiley Periodicals Inc., London, 2005, vol 37, iss 2.

[65] Further, this "shut down state produces apathy and alienation, increasing our susceptibility to disease" (Venolia, Carol. *Healing Environments: Your Guide to Indoor Well-Being*. Celestial Arts, California, 1988, p. 25.).

thought processes to more constructive and helpful alternatives. Research has suggested that treatment is likely to be more successful when psychoanalytic principles are applied with cognitive behavioural interventions.[66] Cognitive Behavioural Therapy (CBT) operates at first by encouraging the patient to understand her cognitive biases before these cognitions which maintain the self harm behaviours are challenged. The patient is then asked to develop a close understanding of this cognition, including its motivation. It is explained to her that this cognition will "'use any trick in the book' – including promising, deceiving, wheedling and bullying"[67] to ensure her compliance. In understanding this, the patient may begin to challenge this and transform this cognition and the associations with this cognition into negative characteristics. This process is carried out using diaries where the patient notes, for example, when the self harm impulses are strong and when they are weak. Through this treatment the aim is to identify and challenge the myths that this cognition has imposed on her. This allows her "to learn to identify her restrictive cognitions and to challenge them successfully without feeling that there is an underlying rule that makes the cognitions unconditional (and hence beyond challenge)."[68] Reflecting upon this process and experience enhances meaning and effectiveness. A new degree of control and autonomy is introduced through this process and she may now make choices about her behaviours. This is supplemented with traditional talk therapies to discuss and work through relevant issues. The difficulty with this therapy again lies in communication; the process is powerful yet hinges upon the patients ability to communicate and engage which is commonly lacking in these particular individuals.

Flaws in psychoanalysis occur when the patient's health is compromised to a degree to impair her cognitive functioning, particularly in the case of anorexia

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[66] Johnson, C and Tobin, D and Dennis, AB. *Differences in treatment outcome between borderline and non-borderline bulimics at one year follow up.* In International Journal of Eating Disorders, John Wiley and Sons, Ltd., London, 1990, vol 9.
Steiger, H. *An Integrated Psychotherapy for Eating Disordered Patients*. In American Journal of Psychotherapy, John Wiley and Sons, Ltd., London, 1989, vol 43.
[67] Mountford, Victoria and Waller, Glenn. *Using Imagery in Cognitive Behavioural Treatment for Eating Disorders: Tackling the Restrictive Mode.* In International Journal of Eating Disorders, Wiley Periodicals Inc., London, 2006, vol 39, iss 7, p. 537.
[68] ibid., p. 537.

nervosa. At this point an intervention is required to bring her health to a standard where she is able to benefit from such a therapy and undergo the thought processes required. Behavioural treatments can also be compromised in this manner, where the patient simply does not have the energy or physical ability to keep the emotion diary or undergo cognitive reconstruction exercises. In such situations hospitalisation and monitoring is required (see Figure 4).[69]

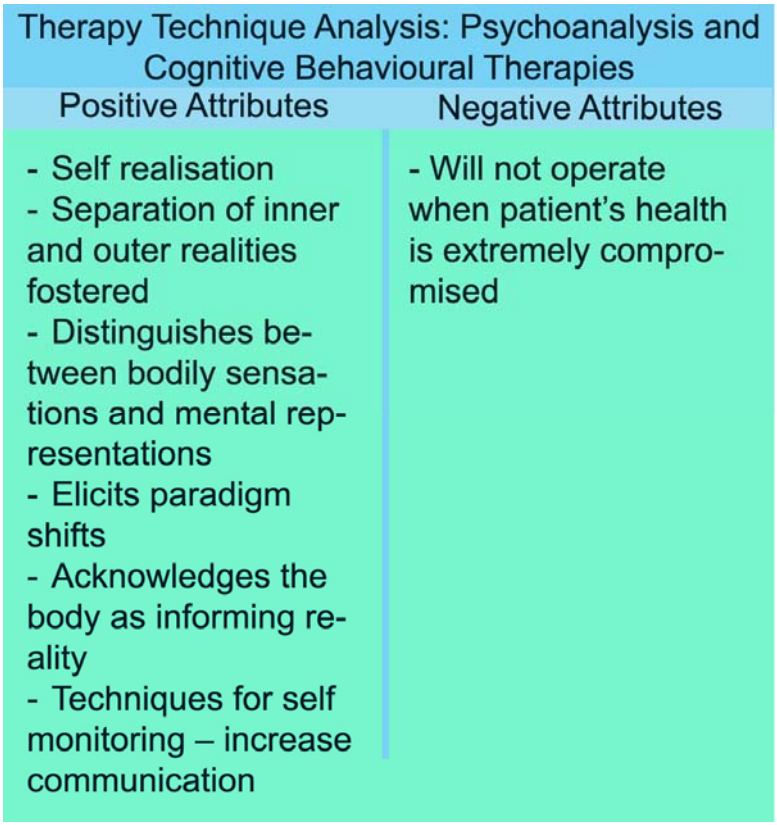

Figure 4

Analysis of Psychoanalysis and Cognitive Behavioural Technique

Source: Author's own image

[69] The architecture as therapy does not aim to treat such individuals. Those in need of interventions for their health, for example when the Body Mass Index is below 16 and impairing cognitive functioning, will require other healthcare measures within an in-patient hospital environment.

1.2.3 Pharmacological Treatments

Prescription of psychiatric medication may occur to quell depression or anxiety as a treatment method. This is not as common a method and it used only in extreme cases, hence for the purpose of this research it will not be focused upon.

1.2.4 Therapy Treatments in the Architecture as Therapy

As numbers of practitioners of self harm are increasing, it is pertinent to develop a therapy which explores a differing avenue; here the notion of architecture as therapy arises. Through words the therapist aims to "create a space in which absence and emptiness can be thought about and symbolised, and a sense of self can begin to develop."[70–71] Here I propose that architecture enters the fore; what better way to create ideal spaces than through design, through architecture, through inhabitation as therapy? The architecture as therapy aligns with the therapy techniques of psychoanalysis and cognitive behavioural therapy due to their prevalence as effective therapy techniques and due to their relationship to situations and spaces; locations are described in the emotion diaries as triggers. Therefore, the importance of space is already seen in the therapy technique. To draw upon this and create spaces of positive emotional outcome, I propose, will only aid the therapy process.

The architecture as therapy explores an architecturalisation of psychoanalysis and of cognitive behavioural therapy, that is to say it utilises this process of firstly evoking a sense of calm and comfort (see Figure 5), challenging preconceived notions with regard to her condition and the body, provocation leading her to engagement and to development (see Figure 6), and finally release (see Figure 7), both from the architecture and from the control of the

[70] Winston, Anthony P. *Anorexia Nervosa and the Psychotherapy of Absence*. In British Journal of Psychotherapy, Wiley Periodicals Inc., London, 2009, vol 25, iss 1, p. 77.

[71] Yet, as has been established, talk therapies are often insignificant, inefficient, and leave many women bound with the ropes of their condition; "anorexia sufferers are so good at hiding their eating difficulties. They are also good at avoiding talking about the issues they are struggling with that drive the whole problem" (<http://hubpages/com/hub/overcoming-Anorexia> viewed on 12 March 2010.).

condition, the control of the cognitions.[72] The architecture thus aims to deconstruct preconceived notions as a thread of its therapy technique,[73] aligning with these existing therapy techniques.[74–75]

Figure 5

Private Pool Interior

Source: Author's own image

[72] This follows therapy models where the patient is both "relaxed and stimulated, reassured and invited to expand" (Venolia, Carol. *Healing Environments: Your Guide to Indoor Well-Being*. Celestial Arts, California, 1988, p. 7.).

[73] Self harm conditions may, in essence, lend themselves to this reformation of paradigms as via the practive of self arm the women are "taking control of and objectifying their own bodies in ways that transgress cultural norms" (Shaw, Sarah Naomi. *Shifting Conversations on Girls' and Women's Self Injury: An Analysis of the Clinical Literature in Historical Context*. In Feminism and Psychology, Sage Publications, United Kingdom, 2002, vol 12, iss 2, p. 206.).

[74] This process in the architecture as therapy is supplemented this with sensory engagement and fostering alternative communicative methods, growth of identity and fostering development of other facets of the self with are commonly lacking in practitioners of self harm, such a sexuality and awareness of self.

[75] The architecture as therapy will also operate as a day program treatment model. Day treatment programs for individuals diagnosed with self harm conditions are being developed and research suggests that these are effective (Gerlinghoff, Backmund and Frazen. *Education of a Day Treatment Program for Eating Disorders.* European Eating Disorders Review, Wiley Periodicals Inc., London, 1998, vol 6.). Hospitalisation is not a requirement for recovery (Le Grange, Daniel and Lock, James. *The Dearth of Psychological Treatment Studies for Anorexia Nervosa*. In International Journal of Eating Disorders, Wiley Periodicals Inc., London, 2005, vol 37, iss 2.) and hospitalisation can induce increased feelings of anxiety, stress, isolation and withdrawal in these particular patients which are detrimental to the treatment process.

Figure 6

Encouraged to Engage

Source: Author's own image

Figure 7

Release

Source: Author's own image

The inhabitants of the architecture as therapy are seen to align with a definition of the self and human subjectivity found in psychoanalytic theory and critique where there is an imagery structure of misrecognition and

illusion.[76] The architecture as therapy first examines the inner world of the individual self and increasingly progresses to relations between the self and other. This follows the development of psychoanalytic discourse from Freudian to post-Freudian theory. This allows the addressing of internal issues followed by the examination of interpersonal relationships that can distort psychic life, selfhood and gender. The architecture as therapy operates first to conceive autonomy "as the self which is emancipated from distorting unconscious passions"[77] as in classical psychoanalysis, where what used to be unconscious is reclaimed for individual control. Secondly, autonomy develops from the reconstruction of emotional links with the environment and the capacity to interact in this meaningful manner develops the autonomy of the self.[78] The remainder of this thesis explores across differing themes how the architecture as therapy proposed offers an alternative therapy to quell this dissatisfaction with conventional therapy techniques.

As will be further developed, communication is a key emerging theme in this architecture. Patients in therapy, particularly talk therapy, feel limited in the communicative methods they possess. Here architecture may provide an answer. Architecture has been correlated with language, where the vocabulary of the architecture is made up of codes used to communicate. "Both poetry and architecture convey, or give rise to, certain states of mind with their own systems of signs and symbols, each consisting of conscious and unconscious meanings, mental images, feelings, associations,

[76] Elliott, Anthony. *Psychoanalytic Theory: An Introduction*. Duke University Press, Durham, 2002.
[77] ibid., p 33.
[78] When patients spoke of wishing to recover from their conditions, studies show these constructs fell into four categories: sense of vitality, including spontaneity and energy; sense or autonomy, including self determination and new methods of mastery; sense of insight, including awareness and self knowledge; and negative consequences, including loss of future and physical costs (Nordbo, Ragnfrid HS and Gulliksen, Kjersti S and Espeset, Ester MS and Skarderud, Finn and Geller, Josie and Holte, Arne. *Expanding the Concept of Motivation to Change: The Content of Patient's Wish to Recover from Anorexia Nervosa*. In International Journal of Eating Disorders, John Wiley and Sons, Ltd., London, 2008, vol 41, iss 7.). All these facets are addressed through the architecture as therapy, particularly through the increasing empowerment and identity as a result of the developing performativity. This will be discussed further in this research.

flashbacks, sensory images, and psychological tensions."[79] Architecture is powerful as a tool for communication as it utilises "material forms and the immaterial spaces determined by the forms, and their mutual relationships"[80] in order to create the voice of architecture. However architecture has the power to extend beyond language as communication as it inspires though its own communicative aspects, and it explores deeper meanings through engagement: unique experiences are to be interpreted and the vast array of expressive qualities of both the architecture and the inhabitant extends far beyond the realm of words (see Figure 8).

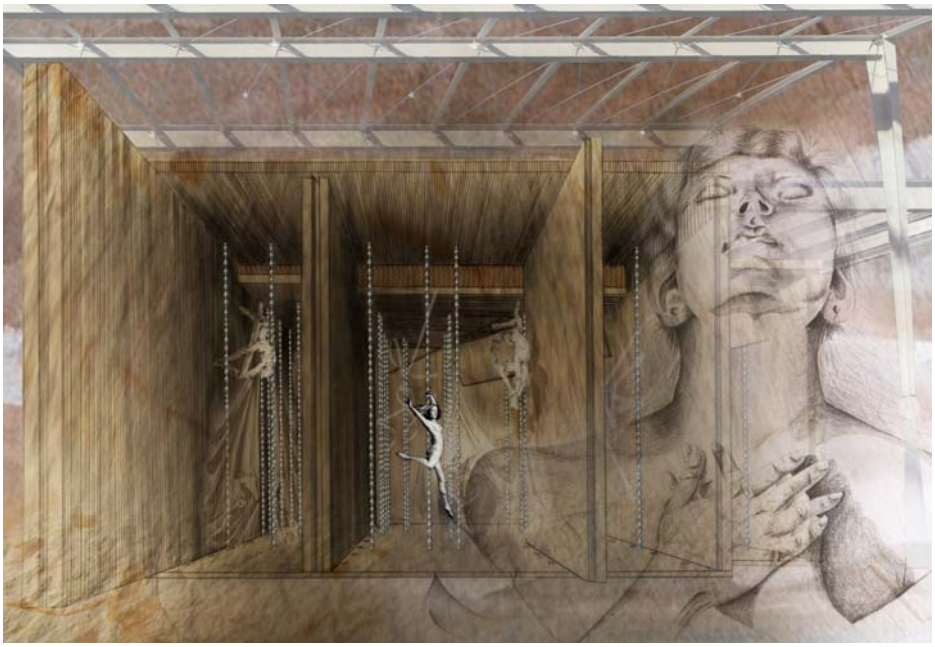

Figure 8
Expressive Experience
Source: Author's own image

"Architectural communication [in this manner] takes place simultaneously on several levels: at the level of collective cultural conventions and meanings; at the level of automatic, biologically determined behavioural reactions; at the level of subconscious memories and experiences; at the level of collective

[79] Palasmaa, Juhani. *Encounters: Architectural Essays*. Rakennusteito Oy, Finland, 1998, pp. 26-27.
[80] ibid., p. 27.

archetypes."[81] This architecture as therapy aims to harness the communicative potential of architecture as a voice for the inhabitant, creating a new therapy of expression and release through the interaction of body in space serving to craft communication where words have failed, where scars have failed. This is a process by which the inhabitant may begin to craft identity, to express herself and to become increasingly self aware and autonomous, fostering this identity development.[82] "Architecture is experienced through many simultaneous sensations, and its meaning is communicated through… [a] body language, not in… verbally articulated terms."[83]

The proposed architecture as therapy considers notions raised in several primary research interviews undertaken.[84] These interviews discussed several issues which need to be addressed in the design of the architecture. These are outlined in Figure 9.

[81] Palasmaa, Juhani. *Encounters: Architectural Essays*. Rakennusteito Oy, Finland, 1998, p. 27.
[82] As previously discussed in this research, practitioners of self harm commonly have an indeveloped identity, thus the development of identity becomes crucial in the therapy process. This theme of identity weaves through the architecture as therapy process and, in particular, is addressed by performativity, which will be further explored in this research.
[83] Palasmaa, op. cit., p. 29.
[84] For full interview transcripts, please see Appendix A.

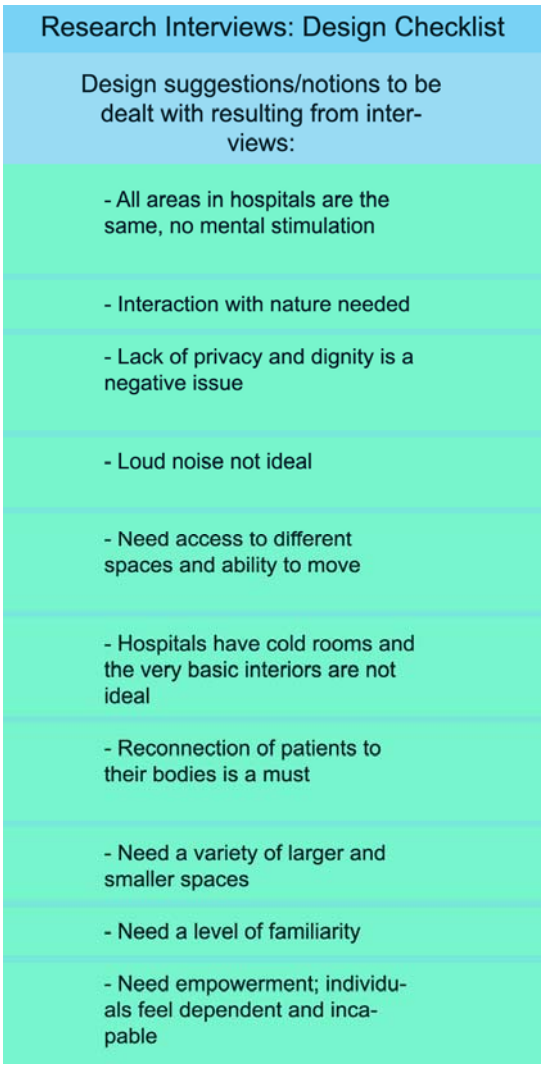

Figure 9

Research Interviews: Design Checklist

Source: Author's own image

1.2.5 Case Studies: Architecture as Therapy

The notion of a possible architecture as therapy is supported by existing case studies whose therapeutic and mood altering qualities are known and recognised.

Firstly, Daniel Libeskind, through his Jewish Museum, Berlin, evokes grief, reflection and healing through architectural intervention.[85] Dislocation, disorientation; these methods are employed by the architect in order to evoke

[85] This case study is utilised to illustrate further points throughout this thesis, exploring how the notions dealt with can be successfully explored through a single piece of architecture. During each occurrence of the case study being examined, a differing issue will be investigated and illustrated.

memory and grief themes and to influence occupant engagement to a strong degree. The occupant is thrust into illusionary, disconcerting spaces which visually, physically and mentally separate the occupant from the world outside the museum. This disruption of order, of the familiar and the known and the stable allows an instability to develop; new paradigms and thought processes are thus possible and instigate reflection upon the themes of memory and grief. Libeskind utilizes manipulation of architecture and atmosphere to generate unease and an unpleasant sensation which destabilizes the occupant (see Figure 10). This is further reinforced through the floor treatment for example (see Figure 11). "We trace the density and texture of the ground through our soles"[86]; however, when underfoot is unsteady, broken and difficult to traverse we have lost our stability, we feel exposed and vulnerable and the known is cast into doubt, into question. Here Libeskind manipulates sensory perception of architecture in order to deconstruct the familiar and with it constructs of architecture and of history, allowing new awareness to develop and the mind to be enriched. The materiality of his voids carving through the museum are also richly textured, allowing the gaze to penetrate the surface and enabling the occupant to "become convinced of the veracity of matter"[87] expressing age, history and reinforcing the notion of time, memory and grief. To consider and reflect is to begin to heal, to reconsider ideas and to craft from these a cure, to mend and repair is to restore.[88] This relates both to therapy and to psychoanalysis through the challenging of ideas and through the ability to heal. These qualities are derived from the architecture itself, in essence an architecture as therapy.

[86] Holl, Stephen and Palasmaa, Juhani and Perez-Gomez, Alberto. *Questions of Perception: Phenomenology in Architecture.* William Stout Publishers, San Francisco, 2006, p. 33.
[87] Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 8.
[88] For further analysis on Libeskind's Jewish Museum and its qualities related to therapy, please see Appendix C.

Figure 10

Destabilising Interior

Source:

http://www.michaelhoppengallery.com/files/734592fdde5f77f9bdf05c4f53cdd138.large.jpg

Figure 11

Floor Treatment

Source: http://www.mikaellykmadsen.dk/skyscrapercity/berlin/066.jpg

Secondly, Peter Zumthor's The Therme Vals, Switzerland, has been referred to as a "primal therapy"[89] so intensely healing and sensuous is the experience of bathing here.[90] This is due to the hot natural springs provided for therapeutic bathing which are "archaic and primary. It's also extremely sensuous."[91] The therapy occurs first by recessing the complex below ground, separating the inhabitant from the world outside and allowing an increased internalised focus (see Figure 12).

Figure 12

Therme Vals Interior

Source: http://www.nickkane.co.uk/images/photos_C/vals_web.jpg

Beyond the entry, there lies a softly sloping ramp down which every bather must progress, its nature serving to slow down "even the most ardent bather

[89] Ryan, Raymund. *Primal Therapy*. In The Architectural Review, London, 1997, vol 202, iss 1206, p. 42.

[90] As with Libeskind's Jewish Museum, Zumthor's Therme Vals is a case study utilised to illustrate further points throughout this thesis, exploring how the notions dealt with can be successfully explored through a single piece of architecture. During each occurrence of the case study being examined, a differing issue will be investigated and illustrated.

[91] Ryan, op. cit., p. 42.

in a ritual of shifting geometries…it is an intense, almost primal pleasure."[92] The slowing of pace results in relaxation; a calming and mood altering effect transpiring directly from the architectural design. The architecture imbues sensory richness which enhances bliss and delight and is therapeutic for these qualities.[93]

1. 3. Healthcare Dissatisfaction

Alongside the poor success of conventional therapy techniques used to treat self harm, there is increasing dissatisfaction with the architecture of behavioural healthcare facilities, a further reason to explore an architecture as therapy. These facilities are utilised to treat individuals suffering self harm conditions and are where the therapies employed commonly take place. This is "architecture work that looks good on paper and in print but does little to improve patient outcomes."[94] These facilities are often based on "weak or poorly designed research"[95] and thus fail to meet the needs of patients or contribute constructively to the therapy process. The design of these facilities has progressed little in recent years in terms of the manner in which they align with developments in behavioural healthcare practice; the architecture is dated and needs a fresh new approach which is diverse and dynamically different. These "existing facilities have become costly to maintain, are technologically outdated and do not provide a built environment that has kept pace with the current standard of care for the safe delivery of mental health services."[96] This is true here in New Zealand also, where psychotherapist Lucy Treadwell describes facilities as "revolting… unsafe, it was yuck, really yuck." [97] Further, the ward rooms are "bare…, not all that welcoming, there's a shortage of beds, and you now have wards that are pretty miserable really."[98] Here the architecture at the centre of this research, this architecture

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[92] Ryan, Raymund. *Primal Therapy*. In The Architectural Review, London, 1997, vol 202, iss 1206, p. 50.
[93] For two further case studies examining the potential of an architecture as therapy, please see Appendix C.
[94] Sine, David M. *Following the Evidence toward Better Design*. In Behavioural Healthcare, Vendome, Cleveland, 2009, vol 29, iss 7, p. 45.
[95] ibid., p. 45.
[96] ibid., p. 45.
[97] Treadwell, Lucy. Personal Communication. 26th July, 2010.
[98] ibid.

as therapy demonstrates its true potential; this architecture is very different in its approach to therapy where inhabitation of space, engagement and bodily awareness are the catalysts to healing, to autonomy and to identity formation.[99]

Healthcare facilities have continued to exhibit poor design and poor execution serving to hinder the healing of the inhabitants.[100] Architect Tony Fretton, designer of Vassal Road Housing and Healthcare Centre, London, was in fact "embarrassed about the fit-out of the doctor's surgery"[101] and further, the other parties involved in the design hindered the project and "made such a hash of it. It is indeed, a shame, not least because there is a general attitude to 'make do' rather than 'make well' in the UK's [healthcare facilities]."[102] Is it no wonder then that the architecture of mental health clinics is failing those who need it most? Fretton responds, "as an architect, you have to take a businesslike approach. You have to be concerned with financial success and profit."[103]

There are two emerging themes across the dissatisfaction with healthcare facilities and their design; stress and the nature of spaces (see Figure 13). Research has linked poor design of mental health care facilities to stress, elevated blood pressure, anxiety and delirium.[104] However, this may be alleviated by design, in particular increased control over the environment by the inhabitant.[105] "A sense of control with respect to physical-social

[99] These notions will be further explored in subsequent sections in this research.
[100] Gesler, Wil and Bell, Morag and Curtis, Sarah and Hubbard, Phil and Francis, Susan. *Therapy by Design: Evaluating the UK Hospital Building Program.* In Health and Place, Elsevier, Amsterdam, 2004, vol 10, iss 2, pp.117-128.
[101] Littlefield, David. *Vassal Road Housing and Healthcare Centre, Brixton, London*. In AD, John Wiley and Sons, Ltd., London, 2009, vol 79, p. 11.
[102] ibid., p. 11.
[103] ibid., p. 11.
[104] Stress is a predominant factor inhibiting wellness and healing, thus the healthcare environment must aim to mitigate this stress. Stress negatively affects therapy in a number of ways. Psychologically, stress can manifest "in a sense of helplessness, and feelings of anxiety and depression" (Marberry, Sara O. (Ed.). *Innovations in Healthcare Design*. Van Nostrand Reinhold, United States of America, 1995, p. 89.). Physiologically, stress raises blood pressure levels and decreases immunity. Behaviourally, stress can induce social withdrawal, passivity and an inability to sleep; this adversely affects wellness and therapy.
[105] The notion of positive distractions is presented in proposed ideal healthcare design. This relates to sensory deprivation, also understood as a "lack of positive environmental distractions" (Roger, S. *How Design Impacts Wellness*. In Healthcare Forum Journal,

surroundings is an important influence on stress and health."[106] In current healthcare facilities this lack of control and autonomy "is a major pervasive problem and increases stress and adversely affects wellness."[107] Inflexible spaces over a period of time can "cause anxiety and a sense of helplessness."[108–109]

Professors Ulrich and Zimring of Georgia Technical University outline several recommendations for healthcare facility design when dealing with mental health conditions. They strongly recommend individual rooms for patients which are able to be adjusted and customised to their needs.[110] This "enhances patient privacy [and] lower[s] stress of patients and their families."[111–112]

ABI/INFORM Global, 1992, vol 35, iss 5, p. 23.). In a design which enables these positive environmental distractions introduces elements which "produce positive feelings, effortlessly hold[ing] attention and interest, and therefore may block or reduce worrisome thoughts" (Roger, S. *How Design Impacts Wellness*. In Healthcare Forum Journal, ABI/INFORM Global, 1992, vol 35, iss 5, p. 23.).

[106] Roger, S. *How Design Impacts Wellness*. In Healthcare Forum Journal, ABI/INFORM Global, 1992, vol 35, iss 5, p. 23.

[107] ibid., p. 23.

[108] Rollins, Judy A. *Evidence-Based Hospital Design Improves Healthcare Outcomes for Patients, Families and Staff.* In Pediatric Nursing, Careers and Technical Education, 2004, vol 30, iss 4, p. 338.

[109] These spaces do not address dynamicism or notions of autonomy which is frustrating for the inhabitants. The poor health of hospitals, explains Laurence Nield, architects and professor at the University of Sydney, Australia, is characterised by symptoms such as walls getting in the way, and the hospitals are static rather than dynamic. This wall dependency "means the facility is hard to change… over-particularisation of hospitals often reflects a snapshot of user requirements" (Prasad, Sunand (Ed.). *Changing Hospital Architecture*. RIBA Enterprises Ltd., London, 2008, p. 255.). A grid structure is a predominant feature in hospital design, yet the gridlines "are structuring and controlling" (Prasad, Sunand (Ed.). *Changing Hospital Architecture*. RIBA Enterprises Ltd., London, 2008, p. 260.) creating monotonous and repetitive architecture which does not inspire, entice or heal.

[110] This notion is supported by Shane Graham, Chairman of the Finance and Audit Committee, Nelson and Bays Public Health Organisation, who explains that "there is a real clinical approach to hospitals, they've got a sterile, formal persona and the areas are the same. You start looking at the walls very regularly when that's all you have to look at" (Graham, Shane. Personal Communication. 2nd July, 2010). Further, he notes that "you get stressed because you want independence but there is a lack of it." For full interview transcripts and research methodology please see Appendix A.

[111] Rollins, op. cit., p. 338.

[112] Varieties in tactility and materiality are shown to "relieve stress and promote satisfaction" (Rollins, Judy A. *Evidence-Based Hospital Design Improves Healthcare Outcomes for Patients, Families and Staff.* In Pediatric Nursing, Careers and Technical Education, 2004, vol 30, iss 4, p. 339.) and views to nature or to water "can effectively reduce stress and alleviate pain through pleasant distraction" (Rollins, Judy A. *Evidence-Based Hospital Design Improves Healthcare Outcomes for Patients, Families and Staff.* In Pediatric Nursing, Careers and Technical Education, 2004, vol 30, iss 4, p. 339.). Patients who are actively stressed and who are then "exposed to 'serene' pictures (primarily displaying water or other

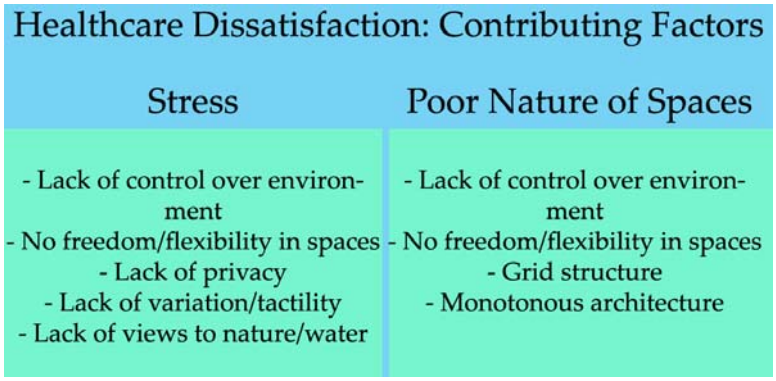

Figure 13

Factors Contributing to Stress and the Poor Nature of Spaces

Source: Author's own image

Failures in most healthcare spaces are widely acknowledged. However, there are, in contrast, some examples of architectural projects which have closely considered their inhabitants and their needs in order to heal and to grow. Professionals are beginning to realise that "design is an integral component to the delivery of care."[113] Some architectural projects within the healthcare envelope are beginning to understand the potential of architecture as contributing to therapy. These case studies are explored below.

1.3.1 Case Studies:

Case Study 1: Topeka State Hospital Redevelopment: Spatial Interaction and Identity

A conference in Salt Lake City, Utah, embarked in a project entitled *Architectural Modification to meet Functional Change* undertaken at Topeka State Hospital. This employs the notion of therapeutic settings, where the living and working areas for the new inhabitants are "shielded from the distractions and complex stimuli"[114] of the areas for the more integrated patients. This allows a transformation over time where the inhabitant may be calmed and comforted before being stimulated and engaged. The spaces are

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nature scenes) have lower blood pressure that patients exposed to either 'exciting' pictures or to no pictures" (Roger, S. *How Design Impacts Wellness*. In Healthcare Forum Journal, ABI/INFORM Global, 1992, vol 35, iss 5, p. 20.).

[113] Tetlow, Karin. *Designing for Health*. In Interiors, Career and Technical Education, 1994, vol 153, iss 10, p. 57.

[114] Good, Lawrence K and Seigel, Saul M and Bay, Alfred Paul. *Therapy by Design*. Charles C Thomas Publisher, Illinois, 1965, p. 21.

small in nature and intimate; they may be increasingly personalised by patients to begin the process of identity formation. This is carried out through portable equipment and furnishings, and materials and lighting which are changeable, encouraging involvement. In areas where stimuli is to be controlled ceilings, walls, doors, projections and window mullions are painted a neutral colour and will not draw attention to detail, form and pattern. Equipment is hidden from sight so as not to distract. Furniture is increasingly moveable but the shapes creates can only be rectilinear due to the space constraints. Although this case study carefully outlines architecture acting in parallel to increasing identity, the area of least stimuli seems to be stagnant and monotonous. I propose that this is not the ideal environment to introduce new patients; as research has discovered, patients will not feel comforted in this homogenous, sparse, detail-lacking space. It is uniform and somewhat institutional, and exudes a cleanliness which dictates tightly controlled behaviour. I propose this will be met with trepidation and anxiety; the inhabitant cannot relax here. This notion of the progression of treatment will be extended into the architecture as therapy, but the homogenous spaces at entry will not; rather sensory engagement catered to calm and comfort these particular inhabitants is desirable.

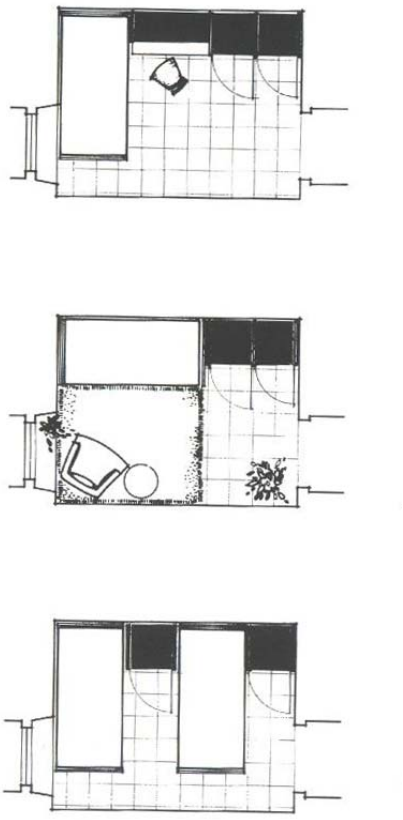

Figure 14

Possible Bedroom Layouts

Source: Good, Lawrence K and Seigel, Saul M and Bay, Alfred Paul. Therapy by Design*. Charles C Thomas Publisher, Illinois, 1965, p 36.*

The bedrooms of this facility are increasingly changeable yet are modular, rectilinear, and do not evoke a wide breadth of creativity or freedom (see Figure 14). The flexibility which is described is limited and suggests that a depth of identity cannot be achieved in the mere arranging of rectilinear furniture within a prescribed box. Where a "generous, open design and sensory appeal creates a distinctive healing environment"[115] this case study falls short of therapeutic.[116]

[115] The American Institute of Architects. *Health Facilities Review 2003-2004*. Images Publishing Group, Ltd., Australia, 2004, p. 146.

[116] Again, the architecture of therapy will build upon the principle of changeable spaces, extending the ability to control and manipulate the spaces within the architecture in order to explore creativity, autonomy and identity to a greater degree.

Case Study 2: Rogers Memorial Hospital: Interaction in Therapy

The Rogers Memorial Hospital in Oconomowoc, Wisconsin,[117] offers activities for inpatient hospitalisation including a ropes and challenge course, an art studio, indoor climbing as well as access to canoeing, camping, caving and fishing.[118] These activities enabled by the centre and its architecture form part of the 'adventure based therapy' utilised, which encompasses hands on learning that "creates insight and reinforces psycho education,… build[s] coping skills in communication, cooperation and problem solving."[119] The patients are provided experiences in art and recreation therapy which utilises this unique therapeutic style[120] "as a catalyst for inner change and stabilisation."[121] The patients engage in creating artwork, confidence courses or similar 'adventure experiences' and subsequently "transfer this new awareness and understanding into daily living skills such as communication."[122]

However, it has been noted that twenty percent of patients[123] respond with increased anxiety levels to the change in environment and shift in location. The architecture of Rogers Memorial Hospital could further support the therapy techniques employed to enhance this already effective and proven method in such a manner so as to remove anxiety due to changing environments. To introduce these experiences in the environment which is occupied and familiar[124] would cement the success of the therapy techniques.[125]

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[117] This center has several inpatient hospitalisation facilities including The Child Centre, The Child and Adolescent Center, The Herrington Recovery Center, The Eating Disorder Center and a day treatment facility, The Obsessive and Compulsive Disorder Center (<http://www.rogerseatingdisorders.org> viewed on 20 October 2010).

[118] <http://www.rogershospital.org> viewed on 20 October 2010.

[119] <http://rogerscec.org/2009/09/03> viewed on 20 October 2010.

[120] This style of therapy falls within cognitive behavioural therapy as a treatment for eating disorders and self harm. Rogers Memorial Hospital offers treatment through cognitive behavioural therapy as its chosen therapy method, which reduces anxiety by identifying and "ultimately correct[ing] errors in thinking" (<http://rogershospital.org/monroe/content/what-cognitive-behaviour-therapy> viewed on 20 October 2010.). This aligns very closely with the architecture as therapy in its aim of shifting paradigms and reasserting new thought processes.

[121] <http://rogerscec.org/2009/09/03> viewed on 20 October 2010.

[122] ibid.

[123] <http://rogershospital.org> viewed on 20 October 2010.

[124] Research suggests that individuals who suffer self harm or anorexia nervosa conditions respond with increased anxiety levels when they are forced to relinquish control or are

1. 4. Conclusion

Shortcomings of the current therapy techniques and facilities aiming to treat individuals with self harm conditions have been outlined in this section. As numbers of individuals who self harm increase, it is pertinent to examine and to develop alternate means of therapy to provide relief to these often lifelong struggles with such conditions. The architecture as therapy aligns with the existing psychoanalysis therapy technique, applying these principles in an architectural therapeutic environment. The architecture is not merely a housing of therapy but is a tool for therapy itself. The means by which the architecture as therapy aims to offer this therapy and this healing are explored in the following section *Architecture as Therapy: Introducing Techniques to Create Therapy.*

subjected to the unfamiliar in a manner which is sudden, abrupt and unexpected. Change is more effective if introduced at the progress of the individual (Bruch, H. *The Golden Cage: The Enigma of Anorexia Nervosa*. Harvard University Press, Massachusetts, 1978, pp. 143-144.).

[125] For further case studies examining architectural projects which seek to rectify the current dissatisfaction with healthcare facilities, please see Appendix D. This appendix also outlines design suggestions for the architecture as therapy as resulting from these analysed case studies.

Section 2: The Platform

Architecture as Therapy: Introducing Techniques to Create Therapy

"But if I started again, I wouldn't be able to stop. I'd held off now for five years but just didn't know what to do. I didn't want to live this way anymore. I couldn't. I just wanted them to stop and, apparently, was prepared to do whatever was necessary to make that happen..."[126]

This section of research introduces the means utilised to evoke a healing in the architecture as therapy and why these methods are more appropriate and relevant than conventional therapies in light of the discussion on therapy techniques in the previous section. The theme of beauty and ugliness is first introduced and is prevalent throughout this research and explored as a vehicle to heal. The notion of the senses is introduced second and the role of the senses in the therapy process. Following this the notion of performativity is introduced and how this is employed to evoke self awareness and paradigm shifts. Each of these central themes is explored further in this research in their own respective sections: *Beauty and Ugliness: Stimulus for Architecture*; *Senses and the Body: The Waters that Heal*; and *Performer: The Beauty of the Stage.* Finally, the notions of communication, identity and sexuality are

[126] Leatham, Victoria. *Bloodletting: A Memoir of Secrets, Self-harm and Survival*. Allen and Unwin, Australia, 2004, p. 158.

explored as prevalent themes woven throughout this research. Each theme is addressed by presenting the relevant theory and weaving into this the application in the architecture as therapy. Although a broad extent of research is presented here, each holds a very important role in the proposed architecture as therapy and its therapy process, as will be explored.

The notion of an architecture as therapy has been developed through the dissatisfaction in current healthcare practices and therapy techniques and the need to address communication and identity issues which are prevalent in these practitioners of self harm. Architecture has the power to explore communicative methods, sensory manipulation, beauty and ugliness notions and performativity in order to create healing. As previously introduced, the architecture as therapy employs three process to elicit therapy, operating on differing levels. The first thread is the notion of the transformation of ugliness to beauty, and is linked to a shift in paradigms as achieved through manipulations of the senses and through deconstructing boundaries and preconceived notions within architecture through performative engagement. The second thread, the development of identity and the self, and in turn beauty, is also achieved through performativity and engagement. The third, the development of communication, identity and sexuality which is commonly absent in practitioners of self harm, is also developed through performativity. These individual notions are explored below.[127] Ultimately this thesis offers a new and alternative therapy process, deviating from conventional therapy techniques to provide a style of therapy to combat the dissatisfaction which is prevalent. This architecture as therapy can be viewed as a conceptual experiment, one which aims to push boundaries, to challenge, to deconstruct paradigms with regard to therapy processes and healthcare facilities. The architecture inhabits the labyrinthine realm of the mind and as such has been represented in a manner where the conceptual ideas and relationships to psychoanalysis are brought to the fore.

[127] Each thread, as enabled by architectural means, aligns closely with the concept of psychoanalysis and reviewing preconceived cognitions. Here psychoanalysis is architecturalised through the architecture as therapy.

Architecture as therapy has the potential to be efficient and effective through architectures power to alter mood,[128] to explore sensory perception and to explore notions of the body, its capabilities, its form, its awareness, in a participatory and performative manner, which in turn assists in identity making. This allows the body to 'talk' freed from mere verbal communication, which was ineffective. Emotions may be explored through the body, allowing these inhabitants a new voice which they did not previously possess; to express and to confide in the architecture through the body rather than through words allows a potent communication to unfold, one that is both rewarding and enriching for the inhabitant as well as elevating, as it also allows a reconnection with the body and a re-appreciation of the body, which talk therapies aimed to achieve yet could not. Architecture can alter mood through the manipulation of atmosphere, light and dark, through interior qualities which can be aligned specifically to influence these inhabitants.

2. 1. Ugliness and Beauty

The transformation of ugliness to beauty is a potent and central theme in this architecture as therapy. The architecture explores this idea that "the capacity to experience beauty takes different forms at distinct points in development and is psycho analytic treatments,"[129] thus the architecture is a journey of transformation from beauty to ugliness; this does not occur at a specific point but rather is spread across the journey through the architecture as a whole, mirroring the development of the inhabitant and each stage of their healing where they may realise a little more of beauty.

> For the patient… experiencing beauty's full effect required responding to the call toward emotional life, surrendering to the surprise and the unknown, and letting go of the mind's struggle to find meaning and

[128] This ability is demonstrated through the case studies of the Jewish Museum and The Therme Vals presented in Section 1.

[129] Sweetnam, Annie. *Are you a woman or a flower?: the capacity to experience beauty.* In International Journal of Psychoanalysis, Wiley Periodicals, Inc., London, 2007, vol 88, iss 6, p. 1491.

> opening up to transforming and being transformed through sensory experience.[130]

Annie Sweetnam of the Psychoanalytic Institute of Northern California identifies three experiential qualities of beauty which contribute to its emotionally transformative power. "First, responsiveness to the call of beauty, the call towards life and emotional truth; second, toleration of the surprise and the unknown as beauty often comes unbidden and in unexpected form; and third, surrender to the sensory pull."[131] The proposed architecture as therapy aims to harness these three qualities, firstly by stimulating the call of beauty by curiosity in the interior form, after all "the draw of beauty is the draw to know more, it arouses curiosity"[132]; secondly the ugliness is explored, through ruptured, dismembered forms, to surprise and to provoke reaction, aiming to shift perception and herald these notions as constituents of beauty; and thirdly, through harnessing sensorial experience and performativity in manipulation of architectural space to stimulate the senses and the body.

> We allow beauty to change us as we overcome something difficult; it is only in the process of that change that we fully experience beauty's effects. Being changed by beauty requires sustaining the call, tolerating the surprise, and yielding to its deeply sensory nature such that perception, *literally* changes.[133]

As the inhabitant of the architecture as therapy begins to perceive beauty, to understand beauty in the architecture and in themselves, "beauty [arises] in the process of psychic change itself. The capacity to create beauty is the ability to 'see differently,' to create something extraordinary… this was a capacity to be drawn into life and to transform it at the same time, to find

[130] Sweetnam, Annie. *Are you a woman or a flower?: the capacity to experience beauty.* In International Journal of Psychoanalysis, Wiley Periodicals, Inc., London, 2007, vol 88, iss 6, p. 1491.
[131] ibid., p. 1492.
[132] ibid., p. 1495.
[133] ibid., pp. 1495-1496.

something beautiful in the world that is waiting there to be found."[134] This demonstrates the realisation of beauty from ugliness as fostered by the architecture; when the inhabitant finds surprise, delight and beauty in the ragged and tortured architectural form they too find beauty in themselves. They embrace the architecture; engage with it, together united in beauty.

Self harm behaviour is about "being delivered from what torments."[135] Yet what if this which torments requires not delivery from, but drawing to, removing the distance and truly considering the ugly, the tormented soul, the fragmented body and the desires to cut, to pillage, to starve. This is confronting the ugliness, everything this notion represents and everything that is repressed. If then, a beauty, an allure and a charm may be found in these murky, tortured depths, this beauty is a far more powerful, more captivating and potent beauty, the most intense and compelling beauty which can be realised. This is the process of the architecture as therapy, to confront the demons and offer the tools to understand them, to explore them and to find beauty in them.

2. 2. Senses

These individuals inhabiting the architecture as therapy are controlling; they are precise in their manipulation of the body and themselves; anorexia weighs her food and herself, measures incrementally any changes in her body and her environment; self harm measures her wounds, knowing just the right amount of pressure to go deeper next time, to draw forth more blood next time. These individuals are obsessive, thus they are at a heightened state of anxiety and alertness; this is not a clear state of mind, rather one which is totally absorbed with its own logic and processes. These individuals enact their self harm in secret; wrought with the shame of their conditions, their own doing, yet also wrought with the chronic compulsiveness of the condition, they reside in seclusion, take comfort in darkness. The architecture has the power

[134] Sweetnam, Annie. *Are you a woman or a flower?: the capacity to experience beauty.* In International Journal of Psychoanalysis, Wiley Periodicals, Inc., London, 2007, vol 88, iss 6, p. 1499.
[135] Straker, Gillian. *Signing with a Scar: Understanding Self Harm*. In Psychoanalytic Dialogues, The Analytic Press, Inc., Hillsdale, 2006, vol 16, iss 1, p. 104.

to create atmospheric and spatial conditions to quell the anxiety and unease,[136] the distrust of these individuals, in order to allow therapy to penetrate the psyche, to allow paradigms to shift. Through creating a tranquillity and serenity of space, catered to these individuals, clarity of mind may be fostered and compulsions eased, to allow perceptions to shift and the psyche to develop, to allow therapy to ensue.[137]

The practitioners of self harm have a heightened awareness of the senses due to their close attention to the body and due to their increased alertness stemming from the constant vigilance of their conditions, the constant desire for secrecy and the constant awareness of their environment; these individuals as well as those with mania often have this increased sensorial experience.[138] They are particularly aware of their own bodies; anorexia is aware of its weight, its feel, its dimensions, self harm is aware of the body's pain, this sensation is craved, each pressure on the body is made into a desire for a blade, a knife, a burning ember. Through this heightened awareness of the senses I propose that architecture is a powerful tool for therapy through its ability to stimulate sensorial experience and manipulate the senses in particular ways, with particular skill and proficiency.[139] Thus through architecture, the senses may be stimulated to offer the stimulation these inhabitants crave, separate from self harm, whilst also comforting in the desired manner and fulfilling the needs of the inhabitants through architecture rather than through self harm. The potential for bodily engagement that

[136] This is discussed further in the case studies presented in Section 1 of this research.

[137] Further, as Shane Graham, Chairman of the Finance and Audit Committee, Nelson and Bays Public Health Organisation, notes, "People get desperate when they can't move, they get sensorially deprived – a gust of wind becomes desirable and enriching. Value is added to the hospital when people feel better. We need to provide art and architectural features, you know, to make it more conducive to being a place of healing, not just a bed on a slab" (Graham, Shane. Personal Communication. 2nd July, 2010.).

[138] Sensory experiences dominates in the individuals who practice self harm; self harm behaviours explore an understanding of the self by "generating a sense of boundedness by creating sensation on the skin and thus boundaries between inside and outside that allow feeling" (Straker, Gillian. *Signing with a Scar: Understanding Self Harm*. In Psychoanalytic Dialogues, The Analytic Press, Inc., Hillsdale, 2006, vol 16, iss 1, p. 102.). The cutting, the scars and wounds, give a sensorial affirmation confirming the self and existence as this sensory stimulation is not occurring for her in other ways, so disengaged is she by her own self harm in a fruitless circle of desire, compulsion and affirmation.

[139] This is demonstrated in the case study of Zumthor's Therme Vals as examined in Section 1.

architecture offers allows this therapy to take place, allows the inhabitant to first be calmed, to then be fulfilled, opened to new thought processes and finally to be liberated. Spatial constructs have a potent potential to influence these particular individuals due to their heightened sensorial attributes, due to their need for seclusion and due to their awareness of body which may be harnessed to celebrate the body and its promise, to celebrate the body and its beauty.[140]

A small area of research exists which suggests that employing sensory manipulation in architecture to elicit desired mood shifts is fruitless (see Figure 15). This is due to the notion that different groups within society will respond differently to stimulation[141] and architects often privilege the sense of vision over others[142] in order to affect, which does not encompass the range of sensorial experience necessary to alter mood and perception. Further, architects aim to influence society "through looks"[143] alone. In the architecture as therapy however, these notions will be mitigated. The sensorial experience is catered to these particular individuals; research suggests that the practitioners of self harm respond to stimulation in ways common to themselves yet in a different manner than those who do not self

[140] Architecture as therapy is a notion made possible as "through architecture, life may be embraced more fully, more passionately, more intelligently and more compassionately. And in knowing life's full embrace, we might learn both its depths and its limits. Maybe then we will see beyond the visible" (Kirke, Philip James. *The Architecture of Perception*. Friend Books, Australia, 2006, p. 16.).
New perception is the manifestation of a reality beyond the senses, yet dependant upon the senses, dependant upon reality. "The Perception is a thing made by the senses and the mind… it is connected to it [reality] and the perception therefore is an integral part of a total single reality" (Kirke, Philip James. *The Architecture of Perception*. Friend Books, Australia, 2006, p. 48.). The architecture evokes a shift of perception, through psychoanalysis as aided through the senses; herein lies its power as therapy. The architecture, it might be argued, transforms ugliness to beauty through the understanding that bodies of ugliness "share none of beauty's uniquely reproductive qualities, but they nonetheless continue to produce reactions of awe and fascination, and tease with what is typically the elusive domain of the beautiful – the fleeting sublime" (Kirke, Philip James. *The Architecture of Perception*. Friend Books, Australia, 2006, p. 48.). If ugliness is regarded as such, with this promise, then the exploration of its unique and individual qualities can only lead to a true and potent beauty.
[141] Kosofsky, Sedgwick and Franck, Adam. *Touching feeling: affect, pedagogy, performativity*. Duke University Press, United States of America, 2004.
[142] Massumi, Brian. *Parables for the Virtual: movement, affect, sensation*. Duke University Press, United States of America, 2002.
[143] Gans, Herbert J. *Toward a Human Architecture: A Sociologist's View of the Profession*. In JAE, Blackwell Publishing, 1977, vol 31, no 2, pp. 26-31.

harm, due to their high sensation seeking nature.[144] A range of sensory manipulation is employed and vision alone is not privileged.

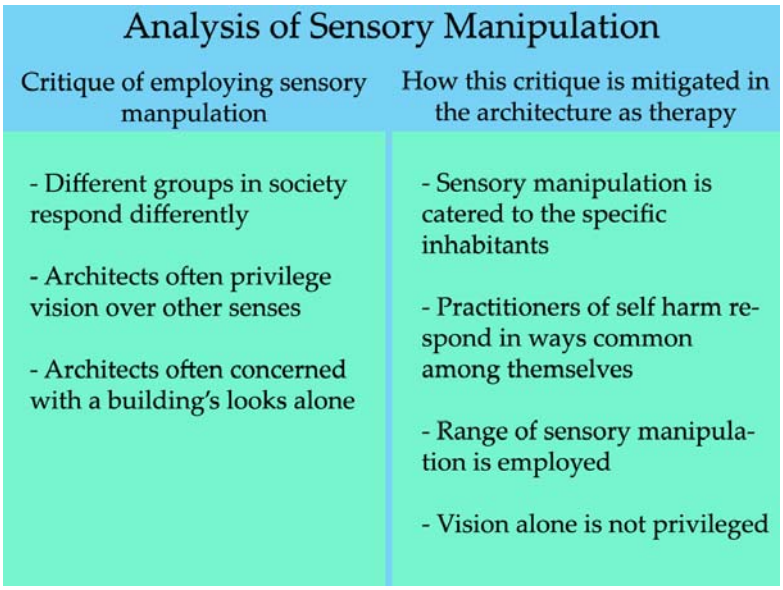

Figure 15

Analysis of Sensory Manipulation

Source: Author's own image

2. 3. Performativity

The notion of performance in architecture is one harnessed by the architecture as therapy; this consists of a process of how a new awareness of body and architecture might be explored through interaction, engagement and rewarding experience.[145] The architecture of performativity is defined for the scope of this thesis in such a way where the architecture is designed to elicit performance, to encourage interaction and engagement from the participants, developing architecture as a dynamic event. Performativity is the engagement in such an architecture as provided here by the architecture as therapy which enhances bodily awareness through dynamic and unusual action, through this performance.

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[144] Rossier, Valerie and Bolognini, Monique and Plancherel, Bernard and Halton, Olivier. *Sensation Seeking: A Personality Trait Characteristic of Adolescent Girls and Young Women with Eating Disorders?* In European Eating Disorders Review, Wiley Periodicals Inc., London, 2000, vol 8, iss 3.

[145] As Shane Graham notes, "you need to be able to move, to see movement, to access different spaces and experiences. You can't get better if you're frustrated all the time, if you're stressed" (Graham, Shane. Personal Communication. 2nd July, 2010.).

The architecture will allow for unforeseen events in a sense that is it moveable, not prescriptive. The architecture thus provides the backdrop, the 'props' to support an event and also highlight and transform the actions within it to such an extent that the observer becomes a participant. Architecture functioning in this manner has an autonomy which is capable of inviting and underscoring actions in such a way that the users of the spaces cannot help but participate and become a part of the performance.[146] The architecture thus recognises its power to create images and experience, and through this an increased awareness of image, of reality and of body might occur "inseparable from the event."[147] The architecture challenges spatial occupation through individual and collective performances that undermine normative behavior. The notion of inhabitable walls and deconstruction of boundary also become paramount through performativity in the architecture as therapy. This increases "possibility to move, make several interpretations, slide over or reposition limits,"[148] as by layers of building elements blurring boundaries and interacting with the body, through performance and engagement, norms and constructs are deconstructed. The architecture created is less determined, more supple and transformative, flexible. The notion of inhabitable walls stems from the idea that "walls provide a second container, after dress, for the body…the wrapping also constructs the identity of the inhabitant."[149] By allowing these new movements to occur and fostering engagement with architecture, new notions of identity, of autonomy, self awareness and self reflection can thus be developed, a rewarding experience for the inhabitant. Identity also relates to the development of

[146] "Performance influences the presence and behavior of the body within specific spaces and challenges the ''materialized project'' through the feedback of people interacting with it…It also challenges the repeatable mechanisms of representation that architects normally use to construct reality" (Hannah, Dorita and Khan, Omar. *Introduction: Performance/Architecture.* In JAE: Journal of Architectural Education, Blackwell Press, New Zealand, 2008, vol. 61, iss. 4, p. 5.). Architecture is "the very heart of society's real unreality," (Hartoonian, Gevork. *Crisis of the Object*: *The Architecture of Theatricality*. Routledge, Oxon, 2006, 40.) and due to this notion explores negations of preconceived notions through moveable elements. Altering the environment is an "opportunity to establish a new configuration of experience" (Hartoonian, Gevork. *Crisis of the Object*: *The Architecture of Theatricality*. Routledge, Oxon, 2006, p. 40.).

[147] Slemint, Melinda. *Architecture and Event*. Unpublished thesis, Victoria University of Wellington, Wellington, 1992, p. 19.

[148] Bonnevier, Katarina. *Behind a Straight Curtain*. Published Thesis, Axl Books, Stockholm, 2007, p. 22.

[149] ibid., p. 56.

sexuality, which will be further discussed in the section entitled *Performer: The Beauty of the Stage.*

2. 4. Communication, Identity and Sexuality

Three prevalent issues in practitioners of self harm which impedes the success of conventional therapies include the notions of communication, identity and sexuality. Communicative methods through the body are used, through harming oneself, and it is in this way that the individual seeks, although often fruitlessly, to develop identity. Sexuality is commonly repressed in practitioners of self harm; no longer evident these individuals cannot fully develop identity as their gender construct is ill-developed, prolonging the cycle of harming to develop identity. These three issues are discussed presenting both relevant research and consideration of architectural applications in the architecture as therapy.

2.4.1 Communication

This notion of the inability to communicate through words is a thread weaving throughout this architecture as therapy. This architecture explores expression via the body, freed from the limits of vocabulary, extending expression into wider dimensions and a new realm of engagement and articulation through performativity. These practitioners of self harm utilise their body to communicate and to vocalise when they themselves cannot; the architecture strives to provide this same bodily expression through an engagement which seeks to dispel the need for self injurious behaviour whilst also promoting a new awareness of body, of the self, of identity and the beauty in this body.[150]

[150] The notion of communication also relates closely to phenomenology and Merleau-Ponty's body-subject. "For the speaking subject, to express is to become aware of; he does not express just for others, but also to know himself what he intends" (Fisher, Alden L (Ed.). *The Essential Writings of Merleau-Ponty*. Harcourt, Brace and World, Inc., United States of America, 1969, p. 221.). To communicate is to clarify one's own thoughts as well as to convey to others; to be unable to communicate in therapy is detrimental to this process. Further, "language is the means by which the embodied agent can think reflectively about herself and the world" (Crossley, Nick. *The Politics of Subjectivity*. Avebury, England, 1994, p. 24.). This reflection and self awareness is of vital importance in the process of psychoanalysis and thus is encouraged by the architecture as therapy to best aid these particular individuals.

These practitioners of self harm feel that they cannot talk about their issues, their torment: "I couldn't talk about it. That was the option I was given. I was expected to do the talking and that was completely absurd. It was a pattern where you always just go ahead and hurt yourself instead of talking."[151] Further, these inhabitants do not feel their speech is worth vocalising, when it cannot express the depth of meaning that their bodies might carry: "the desire to hurt yourself is a there and then experience. Talking takes time. Speaking is very threatening, very uncomfortable. It is as though even if I did speak it wouldn't be relevant."[152] This is not merely a failure of words but a failure in the ability of words to convey the experience,[153] the spectrum of emotion or turmoil, a failure to "create shared mind states, to contain affect, and to affect others. Words are thus not felt to be 'touching.'"[154] For those who self harm it is understood that words forfeit their access to subjectivity and language fails in its promise to create shared understanding and meaning. These inhabitants feel alienated from those who find conventional verbal expression a satisfactory vehicle for communication as they themselves do not; "this speech is not experienced as satisfying."[155] For these inhabitants it is "felt necessary to mutilate, cut and truncate the body… to coerce the other into receiving a particular kind of communication."[156] This is the reason for the poor success of talk therapies, the most common technique employed to treat self harm. Here performativity as proposed for use in this architecture is shown to be both relevant and powerful; it allows communication to occur via the body, freed from mutilation. The body may signify to others, to the self, may express and serve as freedom and release. In this manner the "bodies of the performers"[157] resonate with "the bodies of their audiences."[158] This also explores self affirmation and engagement to develop identity. The inhabitant,

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[151] Straker, Gillian. *Signing with a Scar: Understanding Self Harm*. In Psychoanalytic Dialogues, The Analytic Press, Inc., Hillsdale, 2006, vol 16, iss 1, p. 96.
[152] ibid., p. 96.
[153] Further, "physical pain does not simply resist language but actively destroys it" (Scarry, Elaine. *The Body in Pain: the making and unmaking of the world.* Oxford University Press, New York, 1985, p. 4.).
[154] Straker, op. cit., p. 97.
[155] ibid., p. 99.
[156] ibid., p. 101.
[157] Pringle, P. *Spatial Pleasures*. In Space and Culture: International Journal of Social Spaces, Sage Publications, 2003, vol 6, iss 3, p. 141.
[158] ibid., p. 141.

"she needs some concrete affirmation… affirmation that can be felt only at the level of the body."[159] Here performativity allows a "way of organising inner life that strongly implicates the body"[160] which the inhabitant so desires. This is a function enabled by this architecture as therapy; "physical pain… when it at last finds a voice, begins to tell a story."[161–162]

2.4.2 Identity

Practitioners of self harm tend to have an undeveloped sense of identity; society has stripped them of this and their bodies do not give them the affirmation they desire through self harm, compelling though this practice is. "Confirmation of one's sense of being desirable"[163] is the key, where this self affirmation may continue to develop identities "invalidated by others."[164] This is closely aligned with the nature of communication of those who self harm. As "self and identity are abundantly social in nature,"[165] there occurs a breakdown in identity formation and understanding of the self when expression and communication cannot be adequately achieved. Self and identity are closely interlinked, where "identities are meaning dimensions for the self,"[166] however, neither may develop when communication cannot occur.

The practitioner of self harm turns to her body to communicate the depth of meaning she is trying to express, yet this is a process which is not fulfilling and gratifying, merely addictive and fruitless. This is a process which, though tirelessly pursued, is still an "interaction process lacking the benefit of mutual understanding."[167] It is these discordant conditions which "facilitate the persistence of invalidated identities insofar as criteria for validation are not

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[159] Straker, Gillian. *Signing with a Scar: Understanding Self Harm*. In Psychoanalytic Dialogues, The Analytic Press, Inc., Hillsdale, 2006, vol 16, iss 1, p. 102.
[160] ibid., p. 102.
[161] Scarry, Elaine. *The Body in Pain: the making and unmaking of the world.* Oxford University Press, New York, 1985, p. 3.
[162] For further analysis on communication and the practitioners of self harm, please see Appendix E.
[163] Haworth-Hoepper, Susan and Maines, David. *A Sociological Account of the Persistence of Invalidated Anorexic Identities.* In Symbolic Interaction, Society for the Study of Symbolic Interaction, California, 2005, vol 28, iss 1, p. 1.
[164] ibid., p. 1.
[165] ibid., p. 2.
[166] ibid., p. 2.
[167] ibid., p. 4.

consensually shared."[168] Here performativity as enabled by the architecture of therapy becomes significant; performativity operates to engage the body and allow expression via the body but adds depth and layers of meaning through the blurring of boundaries between architecture and body. In this manner expression is more diverse, greater possibilities for bodily engagement are possible, formulating a wider vocabulary for the inhabitant to utilise, to vocalise herself and to speak with her body. This is a rewarding and fulfilling experience for the inhabitant, which leads to identity production and a sense of self affirmation, leading to a concept of beauty. Exploring identity has the power to question previously held constructs of beauty and ugliness, and in turn offers the opportunity to re-evaluate them and to design new perceptions of beauty which are fulfilling and of depth, removed from the hollow and expected beauty of conformism. This process is one fostered in the architecture, and exemplified in this case study below, an analysis of the photography of Claude Cahun.

Case Study: Identity and Claude Cahun

"The figure twists its head towards the camera, offering a profile view of its face, haunting and lonely. Immediately, the body seems odd. The neck appears wrung like a cloth, as if the head has spun itself 360 degrees. From beneath the scooping collar of the shirt, a portion of scapula juts out and forms a thin vertical shadow that resembles cleavage. This strange perception is also heightened by the adjacent scapula, profiled to the right, which protrudes from the body to form a curved shape similar to that of a breast. Our gaze coasts back up to the shaved head, skull-like and cold… [the photograph] simultaneously exists in three perspectives – profile, back and front – and with an eye that is both concealed and seeing. Contradictions confuse the coherency of the figure's identity."[169]

[168] Haworth-Hoepper, Susan and Maines, David. *A Sociological Account of the Persistence of Invalidated Anorexic Identities.* In Symbolic Interaction, Society for the Study of Symbolic Interaction, California, 2005, vol 28, iss 1, p. 4.

[169] Topdjian, Carolyne. *Shape-Shifting Beauty: The Body, Gender and Subjectivity in the Photographs of Claude Cahun.* In Resources for Feminist Research, Proquest Social Sciences Journals, 2007, vol 32, iss 3/4, pp. 63-64.

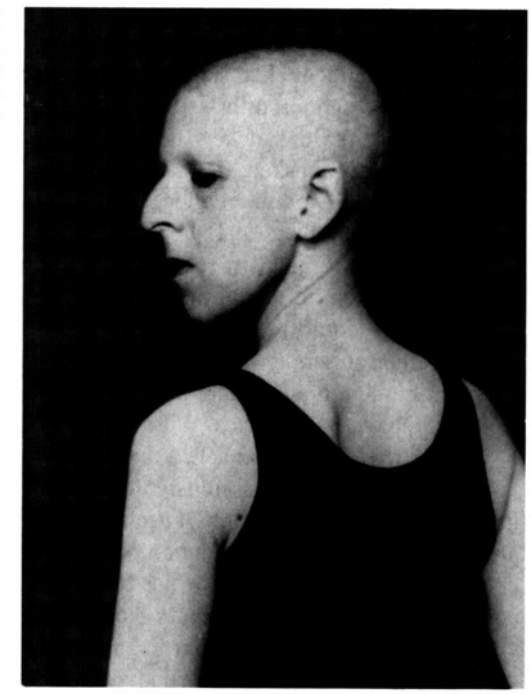

Figure 16

Claude Cahun 'Self Portrait'

Source: Topdjian, Carolyne. Shape-Shifting Beauty: The Body, Gender and Subjectivity in the Photographs of Claude Cahun*. In Resources for Feminist Research, Proquest Social Sciences Journals, 2007, vol 32, iss 3/4, pp 63-64.*

The above description depicts a self portrait by artist Claude Cahun (see Figure 16). She imbues a strong sense of ambiguity in her mysterious, unclear identity; the representations of this artist, this anorexic "challenge any assumed coherence of her gender, body and subjectivity."[170] By complicating these notions, Cahun makes ambiguous the perception of beauty. She harnesses this formation of identity production and the flow and flux of this process in order to open the mind to new possibilities, new awareness, new constructs of beauty. This architecture as therapy seeks the same ends, allowing the inhabitants to pursue identity and there to discover their own particular beauty.

[170] Topdjian, Carolyne*. Shape-Shifting Beauty: The Body, Gender and Subjectivity in the Photographs of Claude Cahun.* In Resources for Feminist Research, Proquest Social Sciences Journals, 2007, vol 32, iss 3/4, p. 64.

Cahun emphasises through her work a "post-beautiful body,… one that rejects the dominant cultural markers of norm and beauty"[171]; this is finding beauty in the unique, the diverse, the *ugly.* She utilises her body to both summon and escape traditional constructs of beauty and gender, challenging "the female body's mandatory ties to beauty. By expressing the not-ugly and not-beautiful, Cahun materialises a negative space in discourse – one that pulls away from the polarised notions of beauty and gender."[172] The beautiful is not removed from the images; rather it has been altered and questioned to comprise a new kind of aesthetic. Thus, traditional constructs of beauty are shown to be empty and hollow, whereas the alluring aesthetic which is 'not-beautiful' is revealed as the most compelling, the curious and captivating force drawing us in to its mysterious depths. Topdjian suggests that "beauty and gender are present in Cahun's artwork, but they exist in a void, a kind of mocking gesture made aware to the viewer: '*where – who – what is the beautiful woman?*'"[173] By experiencing these "depictions of discursive transitions and physical ambiguities, we may find ourselves deeply unsettled in our way of thinking about the beautiful body."[174] This is the function, too, of the architecture as therapy: to evoke a consideration of the body, of the 'not-beautiful' in order to disrupt previously held constructs and allow new perceptions of beauty and of identity to emerge and develop. This is a rewarding and fulfilling process for the inhabitant. Further, the architecture has the potential to influence society in this same manner, by exemplifying the beauty in the 'not-beautiful' and creating a more alluring, curious and compelling body of the female.[175]

2.4.3 Sexuality

Practitioners of self harm, both those with anorexia nervosa and those who self mutilate tend to have a repressed sexuality, which is closely aligned with bodily sensation and, when tapped, would open an entirely new arena of

[171] Topdjian, Carolyne*. Shape-Shifting Beauty: The Body, Gender and Subjectivity in the Photographs of Claude Cahun.* In Resources for Feminist Research, Proquest Social Sciences Journals, 2007, vol 32, iss 3/4, p. 64.
[172] ibid., p. 77.
[173] ibid., p. 78.
[174] ibid., p. 79.
[175] For further analysis on identity and the practitioners of self harm, please see Appendix E.

sensation and perception.[176] This explores the notion of absence,[177] as the "unconsciously repressed sexuality"[178] is absent, is regarded "as dangerous. This terrifying belief in her own destructiveness results in a retreat from fantasy and sensuality into an asexual…world."[179] Thus the architecture as therapy operates to introduce sensorial and tactile experiences which at once calm and entice the specific psyche of these inhabitants and, further, the architecture explores the body and delight in the body through increased performativity. The female body here is celebrated and the inhabitant may let go of her anxiety and repression to cultivate this newfound joy, this newfound beauty in the body and the self.

2. 5. Conclusion

It is pertinent to consider the possibility of architecture as a powerful tool to influence these particular practitioners of self harm. The architecture aims to enact a therapy by harnessing sensory engagement and performativity together with themes of beauty and ugliness in order to evoke a healing. Ugliness and beauty is pertinent to offer paradigm shifts, reassessment of preconceived notions and increasing self awareness and sense of beauty in the body and the self. Sensory engagement serves to create a receptive mind to therapy whilst serving to entice and provoke the inhabitant to engage. Performativity is powerful to imbue the architecture with a performance which the inhabitants cannot help but participate in; this performance is beneficial, enlightening, *healing*. Each of these notions is explored in depth and alongside architectural implications across the following three sections of research, beginning with *Ugliness and Beauty: Stimulus for Architecture*.

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[176] Sigmund Freud described anorexia nervosa as "a melancholy where there is undeveloped sexuality" (Freud, Sigmund. *Melancholia Extracts from the Fliess Papers*. The Hogarth Press, London, 1885, p. 111.). Further, he explains the "loss of appetite – in sexual terms, [as] the loss of libido. It would not be so bold, therefore, to start form the idea: melancholia consists in mourning over the loss of libido" (Masson, Jeffrey Mousaieff (Ed.). *The Complete Letters of Sigmund Freud to Wilhelm Fleiss 1887-1904.* Harvard University Press, Massachusetts, 1985, p. 99.).

[177] The notion of absence is discussed further in the section entitled *Ugliness and Beauty: Stimulus for Architecture.*

[178] Winston, Anthony P. *Anorexia Nervosa and the Psychotherapy of Absence*. In British Journal of Psychotherapy, Wiley Periodicals Inc., London, 2009, vol 25, iss 1, p. 79.

[179] ibid., p. 79.

Section 3: Focus 1
Ugliness and Beauty: Stimulus for Architecture

"At first I thought I could control the fantasies but they were beginning to take over… and sometimes, the desire was just too much…"[180]

The architecture as therapy aims to uncover a latent beauty which, without the self harm of the individuals in therapy, would not exist. Thus architecture uncovers the benefit, the promise of these conditions. Uniqueness and autonomy is fostered to an extent which cultivates a beauty to outstrip society's notions of a conformist, expected beauty. The architecture acting as therapy draws forth a more potent beauty from these wounds, from the individuality encouraged (see Figure 17). What was ugly is transformed, the emerging swan spreading her wings, the most beautiful of them all. This section of research examines the themes of ugliness and beauty, how each notion is traditionally understood in architecture and in society and how this architecture as therapy aims to deconstruct these preconceived notions and evoke a new and more powerful beauty, through ugliness. The transformation of ugliness to beauty is presented in several case studies which analyse methods to enact this transformation across disciplines. These case studies serve to present how this transformation is not only possible, it is powerful,

[180] Leatham, Victoria. *Bloodletting: A Memoir of Secrets, Self-harm and Survival*. Allen and Unwin, Australia, 2004, p. 29.

challenging and may become a beauty to be coveted, in fact an ugliness to be coveted.[181]

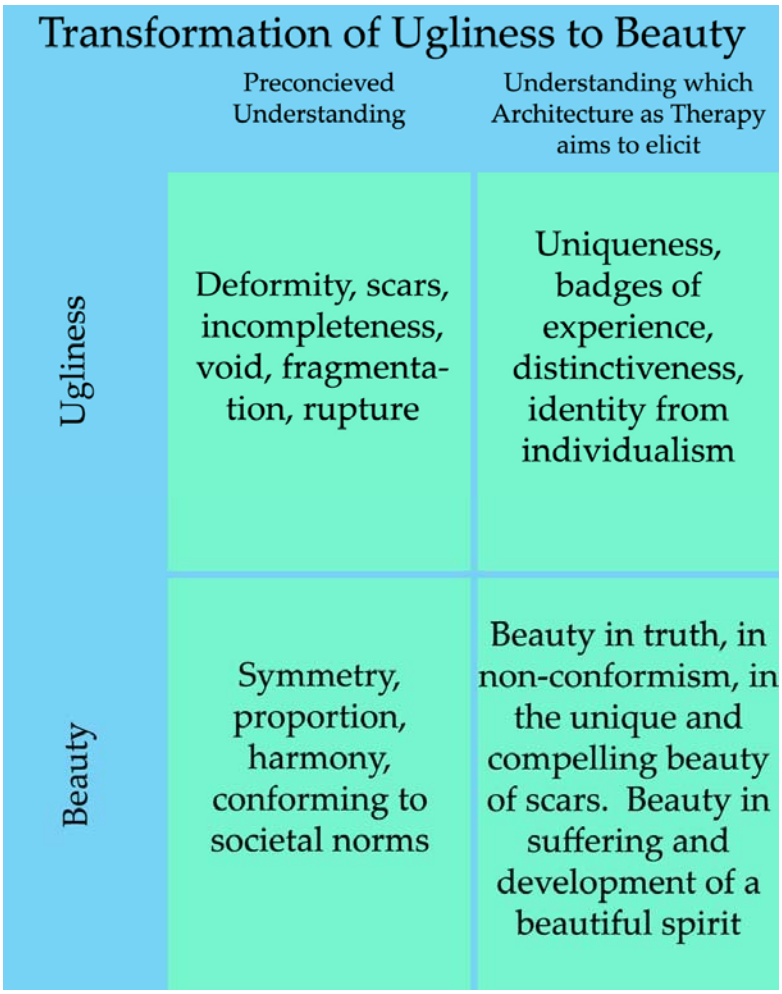

Figure 17

Transformation of the Understanding of Ugliness and Beauty

Source: Author's own image

3. 1. Ugliness

As previously remarked, themes of beauty and ugliness are present in the depths of anorexia and self injurious behaviour. These bodies are evocative of *ruptures, scars, voids, ruin and fragmentation.* Perhaps their architecture, the architecture as therapy aiming to aid them, might explore this ugliness, employing dismemberment, deformity and distortion, a return of the repressed and an illness of the building. Ugliness is evocative of aesthetics of rupture, of

[181] Again, those who suffer with these conditions are addressed throughout this research as the practitioners of self harm.

void, which is to the viewer confronting; the figures are malformed and diseased, which is "a cause of ugliness when it modifies form in an abnormal manner."[182] The images evoke ugliness through the "deformation of bones, skeleton or muscle,"[183] the fibres of the form. These "horrendous deformities"[184], these "nauseating eruptions"[185] are conceived as ugly and repulsive (see Figure 18).

Figure 18
The Architecture of Rupture
Source: Author's own image

This architecture and the bodies of the inhabitants each explore this ugliness, employing *dismemberment, deformity and depravity*. However, these conditions can give "the organism a transcendent air that makes it seem ethereal…pale cheeks afford a more immediate glimpse of the essence of the spirit."[186] Therefore if we are to consider that the "beauty of the soul is worth more than that of the body"[187] then this ugliness, here deftly illuminated, becomes a truly luminous sight, a beautiful and blissful image. Here, it may

[182] Rosenkrantz, Karl. *The Aesthetics of Ugliness*. 1853, <http://hegel.net/rosenkranz/Rosenkranz1853-Aesthetik_des_Haesslichen.pdf> viewed on 15 April 2010.
[183] Eco, Umberto. *On Ugliness.* Harvill Secker, London, 2007, p. 256.
[184] Rosenkrantz, op. cit.
[185] ibid.
[186] Eco, op. cit., p. 302.
[187] ibid., p. 149.

be deduced that ugliness has the power to lead to beauty; for as one endures the ruptured, the disfigured here in the architecture as therapy, one is also confronted and through manipulations to deconstruct preconceived notions the beauty is explored in ugliness, beauty is brought to the fore (see Figure 19 and 20).[188]

Figure 19

Engagement leading to Paradigm Shifts

Source: Author's own image

[188] This reconfiguration of paradigms also aligns with psychoanalysis and its aim of dispelling destructive cognitions in favour of positive and meaningful thought processes. Through a realisation of the uniqueness, the character, the beauty in ugliness, one might discover increasing self awareness, self reflection and self appreciation.

Figure 20

Burgeoning realisation of Beauty

Source: Author's own image

3.2. Beauty

Beauty is traditionally correlated with the *symmetrical, the whole, the proportioned*, morality, truth and light. "One of the first requisites of good form was precisely that of correct proportion and symmetry"[189] where beauty "embodies all the rules of correct proportion among the parts."[190] This architecture as therapy reasserts a new notion of beauty stemming from beauty as truth, exploring individuality, identity and the light of new paradigms. This truth, this individuality, stems from the ugliness creating bodies which are scarred and wounded yet are *unique, distinctive* and inimitable for this fact. "Beauty that produced greater truth and reality"[191] may be surmised to include ugliness: the unique, the truthful.[192] The awareness of the beauty in the unique gives rise to beauty from ugliness through an altering in perception, as stimulated by this architecture of therapy. These bodies are "appreciated

[189] Eco, Umberto. *History of Beauty*. Rizzoli International Publications, Inc., United States of America, 2004, pp. 73-74.
[190] ibid., p. 74.
[191] ibid., p. 317.
[192] This further relates to psychoanalysis as a therapy technique, aiming to reassert new 'reality' and truth which dispels the destructive, perceived 'reality' which torments individuals in therapy.

precisely for their incompleteness"[193], for their 'ugliness.' It is through their own trauma and afflictions of self harm that this un-conformist, unusual and striking beauty might be realised: "it is in the face of the most undesirable human conditions that real beauty could be found in the chords of the unconscious spirit."[194–195]

The torment of the practitioners of self harm, the pain of scars and lesions, is the source of beauty in this architecture and in the inhabitants themselves.

> Its horror and its beauty are divine, upon its lips and eyelids seems to lie Loveliness like a shadow…struggling underneath, The agonies of anguish and of death…Yet it is less the horror than the grace which turns the gazer's spirit…'tis the melodious hue of beauty thrown Athwart the darkness and the glare of pain, which humanizes and harmonise the strain.[196]

There is *beauty in suffering*, the raw and honest perseverance which lead to beauty, to understanding and to the development of a beautiful spirit. In this manner, the manipulation of and reaction to ugliness in this architecture allows a greater insight into the human condition for the occupant; this allows for the development of individual identity and a more rewarding and fulfilling encounter. Here truth is fostered, reconciliation with the post harm body developed, and a new beauty born.

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[193] Eco, Umberto. *History of Beauty*. Rizzoli International Publications, Inc., United States of America, 2004, p. 285.
[194] Juniper, A. *Wabi Sabi: The Japanese Art of Impermanence*. Tuttle Publishing, North Clarendon, 2003, p. 1.
[195] Further, it may be surmised that as these traditional concepts of beauty are deconstructed "a deathly, spiritual beauty prevails as physical beauty decays," (Eco, Umberto. *On Ugliness.* Harvill Secker, London, 2007, p. 302.) both in the architecture and in the inhabitants themselves, as brought forth by the perceived 'ugliness.' Where society has a strong and singular notion of beauty predefined, ugliness is the freedom, the individuality and autonomy in opposition to this conformist beauty in society, which is in fact but a proliferation of copies. Here ugliness is the truth, therefore ugliness may be understood as a new beauty. "Oh ugliness… shield against scandal, and protector from dangers, you certainly know the easiest conversations, you remove all bitterness from pleasant talk, you crush evil suspicions, you are the only remedy" (Eco, Umberto. *On Ugliness.* Harvill Secker, London, 2007, p. 167.).
[196] Eco, op. cit., p. 324.

Several case studies are presented in this section of research exploring a transformation from ugliness to beauty, across disciplines. This cements the notion that this transformation too is possible to evoke in the proposed architecture as therapy. These case studies examine works of the fashion of Rei Kawakubo, the installations of Anselm Keifer and the architecture of Daniel Libeskind. Libeskind's architecture is also analysed in terms of the ugliness of absence and void which is then linked to the practitioners of self harm and the architecture as therapy.

3.2.1 Rei Kawakubo

Fashion designer for the respected Comme des Garcons fashion house, Rei Kawakubo fashioned a series of garments for choreographer Merce Cunningham for a dance piece entitled *Scenario*. The designs question constructs of symmetry as a component of beauty; "for her, beauty appears to reside even in the asymmetry that evokes the presence of medical pathologies."[197] The designs aim to destabilise the familiar and evoke an unease, deforming through this asymmetry (see Figure 21) in a manner which can be percieved as ugly.

[197] Koda, Harold. *Extreme Beauty: The Body Transformed*. The Metropolitan Museum of Art, New York, 2001, p. 113.

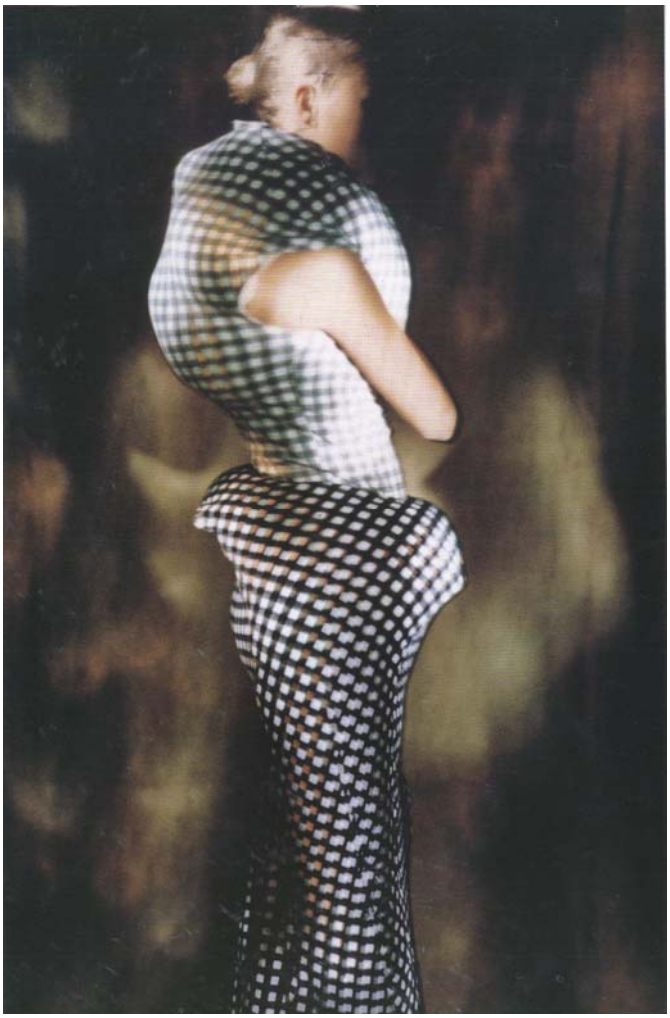

Figure 21

'Bump Dress'

Source: Koda, Harold. Extreme Beauty: The Body Transformed*. The Metropolitan Museum of Art, New York, 2001, p. 112.*

However, these designs are curious and alluring, and the deformities serve to enhance the performance of *Scenario*. The lumps of the clothing that "would appear to inhibit the body's movement instead introduced an upholstered security to the dancer's propulsive turns."[198] In this manner, not only do the designs offer their beholders an opportunity to look beyond their own preconceived notions about ideal beauty, they also afford a more engaged involvement and performativity, allowing beautiful and satisfying expression through dance. These designs serve to highlight the movement and highlight

[198] Koda, Harold. *Extreme Beauty: The Body Transformed*. The Metropolitan Museum of Art, New York, 2001, p. 113.

the beauty. Thus it may be surmised that "what is often perceived as extreme can also be beautiful."[199]

Kawakubo's work for the Spring/Summer 1997 collection of Comme des Garcons evokes a similar aesthetic, consisting of gowns attached with bumps (see Figure 22).

Figure 22

Spring/Summer 1997 Collection

Source: http://www.fashionprojects.org/wp-content/uploads/2009/03/forweb1.jpg

Here, Kawakubo "does not attempt to show what is supposed to be the 'natural.' Instead, she enables people to approximate the 'actual.' In Kawakubo's dresses, individuals feel that they are weird but perceive that the clothing does not represent the 'natural' and, by extension, themselves."[200] These items of clothing are countering the stability of the androgynous zones

[199] Koda, Harold. *Extreme Beauty: The Body Transformed*. The Metropolitan Museum of Art, New York, 2001, p. 113.
[200] <http://findarticles.com/p/articles> viewed on 12 June 2010.

of the body, exploring zones previously unconsidered in this way and forcing one to consider femininity and the conventions we associate with traditional perceptions of this notion, for example body shape which is desirable, which is beautiful. Proportions are also explored by Kawakubo, they are inverted and radically altered; she "recalculates the distances between neckline, waistline and hemline,"[201] these are then projected them back onto the body in asymmetrical cuts and lines. This creates "optical illusions of false proportions"[202] which together challenge notions of ugliness, beauty, femininity and elegance, and how this might be perceived and expected. Kawakubo also rarely places neckline, waistline and hemline in the usual areas, playing with the distances between them and the perceptions of the norm, of the expectations of society. This is an important representation of beauty to explore, as beauty is often associated with the symmetrical[203], and with this a body type is expected. By challenging traditional perceptions of body form, proportion and silhouette, a new paradigm might materialize, one imbued with the freedom of woman. She might now challenge perceptions and expectations, as this collection aims to critique society's privileging of the norm and conformity. Kawakubo's work serves to broaden the mind, to deconstruct cognitions associated with beauty[204] and allows new and individualistic beauty to arise from the asymmetrical and abnormal, from the misshapen and malformed.[205]

[201] Quinn, Bradley. *Techno Fashion*. Berg Publishers, Oxford, 2002.
[202] ibid.
[203] Eco, Umberto. *History of Beauty*. Rizzoli International Publications, Inc., United States of America, 2004.
[204] This cognitive reconstruction relates closely to the aims of psychoanalysis therapy processes as applied here in the architecture as therapy.
[205] For further analysis on Kawakubo's work please see Appendix F.

3.2.2 Seven Heavenly Palaces

Anselm Kiefer's *Seven Heavenly Palaces* are creations which explore repressed, buried, even inconceivable memories of German history, of the destruction and desolation which wrought the nation following the second World War. These works, displayed at Hangar Bicocca (Pirelli Estate), Milano, Italy, 2005,[206] "follow an aesthetics of decay"[207]; they are created from debris, they are ruins crafted from materials which are deformed, fragmented and destroyed (see Figure 23). The notion of decay is one closely intertwined with the concept of the ugly; as "deformation of bones, skeleton or muscle is always a cause of ugliness."[208]

Figure 23

'Seven Heavenly Palaces'

Source: http://www.designboom.com/contemporary/kiefer.html

[206] <http://www.designboom.com/contemporary/kiefer.html> viewed on 14 June 2010.
[207] Belpoliti, Mario. *The Memory of Oblivion*. In Log, Anyone Corporation, United States of America, 208, vol. 11, p. 90.
[208] Eco, Umberto. *On Ugliness.* Harvill Secker, London, 2007, p. 302.

Post-war Germany, so wrought with the guilt of the acts their country had committed, did not reconcile their own pain, grief and loss. Kiefer's *Seven Heavenly Palaces* evoke to the occupant, through the bowed heads, the submission of the towers conjuring "a slowed down succession of events: collapse, death, dishevelled tomb,"[209] the true nature of the German citizens; the weight of guilt, the erosion of pride. In this manner the works influence the beholder and their perception of beauty by highlighting this condition and in turn providing a solace, reassurance and acknowledgement of loss which has wrought a nation. In this way the works offer a beginning of reconciliation, a therapy, and a beauty.

Kiefer's Seven Heavenly Palaces illustrate the transformation of ugliness to beauty and demonstrate that this transition is possible, meaningful and eloquent. The incorporation of notions of ruin is evocative of ugliness and decay through the incomplete and dismembered forms, and yet this is tightly expressive, serving to provoke empathy and understanding. The ugliness is striking yet also alluring, encouraging one to consider it and discover its consequences, the beauty residing within. The human condition becomes the object of healing; guilt is eased and the inhabitant given insight into the human psyche which is a beautiful and rewarding experience.[210]

3.2.3 Jewish Museum

The notion of ruin and decay and its intertwining with the transformation from ugliness to beauty is also employed by architect Daniel Libeskind. In his Jewish Museum, Berlin, he adopts the notion of void as an aesthetic of ruin, evocative of absence, incompleteness and ugliness. Yet, this void may also be understood as beautiful.

The voids of Libeskind's museum are evocative of the missing, the vacant and the lost. The exhibition spaces are interrupted by "voids running throughout

[209] Belpoliti, Mario. *The Memory of Oblivion*. In Log, Anyone Corporation, United States of America, 208, vol. 11, p. 87.
[210] For further analysis on the Seven Heavenly Palaces, please see Appendix F.

the structure, each painted graphite-black"[211] evoking the absent nature of the Jews and haunting the space through these deformities, these gouges and wounds which disrupt the continuity of passage and the appreciation of a complete whole. It is this deformity, this ugliness, which enforces a consideration of the absence of the Jews, of history, memory and grief, and begins a process of awareness for the occupant to a great extent. These voids interrupt the exhibitions, disrupting the continuity with ruptures which imbue a further 'ugliness' and malformation to the occupation of the museum. These voids hint an absence; that which is missing becomes more important, more potent, perhaps, that what is revealed; those missing individuals are what create the memory, the history, the grief and the purpose of this museum. The ugliness then becomes the virtue, the purpose and the meaning and through this consideration becomes beautiful, insightful and sensitive. In this manner, the architectural voids evoke memory and consideration for the occupant as one reflects upon the missing, upon history and the turbulence of society. It is this process which is so rewarding and gives rise to the development of the human condition and notions of empathy and remembrance, of beauty.

The transformation of ugliness to beauty through understanding and truth is present in Libeskind's Jewish Museum. It is pertinent to consider the implications of an ugliness present in memory architecture and the implications of this on occupant experience and understanding of architecture and wider society. Through Libeskind's architecture, it may be deduced that ugliness is a component of beauty; for understanding and appreciating this ugliness in the architecture, the deformed and distorted interior (see Figure 24), the struggles, the guilt, pride, and fissures of history and memory it represents, leads to a renewed sense of empathy, affiliation, individual identity and reconnection with the human psyche, a powerful effect on human engagement and experience. This process develops a beautiful soul from an ugly birth. Further, in recognizing this truth, the true character of ugliness, being aware of horror and ugliness in memory allows one to reconcile and

[211] Young, James E. *Daniel Libeskind's Jewish Museum in Berlin: The Uncanny Arts of Memorial Architecture.* In Jewish Social Studies, Bloomington, 2000, vol. 6, iss. 2, p. 17.

understand this unsightliness in the light of honesty, integrity and reality (see Figure 25). As poet John Keats explains "Beauty is truth, truth beauty – that is all ye know on earth, and all ye need to know."[212] This drive toward the truth, toward "the Absolute and the acceptance of destiny [is] above all beautiful."[213] In this sense, the architectures examined ensure through their ugliness that "a deathly, spiritual beauty prevails as physical beauty decays,"[214] both in the architecture and in the occupants themselves.[215]

Figure 24

'Deformed' Interior

Source:

http://4.bp.blogspot.com/_owidAr9ESZU/SwramOXPeBI/AAAAAAAAADc/V6k0BqKheus/s1600/Libeskind+02.jpg

[212] Blade, John (Ed.). *John Keats: the poems*. Palgrave, New York, 2002, p 120.
[213] Eco, Umberto. *History of Beauty*. Rizzoli International Publications, Inc., United States of America, 2004, p. 317.
[214] Eco, Umberto. *On Ugliness.* Harvill Secker, London, 2007, p. 302.
[215] For further analysis on Daniel Libeskind's Jewish Museum, please see Appendix F.

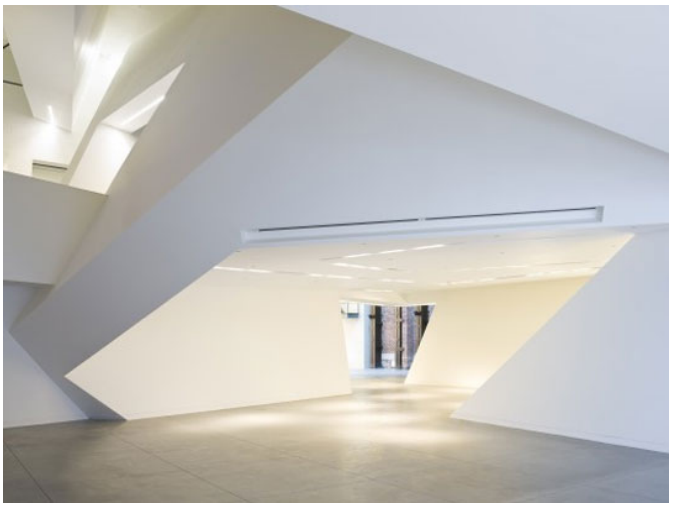

Figure 25

'Beautiful' Interior

Source: http://lifewithoutbuildings.net/080324_CJM1.jpg

As Libeskind's Jewish Memorial highlights the potential shift from ugliness to beauty as possible and as realised, it also raises the notion of ruin and absence which too is prevalent in the conditions of self harm and anorexia nervosa. "Recognition of what is absent can help illuminate the patient's unconscious conflicts"[216]; thus the *presence* of *absence* is potent; allows the inhabitant of the museum to consider the absent, its qualities, and what potential or promise may lie within these secretive voids, these shrouded depths. "An awareness of absence can often lead to the perception of presence"[217]; here the inhabitant, confronted by the absent, may begin to consider what may eschew forth from the absent, what forces materialise from the void, what character, surprise and delight may unfold from ugliness' tomb. The idea of absence is imbued closely within these very conditions; to self harm is to carve voids in the body, whilst anorexia nervosa quite literally means "'without appetite.'"[218]

The participation occurring in the architecture as therapy through performativity, which will be further addressed in this research in the section

[216] Winston, Anthony P. *Anorexia Nervosa and the Psychotherapy of Absence*. In British Journal of Psychotherapy, Wiley Periodicals Inc., London, 2009, vol 25, iss 1, p. 77.
[217] ibid., p. 77.
[218] ibid., p. 78.

entitled *Performer: The Beauty of the Stage*, evokes a new 'wholeness' a new 'completeness' through the engagement as experienced through every fibre of the being. Though the body may not be whole in a physical sense, it is whole in a beautiful, performative sense; the mind too is whole as it engages without distraction. The empty space within these inhabitants has been mitigated; the sense of inner void has been addressed, understood and healed. The inhabitant no longer feels the need to "repress or even annihilate parts of the self."[219] By "acknowledging something of this emptiness herself,"[220] the inhabitant has drawn forth the promise of the voids, found the character and uniqueness which lay hidden and repressed, and she relishes in it. "The phantasied annihilation of these projected parts results in a corresponding internal absence and a profound sense of emptiness."[221] Through architecture this is mitigated, the emptiness and void utilised constructively when understood as character and uniqueness and thus individuality, beauty, blossoms from the wounds and voids, from the ugly.

3.3. Conclusion

It can be understood through the case studies presented that beauty may grow from ugliness and that manipulations across disciplines exist in order to challenge preconceived notions. This process develops the beauty of the unique, the unusual, the beauty in the fragile or the suffering, the beauty in the incomplete or the fragmented. This, I propose, is a beauty present in the practitioners of self harm; a beauty which, as occurs in the examined case studies, may be drawn forth and appreciated. Ugliness and beauty is a theme threading throughout the remainder of this research and through the design process itself. Ugliness and beauty evoke a powerful potential to elicit paradigm shifts; they envelop the mind and can call previously held notions into question, aligning with therapy and psychoanalysis. For this to occur, an open and receptive mind must be cultivated. This, alongside other relevant notions, are fostered through a manipulation of the senses in the architecture

[219] Winston, Anthony P. *Anorexia Nervosa and the Psychotherapy of Absence*. In British Journal of Psychotherapy, Wiley Periodicals Inc., London, 2009, vol 25, iss 1, p. 86.
[220] ibid., p. 86.
[221] ibid., p. 88.

as therapy. This is examined in the following section: *Senses and the Body: The Waters that Heal*.

Section 4: Focus 2

Senses and the Body: The Waters that Heal

"Very quickly we learnt the key…was not to trust our instincts…"[222]

4.1. Case Study: Peter Zumthor's The Therme Vals, Switzerland

4.2. Water

4.2.1 The Architectural Programme

Water in The Architecture as Therapy

4.2.2 Humidity

Humidity in The Architecture as Therapy

4.2.3 Atmosphere in Architecture

4.3. Senses

4.3.1 Sight

Sight in The Architecture as Therapy

4.3.2 Hearing in Architecture

4.3.3 Touch

Case Study:

The Feldenkrais Method

4.4. Conclusion

[222] Leatham, Victoria. *Bloodletting: A Memoir of Secrets, Self-harm and Survival*. Allen and Unwin, Australia, 2004, p. 169.

A fluid blade
Has slashed deep wounds into her ravaged face.
This long cascade,
This torrent, cuts toward its secret place.

Deep within her,
A longing, an endless ache,
Swells into pain,
A pain she knows she cannot sate.

A brief caress,
The icy knife seems to creep
Across her skin,
To others, lost in desolate oceans deep.

She gives to the blade
An offering, a single bloom of red,
Swept into the torrent,
Another pebble, tumbling, in river's lonely bed.

A lingering pause,
The water offers, but will not ease her strife.
She falls for miles,
Impaled on the raging river's knife.

- Stephanie Liddicoat

Sensory engagement is able to be manipulated by the architecture as therapy in order to evoke healing. As discussed in previous sections, the architecture as therapy operates to transform constructs of ugliness into beauty; both in the architecture and in the body itself. The senses and shadow are first harnessed to ease the inhabitants' anxiety and progress to hinting at a beauty in individualism through the senses, a beauty in character, which will be experienced through the body.[223] The senses are a powerful tool to calm, to entice, to comfort and to heal in this architecture as therapy. This section of research will first explore a case study where the senses have been successfully employed as part of the creation of a therapeutic environment. Secondly, this section will explore how senses are manipulated to best enact a therapy to these practitioners of self harm. The areas covered include aspects of water: the architectural programme as a bathouse, humidity, and atmosphere; and aspects of senses: sight, hearing and touch. Each area is specifically considered with relevance to the self harm conditions being treated. Each area analysed is presented through architectural notes detailing its incorporation into the architecture as therapy. Where relevant, additional research introduces the area at hand. This research examines specific senses as related to the practitioners of self harm; senses which are not examined here have not shown to be as strongly relevant or influential to these particular individuals and their therapy.[224]

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[223] Configuration and form is also manipulated, first to provide enclosure and seclusion, which offers calm and openness of mind, then to provide interaction and increased engagement which develops autonomy, individuality and appreciation of the body, its individual characteristics and uniqueness, its beauty. Performativity will increase along this journey from ugliness to beauty; beginning at first as an engagement via prostheses and then interaction via the body alone; this is a slowly introduced performance to allow these individuals to come to terms with this new awareness of body and its promise, to allow them to fully comprehend the body and this journey to beauty.

[224] Women who self harm are so absorbed with the body, with their own sensations and perception, that the remainder of the world becomes obsolete. They can become disconnected and disengaged if this occurs, "often describe[ing] feelings of numbness or deadness, or they may feel detached from reality, as if they are not part of the world" (<http://psychjourney.blogs.typepad.com/healing_from_addictions/self-harm> viewed on 22 March 2010.). The aim of the architecture in stimulating sensorial experience, performance and engagement is to reinforce a new and potent reality, to entice new experience and to produce renewed delight; no longer do they need the harm to "make them feel more real, connected and alive" (<http://psychjourney.blogs.typepad.com/healing_from_addictions/self-harm> viewed on 22 March 2010.); the architecture fulfils this role, through acting as therapy. These inhabitants are pursued by their own doubts, their own beliefs of ugliness: "Models aren't scarred like you, models aren't fat!," (Vega, Vanessa. *Comes the Darkness, Comes the Light: A Memoir of Cutting, Healing and Hope*. AMACOM, United States of America, 2007,

4.1 Case Study: Peter Zumthor, The Therme Vals, Switzerland

As previously introduced, Zumthor's Therme Vals have been heralded as a 'primal therapy', a healing environment so richly sensual that its occupier cannot help but fall under its therapeutic spell. The tactility is important to elicit the calming, soothing and contemplative qualities of the architecture. The therapy offered here "relies on… the body's contact with water at different temperatures and in different kinds of spaces, on touching stone"[225]; it relies on *the senses*. Variations of glass and movement of water allow differing sensual experiences to be derived and allows the individual to explore, creating autonomy alongside relaxation (see Figure 26). Zumthor has produced an environment which interacts with the inhabitant in such a way so as to contribute to an individual experience. His spaces "invoke… physical, cognitive and emotional experiences,"[226] relating closely to the aims of the outcomes of therapy practices. The nature of his spaces are experiential, and "relate to people and engage them in the surrounding place by the use of materials."[227] Perception, the body, and its interactions with the physical world via the senses are here employed as companions to architecture, companions to therapy (see Figure 27).

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p. 111.) they torment themselves. Yet, through architecture these tormented bodies, wrought with scars and hollows may transform these features into "gesture[s] of hope" (Kettlewell, Caroline. *Skin Game: A Memoir*. St Martin's Press, New York, 1999, p. 131.); architecture harnesses the beneficial aspect of this affliction, the individuality, the uniqueness, the distinctiveness enacted upon the body and utilises this to promote new beauty, new awareness, new self-actualisation. "You have to make your journey and bear its scars" (Kettlewell, Caroline. *Skin Game: A Memoir*. St Martin's Press, New York, 1999, p. 141.) as perhaps, without these scars or mutilation true beauty would not be realised. Here architecture delves beyond therapy, bringing to the surface a beauty that would not exist had it not been for the self-injurious behaviour; architecture finds meaning, truth and promise in self harm, beginning with sensory engagement.

[225] Zumthor, Peter. *Peter Zumthor, Three Concepts*. Exhibition catalogue, Birkhauser, Basel, 1997, p. 12.

[226] Shah, Rinkle. *A Phenomenological Study of Contemplative Experiences: Implications for Interior Design.* Unpublished thesis, Queensland University of Technology, Australia, 2009, p. 25.

[227] ibid., p. 25.

Figure 26

Sensuous Encounter

Source: http://nummynims.files.wordpress.com/2009/05/therme-vals-3.jpg

Figure 27

Perception and Encounter

Source: http://manmakehome.files.wordpress.com/2009/04/vals-8.jpg

4.2. Aspects of Water

4.2.1 The Architectural Programme

The body is a living creature; within it blood circulates, fluids are exchanged, vapour enter and leave via the breath. Water is present here, essential to the body's functioning and healing processes. When self harm is executed, the blade releases a raging torrent of liquid; the blood too brings nutrients to promote healing. When a tear is shed the body's water springs forth, providing solace, relief and a sense of healing. Water is "mysterious when it is in shadow, lurking, waiting, and is inviting and revealing when in the light."[228] Water has the power to transform, to be dark and subdued, calculating, *ugly* one moment, radiant and *beautiful* the next.

Without adequate water in the body healing cannot take place. Cell replacement, protein synthesis, digestion and many reactions occurring throughout the body must be carried out in the presence of water. Dehydration is often common in those who self harm, particularly those with anorexia nervosa, and results in a decrease in muscle contraction characteristics and response and the development of fatigue.[229] Therefore, if water is to be present in the body for healing, water must also be present in the architecture for healing, for development of individuality and expression. Water is also known for its calming effects, its tranquillity bestowing serenity and solace (see Figure 28).[230] The architectural programme of the architecture as therapy is that of a bath house; due to the stress relieving properties of water in healthcare facilities and the sensory aspects of water

[228] Ercolano, John. *Water Inside the Body of Architecture*. Unpublished thesis, Victoria University of Wellington, Wellington, 1992, p. 1.
[229] Russel, David Mc R and Prendergast, Peter J and Darby, Padraig L and Garfunkel, Paul E and Whitwell, Jocelyn and Jeejeebhoy, Khursheed N. *A Comparison Between Muscle Function and Body Composition in Anorexia Nervosa: The Effect of Refeeding,* <http://www.ajcn.org/cgi/reprint> viewed on 22 March 2010.
[230] This, too, is advantageous in the healing process. Water allows one to reflect, to consider what lies beyond the extent of out own bodies; "into my body at the bottom of the water, I attract the beyonds of mirrors" (Rilke, Rainer Maria. *Water Lily*. <http://famouspoetsandpoems.com> viewed on 22 April 2010.). To be absent of water, to be dry, is to be "dry as a tomb" (Thomas, Dylan. *Where Once the Waters of Your Face*. <http://famouspoetsandpoems.com> viewed on 22 April 2010.).

specifically tailored as a response to the therapy solution to practitioners of self harm.[231]

Figure 28

Water, Calm and Solace

Source: Author's own image

Water in The Architecture as Therapy

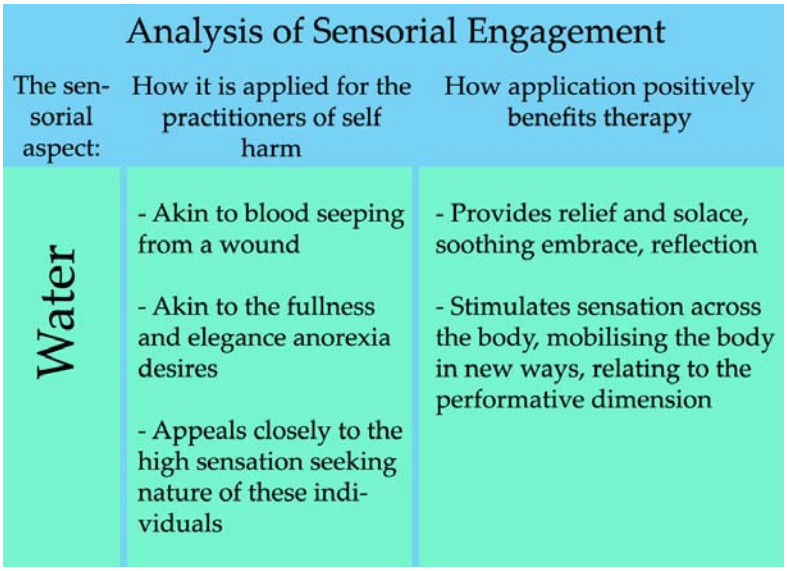
Water is soothing and calming to both anorexia sufferers and self harm; it is akin to the warm blood seeping forth from an open wound which provides relief and solace, it is akin to a sense of fullness and elegance whom anorexia idolises. Water stimulates the sense of touch, provides a soothing embrace and allows individual reflection to take place.[232] The self harm conditions as the architecture as therapy houses involve women who have a tendency to "sensation seeking"[233] so attuned are they with the body and senses. Sensory engagement is thus powerful, and the calm and sense of comfort offered by water serves both to aid in the creation of tranquillity and clarity of

[231] Water and its associations with nature are ideal as notions associate "'natural' environments with physical and mental health and renewal" (Gesler, Wil and Bell, Morag and Curtis, Sarah and Hubbard, Phil and Francis, Susan. *Therapy by Design: Evaluating the UK Hospital Building Program.* In Health and Place, Elsevier, Amsterdam, 2004, vol 10, iss 2, p. 119.).

[232] This notion of touch will be explored further in this section of research.

[233] Rossier, Valerie and Bolognini, Monique and Plancherel, Bernard and Halton, Olivier. *Sensation Seeking: A Personality Trait Characteristic of Adolescent Girls and Young Women with Eating Disorders?* In European Eating Disorders Review, Wiley Periodicals Inc., London, 2000, vol 8, iss 3, p. 246.

mind and to mobilise the body in new ways, to explore sensation across the body in a variety of positions. However, "when stimuli and experiences become repetitive, it is assumed that the High Sensation Seeker will become bored and nonresponsive more quickly than most other persons."[234] This is why the architecture must harness a variety of sensorial experiences as addressed here to stimulate, and further, introduces performativity as an added dimension in bodily engagement, to ensure architecture as therapy executes its true potential (see Figure 29).



Analysis of Sensorial Engagement		
The sensorial aspect:	How it is applied for the practitioners of self harm	How application positively benefits therapy
Water	- Akin to blood seeping from a wound - Akin to the fullness and elegance anorexia desires - Appeals closely to the high sensation seeking nature of these individuals	- Provides relief and solace, soothing embrace, reflection - Stimulates sensation across the body, mobilising the body in new ways, relating to the performative dimension

Figure 29

Analysis of Sensorial Engagement: Water

Source: Author's own image

4.2.2 Humidity

Humidity is a pertinent sensation employed in this architecture as therapy, made possible by the programme of a bath house within this facility. High humidity enforces a consideration of body and the immediate movement through a sensation of warmth and pressure on the skin, the "aqueous vapour pushes through the skin, increasing the thickness of the body which feels the

[234] Rossier, Valerie and Bolognini, Monique and Plancherel, Bernard and Halton, Olivier. *Sensation Seeking: A Personality Trait Characteristic of Adolescent Girls and Young Women with Eating Disorders?* In European Eating Disorders Review, Wiley Periodicals Inc., London, 2000, vol 8, iss 3, p. 246.

weight of its impatience. The humid touch insists on an awareness."[235] This appeals to the practitioners of self harm: anorexia through comforting warmth and embrace, self harm through the feeling of warm moisture on the skin akin to blood seeping from a wound.

Humidity creates a new tactility within the architecture, a new sensation which these inhabitants so desire. The body swells when "humidity is at its sullest density, sensuality itself hangs expectantly… the body becomes languid and open."[236] The humid architecture wraps the body and its movements in space. "The resistance of humid space to the body's movement (as it clings to the body), heightens the experience of the body is space as an exaggerated sensation of the limit of the body."[237] Condensation clings to the body and to the architecture; "the body signals receptiveness through the appropriate outfit. Skin and clothing sparkle and gleam. The dancer becomes a luminous body, like a star."[238]

Humidity in The Architecture as Therapy

This heightened awareness of body as generated by humidity in turn intensifies the awareness and understanding of each bodily movement in space, linking with performativity to further heighten bodily engagement, awareness of body and in turn awareness of self (see Figures 30, 31 and 32). This process facilitates the development of an appreciation of the beauty in the body and a reconciliation with its scars and wounds.[239] As McCarthy explains, humidity "undermines building's ability to discretely and exclusively define inside-ness as interiority. It unhinges the assumption that simply

[235] McCarthy, Christine. *Before the Rain: Humid Architecture*. In Space and Culture: International Journal of Social Spaces, Sage Publications, 2003, vol 6, iss 3, p. 331.
[236] Engberg, J. *Humid*. In Humid, Melbourne Festival Australia, Melbourne, 2001, Oct/Nov, p 3.
[237] McCarthy, op. cit., p. 334.
[238] Weber, Sebastian and Vockler, Kai. *Luminous Bodies: On the Production of Atmospheres*. In Daidolos: Constructing Atmospheres, Gutersloher Druckservice, Berlin, 1998, vol 68, p. 32.
[239] Humidity also increases the sense of intimacy, as discussed later in this research in the section *Performer: The Beauty of the Stage*, as "everything feels close" (McCarthy, Christine. *Before the Rain: Humid Architecture*. In Space and Culture: International Journal of Social Spaces, Sage Publications, 2003, vol 6, iss 3, p. 335.).

correlates interiority with an inside and exteriority with an outside."[240] This brings about deconstruction of preconceived notions, such as the notion of boundary and its blurring.

Figure 30

Humidity, Movement and Architecture

Source: Author's own image

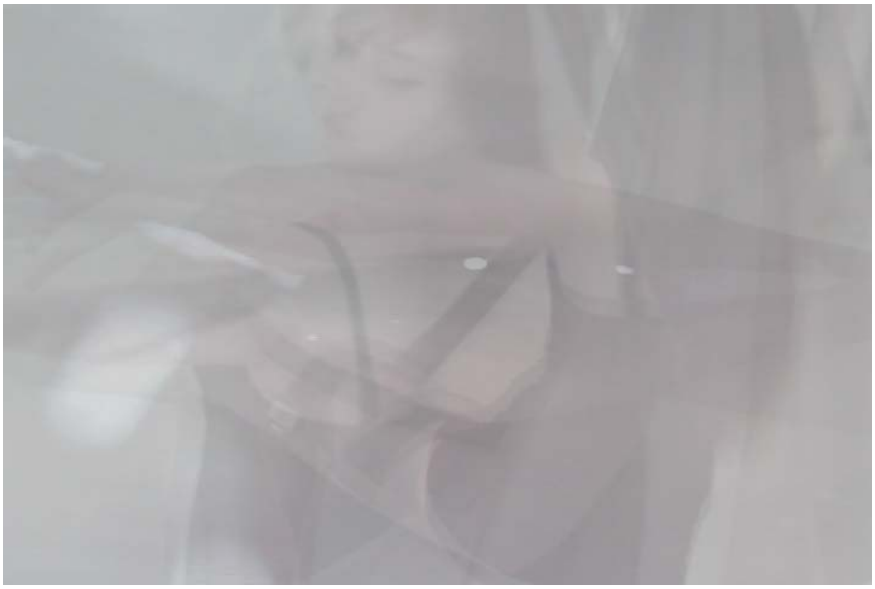


Figure 31

Humidity, Movement and Architecture

Source: Author's own image

[240] McCarthy, Christine. *Before the Rain: Humid Architecture*. In Space and Culture: International Journal of Social Spaces, Sage Publications, 2003, vol 6, iss 3, p. 336.

Figure 32
Humidity, Movement and Architecture
Source: Author's own image

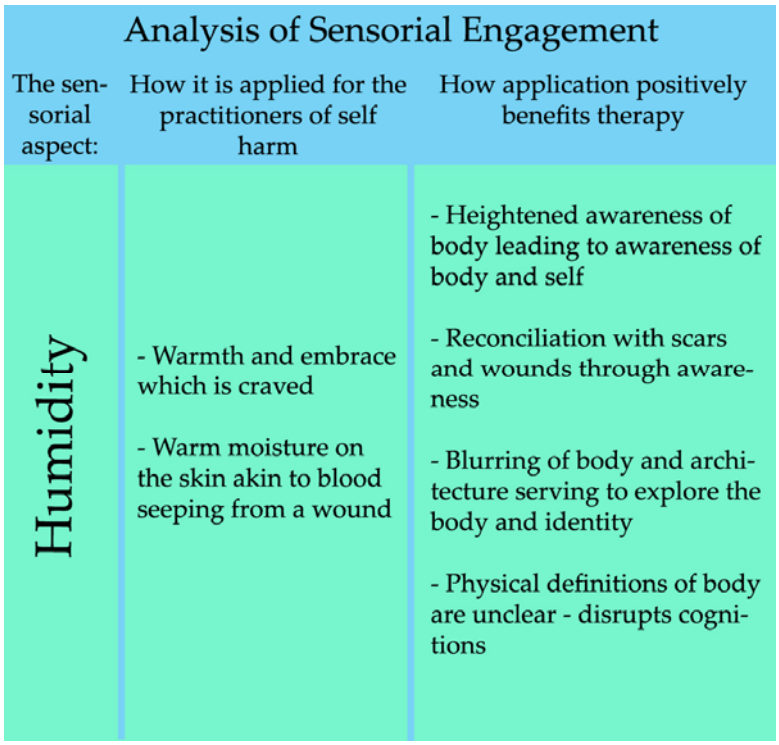
Humidity relates to the blurring of body and architecture, where "humid atmospheres illustrate a gravity from all directions as the pressure of humidity gently challenges the boundary conditions it meets."[241] Humidity explores boundary by extending the sensation of skin in a manner which more closely relates the body and skin to the air and space around it, to the architecture. Humidity:

> heightens the sensation and awareness of the body's surface, thickening it, approximating objectification. An air of thickness, rather than of lightness and ethereal thinness, humid architecture is a voluptuous weight which adheres to the skin, extending the thickness of body's surface indefinitely until it threatens the possibility of a definitive boundary condition.[242]

In this manner the body becomes closely intertwined with the architecture, serving to explore the body, the awareness of body and in turn promote awareness of self and identity. Further, in blurring the boundaries between

[241] McCarthy, Christine. *Before the Rain: Humid Architecture*. In Space and Culture: International Journal of Social Spaces, Sage Publications, 2003, vol 6, iss 3, p. 331.
[242] ibid., p. 332.

architecture and the body the boundaries are distorted between other constructs, of beauty and ugliness, of gender,[243] allowing a renewed sense of beauty to develop through the body. This inability to define the body's limits may also be at first uncomfortable, unfamiliar and disturbing. Physical definition of body is unclear. Through this process preconceived notions may be crumbled and from these ruins new ideals, new awareness and new self reflection may develop (see Figure 33).



Analysis of Sensorial Engagement		
The sensorial aspect:	How it is applied for the practitioners of self harm	How application positively benefits therapy
Humidity	- Warmth and embrace which is craved - Warm moisture on the skin akin to blood seeping from a wound	- Heightened awareness of body leading to awareness of body and self - Reconciliation with scars and wounds through awareness - Blurring of body and architecture serving to explore the body and identity - Physical definitions of body are unclear - disrupts cognitions

Figure 33

Analysis of Sensorial Engagement: Humidity

Source: Author's own image

4.2.3 Atmosphere in The Architecture as Therapy

If darkness (as discussed further in this section) is prized for seclusion and the embrace of a close and enveloping atmosphere, then small and tight spaces will also contribute to the creation of this atmosphere. Utilised in the beginning of the therapy and together with humidity, I propose this will further aid in putting these inhabitants at ease, creating a calm and enveloping atmosphere where they may explore their body and its healing in a secluded

[243] This notion of gender exploration is further investigated in the section *Performer: The Beauty of the Stage.*

and enveloping environment, appealing to the secretive nature of these conditions. The embrace of these architectural spaces also promotes increased encounter as their walls, floor and ceilings will be within easy reach, their tactility and texture becoming more apparent. As the inhabitants heightened alertness and anxiety is calmed by the atmosphere, they may begin to engage with these tactile textures and begin to appreciate the nuances and character of each of the spaces; here the initially perceived ruptured and sliced forms, the ugliness, becomes appreciated; the character and qualities of the materials are alluring. Here, paradigms begin to shift (see Figure 34).[244]

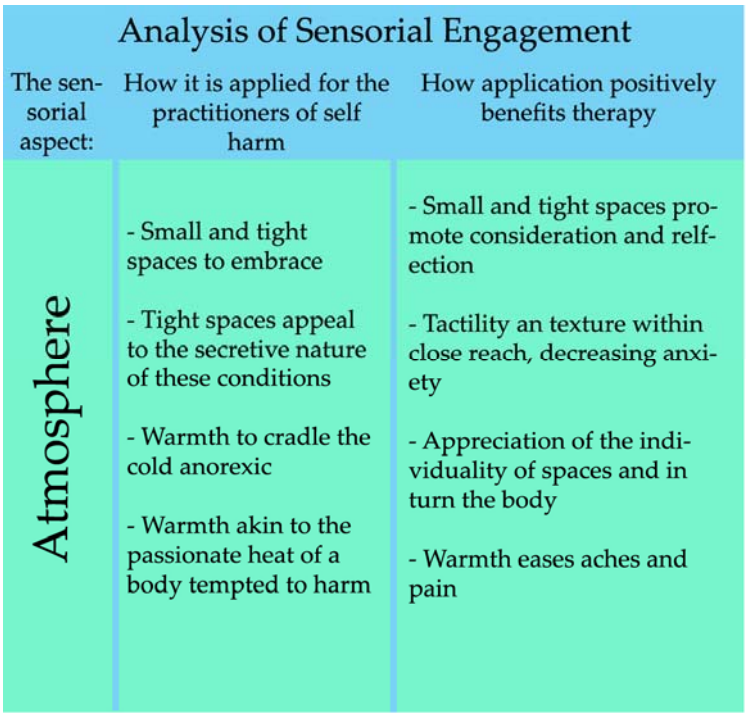
Figure 34
Close Encounter
Source: Author's own image

Warmth is also pertinent to the calming of the inhabitants to a space of reflection and growth. Anorexia nervosa sufferers delight in warmth, their body so wrought of insulation that cold seeps in to the very bones; "because of their lack of insulating fat, people with anorexia often develop extremely low body temperatures."[245] Individuals who self mutilate delight in warmth, in the

[244] The reconfiguration of cognitions relates closely to the process of psychoanalysis, utilised as a therapy technique to treat self harm conditions.
[245] <http://www.medicinenet.com/scrip/main/art.asp?articlekey=113204> viewed on 29 April 2010.

smooth flow of the heated blood across the skin, in the fiery pain of the burn, in the ardent and passionate heat of a body tempted to harm. The architecture as therapy will thus be a space of cosy heat; enough to ease the longing of these sufferers and allow the temperate atmosphere to soothe away concern, sooth away ache, and let awareness and reconciliation creep in. Towards journey's end, wafts of air will circulate from the exterior environment, cool in comparison to the warmth of the interior. This is awakening and refreshing, perhaps akin to these same qualities developing in the psyche, awakening a new beauty. This waft of air comes as a surprise, yet "the most beautiful things generally come as a surprise."[246] This offers inhabitants the opportunity to "understand boundaries not as static lines or surfaces, but as fluctuating intensities"[247–248] (see Figure 35).

[246] Zumthor, Peter. *Atmospheres: Architectural Environments, Surrounding Objects*. Birkhauser, Switzerland, 2006, p. 33.
[247] Lally, Sean. *Twelve Easy Pieces for the Piano*. In AD, John Wiley and Sons, Inc., London, 2009, vol 79, iss 3, p. 9.
[248] Warmth also relates to the notion that "thermal information is never neutral; it always reflects what is directly happening to the body" (Heschong, Lisa. *Thermal Delight in Architecture*. The MIT Press, Massachusetts, 1979, p. 19.). This differentiates thermal sense from other senses; "when our thermal sensors tell us an object is cold, that object is already making us colder. If, on the other hand, I look at a red object it won't make me grow redder, nor will touching a bumpy object make me bumpy" (Heschong, Lisa. *Thermal Delight in Architecture*. The MIT Press, Massachusetts, 1979, pp. 18-19.). In this manner the architecture may exert further influence and utilise warmth to calm and to entice. In addition, warmth is ideal to prepare the individual for the performativity which the architecture encourages; "when we get cold, our muscles tense up, trying to generate more heat, and capillaries at the skin's surface constrict. These physiological responses leave us feeling tense and numb. Places that seem warm offer an antidote" (Heschong, Lisa. *Thermal Delight in Architecture*. The MIT Press, Massachusetts, 1979, p. 27.).



Analysis of Sensorial Engagement		
The sensorial aspect:	How it is applied for the practitioners of self harm	How application positively benefits therapy
Atmosphere	- Small and tight spaces to embrace - Tight spaces appeal to the secretive nature of these conditions - Warmth to cradle the cold anorexic - Warmth akin to the passionate heat of a body tempted to harm	- Small and tight spaces promote consideration and relfection - Tactility an texture within close reach, decreasing anxiety - Appreciation of the individuality of spaces and in turn the body - Warmth eases aches and pain

Figure 35

Analysis of Sensorial Engagement: Atmosphere

Source: Author's own image

4.3 Aspects of Senses

4.3.1 Sight

As explored, beauty exists in suffering, and suffering in darkness, in despair. Thus I propose that it is through trauma, through the comprehension of the darkness and the body's response to ugliness that beauty may blossom, here in the swampy depths of the architecture. The intensity of darkness utilised also increases affiliation through the provocation of imagination, of fantasy, of changes in reality.[249] "Deep shadows and darkness are essential because they dim the sharpness of vision, make depth and distance ambiguous and invite unconscious peripheral vision and tactile fantasy."[250] The darkness allows new awareness to unfold, creating an enhanced, fulfilling, beautiful experience for the human psyche. English philosopher Edmund Burke (1729-1791) emphasised the powers of darkness, as it is "known by experience to

[249] This relates closely to the process of psychoanalysis which seeks to realign cognitions and establish new percepts and understanding.
[250] Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 32.

have a greater effect on the passions than light."[251] The absence of light makes its little presence more potent, more powerful; this hints at a reconciliation with the unfamiliar, the unknown, which will arise for those inhabitants open to the unconscious, to their own bodies and own psyche. Darkness is a notion traditionally associated with ugliness, with nightmare and the repressed, with evil and death. Darkness has connotations of evil, "invoking all the demons, rebellious spirits and dark inhabitants of Hell."[252] Light is associated with beauty, with truth and purity. Yet here in the architecture beauty is realised in darkness, therapy lies in wait in these gloomy, yet *illuminating*, depths.

Darkness is powerful to sharpen the mind, allure the senses "during overpowering emotional states"[253] as stimulated in the architecture. In these times "we need to close off the distancing sense of vision…[for] in order to think clearly, the sharpness of vision has to be suppressed."[254] In these emotional states the more archaic senses are stimulated, moving from vision alone to hearing, touch, light to shadow. The interplay of this darkness and shadow also has the power to render features material or immaterial, solid or gossamer, blurring boundaries of the architecture and in turn blurring constructs of architecture and the body. This cognitive reconstruction aligns closely with psychoanalysis and therapy processes.

Sight in The Architecture as Therapy

Light is a powerful element of sight; ambiance and atmosphere are able to be manipulated with light to create comfort or malice, welcome or ferocity. Anorexia and self harm find comfort in darkness, in seclusion. This isolation is what they crave to purge and exonerate the body, cloaked in shame; they are "good at keeping this secret. They hide away under baggy clothes. They are adept at avoiding."[255] Yet ultimately darkness may prove a key to therapy, to

[251] Pelletier, Louise. *Architecture in Words: Theatre, Language and the Sensuous Space of Architecture.* Routledge, Oxon, 2006, p. 143.
[252] ibid., p. 33.
[253] Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 32.
[254] ibid., p. 32.
[255] <http://hubpages/com/hub/overcoming-Anorexia> viewed on 12 March 2010.

relaxation and to reflection to enable a reconsideration of the body and a paradigm shift with regard to ugliness, beauty and the repressed. "If light is scarce then light is scarce; we will immerse ourselves in the darkness and there discover its own particular beauty."[256] In darkness we find psychological withdrawal, rest and reflection. Dark spaces' obscurity hides flaws, offering mystery and desire through concealment. In this way illumination would drive away beauty whereas darkness highlights the potential of this latent attractiveness, the secret and elusive, the coveted beauty. In this way the architecture transforms the dark, the ugly, into beauty through desire, through the secret spaces, through the unknown becoming coveted, prized, mysterious and alluring. A paradox is resolved; negating the repressed by creating a desire for it, through the manipulation of the ugly and the beautiful.

Darkness is essential at the beginning of this architectural journey of therapy to provide seclusion and comfort in this seclusion, to relax these inhabitants and quell their unease.[257] Yet darkness is also the beginning of the trappings of beauty. This architecture of wound and deformity[258] seeks to evoke the post-harm body, to retrace its folds and creases it has woven with the world, and in doing so force a reconciliation with this deformity, with this perceived ugliness, in order that we might view it in a new light, the light of truth, the light of beauty (see Figure 36).

[256] Tanizaki, Jun'ichiro. *In Praise of Shadows*. Leete's Island Books, Inc., Connecticut, 1977, p. 31.

[257] As the progression through the architecture continues, this destabilisation allows new paradigms to develop, allows therapy to take place and beauty to be realised. Warm toned and reflected light will reign in this architecture as therapy; warmth echoes the embrace and welcome of a body loved, reflected light eases the recoil of the inhabitants and allows a tranquil space to be evoked. Vision may also imply touch, the gaze caressing; both vision and touch explore nearness, intimacy and affection. The therapy will explore the re-interaction of the eye with other sense modalities, to broaden the experience of the architecture. This mitigates a sense of detachment and alienation to obtain a prevailing multi-sensory understanding. "Sensory experiences become integrated through the body, or rather, in the very constitution of the body" (Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 27.). Therefore, it may be understood that if these sensory experiences are controlled and manipulated by architecture in a particular manner, the constitution of the body is liable to change, to adapt, to *heal*.

[258] The architecture itself is further explored and documented supplementary to this research thesis.

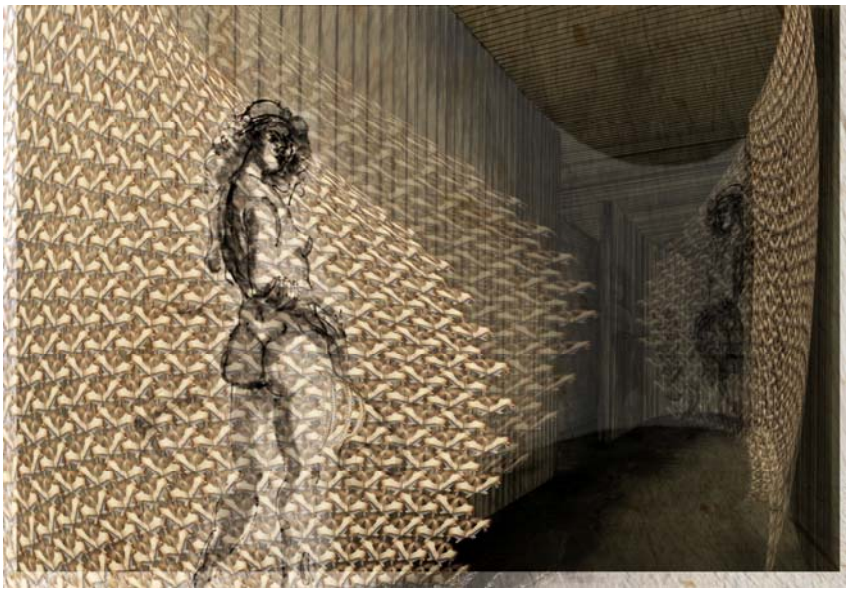


Figure 36

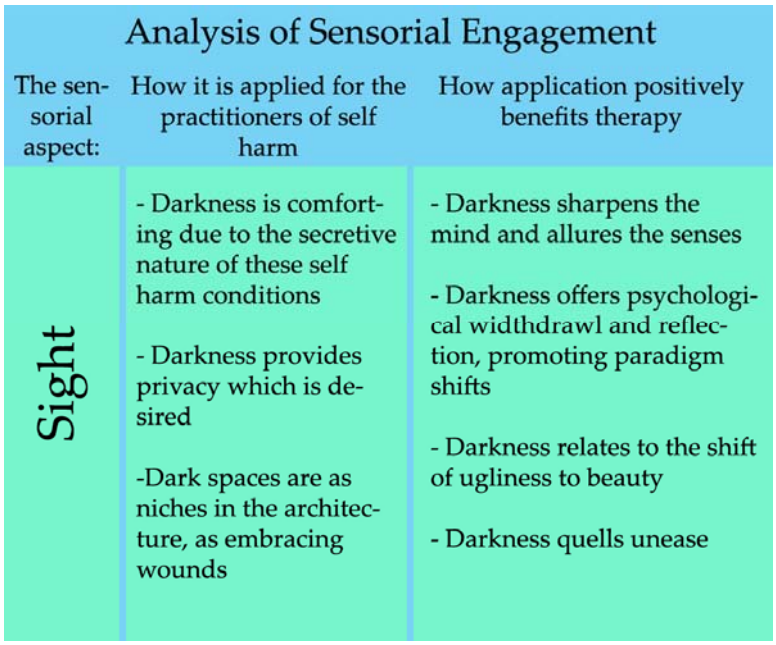
Deformity and Beauty

Source: Author's own image

The dark and secret spaces are also figured as lesions, as pockets within the architecture, as safety in occupying the wound. Here a positive affiliation with wound begins to stir in the inhabitant. "These grooves, are acquired by the human body through various physical and emotional, vital and effective, psychic and social experiences."[259] These are experiences which are vital to the identity and thus must not be erased or masked over with a veil of homogeneity. Folds and creases negate contradiction and instead offer a more fluid connectivity in architecture; "link[ing] together differences between forms,"[260] forming a new elegance, a new completeness. This imbues a "texture of the intimate"[261] which is at once comforting and intriguing; ideal in an architecture as therapy and closely tailored to these particular inhabitants. By encompassing folds and creases the architecture can create pockets and recesses for new inhabitation. "I was overjoyed when I could crouch in the little cave at the bottom; it could hardly hold me; all my wishes were

[259] Diller, Elizabeth and Scofidio, Ricardo. *Flesh: Architectural Probes*. Princeton Architectural Press, New York, 1994, p. 9.
[260] Cache, Bernard. *Earth Moves: The Furnishing of Territories*. Massachusetts Institute of Technology, United States of America, 1995, p. xiii.
[261] ibid., p. xvi.

fulfilled."[262] We might consider how those who self harm utilise these self injurious acts to "*contain* the overwhelming and to speak the unspeakable."[263] The architecture, through secretive niches and spaces, and later through performative engagement, fulfils these needs of embrace and voice, quelling the need to harm (see Figure 37).



Analysis of Sensorial Engagement		
The sensorial aspect:	How it is applied for the practitioners of self harm	How application positively benefits therapy
Sight	- Darkness is comforting due to the secretive nature of these self harm conditions - Darkness provides privacy which is desired -Dark spaces are as niches in the architecture, as embracing wounds	- Darkness sharpens the mind and allures the senses - Darkness offers psychological widthdrawl and reflection, promoting paradigm shifts - Darkness relates to the shift of ugliness to beauty - Darkness quells unease

Figure 37

Analysis of Sensorial Engagement: Sight

Source: Author's own image

4.3.2 Hearing in The Architecture as Therapy

Anorexia nervosa and self harm, being mental disorders, are characterised by a strong focus and concentration in a particular area or behaviour. Distraction or disruption can serve to provoke an episode of self mutilation, and sharp voices or sounds may make the patient withdraw; this is often dealt with through anger when family members or loved ones do not understand the nature of the condition. Thus, calm and tranquil sounds are ideal to ease the mind, to dispel the ardently maintained defences and to best promote healing

[262] Giacometti, Alberto. *Yesterday, Quicksand*. In Le Surrealiste au service de la revolution, Bureau of Surrealist Research, Paris, 1993, May, p. 44.
[263] Straker, Gillian. *Signing with a Scar: Understanding Self Harm*. In Psychoanalytic Dialogues, The Analytic Press, Inc., Hillsdale, 2006, vol 16, iss 1, p. 104.

and therapy.[264] Where water is present its sounds are soothing; where patients engage with the architecture the soft breezes and smooth noises of motion are gentle; where footsteps are heard they meld with the waves serving only to pacify the inhabitants.[265–266] Hearing creates "a sense of connection and solidarity,"[267] where an affinity with the space may be reached through the soft whispers of water, the murmuring echoes of one's footsteps measuring the space, linking body to space. "We stroke the edges of space with our ears."[268] An architectural experience silences the unnecessary, external noise; "it focuses attention on one's very existence."[269] This is ideal in the treatment facility to cater to the inhabitants, their need for clarity of mind and reflection upon the self.

Each space differs slightly in dimensions, creating unique echo and audial qualities. "Interiors are like large instruments, collecting sound, amplifying it, transmitting it elsewhere. This has to do with the shape peculiar to each room."[270] Each space thus imbues an individuality, one perceived through the heightened senses of these particular inhabitants. Thus, the inhabitants may begin to delight in individuality, in the differing qualities of the spaces, their

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[264] The notion of hearing and sound in the architecture as therapy has been addressed in the design process of the architecture. Please refer to the documentation of the design process for further information.

[265] This relates to the notion that "the ability to detect subtle sounds was important for both survival and pleasure" (Venolia, Carol. *Healing Environments: Your Guide to Indoor Well-Being*. Celestial Arts, California, 1988, p. 84).

[266] If we are to consider that "Pure Melody may be a ritualised and abstract form of specific, actual, culturally consistent melodic intonations of speech, which carry precise and specific emotional meanings" (Kirke, Philip James. *The Architecture of Perception*. Friend Books, Australia, 2006, p. 39.); if architecture harnesses its own melody, creating music through performance and engagement, through the whisper of air currents, the lapping of waves, what primal communication is the architecture then capable of? "Hearing structures articulates the experience and understanding of space" (Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 34.). The sense of hearing is harnessed in the treatment facility for "the extraordinary capacity of the ear to carve a volume into the void of darkness,"(Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 35.) carving a secluded private space of the inhabitant's own, secure in their own sculpted cavity.

[267] Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 35.

[268] Holl, Stephen and Pallasmaa, Juhani and Perez-Gomez, Alberto. *Questions of Perception: Phenomenology of Architecture.* William Stout Publishers, San Francisco, 2006, p. 31.

[269] ibid., p. 31.

[270] Zumthor, Peter. *Atmospheres: Architectural Environments, Surrounding Objects*. Birkhauser, Switzerland, 2006, p. 29.

shapes and echo; here architecture creates an appreciation of uniqueness and the characteristics of each space, further developing the appreciation of the characteristics of the self, the beauty in the ugliness (see Figure 38).

Analysis of Sensorial Engagement		
The sensorial aspect:	How it is applied for the practitioners of self harm	How application positively benefits therapy
Hearing	- Loud noises can provoke and episode of self harm - Calm and tranquil sounds ideal for the practitioners of self harm - Harsh sounds are akin to anger which these individual are often subjected to	- Quiet, soft sounds ease the mind, are soothing - Connection of the body to space is derived through hearing - Spaces have differing audial qualities leading to an appreciation of the uniqueness and individuality in space and in the self

Figure 38

Analysis of Sensorial Engagement: Hearing

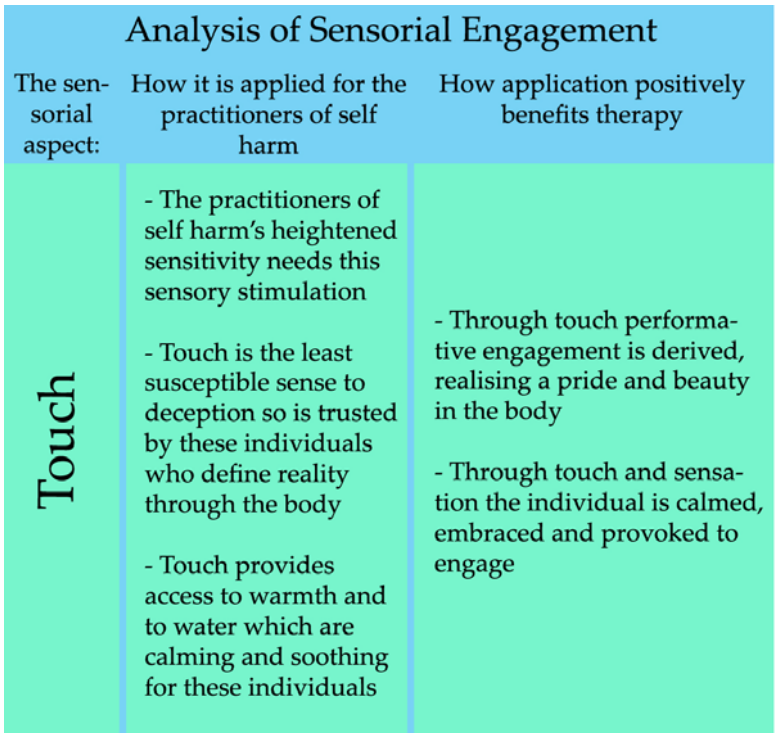
Source: Author's own image

4.3.3 Touch

Research suggests that sensuous engagement is decreasing in society. The importance of simple tactile pleasures is being discounted. "Touching and hugging as a manner of greeting and increasingly rare… even the handshake is going out of fashion."[271] To this end "human-kind's greatest and most easily accessible sources of pleasure [have] become taboo."[272] Further, we are losing connection with nature and the tactile encounters provided here. These pleasures are even more important for the practitioner of self harm: their heightened sensitivity needs this sensory stimulation, thus the architecture as therapy provides this with visually tactile materials, through lighting, warmth and the sensations of water.[273] Sensory engagement and touch is influential here as it is in these sensations that we find meaning:

[271] Tuan, Yi-Fu. *The Pleasures of Touch*. In The Book of Touch, Berg, Oxford, 2005, p. 75.
[272] ibid., p. 75.
[273] For further information on touch in the architecture as therapy, please see Appendix G.

"touch is the sense least susceptible to deception and hence the one in which we tend to put the most trust."[274] It is through touch also that performative engagement is derived, linking closely to this sensual encounter. "Touch, unlike other senses, modifies its object. It reminds us that we are not only observers of the world but actors in it. With this awareness comes pride in our ability to do and make,"[275] pride in the body, realisation of beauty in the body[276–277] (see Figure 39).



Analysis of Sensorial Engagement		
The sensorial aspect:	How it is applied for the practitioners of self harm	How application positively benefits therapy
Touch	- The practitioners of self harm's heightened sensitivity needs this sensory stimulation - Touch is the least susceptible sense to deception so is trusted by these individuals who define reality through the body - Touch provides access to warmth and to water which are calming and soothing for these individuals	- Through touch performative engagement is derived, realising a pride and beauty in the body - Through touch and sensation the individual is calmed, embraced and provoked to engage

Figure 39

Analysis of Sensorial Engagement: Touch

Source: Author's own image

[274] Tuan, Yi-Fu. *The Pleasures of Touch*. In The Book of Touch, Berg, Oxford, 2005, p. 78.
[275] ibid., p. 79.
[276] The notion of touch relates closely to therapy. If we are to consider that, "of all the communication channels, touch is the most carefully guarded and monitored, the most infrequently used, yet the most powerful and immediate,"[276] then perhaps an alternative touch therapy is what is needed by those who crave sensuous pleasures and have a heightened sensitivity.
[277] Touch is also stimulated through interaction in the architecture via prostheses; spaces are able to be manipulated by ropes and pulleys, by interacting with the panels and their varying surfaces, increasing awareness of tactility in the architectural environment, leading to an understanding of beauty and appreciation of texture and diversity. This leads to a reconciliation with the body, with its individuality eventually becoming appreciated. The engagement and repositioning of the body into unusual configurations also reinforces diversity as well as an increased awareness of the body, of its inhabitation of space; air currents will swirl around the body during these movements, the muscles will strain and skeleton realign, exploring the body not only as a physical entity but as an elegant tool, a beautiful instrument to release chords of harmony.

4.4. Conclusion

By stimulating the senses in the manner that the inhabitants desire; providing the warmth they crave, the darkness to cloak, the silence to dispel to inner turmoil, the architecture elicits a therapy. Through the senses and through engagement and experience the inhabited space becomes "integrated with our self-identity; it becomes part of our body and being."[278] In the relief found in the architecture through sensory manipulation, the inhabitants realise a new calm and tranquillity which allow a newfound clarity of mind to develop. Here architecture has the potential to evokes beauty, autonomy and esteem. Architecture as therapy evokes healing. Sensory engagement is manipulated by various means in the architecture as therapy in order to calm and comfort, to entice and then to challenge and develop new constructs. This is closely aligned with the particular individuals who are to inhabit the architecture. Sensory engagement is a vehicle harnessed alongside performativity in this architecture as therapy; this is explored in the following section: *Performer: The Beauty of the Stage.*

[278] Pallasmaa, J. *Eyes of the Skin: Architecture and the Senses*. John Wiley and Sons Ltd., Chichester, 2005, p. 50.

Section 5: Focus 3

Performer: The Beauty of the Stage

"Gradually, the images became less graphic, and the traumatic, confronting pictures of slashed arms with torrents of blood gave way to images of the back of my wrists. The damage that I knew existed on the inside was hidden from view."[279]

Performativity is a notion which is harnessed in the architecture as therapy in order to explore and to encourage bodily engagement and awareness. Through performativity as the predominant tool, identity and the self begin to develop as effects of this tool, two entities which are often underdeveloped in practitioners of self harm. Through the realization of the body as a creative and expressive instrument without the need for wounds and scarring, the performativity that the architecture promotes offers the fulfillment of the needs of these practitioners of self harm whilst also quelling the need to harm.

[279] Leatham, Victoria. *Bloodletting: A Memoir of Secrets, Self-harm and Survival*. Allen and Unwin, Australia, 2004, p. 185.

Performativity develops a renewed sense of self and through its blurring of boundaries deconstructs preconceived notions of beauty and ugliness, allowing a renewed sense of beauty to blossom, alongside autonomy and individuality. Performativity relates closely to the functioning of the architecture as therapy operating through three parallel processes functioning on different levels (see Figure 40).[280]

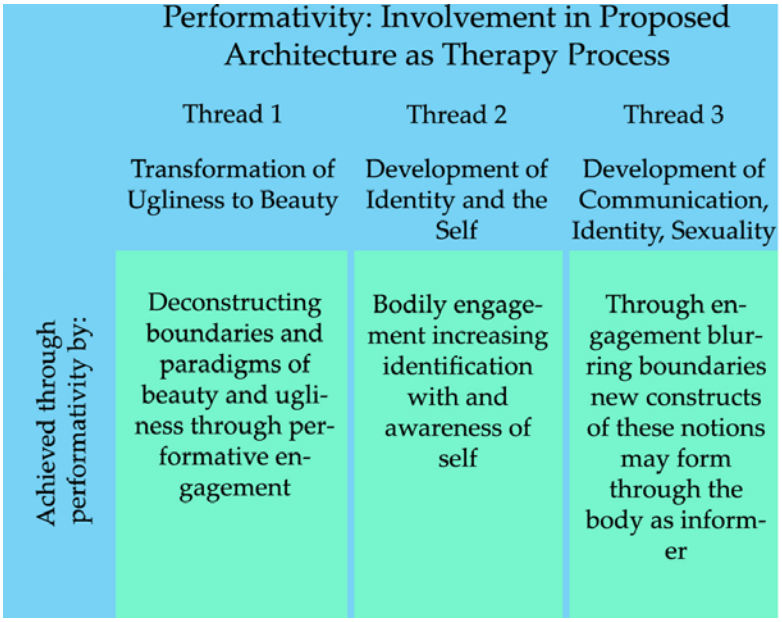


Figure 40

Performativity: Involvement in Proposed Architecture as Therapy Process

Source: Author's own image

Ultimately this thesis offers a new and alternative means of therapy, one of provocation, engagement and release. As autonomy and bodily awareness develop, *performance occurs via prosthesis progressing to via the body alone*, creating a liberated and individual body. Here we may understand that the architectural form is rendered irrelevant, due to the dynamic and changing mode of this architecture. The body here is the definer of space and of architecture.[281]

[280] For further information on performativity and its correlation with the therapy process, please see Appendix H.

[281] This architecture of therapy utilises performativity and thus recognises its power to create images and experience. Through this an increased awareness of reality and of body might occur inseparable from the performance occurring. Architecture functioning in this way has an autonomy which is capable of inviting and underscoring actions in such a way that the users of the spaces cannot help but participate and become a part of the performance.

This section of research first explores the tentative use of performativity as creative involvement in existing healthcare facilities and treatment. Secondly, the notion of why performativity is ideal in therapy as established in Section 2 is elaborated upon. Following this, how performativity will be employed, first via prostheses then via the body alone is discussed. The prostheses enable supported *communication and burgeoning identity development and self awareness.* The performativity without this aid *further develops the burgeoning identity formation, develops autonomy and sexuality.* Performativity also *increases in its collective approach*. Following this performativity and prosthesis are analysed in terms of connection to beauty and ugliness and to gender. When each notion is considered the theory is presented alongside any relevant design suggestions for how this theory will be employed in the architecture as therapy. These design suggestions are entitled by the specific notion 'in architecture.'

5. 1. Creative Involvement

The notion of creative involvement in healthcare facilities is beginning to be increasingly incorporated into the healing programmes of healthcare facilities.[282] This may be understood as a style of performativity as it aims to explore creativity, expression and communication in the same manner as performativity. As "depressed individuals are commonly less active"[283] and creative movement and body action can cause patients to achieve "complete remission of their depressive symptoms,"[284] this notion is powerful. Healthcare journals widely pronounce the importance of this creative involvement stimulation in the healing process,[285] and further, this stimulation

[282] Lee, Cathryn Rachel. *The Arts in Healthcare: Past, Present and Future Plans for the Integration of the Arts within Medical Facilities and Treatment Practices*. Unpublished thesis, Southern California, 2005, p. 20.
[283] Lutz, Robert B. *Physical Activity, Exercise and Mental Health*. In Complementary and Alternative Treatments in Mental Health Care, American Psychiatric Publishing, Inc., Arlington, 2007, p. 304.
[284] ibid., p. 305.
[285] Shane Graham, Chairman of the Finance and Audit Committee, Nelson and Bays Public Health Organisation, notes that artwork is utilised in New Zealand healthcare facilities: "Here in the Nelson Bays we ensure 1% of the project budget is spent on art for the spaces, just to make it a bit more pleasant. I don't really think it is enough but it is a step in the right direction… I know paintings aren't everything, that's all we can do in hospitals at the moment… but if there was opportunity to do more that would be great. People need to move,

can be shown to reduce medication needed by patients. They experience fewer surgical complications and have shorter hospital stays than those without this stimulation.[286] However, much of this creative involvement employed in the facilities explores hanging art, moveable furniture in rooms and display boards for patients, yet, I propose, these measures are lacking, are perhaps not as effective, not as *performative*, as they could be. These measures do not involve bodily engagement to a high degree nor do they explore the depth of stimulation which could be achieved. The body is not engaged to a high level, not utilized in a manner to develop communication or identity. However, initiatives to stimulate creative involvement are being implemented in some hospitals. For example, The Shands Medical Centre located in Gainesville, Florida, gave patients the opportunity to create colourful tiles for a tile wall during weekly painting sessions. The University of Michigan Health System contains a gallery which exhibits paintings and sculptures created by patients and staff and the staff have also collaborated to create The Life Sciences Orchestra which regularly plays to patients. Chelsea and Westminster Hospital, London, has also introduced an art collection and some performance art.[287] These initiatives, although aiming in the right direction, are merely gestures, and performance simply performed to the patients does not explore or encourage their active involvement. Here the architecture as therapy seeks to develop a new initiative, one expanding upon this tentative performativity use, enlarging and extending it to elicit greater depths of therapy, healing, identity formation and expression. This will be discussed further throughout this section of research.

Critique against this performative aspect, this creative involvement, is limited within the body of literature (see Figure 41). Facilities preferring not to incorporate such notions do so due to monetary constraints[288] or to a reigning traditionalism which steadfastly adheres to the proposed efficiency of the

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to get out of their rooms, experience different things. It'd stop things getting stagnant, stop people getting stressed" (Graham, Shane. Personal Communication. 2nd July 2010.).

[286] Lee, Cathryn Rachel. *The Arts in Healthcare: Past, Present and Future Plans for the Integration of the Arts within Medical Facilities and Treatment Practices*. Unpublished thesis, Southern California, 2005, p. 20.

[287] Spring, M. *Art Surgery*. In Building, 2001, vol 36, iss 41.

[288] Graham, Shane. Personal Communication. 2nd July, 2010.

clinical layouts and impersonal hospitalization care.[289] This is done amid widespread discontent with such facilities expressed by both patients and staff.[290] This efficiency is measured in patient through-put, success determined by number of outpatients treated with minimum resources required.[291] Although this is a pertinent consideration of any healthcare facility, I propose that this should not interfere with the delivery of care and further, that a break from the clinical efficiency might prove to be more effective and successful in long term healing of patients. Facilities incorporating cutting-edge treatment and therapy techniques have been shown to embrace this performative aspect. As explored in Section 1, the patients of the Rogers Memorial Hospital undergo 'adventure based therapy' where performativity is at the fore and a vital component to healing.[292] Further, the notion of the body as communicator, as occurs in performativity, is rarely discredited within the body of literature. Even research which seeks to dispel the notion that bodily movement cannot express all emotive states agrees that this movement provides a release and emotive quality for the performer of the movement.[293] In such research, where it is suggested that emotions such as fear cannot be conveyed via the body, it is also affirmed that the body is a tool for realization and for development of identity and liberation.[294] As demonstrated in this section, research supporting the powerful potential of body movement as communicator and expressor reasserts the potential of performativity and its selection for employment in the architecture as therapy.

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[289] This school of thought is widely discouraged within the majority of the current practice of healthcare, where to create "humanistic architecture" (Mazuch, Richard and Stephen, Rona. *Creating Healing Environments: humanistic architecture and therapeutic design.* In Journal of Public Mental Health, Pier Professional, United Kingdom, 2005, vol 4, iss 4, p. 48.) is to consider the effects of the environment on the users and their health and mental wellbeing. Further, these clinical environments have been aligned with the sensory deprivation of penal institutes (Mazuch, Richard and Stephen, Rona. *Creating Healing Environments: humanistic architecture and therapeutic design.* In Journal of Public Mental Health, Pier Professional, United Kingdom, 2005, vol 4, iss 4.).

[290] Mazuch, Richard and Stephen, Rona. *Creating Healing Environments: humanistic architecture and therapeutic design.* In Journal of Public Mental Health, Pier Professional, United Kingdom, 2005, vol 4, iss 4.

[291] Graham, Shane. Personal Communication. 2nd July, 2010.

[292] For further case studies, please refer to Appendix D.

[293] Dittritch, WH and Troscianto, T. *Perception of Emotion from dynamic point-light displays represented in dance.* In Perception, London, 1996, vol 25, iss 6, pp. 727-738.

[294] ibid., pp. 727-738.

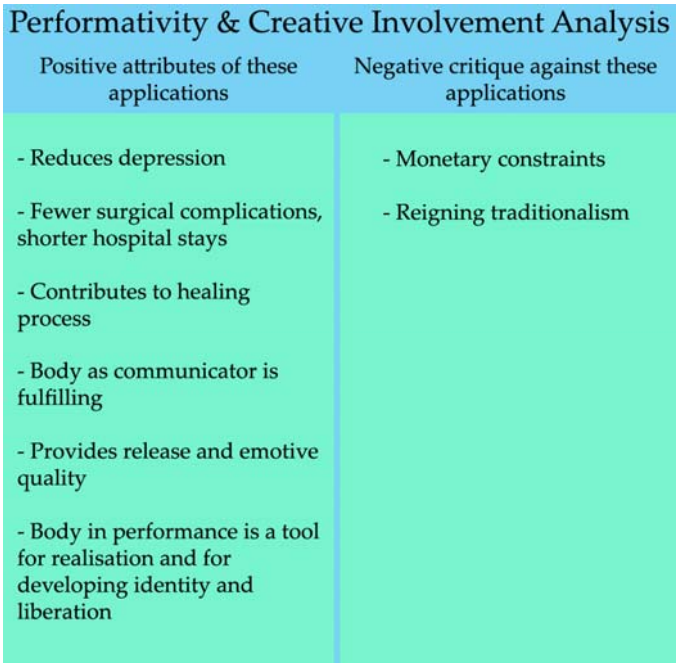

Figure 41

Performativity and Creative Involvement Analysis

Source: Author's own image

5. 2. Performativity as Treatment for Self Harm

Performativity and bodily engagement through architecture relates closely to the treatment of mental health, in particular anorexia nervosa and self mutilative behavior conditions.[295] This is due to the fact that expression verbally is very difficult for these inhabitants, thus it is possible that their emotional release and therapy may ensue as bodily interaction enabled by the architecture.[296] Performativity as communication,[297] as release and as

[295] "Therapists are confronted with pathology, with people in pain and search to help. In writing that concentrates on descriptions of pathology and interactions to alleviate suffering, far less is written directly describing what is health," (Press, Carol M. *Self Psychology and the Modern Dance Choreographer*. In Annals of the New York Academy of Sciences, Wiley Periodicals, Inc., London, 2009, vol 1159, issue 'Self and Systems explorations in Contemporary Self Psychology,' p. 219.) yet this performativity, is when "creativity embraced what was the finest of human kind, exemplifying our greatest potentials for health" (Press, Carol M. *Self Psychology and the Modern Dance Choreographer*. In Annals of the New York Academy of Sciences, Wiley Periodicals, Inc., London, 2009, vol 1159, issue 'Self and Systems explorations in Contemporary Self Psychology,' p. 219.).
Performativity and engagement provides an arena for communication where verbal emotions cannot yet be articulated by the inhabitant. In life, at birth the first expression occurs as "holding and touching and smelling" then "in facial expressions and perhaps later in words" (Press, Carol M. *Self Psychology and the Modern Dance Choreographer*. In Annals of the New York Academy of Sciences, Wiley Periodicals, Inc., London, 2009, vol 1159, issue 'Self and Systems explorations in Contemporary Self Psychology,' p. 219.).

[296] Research suggests that learning is initially somatic; before we have language we learn and communicate through direct experience of the body in its surroundings. This offers the notion that bodily communication is a primary communication and supports the use of performativity

comfort, easing anxiety for the practitioner of self harm, is an "exquisite mutual feedback process, the dance that is human discourse at its best."[298] The interaction with the architecture via performativity occurs as "we mold our rhythms to the rhythms of the other and they mold their rhythms to ours. In this rhythmic interaction, our own repertoire of rhythms will increase."[299] Such interaction and attunement via body senses draws the inhabitant into the healing process as creator (see Figures 42 and 43). "The body is the primary instrument through which we perceive and organize the world. We regularly return to the body as a frame of reference throughout development."[300] The inhabitants of the architecture may undergo development of perception, and reawaken the beauty of the body. As psychotherapist Lucy Treadwell explains, "any training where the body is used is great; we often use drama

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as a therapy technique to provide alternate means of communication. See Berthoud, Heather. *Reflections on Learning through the Body in OD.* In OD Practitioner, 2003, vol 35, iss 3, pp. 26-30.

[297] The emotions caught up with anorexia or self harm are "too intense to communicate," (<http://memoirsofacutter.blogspot.com> viewed on 12 March 2010.) they can only be dealt with by physical means, physical reactions, purging or wounding. Here architecture might offer a solution; architecture is powerful to harness this physicality to enable a release; performative interaction provides the physical engagement these inhabitants desire and does not require verbal communication, which is often too difficult. The body becomes the voice and the emotions may be relieved, expelled. There is research developed which suggests that other means of communication, particularly the written word, are equally powerful to bodily movement and bodily performance, and, if correctly crafted, may imbue a stronger emotive content. However, this does little to further the therapy of those who self harm due to their inability to find satisfactory communication through these conventional channels. Bodily performance is also critiqued as it cannot be transcribed to written means; again this is of no consequence to this architecture as therapy. The inhabitants do not desire to record their emotions, rather to express them and to find communication which is satisfactory to their own particular needs (Potter, Michelle. *Dancing words, or speaking with a sense of theatre*. Paper presented at International Oral History Conference, Sydney, 2006, July, <http://www.nla.gov.au/openpublish.index.php/nlasp/article> viewed on 22 May 2010.). The senses are stimulated through body and too allow reassurance and tranquillity to be developed through the manner in which they are manipulated in the architecture. Performativity promotes healing through the ability of the architecture, encouraging engagement, distracting and carrying the inhabitant to places beyond. The transformative qualities imbue notions of fantasy and escape, of blurring boundaries, "the interiors liberate the sick body from itself" (Colley, Anne C. *Bodies and Mirrors*. In Intimus: Interior Design Theory Reader, John Wiley and Sons, Inc., Great Britain, 2006, p. 72.). The inhabitant may desire and create her own space, manipulating it until it is as she desires; by fixing a space, one might fix oneself[297] (Gordon, Beverly. *Woman's Domestic Body*. In Intimus: Interior Design Theory Reader, John Wiley and Sons, Inc., Great Britain, 2006, p. 126.).

[298] Press, Carol M. *Self Psychology and the Modern Dance Choreographer*. In Annals of the New York Academy of Sciences, Wiley Periodicals, Inc., London, 2009, vol 1159, issue 'Self and Systems explorations in Contemporary Self Psychology,' p. 220.

[299] ibid., p. 222.

[300] Cornell, William F. *The Bodily Basis of Self Organisation*. In Bodies in Treatment: The Unspoken Dimension, The Analytic Press, New York, 2008, p. 23.

therapy with adolescents. It's absolutely superb, can be very powerful. Drama is fantastic; it's relational, ideal for eating disordered clients." [301]

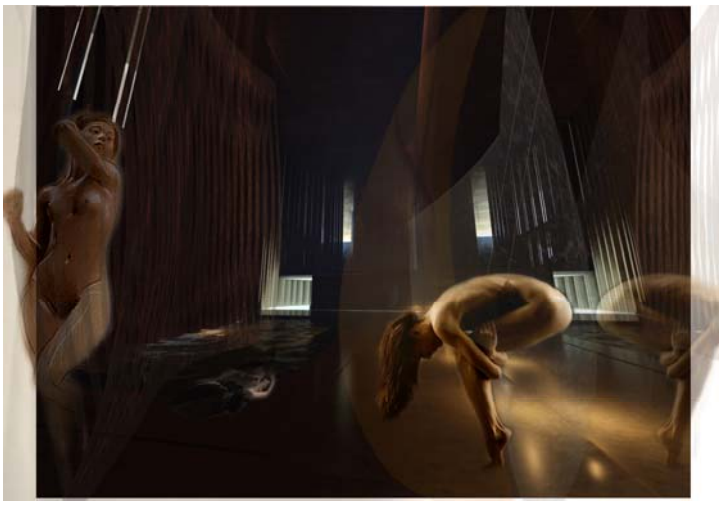

Figure 42
Body Defining Space
Source: Author's own image

Figure 43
Body Defining Space
Source: Author's own image

Anorexia and self harm conditions can be understood as an "attempt to put in place the elements involved in the building of a self-structure"[302] yet this attempt to describe the self and understand the self through signifiers of the flesh are "doomed to fail as they do not occur in a truly intersubjective

[301] Treadwell, Lucy. Personal Communication. 26th July, 2010.
[302] Straker, Gillian. *Signing with a Scar: Understanding Self Harm*. In Psychoanalytic Dialogues, The Analytic Press, Inc., Hillsdale, 2006, vol 16, iss 1, p. 93.

space."[303] Self harm can be understood as signing, creating a mark to say who I am or wishing to tell something to another when words are inadequate and inaccessible. Here performativity becomes relevant to treatment; the architecture allows the creating of signatures, of bodily expression, yet without the deformation of the body. Further, performativity explores the relationship of body and the self, allowing the inhabitant to understand and explore the self, allowing this to strengthen, mitigating the "mask[ing of] a hidden fragility in self structure, which self cutting attempts to remediate."[304] This cutting is also used as communication when words cannot be found, will not suffice. The body is used to express "both unspoken pain and uncontained affects."[305] Again, performativity acts as an ideal voice in place of self harm, allowing this bodily expression whilst mitigating the need for wounds, lesions and scars.[306] Here the body may be utilised beyond what self harm may vocalise, expressing "inexpressible dilemmas, and to speak the unspeakable… communicating by means of the body may be felt to be more successful than when words are used."[307]

5. 3. Performativity and Beauty

Performativity is a generator of meaningful experience which has the potential to influence and to elicit paradigm shifts.[308] "Movement is grounded in the sensation of bodily experience…both exploration and assertion and sensual motivational systems hold significant experiences"[309] and as such become vehicles for exploration of the body and the self, provoking a changing

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[303] Straker, Gillian. *Signing with a Scar: Understanding Self Harm*. In Psychoanalytic Dialogues, The Analytic Press, Inc., Hillsdale, 2006, vol 16, iss 1, p. 93.
[304] ibid., p. 95.
[305] ibid., p. 95.
[306] As Shane Graham explains, "sometimes the best therapy is not saying anything just putting them in places or spaces. You don't have to say anything; everyone knows why you are there. Spaces do the big stuff; you just have to put people in the spaces. You can't expect people to talk, I learnt in my experience as a social worker that it's just impossible. You are not the answer, but if you provide the opportunity like you want to do here, you let the big stuff be worked out by the patients; you let them take control and independence" (Graham, Shane. Personal Communication. 2nd July 2010).
[307] Straker, op. cit., p. 95.
[308] This relates to the realignment and reconfiguration of cognitions as aimed for in the therapy process of psychoanalysis.
[309] Press, Carol M. *Self Psychology and the Modern Dance Choreographer*. In Annals of the New York Academy of Sciences, Wiley Periodicals, Inc., London, 2009, vol 1159, issue 'Self and Systems explorations in Contemporary Self Psychology,' p. 224.

perception of an ugliness of the body to the beauty of the dance, the beauty of the body awakened, enthralled, *individual*. In this manner beauty may blossom from ugliness through a shift in perception, recognizing a new delight in the body.[310]

5.3.1 Performativity and Beauty in The Architecture as Therapy

In the proposed architecture as therapy, the performance and the journey from ugliness to beauty act in parallel. Still unsure, the architecture provides prostheses for engagement, to stimulate and to encourage this interaction. Increasingly the inhabitant cherishes this newfound freedom, newfound autonomy and calibration of space, this newfound appreciation of the body and its potential, its promise. Thus, architecture liberates the performance further, removing the prostheses and allowing the inhabitant to interact via the body alone, reinforcing a closer bodily engagement and awareness of the body. More unusual bodily positions will be stimulated here to provoke consideration of the body as a diverse and elegant tool and to stimulate a reflection upon diversity, its unique qualities which rise from ugliness and are brought forth, held here, aloft, in the light of beauty (see Figure 44). Identity and communication are also fostered here, developing alongside beauty.[311]

[310] For further information on performativity and beauty, please see Appendix H.

[311] Beauty also relates to intimacy in the architecture as therapy. Levels of intimacy mediate the transition from ugliness to beauty in this architecture. Earlier in the journey, the inhabitant was calmed and reassured through the comfort in secluded niches; increasingly as her journey progresses she is able to craft her own niches, interact with spatial elements to derive her own space catering to her own needs. An increased intimacy is forged as she interacts with the architecture and her own body; scale and dimension are employed to closely relate the architecture to the body. This creates increased intimacy yet also allows the inhabitant to "breathe more freely" (Zumthor, Peter. *Atmospheres: Architectural Environments, Surrounding Objects*. Birkhauser, Switzerland, 2006, p. 53.) as the space may be changed, unlike earlier spaces which allowed for comfort but not yet for freedom or autonomy. This increasing intimacy follows the developing transition to beauty and the increasing affiliation with the body, which in turn creates a greater affiliation with the self. A *beautiful* self.

Figure 44
Body as Elegant Tool
Source: Author's own image

The increasing engagement and moveability of the architecture raises the question that the final form itself may be rendered irrelevant. To interact and cater the space to one's own needs requires a space of dynamicism, of movement and ultimately lacking in boundaries, in solid form or construct. As Shane Graham Chairman of the Finance and Audit Committee, Nelson and Bays Public Health Organisation, explains, independence and autonomy is beneficial to the therapy process: "I think it's a yes and a yes for your [architecture as therapy] project. It's the interaction of it all. You can block images or sound as you want, broaden and change your space. This would be fantastic from a patient's point of view. They get frustrated by lack of independence, they are controlled. Here, they're not, they're independent."[312] There is a new order and control of the space, stemming not from the design but from the inhabitant. This creation of space leads to a fully realized affinity with the body, with its potential and promise, *with its beauty and elegance.* The perception has wholly shifted and the body is regarded as a tool for the production of identity, a tool for expression, for creation, for *performance*. The body is a vehicle to beauty; beauty of the architecture and beauty of the human condition.

[312] Graham, Shane. Personal Communication. 2nd July, 2010.

5. 4. Prosthesis

As discussed earlier in this research, the practitioners of self harm commonly have an undeveloped sense of identity and thus a lack of understanding of the self. This lack of understanding, if persisting for some time, may result in a decreased affiliation with the body, leaving the practitioner of self harm with no communication; the body is redundant as a vehicle for expression and the individual is effectively rendered without a voice. This is known as asomatognosia, where one fails to perceive parts of one's own body. This is correlated with a lesion "in the parietal lobe of the brain, which is involved in determining spatial sense and navigation."[313] Thus it may be surmised that if the practitioner of self harm continues to be without adequate therapy, their lack of identity and understanding of the self further restricts their communication until they have no voice, only a mute, wounded body and a trauma of memories. This, is it proposed, will be mitigated through this architecture of therapy via performativity. This begins with the use of prostheses,[314] which explore embodiment and in turn a construction of the self.

The use of prostheses (such as pulleys, sleeves and moulded body grips) encourages the inhabitant to engage by offering means which are supplemented, which persuade, promote and give confidence to the possibility of interaction (see Figure 45). This allows the inhabitant to become familiar with their body in a supported and assisted manner before engaging via the body alone.

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[313] Bradshaw, John and Guimmarra, Melita. *Embodiment and the Sense of Self.* In Australian Science, Research Library, Australia, 2008, vol 29, iss 1, p. 32.

[314] Performativity and engagement in the architecture as therapy is at first offered via prostheses. The interaction with the architecture via prostheses allows a more elaborate exploration of the body and through this an increased engagement and increased expression. If we are to consider the movements of a body engaging via prostheses, they seem to evoke a stronger energy and powerful physicality, "within [the movements] there are also all manner of counter-currents, gyrations and movements that well up from below… and maybe something that drips down from the heavens. Yet it is extraordinary how all these different kinds of energy, thrusts, fluttering elements, ultimately concur to manifest a kind of harmony" (Horn, Rebecca. *Bodylandscapes*. Hajte Cantz Publishers, London, 2005, p. 192.). Each movement "explaining its existence to the next: it rejects, resumes, plays, destroys, empties, leaps, dives down into the depths and spirals up towards the light," (Horn, Rebecca. *Bodylandscapes*. Hajte Cantz Publishers, London, 2005, p. 192.) in essence each movement begins to imbues an individuality which the architecture seeks to foster.

Figure 45

A waist prosthesis allows her to move elements

Source: Author's own image

The deployment of prostheses and their use by the inhabitant begins to construct the *bodyschema*, "a largely automatic representation of the spatial and biomechanical properties of the body and its associated limbs in space."[315] When this is developed, the *bodyimage* will materialise, the "conscious representation of the body, often with perceptual, conceptual and emotional correlates."[316] Disturbances of the bodyimage occur frequently in practitioners of self harm; therefore an architecture of therapy must seek to remedy this in order to provide a healing. In asomatognosia the patient will feel a reduction in embodiment but this may be modified by touching or looking at the body part, by *engaging* with it. Performativity, experienced first via prostheses, has the power to mitigate the quelling of the voice of the inhabitant, providing development of the awareness of body and awareness of the self which leads to identity production and meaning.[317–318]

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[315] Bradshaw, John and Guimmarra, Melita. *Embodiment and the Sense of Self.* In Australian Science, Research Library, Australia, 2008, vol 29, iss 1, p. 33.

[316] ibid., p. 33.

[317] Architecture is an ideal vehicle to explore bodily awareness and identity production; "considered as *physical* spaces, hospitals are 'behaviour settings' where there is a definite relationship between people… and the built forms of the hospital"[317] (Gesler, Wil and Bell, Morag and Curtis, Sarah and Hubbard, Phil and Francis, Susan. *Therapy by Design: Evaluating the UK Hospital Building Program.* In Health and Place, Elsevier, Amsterdam, 2004, vol 10, iss 2, p. 119.). If these built forms are specifically tailored to maximise interaction and meaningful engagement, identity may be fostered.

5.4.1 Prosthesis in The Architecture as Therapy

Since the architecture is conceived as an extension of the body and senses, the prosthesis, the pulleys and elements serving to enhance movement become all the more powerful. The key to the architectural intent is the relationships of touch, of movement and use, and of occupation and habitation via the body's engagement. This is a poetical deployment of mechanical constructions, aiming to extend the body in space and further enhance movement and engagement. Similar to artist Rebecca Horn's earlier works into prostheses for the body, these too explore touch and sensory awareness and aimed to "alter her relationship with her surroundings."[319] The prostheses have the power to "[intensify] the various sense-data of the hand; ... I feel me touching, I see me grasping,'… Implicit in the work is the idea that touching makes possible an intimacy between our own body and those of others"[320] (see Figure 46).

Figure 46

Rebecca Horn's 'Finger Gloves' extend perception of the hand

Source: http://www.medienkunstnetz.de/works/fingerhandschuhe

[318] For further analysis on the use of prosthesis in performativity, please see Appendix H.
[319] <http://www.tate.org.uk/servlet/ViewWork> viewed on 16 July 2010.
[320] ibid.

As the journey through the architecture progresses the inhabitant may increasingly cater their spaces to their needs, providing an autonomy and individuality as fostered by the architecture. This may consist of built in pockets and recesses, sliding panels and platforms, pulleys which mould to body parts and move partitions; these features hide as well as reveal how occupation is negotiated and structured, performative bodily engagements fostered through ropes and scaffold, how occupation is remade temporally and spatially. These features activated by prostheses act to entice active occupation of the spaces and active occupation of time, bringing the performative nature of the architecture to the fore. Thus, the embodied subjects within the architecture as therapy are redefined through mobility, they are mobilised in space and time. Prosthesis is the key which, through elements moulded to the body and extending the body, present new arenas of *communication and burgeoning identity development and self awareness.*

5.5. Performativity without Prosthesis

Whilst the journey through the architecture develops, performativity becomes utilized without prosthesis, through the body alone. The practitioner of self harm is now capable of this interaction and engagement, their sense of self and awareness of body has been developed by the prostheses and may now be taken further by an increased autonomy generated by engaging with the architecture without prostheses. This involves a close interaction with the architectural elements themselves, with walls and scaffold directly, freed from having to use pulleys, triggers or elements molded to the body as an intermediary step to define space. Explored will be the purpose of this performativity and how it manifests in the architecture as therapy.[321]

The performer, the occupier of the architecture as therapy, sets the architecture in motion, begins the dynamic performance. The occupants

[321] The sensitive and highly guarded areas of the body by these practitioners of self harm include the inner thigh, stomach, inner forearm, inner bicep and the lips. To encourage engagement via these body parts both to provide positive association and unusual body positioning, the architectural elements have sensors to react to temperature and release movement. Research has shown that these body parts have a slightly higher body surface temperature than other areas of the body, thus the engagement via these particular body parts can be acknowledged in the architecture through these sensors.

become actors, pushing and pulling, aligning surfaces to meet their own individual needs, the needs of this performance or performances to come. The architecture, in a sense, is not possible without this performance, this occupation, bringing into focus the performative dimension of the built environment. The inhabitants redefine themselves and the architecture through this mobility.[322] This creative act has the power to transform social expectations and thought itself, a powerful force in this architecture as therapy which will be harnessed to *further develop the burgeoning identity formation and develop autonomy and sexuality.* Processes occurring here involve constant interchange, transcending of boundaries and the constant reconnection with the body. This has the potential to reconfigure how inhabitants understand and appreciate the body, and consider the relationship between the body and architecture (see Figure 47).[323]

[322] Through the performance the body and the interior spaces enact relationships, a process which is very rewarding and fulfilling for the occupant, at last sustaining and nourishing the yearning within. Through this performance joy is fostered and desire sated. Joy and desire are intrinsically linked with "a merging of awareness and action, the absorption into activity, overcoming the duality of the self and object and finally the production of creative spatial arrangements [thru this activity]" (Csikszentmihalyi, Mihaly and Csikszentmihalyi, Isabella Selega (Eds.). *Optimal Experience: Psychological Studies of Flow in Consciousness.* Cambridge University Press, United Kingdom, 1998, p. 111.) as occurring in the architecture as therapy. To be so involved in a process, to be so absorbed, so possessed by a moment, is a potent quality of the architecture and of performativity; a quality spurred on by desire. Joy and desire in this sense might manifest throughout the process, not only in the satisfaction of the final product, the cure.

[323] As the performance develops and is perfected, "perception, action of the hand and thought lose their independence and turn into a singular and subliminally co-ordinated system of reaction and response. Finally it is the maker's sense of self that seems to be performing the task as if his/her existential sense exuded the work, or performance" (Pallasmaa, Juhani. *The Thinking Hand: Existential and Embodied Wisdom in Architecture*. John Wiley and Sons., Ltd., United Kingdom, 2009, p. 82.). Through this engagement and sensory stimulation a greater sense of the self is developed, leading to a greater sense of autonomy and esteem; this is architecture acting as therapy. "Everything we see, hear, smell, taste and feel forms our knowledge of the world and of ourselves," (Tsiaras, Alexander. *The Architecture and Design of Man and Woman*. Doubleday, Japan, 2004, p. 57.) yet too much sensory stimulation is overpowering, does not allow clear thought. "Lovers close their eyes when they kiss because, if they didn't, there would be too many visual distractions to notice and to analyze" (Ackerman, Diane. *A Natural History of the Senses*. Vintage Books, United States of America, 1990, p. 111.). Thus, the treatment facility is careful to mediate sensory experience to allow stimulation as well as clarity.

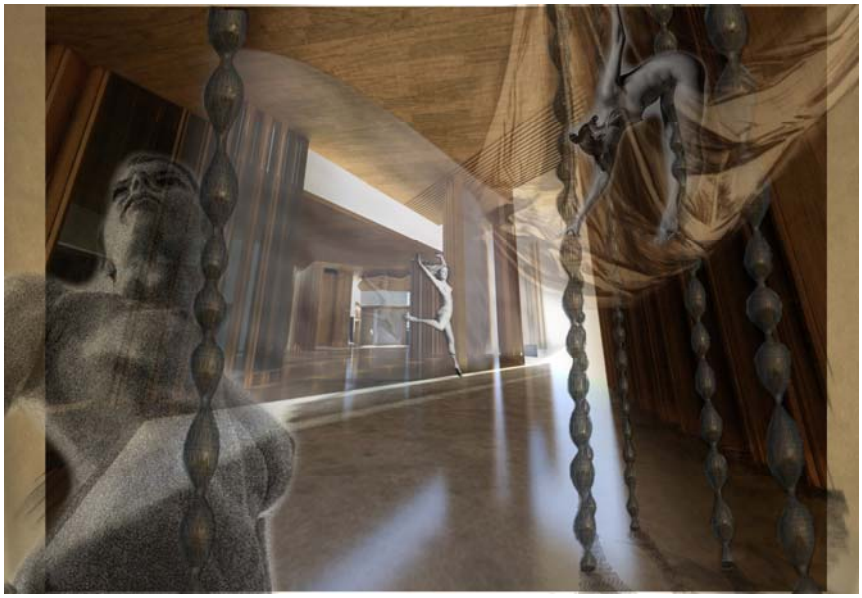

Figure 47

Consideration and Reflection, Paradigm shifts

Source: Author's own image

The performativity also *increases in its collective approach* emphasising a completeness of the individual and a completeness within a social realm, which is rewarding.[324] This is explored through interaction, porous materiality, reflection and the inhabitant depending less on darkness and privacy, as occurred earlier in the journey through the architecture as therapy. Through this collectivity of performance, encompassing both the self and the reflection as well as the self and others, allows the inhabitants "to complete themselves by becoming dancers."[325] Through the collectivity relationships are fostered; "without a relation with one's most authentic self and with the self of another person there may be no understanding of why we move in space or even why

[324] As there is much importance and weight given to the sense of community or belongingness inculcated in different hospitals for therapeutic benefit (Filstead, WJ and Rossi, JJ. *Therapeutic milieu, therapeutic community, and milieu therapy: some conceptual and definitional distinctions.* In The Therapeutic Community: A Sourcebook of Readings, Behavioural Publishers, New York, 1973.) this is thus ideal in the architecture as therapy. This increased collectivity as encouraged by the architectural interventions develop relationship between architecture, body and individuals. As "poor relationships… could harm the healing process" (Gesler, Wil and Bell, Morag and Curtis, Sarah and Hubbard, Phil and Francis, Susan. *Therapy by Design: Evaluating the UK Hospital Building Program.* In Health and Place, Elsevier, Amsterdam, 2004, vol 10, iss 2, p. 119.) this intervention is paramount to evoke growth and development.

[325] Pacifici, Maria Paola. *The Construction of 'Psychoanalytical Choreography' and the Dancing Self*. In Bodies in Treatment: The Unspoken Dimension, The Analytic Press, New York, 2008, p. 108.

we exist in this world."[326] The individual may communicate through movement and form in a manner beyond words or sensory abilities and in turn the watcher, the *audience*, "recalls those images in their unconscious, converting them in their own spatial-temporal dimensions."[327] Here "form becomes simultaneously an object situated outside the self and an object contained within the most intimate self."[328] Performativity and gesture creates shared bonds and communication between one's own self and the self of another. This collectivity is a final step to explore appearance and its evoking of attraction and positive identification. This "identification will enable the patient to deidealise the [other] and begin to value herself."[329]

5.5.1 Performativity without Prosthesis in The Architecture as Therapy

The performativity occurring in the architecture as therapy develops to consist of an autonomous and liberated engagement controlled directly by the inhabitant via their body. This is carried out through the inhabitant directly manipulating architectural elements to her own ends; prosthesis as an intermediary step, as a stimuli to encourage interaction has been removed, so self assured and liberated is she. The inhabitant may now engage closely, understanding the nuances of the architectural elements, their texture, form and abilities to morph, appreciating their individuality. To develop "situational freedom"[330], to explore "our existential possibilities"[331], a spatial structure is required which provides options; the "required model is the labyrinth which creates a sense of many options (to the point of disorientation)."[332] Walls may be pushed or pulled to create or define space as desired, they may be penetrated and inhabited, creating new space to meet individual needs and blurring constructs of wall, space, inhabitation and percepts of the architectural environment. Body parts sensitive to these particular individuals

[326] Pacifici, Maria Paola. *The Construction of 'Psychoanalytical Choreography' and the Dancing Self*. In Bodies in Treatment: The Unspoken Dimension, The Analytic Press, New York, 2008, p. 108.
[327] ibid., p. 107.
[328] ibid., pp. 107-108.
[329] Petrucelli, Jean. *When a Body Meets a Body*. In Bodies in Treatment: The Unspoken Dimension, The Analytic Press, New York, 2008, p. 242.
[330] Peled, Arie. *The Post-Patriarchal Place*. Paper presented at Accessory/architecture Conference, Auckland, 1995, p. 78.
[331] ibid., p. 80.
[332] ibid., p. 81.

must be used to engage, to serve as triggers to release movement causing the body to assume unusual positions. This increases the performative aspect as well as increasing the awareness of body and identity. Scaffold may be manipulated and utilised to create and define space.[333] The inhabitants of the architecture may begin to engage in the architecture freed from prosthesis, to engage with and to activate architectural elements directly through the body. This explores uninterrupted engagement of the body with the architectural elements.

The *increase in collectivity* occurs through a slow re-entry of the body to society[334]; as one becomes increasingly reconciled with the body the revealing through architecture, through gossamer silk and porous screen, becomes calming and providing of esteem. To reveal the body to others, to reveal its performance to others, is to increasingly reconcile its condition with the psyche (see Figure 48). This is also to challenge others, to confront society, through this beauty from ugliness, this striking autonomy, confidence and self awareness. The images or mirrors of the body become like another dancer, another performer. Mirrors extend and distort the inhabitant's behaviour allowing them to inhabit unfamiliar dimensions. These women, as practitioners of self harm and as inhabitants of this architecture, are "preoccupied with their dietary practice [and self harm] and with regulating the volume of space their body takes up in the world."[335] By increasing the

[333] These specific architectural interventions will be further explored later in this research where the architecture as therapy is documented and the design itself is explored.

[334] The interface between outside and inside is comprised of highly tactile and sensuous layers. The invisible is significant, including light, texture and sound. In architecture the boundary is represented by the façade acting as the skin of the building, and through layering of materiality and texture enables the inhabitant to engage in this boundary, to extend the body and its image outward, or to continue to engage internally until the psyche is ready for exit from this architecture of therapy. Mirrors and projections transfer the performative body from the interior to the exterior, understood as a beautiful and autonomous being. This focuses on the body and understanding the alternative dimensions into which the inhabitant is projected while inside the architecture. Here lies the power of architecture to influence society beyond its walls; the 'goods' produced by society which were then discarded, the 'ugly inhabitants' have realised a newfound autonomy and beauty. To project this back onto society is to strike at society with their own 'deficiencies'; those whom society deemed unwanted and redundant now wield the power, the influence, the potency of a beauty wrought through discovery, self actualisation and awareness. This is a strong beauty, one that is not only attractive but compelling, mesmerising and altogether transfixing.

[335] Shipton, Geraldine. *Anorexic Space*. In Journal of Community and Applied Social Psychology, Wiley Periodicals, Inc., London, 1999, vol 9, iss 6, p. 435.

performativity and the ability to arrange and craft the space as desired, the inhabitants of the architecture may focus less on the body claiming space and increasingly on the body as *defining* space, taking an authoritative, autonomous role and leaving behind old constructs, the anxiety haunting the body.[336]

Figure 48

Collectivity

Source: Author's own image

Boundaries are blurred and this "tangible and sensual communication"[337] exuding "an emotional and intuitive form of presence."[338–339] By blurring of spaces through performance, engagement and interaction in the architecture the subject might be broken down, *previously held constructs may be*

[336] The performativity operates to foster identity and individualism; as these inhabitants commonly have a diminished capacity "to forge a sense of her own unique identity as a woman" (Shipton, Geraldine. *Anorexic Space*. In Journal of Community and Applied Social Psychology, Wiley Periodicals, Inc., London, 1999, vol 9, iss 6, p. 436.) the architecture is powerful as a vehicle to foster this process. This is a process which can only be truly realised in this manner through architecture, cementing the potential and prowess of architecture as therapy.

[337] Bullivant, Lucy. *Responsive Environments: Architecture, Art and Design*. V&A Publications, London, 2006, p. 117.

[338] ibid., p. 117.

[339] This creates an embodied space, spaces that are ephemeral. "Both the subject and space have the capacity to be ordered by boundaries; the difference between them seems to be sustained by a fragile boundary. As a result of their common physics and the subtlety of their difference, the two can become intermixed, the difference between them confused"[339] (Kirby, Kathleen M. *Indifferent Boundaries: Spatial Concepts of Human Subjectivity*. The Guilford Press, New York, 1996, p. 36.).

deconstructed and thus new identities and paradigms can begin to form. This is powerful; the development occurring in the inhabitant allows a reconnection with the human condition and a reconciliation with the post-trauma body through this bodily engagement.[340]

5. 6. Performativity and Gender

Performativity is associated with gender and gender deconstruction; as performativity allows the repositioning of limits with regard to architecture and preconceived notions of the built environment. The disruption of the familiar also engenders a destruction of other preconceived notions, in particular gender and beauty.[341] To realise a blurred and destabilised construct of gender aids in the therapy process. Gender relates closely to self harm in that is it occurs predominantly in women, and society's expectations of beauty, conformity of the body and identity are relative to the female gender.[342] To overcome the binds of gender is to aid the therapy process. As will be discussed, to free oneself from the limitations of gender further develops identity and awareness of sexuality in these practitioners of self harm.[343]

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[340] This consideration of boundary, projection of the body and increasing recognition and approval of this projection in regard to self harm tendencies and the performative at the boundary of architectural interior and exterior are explored in Appendix I.

[341] This relates to the realignment and reconfiguration of cognitions as aimed for in the therapy process of psychoanalysis.

[342] This also relates closely to the notions of identity, communication and sexuality as discussed in Section 2.

[343] It has been postulated that "architecture is traditionally about vision: sight and perspective" (Wear, Keryn. *(Be)Witching Architecture: Odour, Gender and Architecture*. Unpublished Thesis, Victoria University of Wellington, Wellington, 1996, p. 6.). There has been a privileging of sight over the other senses (Frampton, Kenneth. *Towards a Critical Regionalism: Six Points for an Architecture of Resistance*, <http://www.colorado.edu/envd/courses/envd4114-001/Spring%2006/Theory/Frampton.pdf> viewed on 16 July 2010.). Alongside this, the Modernist movement in architecture is encompassed by the design of a clean, streamlined look, where the line of sight could follow along sanitized surfaces, unobstructed and ordered. Modernist architects designed the spaces, the furniture and the layout, removing control and autonomy from the woman who would inhabit them; "in doing so they marginalised women, who were unable to decorate their [spaces]" (Wear, Keryn. *(Be)Witching Architecture: Odour, Gender and Architecture*. Unpublished Thesis, Victoria University of Wellington, Wellington, 1996, p. 20.). In this manner women are seen as a disruption to masculine order; woman is a threat to this order by the very facets which make her a woman, through her menstrual blood which serves to disrupt cleanliness and perfection (Maughan, T. *The Witch in the Wardrobe*. Paper presented at Accessory/architecture Conference, Auckland, 1995, p. 40.). To change and to manipulate the architecture, to alter it over time is a disruption to the order of modernism, (Tschumi, Bernard. *Architecture and Disjunction*. The MIT Press, Massachusetts, 1994, p. 73.)

Following this, the correlation of gender with prosthesis, with performativity, and with performativity in architecture will be explored.

As discussed, the performative aspect of the architecture develops such that the architectural form becomes irrelevant, the body is the definer of space. Here the inhabitant is simultaneously aligned with the feminine who disrupts order and the masculine who controls, who creates and defines space. Gender boundaries are blurred and the inhabitant becomes 'unsexed'; this is a crucial notion in the healing and therapy evoked through the architecture. At the realisation of this heightened performativity and gender blurring, I propose the inhabitant may overcome the affliction of self harm entirely, its association with the female gender is no longer relevant, the expectations of society's feminine image are deemed obsolete. The body is not defined by gender, is not an object but a powerful tool, a vehicle to realise beauty, autonomy, identity and liberation.[344]

5.6.1 Prosthesis and Gender

As discussed, the notion of performativity is prevalent in the deconstruction of gender, yet prosthesis is also involved in this destabilization of preconceived notions. Prosthesis occurs outside of the realm of architecture in order to blur these constructs, such as in clothing through the corset and the mask. These elements will be discussed with reference to gender. The ideas imbued in these elements may then be reinterpreted and incorporated into architecture to explore gender deconstruction in the built environment. Adolf Loos' House for Josephine Baker is discussed as an example of this.

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and thus woman was marginalised when she could not personalise this clean, whitewashed space. If we are to understand this masculine order as beauty through its relations to the pristine, elegant design of traditional beauty, the light and pure qualities referencing beauty further, then woman exerts an ugliness in the architecture as therapy through her manipulation of space. She disrupts the marginalisation, disrupts the order and so develops greater autonomy and control through ugliness. Here gender enters the fore, and the architecture as therapy responds by blurring constructs of gender in order to exert a new control, develop a new autonomy in the inhabitant and further deconstruct notions in order to allow new awareness and identity to develop.

[344] For further information on performativity and gender, please see Appendix G.

The corset is an item which creates this possibility to present a new self, create a new persona, in a sense to free oneself from some limitations of gender. Corsets bring an aura of self confidence and elegance, a self assuredness which the wearer controls. And as the wearer herself can use it to control, rather than being controlled, "it is also becoming ironically a feminist item."[345] Through the disruption of norms and order the corset is associated with the feminine, however this control exerted may also be understood as masculine; here boundaries are blurred between gender and the body occupies the space between. However, to best understand the corset and the body it must be examined what 'the body' encompasses. Body may stop at skin, but can clothing be considered skin? Are clothes supplementary to the body or a part of the whole? This blurring of boundary is what ensures the possibility encompassed by the corset. By acting as 'mask' which the woman may inhabit by choice, this item becomes a part of the body, the mind, the human condition.

> The corset, perhaps like all clothing, cosmetics etc. is not simply 'added' to an already existing body. Clothing is not something totally external or foreign to the body which cannot effect the notion of the body. The body cannot be considered as something completely independent from body supplements. Or as Derrida might put it, an original 'natural' body never existed - there has never been a body intact and untouched by clothing etc. The natural 'presence' of the body disappears.[346]

The 'mask'[347] which is donned inhabits this blurred zone, this unclear boundary, this void in-between the interior of the body and the exterior of

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[345] <http://www.corsetinformation.com> viewed on 4 August 2010.

[346] Best, Sue. *Foundations of Femininity: Berlei corsets and the (un)making of the modern body.* Continuum: The Australian Journal of Media and Culture, 1991, vol 5, iss 1, <http://www.mcc.murdoch.edu.au/ReadingRoom/5.1/Best.html> viewed on 9 August 2010.

[347] The notion of the mask and what it implies has been explored through an exhibition of masks by Suzanne Benton, at Nardin Fine Arts, New York. She regards the masks "not as disguises, but as vehicles of transformation that 'allow the wearer to call up the elements of the self that have not yet had a chance to live'" (Malarcher, Patricia. *CRAFTS; From Mythology, Welded Metal Masks.* New York Times, New York, Sep 23, 1990, p. A19.). Even the practice of her mask making allowed this sense of autonomy to develop. She wrote "of

society. Thus it is in this void where the woman may develop, where the new persona of woman may begin. Thus it is this void which is explored through architecture.

Adolf Loos's House for Josephine Baker encompasses a mask, as it is symbolic of a yearning to see and then to touch. The mask is an implement women may employ to create barrier and remove themselves from the gaze of men, the touch of men.

> The house is an apparatus (like the note) through which one can somehow rub against, or trap, a dancer's exoticized body. It is a building designed as a tactical enter- prise, as the imaginary 'prose' of an amorous conquest in between whose lines (in between the stripes of its facades and the distribution of its rooms) one is to decode a longing to signify desire. In other words, this house corroborates someone's yearning to touch the absent body of Josephine [see Figure 49].[348]

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her own transformation from a painter to a sculptor at a time when women were not encouraged to work with welding torches. In retrospect, she realized that the ritual of donning the required mask and heavy apron for welding marked a significant transition from her role as a traditional wife and mother" (Malarcher, Patricia. *CRAFTS; From Mythology, Welded Metal Masks.* New York Times, New York, Sep 23, 1990, p. A19.). For her the masks "project a sense of life waiting to be entered," (Malarcher, Patricia. *CRAFTS; From Mythology, Welded Metal Masks.* New York Times, New York, Sep 23, 1990, p. A19.) and thus are akin to the corset, allowing a new persona, a new life, to be created. And yet there is a point of fusion, a joining of mask and person, which occurs within the mask and it is here that the new persona may develop.

[348] el-Dahdah, Fares and Atkinson, Stephen. *The Josephine Baker House: For Loos' Pleasure*. Assemblage, The MIT Press, 1995, No. 26, p. 72.

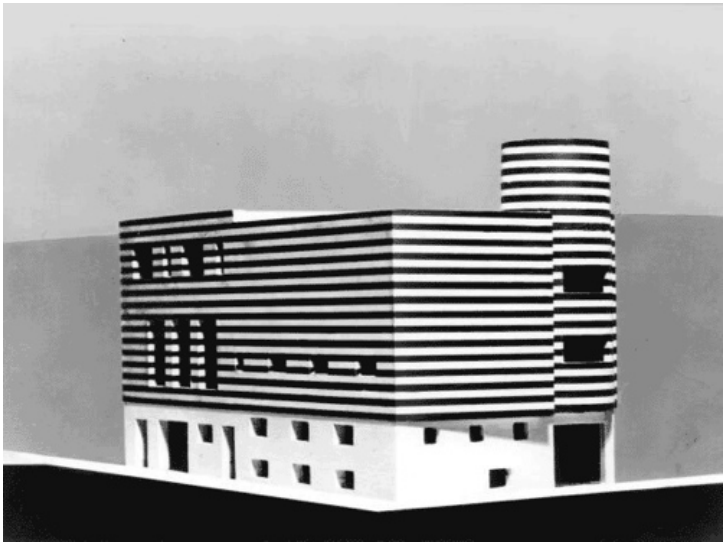

Figure 49

House for Josephine Baker exterior

Source: http://farm1.static.flickr.com/56/192842272_cdf8fcc46c.jpg

Josephine, the woman occupying the mask, the house, "becomes, when covered, when given a house in which to hide, a riddle to man, in order to implant in his heart the desire for the riddle's solution."[349] This performs the same function as the mask, giving a sense of mystique which the woman may manipulate as she sees fit, giving her an air of confidence through the power she is aware she wields.[350]

The architecture as therapy relates to the ideas presented in Adolf Loos's House for Josephine Baker, yet explores them in a new way, in a new light. A

[349] el-Dahdah, Fares and Atkinson, Stephen. *The Josephine Baker House: For Loos' Pleasure*. Assemblage, The MIT Press, 1995, No. 26, p. 72.

[350] The entry to the house itself allows the woman to take the place of power, to reveal herself as she sees fit, much in the way she would employ a mask and exploit it to covet control and autonomy. "The cabaret audience, now reduced to a single spectator, stands at the entrance looking up. The stairs are so long that the anticipated approach of Josephine from the vestibule can, at first, only be heard. Her head or coiffure soon appears and the rest of her body is gradually revealed, from top to bottom, just as in a striptease, lest we forget that the American dancer had been imagined stripped of all her clothes/ornaments. Josephine must now 'wear' the stairs, much as she would a dress, in order to play the stripteaser's subtle game of concealing and revealing. In the vestibule above and down the stairs, she is imagined dancing forward and backward, teasing and manipulating the spectator below" (el-Dahdah, Fares and Atkinson, Stephen. *The Josephine Baker House: For Loos' Pleasure*. Assemblage, The MIT Press, 1995, No. 26, p. 72.).

boundary is a "zone of negotiation"[351] and boundaries have their "significance springing from interaction on either side of the line."[352] So what must it be like to inhabit this zone of negotiation, to explore and develop in a world where boundaries are permeable, where expansion is allowable and inhabitation of the unknown is conceivable.[353] As Maurice Blanchot describes "I had entered into it, I bore it within me, I made it live, with a life that is not a life, but which is stronger than life, and which no force in the world can vanquish."[354] This is the woman occupying the mask, creating a new persona and life for herself, allowing a new exploration of identity to occur which is stronger and more powerful than her identity alone, without the mask, giving her influence, control, strength and autonomy. The mask, the prosthesis, allows her to develop, to blur boundaries as she sees fit and become a strong and autonomous entity. Here gender constructs are blurred, where the masculine control combines with the feminine disruption of order and, perhaps, beauty, in a reaction where the final product is an entity freed from gender roles an expectation, an independent being, unique, distinctive, *ugly*.

Prosthesis in architecture has relationships to gender in order to blur constructs and allow the entity engaging to develop and to grow, beginning to be freed from gender ties. Prosthesis, in addition to encouraging engagement in the architecture begins the process of deconstruction of gender. Gender is dismantled through performativity as performativity in the architecture as therapy investigates the deconstruction of architectural boundaries and notions. Walls become inhabited, spaces defined through occupation, catering to individual needs at individual times. This can be understood as the wearing of a mask, the wearing of the architecture. The preconceived understanding of spatial inhabitation is shattered, and from the ruins grows new ideas relation to architecture, to beauty and to gender.

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[351] Borden, Ian. *Thick Edge: Architectural Boundaries and Spatial Flows*. In Intimus: Interior Design Theory Reader, John Wiley and Sons, Ltd., Great Britain, 2006, p. 50.
[352] ibid., p. 50.
[353] This relates to the realignment and reconfiguration of cognitions as aimed for in the therapy process of psychoanalysis.
[354] Blanchot, Maurice. *L'arret de mort.* Gallimard, Paris, 1948.

5.6.2 Performativity and Gender

The notion of deconstructing gender is powerful; that the defined roles of the masculine and the feminine could be meaningfully disassembled, pulled apart and the zones between explored is a potent force in the treatment of conditions predominantly and strongly correlated with a particular gender.[355] Various strategies, including inhabitable walls, dynamic architecture and changing spaces, have been employed to explore architecture, spaces and how these are defined, dismantling interior and exterior opposition, interior occupation, and exploring through engagement and performativity the inhabitation of these in-between zones. This creates an unusual experience of space generating a renewed awareness of body and engagement which leads to a critical awareness with respect to gender, the body and beauty. This creates a "shift in both the analysis of architecture and the enactment of architecture."[356] As Katarina Bonnevier explains, "the feminine or the masculine are not absolute categories,"[357] rather there is a "much more varied idea of gender,"[358] which is harnessed in order to evoke therapy in this architecture through performativity. The design participates in the construction of new gender identities. In this manner the centrality of mind or consciousness can be displaced through a "reconfiguration of the body"[359], such that "other ways of understanding corporeality, sexuality and the differences between the sexes may be developed and explored which enable us to conceive of subjectivity in different terms."[360–361]

As previously discussed in this research, the practitioners of self harm often become absent of sexuality.[362] The architecture seeks to replace that

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[355] What relationships and interaction occur in this intermediary zone between gender, this space of in-between condition, generate a paradigm shift with regard to gender, deconstructing social norms and resulting in a meaningful architectural engagement.
[356] Bonnevier, Katarina. *Behind a Straight Curtain*. Published Thesis, Axl Books, Stockholm, 2007, p. 9.
[357] ibid., p. 84.
[358] ibid., p. 271.
[359] Grosz, Elizabeth. *Volatile Bodies: Toward a Corporeal Feminism*. Allen and Unwin, Australia, 1994, p. vii.
[360] ibid., p. vii.
[361] For further information on Performativity and Gender, please see Appendix H.
[362] Erotophobia is now coming into use as a general term to describe "a woman's disinclination to engage in any form of sexual practice" (Jeffreys, Sheila. *The Lesbian*

sexuality, but not only as a woman; this gender is blurred, is powerful as it encompasses the passions and desires of a previously ill-defined and unknown construct. The absent sexuality is now realised, is created through the awareness and blurring of gender which the performativity in the architecture explores. This operates upon the fact that "the exclusion of sexuality is itself sexual,"[363] there is latent sexuality here which is undefined, and must be teased forth. This relates very closely to these practitioners of self harm as they will be more disposed, more inclined to this blurring of gender, having at present a vulnerable sense of sexuality which is open to influence, which is receptive and impressionable.[364] The absence of sexuality is filled through architectural engagement, thus therapy is aided through the architecture. Through this therapy, gender constructs are manipulated to allow the inhabitant to be freed from the confines of this strongly feminine affliction whilst relishing their newfound sexuality, this sexuality dwelling in-between constructs, in-between expectations. This is challenging, yet enables a greater sense of autonomy, awareness and identity to be realised, to be *performed*.[365–366]

Heresy: a feminist perspective on the lesbian sexual revolution. Spinifex Press Pty. Ltd., Australia, 1993, p. 18.).

[363] Wigley, Mark. *Untitled: The Housing of Gender*. In Sexuality and Space, Princeton Architectural Press, New York, 1992, p. 328.

[364] Bruch, H. *The Golden Cage: The Enigma of Anorexia Nervosa*. Harvard University Press, Massachusetts, 1978.

[365] It may be understood that the house utilises control to "resist the displacing effects of sexuality" (Wigley, Mark. *Untitled: The Housing of Gender*. In Sexuality and Space, Princeton Architectural Press, New York, 1992, p. 338.) in order to maintain secure boundaries; the woman's sexuality must "be controlled by being bounded… [this is] the domestication of a wild animal" (Wigley, Mark. *Untitled: The Housing of Gender*. In Sexuality and Space, Princeton Architectural Press, New York, 1992, pp. 335-336.). However, in the architecture as therapy the inhabitable walls and elements, the fluid and repositioning of the architecture serves to displace these boundaries, to question them, to develop sexuality. As previously discussed in the section *Senses and the Body: The Waters that Heal*, ornament is employed in the architecture as therapy as one of the therapeutic tools. Ornament also relates to sexuality and its reassertion. "The threat of ornament is its sensuality, which distracts the proper eye" (Wigley, Mark. *Untitled: The Housing of Gender*. In Sexuality and Space, Princeton Architectural Press, New York, 1992, p. 335.). Ornament seduces, leads the eye away from the inner order, producing a disorder, an ugliness. In the manipulation of elements through performativity, the order is disrupted, the smooth surfaces rendered an ornament through their splicing and increasing in detail. This layering of spaces and creation of ornament relates to sexuality through the condemnation of a woman's use of decoration, of makeup, "because its dissimulation calls into question her chastity" (Wigley, Mark. *Untitled: The Housing of Gender*. In Sexuality and Space, Princeton Architectural Press, New York, 1992, p. 355.). Further, however, her penetration of the walls to layer spaces, to create diversity and ornament, may be understood as masculine; her body is weapon to break apart the architecture, to penetrate it. Through her engagement with fabric and textile her body

5.7. Conclusion

Performativity is a notion used extensively throughout this architecture as therapy. Performativity has the power to deconstruct previously held notions, elicit paradigm shifts and shatter what is perceived as truth, aligning closely with psychoanalysis. From these ruptured and ravaged ruins, new awareness and appreciation of the self, of identity and sexuality may develop. Performativity operates firstly via prostheses in order to stimulate and to encourage architectural engagement. As autonomy and bodily awareness develops, performance occurs via the body alone, creating a liberated and individual body, a confident and aware entity. At this point the architectural form is rendered irrelevant, so dynamic and changing is this materialisation of the architecture. The body here is the definition of space, of architecture; the architecture has become body, become animated. This is challenging, yet demonstrates the true autonomy and identity, *the beauty*, the individuals have crafted.

becomes ornament, the feminine, yet pierces the layers of the fabric, the grids set out, in a masculine manner. This further deconstructs notions of gender through performativity. Performativity enables the woman to gain a voice and reclaim the body and sexuality. Through the "restaging of the female body, performance art by women has sought to dismantle dominant constructions of women." (Potkin, Helen. *Performance Art*. In Feminist Visual Culture, Edinburgh University Press, Ltd., Edinburgh, 2000, p. 76.). The utilising of the body in performance to derive meaning asserts the notion that the body is seen as the "place where the marking of sexual difference is written" (Pollock, Griselda. *Generations and Geographies in the visual arts: Feminist Readings*. Routledge, London, 2005, p 6.); here in the architecture as therapy she is no longer but a woman, she is freed from these boundaries, writing her own gender. This is also powerful as "sexuality is a materialisation… of identity"[365](Betsky, Aaron. *Building Sex: Men, Women, Architecture and the Construction of Sexuality*. William Morrow and Company, Inc., New York, 1995, p. 197.).

[366] For further analysis on performativity and gender in the architecture as therapy, as well as additional considerations of performativity in the architecture as therapy, please see Appendix H.

Final Conclusions

The notion of an architecture as therapy was borne forth from the dissatisfaction with current therapy techniques and facilities which were not serving to aid those suffering anorexia nervosa or self mutilative behaviour. Rather, these interventions were found to be frustrating; the architectures clinical, stagnant and unable to be personalised, the therapies enforcing a communicative method which these individuals did not relate to, and they became slow in their progress to develop identity, sexuality and awareness of self. These individuals were placed in clinical boxes such as these, they have been gagged and forced to communicate only through conventional, if undesired, means. Therapy here is *ill*-functioning, *ill*-effecting, *ill*-executed.

The need for an architecture as therapy has been identified through the dissatisfaction with both healthcare facilities and therapy processes (see Figure 50). The architecture as therapy addresses this need by providing new solutions.

Architecture as Therapy: Identifying the Need	
The need for Architecture as Therapy:	How the Architecture as Therapy offers new solutions:
- Number of women who self harm is increasing dramatically	- Dynamically different therapy process created which sees psychoanalysis offered through the built environment
- Talk therapies cause patient to feel scrutinised, uncomfortable and unable to communicate	- Therapy occurs at the individuals own pace, through engagement and communication via the body which is calming and rewarding
- Patients in therapies feel limited in the communicative means they possess	- Communication via the body is offered
- Design of healthcare facilities offers little means of interaction or control by the inhabitant, leading to stress	- Ability to control, alter and transform spaces
- Spaces are inflexible and clinical	- Dynamic and changing architecture allows the creation of spaces with the desired qualities
- Patients feel dependent and have lack of identity	- Dynamic architecture and the creation of space is empowering (this notion was also confirmed by PHO representative Shane Graham)

Figure 50

Architecture as Therapy: Identifying the Need

Source: Author's own image

As discussed, numbers of women who self harm are increasing dramatically and it becomes clear that a differing avenue of therapy needs to be explored. Talk therapies leave the patient feeling scrutinised and uncomfortable, lacking in communicative methods. Existing facilities offer little means of meaningful engagement, personalisation or control, elevating stress and slowing patient recovery time. Spaces are inflexible, clinical and hinder therapy processes.

The architecture as therapy functions through an examination of subjectivity and the body where it is understood that the body is the means to elicit understanding of the world. The body is informer and consciousness is the body's awareness of the world. Through this notion, bodily gesture becomes communication, and should the connection between body and world be

disrupted or impeded, this rupture results in a diminished understanding of both self and the world. This can occur in self harm conditions through bodily pain creating this breach and thus it is pertinent to foster a meaningful encounter and invite new experiences for the self to evolve. This raises the notion of identity, a notion commonly underdeveloped in the practitioners of self harm. Through manipulations of sensual engagement, performativity, paradigm shifts and evocative encounter, identity begins to develop alongside bodily awareness, autonomy and liberation from the binding ropes of self harm. Further, these manipulations offer a path to develop sexuality, challenging preconceived notions with regard to gender.

Architecture arises to play a role in therapy. As explored throughout this thesis, the potential success of such an architectural intervention in the therapy process is cemented through a variety of key notions (see Figure 51).

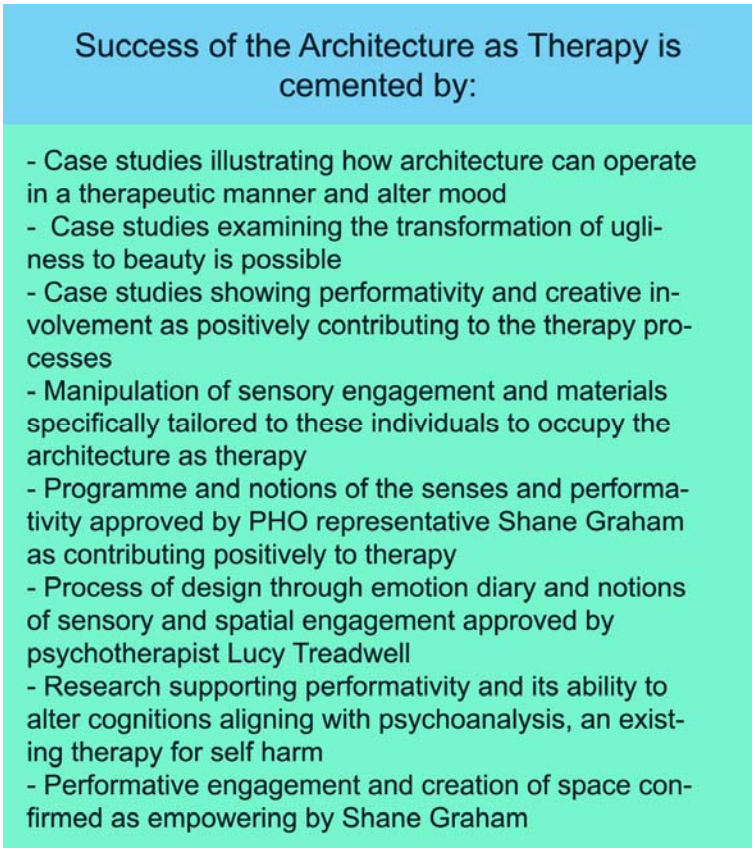

Figure 51

Success of the Architecture as Therapy

Source: Author's own image

Further, the success of the architecture as therapy is developed whereby notions arising through primary research interviews were addressed through design (see Figure 52).

Research Interviews: Design Checklist	
Design suggestions/notions to be dealt with resulting from interviews:	How this was incorporated into design:
- All areas in hospitals are the same, no mental stimulation	- Variety of spaces, inhabitant engagement/customisation, variety of textures and materiality
- Interaction with nature needed	- Programme of a bath house
- Lack of privacy and dignity is a negative issue	- Ability of inhabitant to create their own private space with desired qualities is empowering
- Loud noise not ideal	- Damping materials such as felt, soothing sounds of water
- Need access to different spaces and ability to move	- Variety of materials and spatial conditions as created by the inhabitants defining space
- Hospitals have cold rooms and the very basic interiors are not ideal	- Warmth through programme of bath house, interiors which are dynamic/changing
- Reconnection of patients to their bodies is a must	- Performative engagement/sensual encounter promotes this reconnection
- Need a variety of larger and smaller spaces	- Set out in the plans and able to be manipulated by inhabitants
- Need a level of familiarity	- Provided by materials, soft wool elements, water baths, texture of wood
- Need empowerment; individuals feel dependent and incapable	- Dynamic/changing architecture is empowering, activation of space is rewarding

Figure 52

Research Interviews: Design Checklist

Source: Author's own image

Beginning with the subtle references to spaces in the psychoanalysis emotion diary kept during therapy, architecture has the power to alter mood, to shift percepts and to elicit therapy. This is demonstrated across several case studies including Zumthor's The Therme Vals and Libeskind's Jewish Museum. Architecture's potential to offer therapy is further cemented through its links with communication through its potential to generate new languages of performativity and of the body through the design of spaces and elements. The therapy process occurs via provocation, engagement and release. The architecture as therapy endeavours to *engage* through the senses and through ugliness, to *provoke* through ugliness and performance, and finally to *release* through performance and the identity, sexuality and autonomy which has been realised (see Figure 53 – these key focuses in the architecture as therapy are discussed further below).

This research presents an architecture as therapy for self harm. However, architecture's role here in therapy may not be limited to this particular ailment and may prove to be beneficial as a therapeutic strategy across other disorders or conditions.

Architecture as Therapy: Key Focuses	
Key Focuses in the Architecture as Therapy:	How this focus positively benefits the therapy process:
- Transformation of Ugliness to Beauty	- Reconciliation with the post-harm body - New awareness of and pride in the body - Permits the shifting of paradigms essential in psychoanalysis - Realises autonomy through the realisation of beauty
- The Senses	- Heightened sensation seeking qualities of the practitioners of self harm draws them to engage - Sensory engagement offers calm and confort to ease stress and anxiety - Sensory engagement develops a calm state of mind receptive to the cognitive reconstructions to come - Fulfilment of need for sensory stimulation decreases need to self harm - Reconciliation with the post-harm body
- Performativity	- Decreases stress and anxiety through bodily communication and the changing of spaces - Developing lacking identity, sexuality - Developing new communicative channels without self harming of the body - Developing autonomy

Figure 53

Architecture as Therapy: Key Focuses

Source: Author's own image

The architecture as therapy serves as a case study to explore how architecture might operate therapeutically with respect to women with self harm conditions. Communication, identity and sexuality development is fostered through interventions of ugliness and beauty paradigm shifts, sensory engagement and performativity. Aligning with psychoanalysis and cognitive behavioural therapy the architecture as therapy inspires the shifting of paradigms, blurs and shatters boundaries and preconceived notions to further individual thought, reconciliation with the post harm body, and the development of new awareness and identity. Through the therapy process

the individual is challenged, body and mind pushed to physical and mental limits to reassert individuality, autonomy, liberation, *beauty*.

Sensory manipulation is engaged with specific reference to these individuals, aiming to create a sense of comfort, calm, and a receptive state of mind to the challenges and cognitive reconstruction which lies ahead in the journey of therapy. Sensory manipulation further encourages the beginnings of bodily awareness, awareness of body, and engagement through appealing to the high sensation seeking qualities of these individuals and the pleasure they source from such an encounter. This awareness and its power, its potential, is furthered through performativity in the architecture as therapy. The architecture here becomes an event, one which the inhabitants cannot help but participate in, so compelling and persuasive is its manifestation. This occurs first via prosthesis to encourage and to support, and increasingly via the body alone as she becomes progressively autonomous, aware and independent. She shatters constructs of gender, beauty, ugliness and the body, crafting from these ruins new, enriching, evocative meaning and paradigms. The performative body is an expressive force capable of activating space to the point of eruption. Performativity permeates the niches of body and building here in the architecture as therapy; angularity presses against soft tissue, surface becomes skin, becomes vulnerable; structure becomes bone, becomes ornament, becomes brittle; elements sweat and seep as bodies and building sweat and seep. Steel scaffold draws the performativity of the body to new heights, tendrils of fabric and rope, of skin and vein, show the blood and energy flow through the body. Engagement juxtaposes hardness and softness, navel and teeth, stability and fragility, bone and skin. The architecture as therapy is where humidity becomes wall, gossamer silk becomes a solid embrace, walls dissolve and spaces appear. Thought is challenged and the known thrown asunder, a new beauty and autonomy rising from the ashes of the ruined body of thought.

Essentially the architecture as therapy which has been conceived as the final case study in this research can be viewed as a conceptual piece challenging the ways in which therapy techniques and healthcare facility design are approached. This architecture is a drastic departure from existing models and seeks to provoke a consideration of new avenues for exploration when treating self harm. The architecture as therapy pushes the boundaries of what is considered a healthcare facility, a therapy, and what is offered as treatment for self harm. In a sense this pushing of boundaries also occurs in the architecture itself through the inherent psychoanalysis and cognitive challenges which lie embedded within. The design has been structurally resolved and developed to a detail which supports its existence as a buildable entity; this is to reinforce the notion that such spaces can be created and this architecture is not merely a line of enquiry but a sound and coherent experiment. Evidence as discussed supports the potential success of the architecture as therapy. Such an exploration has revealed the extent to which *therapy* may be expanded and progressed. A new consideration of this therapy may come into being, may blossom, become *beautiful*, challenging the preconceived means of therapy, perhaps the *ugly*.

As the architecture as therapy is an experimentation, a conscious choice was made not to represent the strongly pragmatic elements of design, such as the reception area or bathroom and changing facilities. If the architecture were to be built these functions would be addressed in a second stage of design; this was not the purpose of the work addressed here in this research. The architecture as therapy is about challenging percepts and preconceived notions; pushing the boundaries of the way in which healthcare facilities and therapy processes are conceived. It is a conceptual idea imbuing notions of psychoanalysis into the depths of its design; thus it is felt that the representation of this challenging of cognitions is the most powerful means of making this successful. The choice was made not to represent the pragmatic elements to best reflect this psychoanalysis and cognitive reconstruction imbued and make successful the confronting and stimulating aspects of this piece. It is recognised that these pragmatic aspects have to be addressed. However, the architecture as therapy is represented with a highly internalised

focus and centres about the realm of the mind; this is the pertinent and challenging nature of the architecture. Herein lies its power, thus the choice was made not to represent these pragmatic elements which it is felt would distract from and undermine the central line of enquiry and the purpose of the research.

Ultimately, the form of the architecture as therapy is rendered irrelevant; it sets up a framework for engagement where the body becomes the definer of space, the body defines the architecture. This notion is powerful; the body becomes a tool of creation, of activation, strength and autonomy. So reconciled is she with the post harm body she has become glorious in her own form, magnificent in her self awareness and vibrant in her *ugliness*. Architecture as therapy may transform those within and through these individuals may challenge and transform society. *Beauty* may eschew forth as a plague. The architecture is lesion and this is bloodletting, beauty spills forth from this wound.

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Appendix A:

Primary Research

1. Research Methodology

2. Interview 1: Shane Graham, Primary Health Representative

3. Interview 2: Lucy Treadwell, Psychotherapist

1. Research Methodology:

This section outlines the research methodology chosen for this master's thesis. Following this methodology are the interview questions which were posed and the resulting interview transcripts. In addition to research consulting relevant books, journal articles and websites, I have chosen to undertake two face to face interviews. This was a decision based upon the very rich data able to be obtained from this source with close relevance to this particular project being undertaken. As this project is dealing with the complex issues of self harm conditions and architecture, face to face interviews allowed an in depth insight into these issues. Face to face interviews are ideal as they enable the interviewer to develop a rapport and motivate respondents, the interview process can be used to clarify questions and clear doubts, and visual aids can be used to clarify points.[367] This style of research can pick up non verbal cues and allows greater opportunity for feedback and for the researcher to probe for a clearer answer if necessary.[368] Disadvantages of this style of research include the fact that it takes personal time, respondents may be concerned about the confidentiality of the information given and interviewers need to be trained.[369] However, these have been mitigated in this particular project: personal time is given by the interviewer and is not an issue here as only two interviews were sought, procedures were put in place such as a consent to participation document which allowed the respondent to decide the extent of confidentiality and allowed them to understand associated confidentiality issues, and the

[367] Cavana, Robert and Delahaye, Brian and Sekaran, Uma. *Applied Business Research: Qualitative and Quantitative Methods.* John Wiley and Sons, Inc., Australia, 2001.
[368] Zikmund, W G. *Business Research Methods*. Dryden Press, Chicago, 1991.
[369] Cavana, op. cit.

interviewers here did not need to be trained as all interviews were undertaken by myself, the primary researcher.

2. Interview 1: Shane Graham, Primary Health Representative

Interview Questions and Responses:

Interview took place with Shane Graham, Chairman of the Finance and Audit Committee, Nelson and Bays Public Health Organisation, 2nd July 2010. He has experience both in the financial side of healthcare facilities, as well as having had 25 years experience as a social worker and due to a car accident, experience of the healthcare system first hand.

1. Do you think architecture has a role to play in therapy and/or treatment of patients?
Absolutely yes.

2. What do you think could be improved in the architecture/interior design of current healthcare facilities? For example, patients have expressed frustration at the 'clinical' institutionalised nature and aesthetic of treatment facilities.
As a survivor of the healthcare system I can comment on this. I spend a year and a half in a hospital bed, had thirty six operations on my leg due to a car accident. You know, there is a real clinical approach to hospitals, they've got a sterile, formal persona and the areas are the same. You start looking at the walls very regularly when that's all you have to look at. Some things are not important medically but really needed for mental stimulation and you just don't get that. You need interaction with nature, experiences need to be at arms length for people to access, your arms are very important to access things to make life comfortable. You need distraction and escape from your illness.

Interaction would improve wellbeing twofold. Interacting with people gives you support and enables you to get better.

3. What adverse effects do you identify that the current healthcare facility architecture has on the patients?

People get desperate when they can't move, they get sensorially deprived – a gust of wind becomes desirable and enriching. Value is added to the hospital when people feel better. We need to provide art and architectural features, you know, to make it more conducive to being a place of healing, not just a bed on a slab. Money's an issue you know, that's whey we have all these clinical spaces, people think its efficient. That's why we don't have great spaces or interaction, there's no money.

4. Are you aware of any initiatives to mitigate adverse affects on patients in healthcare facilities?

Here in the Nelson Bays we ensure 1% of the project budget is spent on art for the spaces, just to make it a bit more pleasant. I don't really think it is enough but it is a step in the right direction. There are more initiatives in place in some hosptials, for example Sinai Hospital in the US.

5. How do you see a sense of privacy contributing to therapy in in-patient care facilities? For example privacy has been attributed to reducing stress.

Lack of privacy is definitely stressful. You get frustrated being in with everyone else and you have no control. Everybody when they're ill have come to a point when they need help, moving into a new life is about loss, stress, its about what's going to happen now? It is a transition process; hospitals become superficial, transitioning people inappropriately. You need to have honour and dignity and comfort, and you just don't get that.

6. How might a patient's stress act adversely in therapy processes?

Patients get frustrated and its not conducive to healing. Access is frustrating to people and the inefficiencies have been normalised in healthcare facilities. Loud noise is frustrating, you need soothing sounds or music. You get stressed because you want independence but there is a lack of it. You are relying on nurses which makes you feel bad, makes you stressed.

7. Do you think this stress is exacerbated by current healthcare architecture/interior design?

Yes absolutely. You just stare at your four plain walls, there's nothing to do or to watch or ways of experiencing beyond your room. Any movement would be fantastic. When I was in hospital one patient brought in a pet fish in a glass bowl, it was fantastic! It was something to watch, something moving, which made us all liven up. That's how the hospitals are at the moment.

To be able to move, to change your space, that's empowering. You just don't get that in hospitals, makes you feel dependent, incapable.

8. Patients have expressed frustration at the uniformity of rooms in in-patient care facilities and the fact that they cannot personalise their space. To what extent do you think that the ability to control one's space is important to the therapy process?

You need to be able to move, to see movement, to access different spaces and experiences. You can't get better if you're frustrated all the time, if you're stressed.

9. What do you consider is the relevance of water and nature in therapy, as hanging in hospitals as art, as courtyards, or as spas in wellness clinics?

We use these in projects in the nelson bays area and its some of the great points of the design, to have spaces that are a little different is soothing to people. It's nice to feel a breeze on your face after you've been shut up, so little signs of nature are great. It's therapeutic listening to a fire going, or water or waves.

10. What do you consider is the role of wellness/holistic wellbeing clinics in therapy processes?

Connection to nature in these clinics is great; it's therapeutic. When you design to get people feeling better in hospital you get value economically and therapeutically.

11. How do you see the role of sensory engagement operating in therapy processes? Including, for example, soft lighting to calm, variation in materiality to entice and engage, warmth etc.

That sounds great, because you know, sometimes these people wont talk. They don't want to tell you things, but if they're calm, they've had a day of different experiences its amazing what they'll tell you.

When you touch some materials, like a pounamu, they have lots of energy. Connecting with materials is important, it gives people that energy, connects them to other people through the material. We need to elevate and acknowledge materials.

12. To what extent do you think autonomy and a sense of control can be derived from engagement in space, such as by moveable furniture, wall hangings etc.?

Yes absolutely. You need that independence; you don't want to be relying on people. It makes you stressed. To be self sufficient makes you feel in control rather than being controlled. I know paintings aren't everything, that's all we can do in hospitals at the moment. It's a money thing. But if there was opportunity to do more that would be great. People need to move, to get out of their rooms, experience different things. It'd stop things getting stagnant, stop people getting stressed.

13. Other questions emerging through the discussion.

14. Other questions emerging from the interviewee.

What are you proposing for you design?

I am proposing an architecture as therapy. It has the programme of a bath house. This operates by at first calming the inhabitants and creating a sense of comfort through manipulation of the senses; calm soothing water, variation in materiality, warmth. Then the patient may control and interact with their space increasingly, moving walls, creating their own space, defining that and catering it to their own needs. In this way I hope to provide them with increased autonomy, independence and awareness of body and self. They can take pride in the body. What do you think of this approach?

This sounds great; sometimes the best therapy is not saying anything just putting them in places or spaces. You don't have to say anything; everyone knows why you are there. Spaces do the big stuff; you just have to put people in the spaces. You can't expect people to talk, I learnt in my experience as a social worker that it's just impossible. You are not the answer, but if you provide the opportunity like you want to do here, you let the big stuff be worked out by the patients; you let them take control and independence.

So what do you think of the programme of a bath house?
There is great promise in that, you need to have natural elements, and people identify with this. Water is healing; it has a nice synergy and ability to connect with.

Yes I'm hoping to create that kind of atmosphere, as well as allowing people to craft their open spaces, make them quiet and private or more open and interactive as they need, as their healing takes place.
I think it's a yes and a yes for your project. It's the interaction of it all. You can block images or sound as you want, broaden and change your space. This would be fantastic from a patient's point of view. They get frustrated by lack of independence, they are controlled. Here, they're not, they're independent.

3. Interview 2: Lucy Treadwell, Psychoanalyst

Interview Questions and Responses:

This interview took place with Lucy Treadwell, Psychotherapist, 26th July 2010. Lucy has a Bachelor of Arts in Psychology, is a registered psychotherapist and is certified in transactional analysis. She has worked as a nurse, and throughout Wellington as a therapist dealing frequently with self harm and anorexia nervosa.

1. Do you think architecture has a role to play in therapy and/or treatment of patients?
Absolutely yes.

2. What do you think could be improved in the architecture/interior design of current healthcare facilities? For example, patients have expressed frustration at the 'clinical' institutionalised nature and aesthetic of treatment facilities.

I think this really relates to the expertise of the therapist. I worked in the residential arm of Anorexia Nervosa therapy here in Wellington where we had this gorgeous cottage. We used art therapy which is really good for anorexia nervosa. And massage, this is an extremely good technique. We held it in a small little house, only 6 or 7 beds, they were gorgeous houses, became very homely. They weren't attached to the hospitals – this became very useful. The girls like the familiar – when someone comes in for therapy we make sure to treat them in the same room each time.

3. What adverse effects do you identify that the current healthcare facility architecture has on the patients?

You have to be very clear about patient numbers and safety. Facilities I have worked in have been atrocious, patients were committed for a number of reasons – the best thing has been when there is lots of activity – indoor or outdoor. When I started as a nurse you learnt on the job – this was out in Porirua. The facilities provided very basic care. The buildings were basic state houses, cold, there was smoking in the day room, everything was revolting. It was hard to isolate people, it was unsafe, it was yuck, really yuck. This was for long term care, for short term you go to Ward 27 up at Wellington Hospital. This is caring in a basic hospital ward – bare rooms, not all that welcoming, there's a shortage of beds, and you now have wards that are pretty miserable really. There's an exclusion between the nursing staff and patients.

You can do much better - if you treat clients in a human and empathetic way. It's about keeping them safe, making the environment inviting and grounding.

4. Are you aware of any initiatives to mitigate adverse affects on patients in healthcare facilities?

As I mentioned the massage therapy, acupuncture, that sort of thing.

5. How do you see a sense of privacy contributing to therapy in in-patient care facilities? For example privacy has been attributed to reducing stress.
The current state of privacy in healthcare is atrocious. It is awful, there is a breach of confidentiality in hospitals.

6. How might a patient's stress act adversely in therapy processes?
It comes down to the skill of the therapist, every person will want a room a little different; will see the room in a different manner. Often there is limited privacy, the rooms are too large, too clinical, it's awful. They need to be smaller, a decrease in privacy and confidentiality increases stress in patients. Where the building is can attribute to stress as well.

7. Do you think this stress is exacerbated by current healthcare architecture/interior design?
The design can be very beneficial.

8. Patients have expressed frustration at the uniformity of rooms in in-patient care facilities and the fact that they cannot personalise their space. To what extent do you think that the ability to control one's space is important to the therapy process?
It is very beneficial. The clinical aspect of hospitals could be improved. Sound – noise can be an issue. There's lots of bland spaces, if there was more money I would want things changed.

9. What do you consider is the relevance of water and nature in therapy, as hanging in hospitals as art, as courtyards, or as spas in wellness clinics?
It imperative. We're not disconnected from our surroundings. The more connected, or in some cases reconnected we get, we can put aspects of our lives into perspective. Patients can lose focus; lose sight of reality to an extent. If you can reconnect them to their bodies it is a must, especially with anorexia nervosa. Here we use massage and acupuncture, it's very important to connect mind and body and get them to foster respect for themselves.

10. What do you consider is the role of wellness/holistic wellbeing clinics in therapy processes?

Very positive. It's about self care and support. They can absolutely help with this reconnection. These patients need to rethink and change historical thought patterns as they choose to; therapy draws you into a therapeutic space to achieve this. It would be great if the space [the healthcare facility] would continue to allow a client to reconnect with themselves, support this process.

11. How do you see the role of sensory engagement operating in therapy processes? Including, for example, soft lighting to calm, variation in materiality to entice and engage, warmth etc.

Techniques like candles burning, materials, cushions, they're extremely useful for reconnecting the client back into the space.

Cushions soft furnishings, some will have couches, these create a dramatic shift in what occurs in therapy.

12. To what extent do you think autonomy and a sense of control can be derived from engagement in space, such as by moveable furniture, wall hangings etc.?

You need to have a sense of safety in the room. During therapy they need to decrease some of their own – need to sink into therapy, which is very thought focused. They need autonomy as they leave – they need to ground themselves as they go, to hold on to what has been learnt in therapy, to enable them to re-enter the world as they need to. Quiet contemplative spaces would be gorgeous too very serene, soft noises, futons, lovely and relaxing.

13. Other questions emerging through the discussion.

So what do you think of the programme of a bath house?

A bath house – would be absolutely gorgeous if you could do that.

How do you as a therapist develop empathy with your patients? How do you achieve insight into their thought processes?
Eating disordered patients are a complicated subject and I think it's important to do reading around eating disorders. If you can catch a client who has slipped in, within the first 6months, you can cure them. With the thought process around an eating disordered client it's like a vine that takes hold and strangles a tree, over time the eating disorder thought becomes stronger. You have to nurture the client and support them to grow and fight through this excruciatingly painful thinking. Every person is different.

As part of my process, I am undertaking the making of an emotion diary through art therapy style expression, as patients often do in therapy processes. I am doing this to give me an insight into the patients and to help me empathise with them. What do you think of this as a design process? Is this beneficial?
Absolutely. It is used and is useful, absolutely.

I am hoping to take this further into performative style therapy, what do you think of this as a therapy and as a design process here?
Any training where the body is used is great; we often use drama therapy with adolescents. It's absolutely superb, can be very powerful. Drama is fantastic; it's relational, ideal for eating disordered clients.

14. Other questions emerging from the interviewee.
What kind of therapy are you using in your design?
I am looking at utilising the senses to first calm and relax the client, then increasingly they can personalise their space, becoming more performative in nature. I'm hoping to create a relaxing and welcoming kind of atmosphere, as well as allowing people to craft their open spaces, make them quiet and private or more open and interactive as they need, as their healing takes place.

Great, you need to be able to flick between larger and smaller spaces, sometimes people are not ready. Familiarity is good at the beginning – have

spaces that they know, familiarity enables you to settle, to know what is happening. Drama is fantastic as well, for these patients too. And water, water is very important.

A checklist was made resulting from these interviews noting issues to be addressed in design (see Figure A1).

Research Interviews: Design Checklist	
Design suggestions/notions to be dealt with resulting from interviews:	How this was incorporated into design:
- All areas in hospitals are the same, no mental stimulation	- Variety of spaces, inhabitant engagement/customisation, variety of textures and materiality
- Interaction with nature needed	- Programme of a bath house
- Lack of privacy and dignity is a negative issue	- Ability of inhabitant to create their own private space with desired qualities is empowering
- Loud noise not ideal	- Damping materials such as felt, soothing sounds of water
- Need access to different spaces and ability to move	- Variety of materials and spatial conditions as created by the inhabitants defining space
- Hospitals have cold rooms and the very basic interiors are not ideal	- Warmth through programme of bath house, interiors which are dynamic/changing
- Reconnection of patients to their bodies is a must	- Performative engagement/sensual encounter promotes this reconnection
- Need a variety of larger and smaller spaces	- Set out in the plans and able to be manipulated by inhabitants
- Need a level of familiarity	- Provided by materials, soft wool elements, water baths, texture of wood

Figure A1

Research Interviews: Design Checklist

Source: Author's own image

Appendix B:

Consumption and the Path to Architecture

1. Consumer Society

2. Standardisation

Case Study:

Hera, Copy and Image

Architecture as therapy is a notion which, to be most successfully executed, must understand the inhabitants which are to occupy it, and fully comprehend the factors which created the conditions of self harm in order to evoke a healing. Characteristics of the practitioner of self harm are closely aligned with the notions of senses and performativity and will be explored in their respective thesis sections, however this appendix of research focuses on the conditions which gave rise to the practitioners of self harm and the ways in which this has reinforced performativity and manipulations of the senses through architecture as successful treatment strategies. This appendix also leads on to the notion of the body boundary through the relationship to society; this will be explored subsequently in this research.

The current nature of society is one of conformism and consumption; this is the society generating and responsible for these practitioners of self harm. Whilst the architecture as therapy serves to benefit the inhabitants themselves, it might also extend further to influence wider society, to explore the ugliness within and to project beauty as created from within this architecture of therapy. Thus, the society which has created these practitioners of self harm must be understood. This research focuses on self harm in Western society, as this is where the practice in most prevalent and manifests itself in the manner which the architecture of therapy aims to heal. Thus, the society analysed is conducted through a focus on Western society. An understanding of the constructs of ugliness and beauty will also be explored to best understand how to manipulate this in the architecture in order to evoke beauty and evoke healing.

1. Consumer Society

The term consumer society "describes a critical view of over consumption and excessive production of short-lived, disposable items."[370] Over consumption. Excessive. Anorexia and eating disorders may be considered "forms of protest against consumer society; bother overeating and starving are rejections of the societal roles that define women in industrialised societies."[371] Anorexia, we might consider, is the rejection of the poisoned fruit of our modern consumer society, a refusal of this tainted chalice. Anorexia can be interpreted as a subconscious rebellion against consumerism, a rebellion which does not seek to destroy the society that harboured this consumption but rather to redefine it, to re-appropriate these objects of consumption, these bodies of modern society now purged and voluntarily starved. Subconsciously, it may be considered that these "rebels vent their anger and frustration into commodities, buying them, stealing them, disfiguring them and investing them with meaning. In such ways, they become trapped in the very mechanism from which they seek to escape."[372]

Whilst society has created a consumer society, developed desires for acquiring perfection, status, envy of others and pride in one's own possessions, it has also developed a perfectionism of the body, the singular most important possession of an individual in society. Sufferers of anorexia nervosa at first employ determination to craft this perfection, and perhaps then, subconsciously, overwhelmed by the consumerism which is rife, this 'ugliness' in society, begin to disfigure the body, to formulate a new ideal perfection based on the rejection of the trappings of society, the trappings of the body and its needs for survival. These sufferers of self harm destroy their 'important possession' through a series of violent attacks, aiming to release the tension they feel, yet are subconsciously rebelling the conformism in society. In this manner a burgeoning individuality lies in wait, needs beckoning forth to the surface in order to blossom. The architecture of therapy capitalises on this latent potential; through performativity and

[370] <http://www.thebritishcouncil.org> viewed on 16 July 2010.
[371] Gabriel, Yannis and Lang, Tim. *The Unmanageable Consumer*. Sage Publications Ltd., London, 2006, p. 144.
[372] ibid., p. 144.

engagement which becomes increasingly individual and autonomous this identity, this renewed sense of beauty, may be realised and a healing ensue. Attaining the perfect, so emphasised by society, results in disfigurement through destroying the body from the outside in, or the inside out. Whether by self harm or by starvation, society wreaks a havoc on reason and logic, eschewing a plague of conformism followed by a subconscious rebellion. The practitioner of self harm aims at first to conform to society's beauty, to society's means of communication, to society's adoration of the body as a prized commodity. However through this importance which is placed on the body, the body becomes a tool for expression, yet expression through wounds, scars and lesions, as conventional means of expression do not convey the meaning these individuals need them to. In becoming a tool for expression the body is heightened in its sensuality; it is the voice conveying the depth of emotion, thus it becomes a sensitive entity highly motivated by sensuous encounter. Here architecture as therapy is so influential through its manipulation of the senses in spatial inhabitation in order to heal and to realise beauty in the body.

2. Standardisation

The distress which is responsible for self harm "is caused by the loss of the relationship between one's outer self an inner self, as well as the loss of the self to others. It is a reaction to a sense of confusion, disorganisation and connection."[373] These qualities are rife in modern society, serving to provoke self harm. This sense of uncertainty, turmoil and disorder is in part due to the increasing standardisation, the lack of identity and individuality in society; the homogenised masses are favourably created over the autonomous and unique in this modern dynamic. "Anorexic practices and self harming exercises are indeed process of identity production [though also considered a fruitless exercise as identity serves to decrease] whilst being in the meantime acts of self destruction."[374] This paradoxical construction of the self as both

[373] Nasser, Mervat and Baistow, Karen and Treasure, Janet (Eds.). *The Female Body in Mind: The Interface Between the Female Body and Mental Health.* Routledge, Sussex, 2007, p. 24.
[374] ibid., p. 24.

"self producing and self annihilating"[375] mirrors the conformism and rebellion in the manner in which the practitioners of self harm relate to society. The self mutilator at once desires to conform to societal norms, to society's means of communication, to expectations portrayed in media's images, and desires to rebel, to shed the shackles of this society, to find new communicative methods with a wider, richer vocabulary, to find new sensuous pleasures which have not yet been exhausted, run dry. The need for identity formation develops as a result of the dominant conformism and standardisation in today's modern dynamic, whereas the need to rebel materialises from an increasing disillusionment with society's traits, with the constructs of consumption and desires so prevalent, with the overwhelming bombardment of media's images which seek to thwart individuality and fashion a standardisation and homogenised notion of body form, the ideal, the perfect. Perhaps then, subconsciously, the perfect, the 'beautiful' is being rejected, and the new appreciation of ugliness and deformation rising in its place, as a symbol of individuality, distinctiveness and independence in a world where nothing, it seems, is distinctive. This notion is powerful; the architecture as therapy harnesses this potential for a shift in paradigm in order to evoke a realisation of beauty and in turn identity, individuality and autonomy in the practitioner of self harm. The seeds of this awareness of a new beauty are already present, latent within these practitioners of self harm as a result of the ethos of society, and thus these seeds may be nurtured by the architecture, by the aesthetics employed, by the manipulation of the senses, by the performativity and engagement, in order to challenge preconceived notions, in order to grow, to heal.

The architecture as therapy operates to allow the inhabitant to be seen as individual and to realize one's own transformation to beauty, to the light of autonomy and truth, reaping great rewards and great benefits for the self. The inhabitants may delight in their own 'authenticity' and reassert society's

[375] Nasser, Mervat and Baistow, Karen and Treasure, Janet (Eds.). *The Female Body in Mind: The Interface Between the Female Body and Mental Health.* Routledge, Sussex, 2007, p. 24.

"phoniness: [they] are only passing themselves off as the 'real thing.'"[376] This is a reversal of society's norms, where those undergoing a treatment will often be publicized and compared to their previous selves, such as through aesthetic surgery, and the remainder of society viewing the transformation will consider their own authenticity.

> This psychological hinge serves to drum home a conservative message: namely, that it is only others 'out there'-overweight 'ugly ducklings,' depressed women with facial scars and gapped teeth, …who are in need of a makeover. It is they who need the restoration of the signal points of liberalism: freedom, autonomy, and the right to happiness... By isolating the 'freaks' on the TV screen for the pleasure and relief of the nation, by making freedom and happiness only skin-deep, the health and well-being of the American (as well as British, Australian, etc.) population is confirmed.[377]

The bodies and lives of these 'ugly ducklings' are seen to 'contaminate' society. Abnormal bodies are repressed and the success of transformation measured by the misrecognition one experiences when faced with a mirror. This reformed, culturally appropriate body may now be welcomed to return into society, to the healthy community of the living. It is understood in society that "the ugly duckling can be 'charmed out' of its abnormality. As a swan, a 'good animal', it can rejoin the dominant political order from which it was previously banned."[378] However, in this architecture as therapy, beauty is realized via differing channels and truth and growth the desired outcomes, the elegant solution. To be complete, to be autonomous and connected with the self is to be beautiful. This is a beauty which, perhaps not so widely accepted by society, is one which is enduring, which will serve to ensure the inhabitant remains beautiful, remains healed, secure in the knowledge that she is a swan. Thus the employment of methods such as performativity is pertinent to

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[376] Zylinska, Joanna. *Of Swans and Ugly Ducklings: Bioethics between Humans, Animals and Machines.* In Configurations, John Hopkins University Press, Baltimore, 2007, vol 15, iss 2, p. 130.
[377] ibid., p. 130.
[378] ibid., p. 131.

foster engagement at an individual level, resulting in an increased awareness of the body and the self, and an appreciation of these entities.

The notion of standardization in society is powerful; it forces women to carve and purge their bodies in a desperate attempt to conform and then in a subconscious need to rebel. However, this standardization leads to a destruction of the essence of individuality, of identity, of the self. Here the woman's power is lost; she is but a manufactured copy, devoid of her potency. This notion is explored below where Greek mythology develops the notion of standardization serving to destroy.

Case Study: Hera, Copy and Image

Roberto Calasso muses on The Marriage of Cadmus and Harmony from Greek Mythology, explaining that the Greek Goddess obtained her power from her image, her double, which also becomes the site of her undoing as her unique and individual qualities may be destroyed through an abundance of copies. "The Goddess's singularity arises from being doubled, her image projected back to her from those who worship her statue. This is both her secret and the site of her ability to seduce."[379] A tale unfolds where:

> to betray Hera, Zeus chose one of her priestesses, the human being closest to her. . . . Her name was Io. In looks and dress it was Io's duty to re-create the image of the goddess she served. She was a copy endeavoring to imitate a statue. But Zeus chose the copy; he wanted that minimal difference which is enough to overturn order and generate the new, generate meaning [see Figure B1].[380]

[379] Jackson, Kimberly. *Editing as Plastic Surgery: The Swan and The Violence of Image Creation*. In Configurations, John Hopkins University Press, Baltimore, 2007, vol 15, iss 1, p. 56.
[380] Calasso, Roberto. *The Marriage of Cadmus and Harmony*. Knopf, New York, 1993, p. 24.

Figure B1

'The God falling for Io'

Source: http://www.gothicimage.co.uk/books

With the increasing notions in society to conform to a norm, an ideal, each woman's image, it seems, becomes less robust, "she becomes infinitely copyable and thus infinitely replaceable."[381] In this manner the image of woman in society has become devoid of all meaning, no longer an individual, an icon, but rather a mass produced image to be created, and to be consumed, by society. Here society acts as both "torturer and victim"[382] as it forces women to succumb to conformity, only to lose their individuality, the symbols of diversity. This is endorsed by a culture "that makes them feel the need to be pieces-edited, sliced, turned into the image of all the others, into

[381] Jackson, Kimberly. *Editing as Plastic Surgery: The Swan and The Violence of Image Creation*. In Configurations, John Hopkins University Press, Baltimore, 2007, vol 15, iss 1, p. 56.
[382] ibid., p. 58.

cultural clichés."[383] To adhere to this is to become a commodity. The aim of this process is to relieve the woman with the burden of difference, of individualism, to drain her of uniqueness and symbol to leave an edited, polished shell, a perfect copy.

Through all this transformation, this desire to conform and purging oneself to fit with society's approved ideal, the woman becomes a purely technological object, which in turn can only serve to empty society through proliferation, to destroy society with its own efficiency and production. In this dynamic, where society has homogenized the world to such ends, "where there is no longer any possibility for newness or discovery on the part of the subject, the only possibility for reconceptualisation resides in the objective world's discovery of us."[384] Woman, believing she has gained confidence and autonomy by utilizing technologies to transform her image begins to disperse and dispel in this very process, as it becomes one of violence. Her body becomes purely objective and technological and she is but one of a multitude of efficiently produced copies. This transformation and conformism, this 'surgery' acts to 'anaesthetize' society, to numb it to the pain of conformity. Yet, for the practitioners of self harm, this can never truly ease the longing for liberation, for autonomy, the desire for new pleasures and new communicative methods which cannot be sated by society. The practitioner of self harm seeks the ideal, perfect body, the conformist self, seeks reconciliation through proliferation, which in turn serves only to frustrate through the need to communicate, the need for sensuous pleasures, widening the gaping maw of desire which is so *consuming*.

[383] Jackson, Kimberly. *Editing as Plastic Surgery: The Swan and The Violence of Image Creation*. In Configurations, John Hopkins University Press, Baltimore, 2007, vol 15, iss 1, p 59.
[384] ibid., p. 61.

Appendix C:

Psychoanalysis, Therapy and Architecture

1. Therapy Technique: Psychoanalysis

2. Case Studies of Architecture as Therapy

Case Study: Daniel Libeskind's Jewish Museum, Berlin

Case Study: Hope Network's Center for Autism, Michigan

Case Study: *Bimaristan Arghun al Kamili in Aleppo, Syria*

1. Therapy Technique: Psychoanalysis

The nature of the metaphors as occurring in psychoanalysis and discussed in this research outlines "the closeness, the more or less immediate connection between physical and psychological realities [for individuals with self harm conditions]… the essence of the metaphor is to understand and experience one phenomenon through another phenomenon."[385] The concept of metaphor here extends beyond mere spoken or written language into thought and to action.[386] "In the corporeality of concretised metaphors there is the sense that this is the way things 'really are' with few ifs, ands or buts… the body functions metaphorically, [but this symbolic signification via the body] is not experienced as metaphors by the anorexic [or self injurious behaviour] patient, but rather as concrete reality."[387] Further, there is a notion of putting 'the body back into the mind'[388] rejecting the Cartesian dualism between body and soul, the separation between cognition and reality, and perception and movement.[389]

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[385] Skarderud, Finn. *Eating One's Words Part II. The Embodied Mind and Reflective Function in Anorexia Nervosa – Theory.* In European Eating Disorders Review, John Wiley and Sons, Ltd., London, 2007, vol 15, p. 244.

[386] Johnson, M. *The Body in the Mind: The bodily basis of meaning, imagination and reason*. Chicago University Press, Chicago, 1987.

[387] Skarderud, op. cit., p. 249.

[388] Johnson, op. cit.

[389] This work aligns with Merleau-Ponty's notion of the body as both object and subject, seeking meaning through engagement in unity.

2. Case Studies of Architecture as Therapy

Case Study: Daniel Libeskind's Jewish Museum, Berlin

The exterior form of Libeskind's Jewish Museum is a tortured from, embodying the violence, rupturing of the body and torture of the Jews. The zinc cladding will change over time and the cuts and slices in the exterior become more pronounced, more striking, more readable as the zinc recedes. In this way memory and its tendency to lose potency with time is reversed; it becomes clearer, more focused and powerful as time continues, ensuring both that these wounds never heal but their effect too lingers. The light protruding through these fissures is tightly controlled by the architect, penetrating the interior in carefully dictated ways so that these scars let in precious light when darkness is in abundance, the scars become illuminated, become beautiful (see Figure C1), when from the exterior the occupant viewed them as ragged ruptures of the body of the building, repulsive and abnormal (see Figure C2). By reflecting upon this changing status of the scarred and wounded body the occupant can reflect upon considerations of history, or memory, and appreciate the horrible and horrific for the renewed understanding it brings. This is potently therapeutic. The architect's manipulation of light and aperture contributes to this influence and imbues themes of memory and grief to a strong degree. "Light spaces were aligned with the health of the individual and, by extension, the social body. Dark space, in contrast, was aligned with the pathological, the unseen and the diseased agent that will harm the social body."[390] Thus light comes to be associated with health, dark with ugliness and decay. Yet, when light enters through a wound, a repulsive, ruptured scar, a paradox is formed. This challenges the occupants' preconceptions, as light resulting from the pathological is not in-keeping with our constructs of these polar opposites. Thus paradigms are challenged and a renewed understanding of ugliness, and in turn of memory and grief, is derived through this compulsion to re-evaluate and understand new ideas. This relates both to therapy and to psychoanalysis through the challenging of ideas and through the ability to heal. Here the museum may be understood as a vehicle for therapy.

[390] James, Paul. *Walter Pichler's House Next to the Smithy: Atmosphere and Ground*. In Architectural Design, John Wiley and Sons, Ltd., New Zealand, 2008, vol. 78, iss. 3, p. 62.

Figure C1

Light Apertures

Source: http://gallery.photo.net/photo/5575789-lg.jpg

Figure C2

Scarred Exterior

Source: http://static.letsbuyit.com/filer/images/uk/products/original/62/94/daniel-libeskind-jewish-museum.jpeg

Three axes of movement are housed in the Jewish Museum representing the three experiences of German Judaism; continuity, exile and death.[391] The longest path, continuity, leads to the most comprehensive of the exhibitions, the path emphasized by the light puncturing the ceiling as a testing journey, as an ordeal. The staircase which awaits at first seems modest, then is revealed in its full extent, a move from the compression of the corridors to free space, moving upward, ruptured by concrete beams horizontal in the space which seem to groan under the strain of keeping the walls apart, reinforcing the difficulty of the journey upward, the journey to access again the light of day. Here the architect has manipulated light and walls to constrict, to convey an imprisonment, from which escape is arduous. This evokes notions of struggle, of exertion and of toil which in turn evokes a consideration of the memory, heritage and history which this museum represents. This contributes to the altering of mood through consideration of memory and grief. Further, to consider this is to reflect, a therapeutic act.

Case Study: Hope Network's Center for Autism, Michigan

Hope Network's Center for Autism, Michigan, is an architectural response to offer therapy and alter mood. Design elements are employed to calm and to comfort these particular individuals who have under- or over-developed sensory systems which results in extreme sensitivity to colour and noise. "Often this affects their balance or they have spatial issues, like not knowing the distance between themselves and the wall."[392] Curved walls and rounded surfaces are able to be touched and followed, noise reducing materials prevent sound reverberation. These techniques offer therapy through calming the inhabitant, through relaxation and clarity of thought.

[391] Copans, Richard and Neumann, Stan. *The Jewish Museum Berlin*. In Architectures 3, ARTE France Developpement, France, 2003.
[392] <http://www.rapidgrowthmedia.com/devnews/hopenet0408> viewed on 20 October 2010.

Case Study: Bimaristan Arghun al Kamali in Aleppo, Syria

The Bimaristan Arghun al Kamili in Aleppo, Syria, is one of the finest examples of a facility aiming to treat mental health. Built in 1354 by the Emir al Kamili Argun, the design of the Bimaristan aligns very closely to the mental health treatment program employed here, providing patients with "an environment providing peace and quiet - water, light, plants, music - with a plan that matches the patient's journey in therapy."[393] This is a facility carefully considering its patients, their families and their needs.

> Everything starts at the entrance. The Bimaristan is at the heart of Aleppo, halfway between Bab Qinnesrin (south) and the Great Mosque (north). From the street, there are beautiful ornate doors of cells which extend inwards. This is where the patient and his family crossed a threshold and understands the nature of his illness. It is a difficult time. The entrance provides access to the large central courtyard… At the centre of the courtyard, a pond. Nothing, apparently, that says we are in a mental institution.[394]

Light is employed not as direct but as softly filtered light for calm and for solace. Water is an ever-present element, providing a tranquil and tactile continuity throughout the design. Public spaces mediate to private through visual and auditory barriers. At the final stage the patient is released, cured, with dignity. He or she does not retrace steps back through the design, rather emerges anew at the far end of the complex. This design delicately and sympathetically considers its occupants, their needs and the therapy process. Utilising vision, auditory barriers, water and materiality the design aims to elicit serenity, a soothing environment for the architecture to act as therapy.

[393] <http://www.baronbaron.com/syrie/bimaristan.html> viewed on 17 September 2010.
[394] ibid.

Appendix D:

Healthcare Facilities and Design

2. Case Studies of Healthcare Facilities

Case Study: Corrine Dolan Alzheimer Center: Spatial Interaction and Quality of Space

Case Study: Community Hospital, Monterey Peninsula: Spatial Interaction and Quality of Space

Case Study: Project KU64 Die Zahnspezialisten: Sensory Experience

Case Study: Study of Children Undergoing Treatment for Eating Disorders, Adolescent Medicine and Psychiatry Unit, Hospital for Sick Children, Manitoba: Spaces for Self Harm

1. Healthcare Facilities Case Studies

Case Study: Corrine Dolan Alzheimer Center: Spatial Interaction and Quality of Space

Design of specialised care facilities, including mental health clinics, are often inefficient due to an aesthetic focus over efficiency of treatment, and designers are "unaware of sociobehavioural research conducted by scientists that can be helpful in understanding [the conditions]."[395] An architectural project which has been said to overcome these design faults is the Corrine Dolan Alzheimer Center in Chardon, Ohio, where it, in parallel with the architecture of therapy, aims to provide "a unique program in an atmosphere that enhances the lives of each resident through… interaction [and] productivity… the building design is also aimed at maximising independence and improving quality of life for the residents."[396] Individual control is considered in the design and layout of spaces, where in the residential bedrooms for example "the visual-spatial arrangement enables the resident to clearly view the toilet from within the room, even when the resident is lying

[395] Namazi, Kevan H. *A Model Unit: The Corrine Dolan Alzheimer Center*. In Nursing Homes and Senior Citizens Care, Cleveland, 1991, vol 40, iss 4, p. 8.
[396] ibid., p. 9.

down at night, as well as from the central areas."[397] The spaces can be personalised with materials in the interior, allowing the inhabitant to create a comforting sanctuary which is all their own.

The design employs open space 'walking paths' which are widely spaced thoroughfare areas which become spaces in which to interact, to socialise or to simply sit and occupy the architecture. In this way "the design eliminates the long hallways and dead-end corridors of yesteryear's medical model design."[398] This ambiguity of spatial definition is crucial to the therapy process: the inhabitants do not feel shut off, disoriented, or locked away in this facility. The spaces are theirs to manipulate, to define through inhabitation. What was a corridor may become a seating area, a socialising space, a contemplative space, a dining area. This encourages mobility in the inhabitants and encourages the activation and definition of spaces which is very rewarding. This leads to increased autonomy and control in the inhabitant, leading to an awareness of the body and the self.[399]

Case Study: Community Hospital, Monterey Peninsula: Spatial Interaction and Quality of Space

The community Hospital of the Montere Peninsula, Monterey,California was redeveloped in 2004 by architects Hellmuth, Obata and Kassabaum, Inc. The goals of this project were to provide a "healthy emotional atmosphere for the patients"[400] and to "build a hospital that doesn't look like a hospital."[401] This translated to "avoiding an institutional look and feel"[402] through variety in materiality, and relationship to nature through a central courtyard at the heart of the building, where a water pool "sets the tone and atmosphere for the

[397] Namazi, Kevan H. *A Model Unit: The Corrine Dolan Alzheimer Center*. In Nursing Homes and Senior Citizens Care, Cleveland, 1991, vol 40, iss 4, p. 9.
[398] ibid., p. 9.
[399] This is employed in the architecture as therapy through the performativity and the inhabitants' manipulation of spaces to their own ends, evoking autonomy, individuality and unique expression of the self. This is richly rewarding and satisfying.
[400] Prasad, Sunand (Ed.). *Changing Hospital Architecture*. RIBA Enterprises Ltd., London, 2008, p. 209.
[401] ibid., p. 209.
[402] ibid., p. 209.

entire facility."[403] This is both inviting and calming, the water's glossy palate is alluring yet unique and changeable with the movement through it (see Figure D1). The layout of this hospital is also a crucial element: private patient rooms give the patient "dignity, status and position as a human being"[404]; these rooms are arranged in clusters of four around a central organising element such as a balcony. This mitigates the endless corridors of healthcare institutions and creates a more intimate atmosphere where the inhabitant may contemplate in privacy or begin to engage beyond private quarters. Visual connectivity is paramount in communal areas and patients may better understand and appreciate the spaces through the lack of repetitive corridors.

Figure D1

Courtyard

Source: http://www.chomp.org/img/stock/community-hospital-of-the-monterey-peninsula.jpg

[403] Prasad, Sunand (Ed.). *Changing Hospital Architecture*. RIBA Enterprises Ltd., London, 2008, p. 210.
[404] ibid., p. 210.

Case Study: Project KU64 Die Zahnspezialisten: Sensory Experience

Project KU64 Die Zahnspezialisten, Berlin, is a dental surgery designed specifically for children. It employs this notion of positive environmental distractions to ease patient anxiety. The architect evoked sand dunes with undulating walls, orange tinted ceilings and silk screens painted with beach scenes (see Figure D2).

Figure D2

Orange Tinted Interior

Source: http://www.interiordesign.net/photo/299/299003-idx090201_health03.jpg

There is a variety of sensory experience awaiting in this facility, and is "a real novelty."[405] The children's anxiety is eased through calming sounds and music, whilst interaction in the architecture is encouraged. These "children rushed to unique experiences"[406] forgetting their anxiety through the joy of engagement, participation and sensory stimulation as presented in this architecture. The interplay of geometric forms also contributes to the stimulation, and the variation in spaces and their materiality is both enriching and providing of sensual stimulation. Similar strategies were also employed by Chow Hill Architects when designing the Kidz First Children's Hospital in Auckland, New Zealand. This hospital was conceived first and foremost as a

[405] <http://www.ku40.de> viewed on 11 August 2010.
[406] ibid.

"special place for children."[407] Here also, colour and texture form an integral part of the design in order to delight and enchant. Many bright shades and dynamic shapes create an ambiance of playfulness. The children's point of view is considered and so the detailing and interior design ensures variation in spaces and diversity which the children embrace.[408]

Case Study: Study of Children Undergoing Treatment for Eating Disorders, Adolescent Medicine and Psychiatry Unit, Hospital for Sick Children, Manitoba: Spaces for Self Harm

Facilities designed specifically for self harm patients, such as those with anorexia, tend to concentrate only on inhabitants' physiological health "rather than their emotional needs and psychological issues."[409] Student Shital Sheth conducted a study on examining the interior components of a patient-care unity, looking at the impact on the experiences of children undergoing treatment for eating disorders. This involved extensive interviews and observation focusing on interior design elements and how these impacted the children and their wellbeing. A strong theme emerged, that of "losing control of their surroundings."[410] Their rooms were uniform and on view to surrounding corridors; privacy was not provided and the children left bereft of all autonomy. This children liked to choose when to be alone and when to socialise, this "relaxed them and reduced anxiety."[411] Niches for their belongings makes the room "feel less barren"[412] and less institutionalised. The children found difficult the fact that they were "unable to regulate the amount of required daylight entering"[413] and they could not block this light when they required darkness. Allowing a blocking of light "accommodates increased light sensitivity"[414] and allows a calm and relaxed state of mind away from this glare. Incorporating posters or enticing visual materials into the children's rooms "could deviate negative thoughts about their treatment

[407] <http://www.chowhill.co.nz/interior_kidz.html> viewed on 21 August 2010.
[408] <http://wwww.healthpoint.co.nz/default,20983> viewed on 12 March 2010.
[409] Sheth, Shital N. *Interior Components of a Patient-Care Unit*. Thesis, National Library of Canada, 2003, p. 139.
[410] ibid., p. 141.
[411] ibid., p. 142.
[412] ibid., p. 144.
[413] ibid., p. 147.
[414] ibid., p. 147.

and keep them preoccupied."[415] Any movements or activities in the spaces were found to be repetitious in nature due to the homogeneity of spaces and the uniformity of the institutional corridors. "'It's always the same over and over again'"[416] say the children.

Any communal spaces, such as the open plan dining rooms and activities area did not meet the needs of these particular inhabitants. They resented the open nature of the design as they felt their privacy while eating was being breached by those involved in the activities. Since eating disorder patients dislike to be observed while eating, they wanted their privacy maintained; therefore smaller dining areas which are private and secluded in nature would have been more effective and less stressful upon these inhabitants.

[415] Sheth, Shital N. *Interior Components of a Patient-Care Unit*. Thesis, National Library of Canada, 2003, p. 150.
[416] ibid., p. 155.

Appendix E:

Communication and Identity

1. Communication

2. Identity

1. Communication

The interaction of the body in architecture is the key to communication in the architecture as therapy and to eliciting identity development: the body movement, sensations and feelings act as communication on a verbal and mental level. This creates a more evocative communication, which is more richly imbued with meaning and significance. "All parts of the body may communicate meaning in infinitesimal movements; our senses are extremely receptive to these parallel communications."[417] This introduces the potency of the senses and their part to play in the engagement with and communication via the architecture as therapy. This too has become a central theme of this research and is closely aligned with the practitioners of self harm. This communication via sensation and the body is powerful as a means to express, this bodily voice is potent: "it is as if I am being manipulated by some subliminal code, not to be translated into words, which acts directly on the nervous system and imagination, at the same time stirring intimations of meaning with vivid spatial experience as though they were one thing. It is my belief that the code acts so directly and vividly upon us because it is strangely familiar; it is in fact the first language we ever learned, long before words, and which is now revealed to us through art [and architecture], which alone holds the key to revive it."[418]

[417] Palasmaa, Juhani. *Encounters: Architectural Essays*. Rakennusteito Oy, Finland, 1998, p. 29.
[418] Wilson, Colin St John. *Architecture – Public Good and Private Necessity*. In RIBA Journal, Book Guild Publishing Ltd., United Kingdom, 1979, March, p. 41.

2. Identity

It is believed that "the architectural milieu can be helpful in the development of… ego integration, i.e., the establishment of identity in the patient."[419] Factors considered important to this identity include the access to the experience of one's physical identity via, for example mirrors or reflections, and signals of the orientation of time. The passage of time within the architecture should also be measurable so that the patient too will be able to experience him or herself over time. In this manner mirrors are employed in the architecture as well as the reflective water surfaces, and time measured in the rise and fall of the waters acting as tides and the aging of materials signifying a broader passage of time. Further, "in order to give the patient an opportunity to experience himself… [the patient will require] well-organised stimuli… As we move from the less in tact, less integrated patient through the intermediate stages on to higher levels of integration, we find that the patient's needs change. With improvement comes the need for greater stimulation from an enriched environment, less predictability and clarity in the environment, and an increase in the patient's freedom of choice."[420] This indicates changing levels of interaction alongside progressing treatment; this aligns with the increasing performativity and engagement as encouraged by the architecture as therapy.

[419] Good, Lawrence K and Seigel, Saul M and Bay, Alfred Paul. *Therapy by Design*. Charles C Thomas Publisher, Illinois, 1965, p. 17.
[420] ibid., p. 18.

Appendix F:

Ugliness and Beauty

1. Rei Kawakubo

2. Seven Heavenly Palaces

3. Jewish Museum

4. Ruin as Ugliness

1. Rei Kawakubo

Kawakubo's Spring/Summer 1997 collection was regarded by some as a "mocking attack on the decadence of a western fashion…the female silhouette…nipped in waists."[421] This notion present in Kawakubo's work at this time is the challenge "her unfamiliar silhouettes present to the body-shaping tradition of western female fashion."[422] Kawakubo's collection however privileges an intelligent woman, one who is in control, who is autonomous, who is aware of her identity and influence as a woman. Kawakubo's work also creates clothing that can be manipulated by the wearer, and in turn the idea that this is possible affects the way the wearer feels. By allowing autonomy to take place, Kawakubo fosters the exploration of identity and a sense of self-assurance through the control and manipulation of one's own appearance, posture and movement. By including "elements that are reversible or detachable [this] implies that a garment is not a finite solution, but allows for an input from the wearer, who plays a part in shaping the final form."[423] Kawakubo challenges the "'tradition' of elegance associated with the aristocracy and haute bourgeoisie" by challenging traditional conventions of fashion and representation of the body. In this manner she privileges an intelligent, free-thinking woman and allows that woman to be confident, distinct and independent. As Kawakubo explained, "I want to suggest to people different aesthetics and values. I want to question their being."[424] In this manner, Kawakubo fosters the development of an intelligent woman by causing exploration and development of traditional

[421] Sudjic, Deyan. *Rei Kawakubo and Comme des Garcons*. Rizzoli International Publications, Inc., New York, 1990.
[422] ibid.
[423] ibid.
[424] Quinn, Bradley. *Techno Fashion*. Berg Publishers, Oxford, 2002.

thoughts and perceptions. Kawakubo explains of this collection that she is "search[ing] for new means of expression and those who are searching for a new sense of values."[425] This questioning explores beauty and the preconceived notions associated with this concept, and through an encouragement of the autonomous and individualistic woman, explores the unique beauty in the form of deformity. The initial ugliness which is conjured by the extremity of the body form which Kawakubo creates also serves to broaden the mind, to challenge and to deconstruct paradigms in order to allow a new and individualistic beauty to arise from the asymmetrical and abnormal, from the misshapen and malformed.

2. Seven Heavenly Palaces

Ugliness is combined with moral decay in Kiefer's Seven Heavenly Palaces, with the decent into indecency and unseemliness, thus it is possible to understand the manner in which the German citizens would look away from these works, preferring the blindfold to the architecture which makes us see. A careful manipulation of shadow and perspective is imbued in the work to further evoke memory and grief through decay. The fragmented works cast fragmented shadows, pierced with shards of light which further evoke a sense of dismemberment, of slicing, division and the broken. Perspective views as the occupant experiences the work creates layering of foreground, middle ground and background, evoking a decay over time, the ongoing nature of the memory and grief present here. Here exists a paradox in the architecture; self-reproach contends with the need for reconciliation in an ongoing conflict. Neither is to completely be resolved, for this would deny the presence of the other. I propose that the architecture thus provides platform for this dispute to unfold and for understanding of the human condition to develop. The image of death and decay created is akin to an illness of the body, "a cause of ugliness when it modifies form in an abnormal manner."[426] Here a paradox is employed by the architect; the ugliness which leads to healing and to true beauty, if only we might behold its potency. Acceptance "will eventually

[425] <http://www.encyclopedia.com> viewed on 14 July 2010.
[426] Eco, Umberto. *On Ugliness.* Harvill Secker, London, 2007, p. 302.

become the bridge to your wholeness"[427]; it is when one desists from "cling[ing] to our past and remain[ing] stuck in the illusion"[428] that a renewal might develop, that emotions can be eased and the human psyche become unbroken, regenerated and rejuvenated.

3. Jewish Museum

The voids in Libeskind's Jewish Museum employ the notion of the uncanny, of uncertainty, to communicate memory and grief themes. They put the familiar into question; "their aim is not to reassure or console but to haunt visitors with the unpleasant – uncanny – sensation of calling into consciousness that which has been previously – even happily – repressed."[429] The voids are reminders of shadows, depths where secrets are buried, and scars where the 'ugly' does not heal. They reinforce the breaches and fissures in society, in history, and so a more whole and complete understanding may be derived from the incomplete, the fragmented, the broken. This paradox again develops new paradigms with reference to memory and grief resulting in a renewed understanding and appreciation for the occupant. The voids enforce an ongoing process of reconciliation through their paradox; German culture journeys to come "to terms with the self-inflicted void at its centre – a terrible void that is at once all too secretly familiar and unrecognizable, a void that at once defines a national identity, even as it threatens to cause such identity to implode."[430] Perhaps it is this ambivalence, this tentative balance which gives this paradox power and potency; reconciliation with guilt, with the ugly, the unfamiliar, transforms it into pride, to beauty, to familiar, and so undermines the very essence of the former condition as one negates the other. In this manner the expression of memory and grief themes in the Jewish Museum, Berlin, through employing the uncanny, the ugly, in manipulation of forms and architectural elements influences the occupant to a great extent. And so ensues an ongoing debate, a paradox, which does not seek to be resolved but

[427] Jung, C. G. *Jung on Death and Immortality*. Princeton University Press, New Jersey, 1999, p. 13.
[428] ibid., p. 13.
[429] Young, James E. *Daniel Libeskind's Jewish Museum in Berlin: The Uncanny Arts of Memorial Architecture.* In Jewish Social Studies, Bloomington, 2000, vol. 6, iss. 2, p. 19.
[430] ibid., p. 20.

more to be present. In this way occupants may learn, appreciate, and reconcile to individual extents, developing individual identity and awareness.

The voids in the architecture become ugly because at first they are perceived as cumbersome, they are undesirable and seem strangely de-functionalised; unable to be entered, occupied, experienced. These voids are the incarnation of absence and form a ghostly line through the building of everything that was destroyed. These voids, uninhabitable rooms, negate the very purpose of a Museum and thus deconstruct architectural paradigms whilst creating an instability, too, in the history and memory the occupant perceived and thought of as truth. The voids create a tension between the substance of the story and what cannot be told; this stops the narrative from being whole, complete. This imbues notions of ugliness through the incomplete, through the dismembered tale of history which allows the occupant to re-evaluate notions of history, heritage, memory and the dualities within these, truth or untruth, complete or incomplete.

4. Ruin as Ugliness

In the evocation of absence, of scars and ruin, the architecture and the body speak of the conditions which ravaged them, evoking a haunting of this trauma yet also a beauty in suffering, a memory of the condition. This relates to the beauty which develops from the condition, rendering it all the more potent as the ruin lingers, the ugliness remains, yet is understood as beautiful. This process aligns ugliness with notions of ruin, with fragmentation and incompleteness; where the body is purged and scarred the architecture is decayed and fragmented. However, when an architectural ruin is understood as such, is considered and finds itself the object of contemplation, "we reclaim that object from its fall into decay and oblivion…[offer it a] care that, in a sense, elevates its value."[431] This is akin to ugliness and to the inhabitants' process of healing; the ruined becomes valued, cherished, lest it succumbs to its own vulnerability and destruction. This aligns with the process of transformation from ugliness to beauty occurring in the inhabitants of the

[431] Roth, Michael and Lyons, Claire and Mereweather, Charles. *Irresistible Decay*. The Getty Research Institute for the History of Art and the Humanities, Los Angeles, 1997, p. 1.

architecture as therapy. Yet the power is in the ugliness, the fragmentation which exerts the "full effect on the beholder."[432] Architecture exploring ruin or notions of ruin thus operate in parallel to this architecture as therapy; these architectures find a beauty in the fragmented and incomplete from and harness this to shift perceptions; they do not seek a completeness but rather a contented admiration in the incomplete, in the ugliness. Perhaps in ruin "an almost morbid thrill may be derived from a direct physical encounter with… decay's rich colours and complex textures developed over time, and inexplicable smells and sounds."[433]

To enforce a completion of the body in this treatment facility would be as to build over a ruin, a "suppression and denial of what has come to pass."[434] The architecture instead seeks to frame, to highlight what is missing, to highlight a void as it is this void, these scars, which yield character, uniqueness, influence and the power to shift perception. The absent, what is missing, is also the vital component, the catalyst to allow this transformation of ugliness to beauty to occur.

[432] Roth, Michael and Lyons, Claire and Mereweather, Charles. *Irresistible Decay*. The Getty Research Institute for the History of Art and the Humanities, Los Angeles, 1997, p. 1.
[433] Chrisman, Phoebe. *From Industry to Culture: Leftovers, time and materials transformation in four contemporary museums.* In The Journal of Architecture, Routledge, London, 2007, vol 12, iss 4, p. 410.
[434] Roth, op. cit., p. 33.

Appendix G:

The Senses

1. Senses: Touch

"Beauty… can be realised only by the pleasure it brings to the senses and emotions."[435] We might realise beauty through engagement and in this manner realise a true harmony. This newfound beauty enacts a transformation on the body and the senses, enacting a therapy through architecture. The gestures of a body transformed by this beauty "betray an inward sense of melting and languor"[436] as "beauty acts by relaxing the solids of the whole system."[437] This is a sign of pleasure, of relaxation, enforced by the architecture and allowing pleasure to be rediscovered in the body and healing to occur.

2. Touch Case Study: The Feldenkrais Method

The Feldenkrais method may be considered an alternative therapy, one which imbues touch in order to relieve tensions through changes in patterns of bodily movement. This is explored as it relates closely to the goals of the architecture as therapy by creating awareness and identity through bodily movement. The architecture as therapy evokes healing in this same manner through sensory engagement through touch and through performative

[435] Gouk, Penelope and Hills, Helen. *Representing Emotions: New Connections in the Histories of Art, music and Medicine.* Ashgate Publishing Ltd., England, 2005, p. 94.
[436] Pelletier, Louise. *Architecture in Words: Theatre, Language and the Sensuous Space of Architecture.* Routledge, Oxon, 2006, p. 145.
[437] ibid., p. 145.

engagement. The Feldenkrais method utilises slow and precise sequences of movement in order to engage the brain through the body. This activates the brain by breaking down habitual patterns of movement and creates a relaxed yet focused state, an awareness through movement.[438] The method was developed by Dr Moshe Feldenkrais, a physicist and engineer, who focused on "the vital importance of working with the whole body and indeed the whole self in order to achieve lasting change."[439] This functional integration is unique in that it "evokes changes in the human brain at a level heretofore thought unachievable by any known therapeutic technique."[440] This method relates closely to both sensory engagement through touch and performativity in that it explores physical and mental awareness in order to explore identity and the self and develop a greater sense of autonomy. "By being taught to differentiate and combine patterns of action, a person's efficiency, comfort and wellbeing can be increased. The person in fact learns how to learn. And someone who develops a conscious attitude toward these possibilities is able to program and reprogram his actions according to changing circumstances. This helps him to solve his problems with greater ease."[441] This is the key to the therapy; opening the mind to new possibilities, new awareness and potential, new beauty through the body. This is a method ideal in therapy, where in "cases requiring medical treatment, [the method] can alleviate a given condition, cure it or heal it."[442]

3. Aspects Affecting the Senses

Proportion and Harmony

It has been surmised that "proportion and harmony ha[ve] a direct power on our senses."[443] These features wield an expressive power to evoke beauty and softness. Yet when this is subverted, the proportions thrown asunder and the harmony disrupted, does beauty remain?

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[438] <http://www.feldenkrais.org.nz/Site/About_Feldenkrais> viewed on 5 July 2010.
[439] ibid.
[440] Rywerant, Yochanan and Feldenkrais, Moshe. *The Feldenkrais Method: Teaching by Handling*. Basic Health Publications, Inc., New Jersey, 1983, p. ix.
[441] ibid., p. 4.
[442] ibid., p. 191.
[443] Pelletier, Louise. *Architecture in Words: Theatre, Language and the Sensuous Space of Architecture.* Routledge, Oxon, 2006, p. 141.

Proportion and Harmony in The Architecture as Therapy

As the progression through the architecture continues, the proportion and harmony of journey's beginning dissipates, forms are increasingly tortured and wounded, twisted and deformed, ravaged and repugnant. Individuality reigns here, textuality, the unexpected, the delight in surprise and unanticipated pleasure, leading to a renewed sense of beauty. Through the senses then, this new beauty is realised and reconciliation with the body may develop, therapy may ensue. The architectural spaces at the entry receiving the inhabitants are rectilinear, proportioned and regular, yet these will appear to the inhabitants as ugly; these are akin to the clinical nature of hospitals, to the regular and monotonous rooms these inhabitants have experienced endlessly. Here the first disruption of percepts and constructs ensue; proportion and harmony is traditionally associated with the beautiful, yet here it is regarded as ugly, as a proliferation of copies which serves to remind of the incarceration of hospitalisation. In turn the inhabitant is opened to the uniqueness and character, as seen in ugliness, as a potential source of beauty, of individualism and personality.

Senses, Ornament and Texture

Ornament possesses visual and sensual significance as well as its own meaning, it is powerful to thus delight,[444] enrich, challenge and create paradigm shifts; ideal qualities when dealing with the individuals of self harm and anorexia. Both of these individuals relish small details; anorexia will measure and weigh her food, her body, herself, analyzing the body's curves and storing every detail in the mind; self harm will measure each incidence of self abuse, she knows the exact needs to deepen the cut next time, she knows the exact placement of these wounds on her body.[445]

[444] As Domeisen explains, a new grammar of ornament is developing; ornament is to be understood as "sitting comfortably between realism and abstraction, antiquity and modernity, mechanical objectivity and artistic subjectivity, convention and expression, the real and the ideal" (Domeisen, Oliver. *Beyond White Walls*. In AD, John Wiley and Sons, Ltd., London, 2008, vol 78, iss 6, pp. 119-120.).

[445] Texture is also of vital significance, relating to stages through the journey of the architecture and designed in a manner which serves to influence these particular inhabitants. Thus if architecture is to employ detail and texture at opportune moments, the inhabitants may shift their attention and focus from the detail of the body to the detail of the architectural

Senses, Ornament and Texture in The Architecture as Therapy

The use of detail is an ideal means to distract the inhabitant from their obsessions; to appeal to their delight in detail yet also draw their attention away from the fixation with their own bodies to a fixation with the architecture. Spaces with texture and detail "feel safe to me; inhabited by smells, sounds, textures and detail, they mitigate the anxiety of the outside world and hone my focus and insight, giving me a sense of comfort."[446] This allows a consideration of the architecture to develop and a new clarity to be fostered, freed from the mania. The use of texture and weight manipulate preconceived notions and relate specifically to the practitioners of self harm. For example, the anorexic body is commonly delicate, fragile and weak; the scaffolds employed in the architecture appear light and delicate but are in fact very heavy and cumbersome. This plays with the supposed weakness of the practitioner of self harm; she appears fragile yet the architecture as therapy uncovers an inner strength and stability in her. Conversely, other wall materials of mass, such as the wooden bi-folds, are incredibly light and easily manipulated by the inhabitant in a surprising and unexpected, yet thrilling manner. Contrasting of preconceived notions of texture and senses is employed increasingly to challenge and deconstruct ideas. As the inhabitant activates spaces they may become light and clear in one dimension yet intensified in another.[447]

At first the body is the primary focus of these individuals, its details dominate and the body fills and overbears the mind. Increasingly as the body begins to be appreciated it may be utilized as a tool to create a different sort of detail and ornamentation. This allows the inhabitant to develop an increasing

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body, in turn knowing the architecture and coming to understand and appreciate it and its beauty. This leads to an appreciation of their own beauty.

[446] Troutman, Anne. *Inside Fear: Secret Places and Hidden Spaces in Dwellings*. In Intimus: Interior Design Theory Reader, John Wiley and Sons Ltd., Great Britain, 2006, p. 358.

[447] For example, pulling out the mirror bi-folds creates a homogeneity and smoothness of surface yet opens the surface to the intricacies of reflection from the space around, serving to increase the detail and intensity present. Further, pushing out walls may serve to create an openness of space, yet dim the light to create more intense and close feeling due to the enveloping sensation of darkness. Conversely, penetrating walls to create a tight space of one's own serves to stimulate a jet of air intake from the outside; a much cooler and less humid air which brings a sense of open to the tight and intimate space (this will be discussed further in the design documentation of the architecture as therapy).

affinity with individualism and move away from her anxious and obsessive tendencies. As the detail increasingly surfaces through interaction via the body, detail created by the body not of the body, later in the journey through the architecture, the inhabitants may experience the richest therapy; lead away from their own obsession with the detail of their own bodies towards the detail of the architecture and the spaces created through their newly discovered autonomy, an appreciation for this lack of intensity and obsession may ensue. This leads to a reduction in the control over the body, the need to purge or to self harm in this tightly dictated, controlled manner, occurring through sensuous detail.[448]

[448] Architecture elicits a calm, a new beauty, in itself and in the body. Thus therapy ensues and the need to harm is reduced (this will be further explored when the design of the architecture as therapy is documented). Ornament is "caught between excess and void, superfluity and deficiency, addition and subtraction, loss and compensation" (Jenner, Ross. *Horror Vacui: Void, extra and the discourage of ornament.* Paper presented at Accessory/architecture Conference, Auckland, 1995, p. 139.). In this way ornament blurs boundaries, a continuing theme in this architecture of therapy.

Appendix H:

Performativity

1. Performativity in Therapy Process
2. Performativity and Beauty
3. Prosthesis
4. Performativity and Gender in The Architecture as Therapy

1. Performativity in Therapy Process

The first thread, the notion of the transformation of ugliness to beauty, is linked to a shift in paradigms as achieved through manipulations of the senses and through deconstructing boundaries and preconceived notions within architecture through performative engagement. The second thread, the development of identity and the self, and in turn beauty, is also achieved through performativity and engagement. The third, the development of communication, identity[449] and sexuality which is commonly absent in practitioners of self harm, is also developed through performativity. The therapy is made possible by the fact that "the psyche is not confined in the body; rather, the two are in reciprocal and continuous relation. Hence, transformation occurs in both."[450]

2. Performativity and Beauty

"Problem solving by exploration and assertion together triggers the pleasure that comes from a sense of efficacy and competence."[451] Performativity heightens awareness and in turn explores notions of beauty. The architecture of therapy explores the "psychologically rich concept involving… movement, bodily feeling, and …[projecting] the self into an object of aesthetic

[449] As further explored in Appendix E.
[450] Pacifici, Maria Paola. *The Construction of 'Psychoanalytical Choreography' and the Dancing Self*. In Bodies in Treatment: The Unspoken Dimension, The Analytic Press, New York, 2008, p. 107.
[451] Press, Carol M. *Self Psychology and the Modern Dance Choreographer*. In Annals of the New York Academy of Sciences, Wiley Periodicals, Inc., London, 2009, vol 1159, issue 'Self and Systems explorations in Contemporary Self Psychology,' p. 224.

appreciation."[452] Further, this architecture finds beauty in the self, in the psyche, through the movement and sensation explored.[453]

3. Prosthesis

Prosthesis occurs in the architecture as therapy through materiality and tactility. "Curtain and body touch each other…[it is] pulled, pushed, lifted, moulded, rolled, stored, felt or stroked."[454] When employed in architecture, textiles retain "a sense of movement and challenge the static nature of architecture allowing the interior to reconfigure itself from permanent to dynamic."[455] Varieties of scale make the inhabitant aware of distance and perception "introducing the entire gamut of possible experience through one and the same thing."[456] Patterns and textures absorb or scatter light, exploring three dimensional form and layering within the element. This is attractive to the inhabitants through the sensuous nature of tactility appealing to their need for sensuous engagement. The textiles draw them in to engage, and in turn evoke bodily movement and awareness. This also begins the process of autonomy through the manner in which the inhabitant may begin to control spaces and to cater them to their own particular needs; this is rewarding and satisfying. The moveable partitions act as dressings for the

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[452] Lanzoni, Susan. *Practicing Psychology in the Art Gallery: Vernon Lee's Aesthetics of Empathy.* In Journal of the History of Behavioural Sciences, Wiley Periodicals, Inc., London, 2009, vol 45, iss 4, pp. 332-333.

[453] Body and mind are both engaged. Performativity as a continuation of therapy in architecture operates on the notion that this movement and engagement "heighten[s] one's vitality on a physiological level and [is] an evolutionary achievement" (Lanzoni, Susan. *Practicing Psychology in the Art Gallery: Vernon Lee's Aesthetics of Empathy.* In Journal of the History of Behavioural Sciences, Wiley Periodicals, Inc., London, 2009, vol 45, iss 4, p. 336.). This heightened vitality "was not just of the body, but also reached the levels of mind and spirit… we do not merely breathe better and digest better, though that is no small gain, but we seem to understand better" (Lanzoni, Susan. *Practicing Psychology in the Art Gallery: Vernon Lee's Aesthetics of Empathy.* In Journal of the History of Behavioural Sciences, Wiley Periodicals, Inc., London, 2009, vol 45, iss 4, p. 336.). Thus architecture and the movement and performativity it encourages is the ideal vehicle to evoke a therapy, to alter perception from ugliness to beauty and to create an increased awareness of the self and the body. As Harvard Scholar Dr Susan Lanzoni explains, performativity is an exploration of the sixth sense, kinaesthesis, "the specific sensibility that judged weight, resistance, and the awareness of the body's movement, and [is] experiences in a range of impressions" (Lanzoni, Susan. *Practicing Psychology in the Art Gallery: Vernon Lee's Aesthetics of Empathy.* In Journal of the History of Behavioural Sciences, Wiley Periodicals, Inc., London, 2009, vol 45, iss 4, p. 338).

[454] Weinthal, Lois. *Bridging the Threshold of Interior and Landscape: An Interview with Petra Blaisse.* In AD, John Wiley and Sons, Ltd., England, 2008, vol 78, no 3, p. 67.

[455] ibid., p. 67.

[456] ibid., p. 69.

wounds, clothing for the body, to be controlled by the inhabitant. This follows the manner in which those who self harm will often insist on covering up at all times[457], yet they may also remove these 'dressings' when they are ready. Their revealing of the body is autonomous and controlled, able to be executed when an affinity with the body is reached. The inhabitant may peel back these layers, slowly emerging the butterfly from the cocoon. Self harm is not an attempt to seek attention[458], thus the architecture allows healing in seclusion, promoting therapy by appealing to the psyche of the inhabitants, yet also challenging them through performance and engagement to break free from self harm.

Interaction at the early stages of the journey in the architecture as therapy will take place via the operation of curtains, partitions, wall elements, screens and textiles to create fluid atmospheres at thresholds.[459] Textiles are applied to both the body and to architecture at differing scales, there is a fluid connection, "cloth is soft and flexible and therefore it drapes itself around a person or object; or it falls down in swirls, folds or pleats."[460] Textile and screen evoke texture, detail at small scale, the whole at large scale, catching the eye and stimulating the senses from every perspective and vantage.[461] The inhabitants' revealing of the body is autonomous and controlled, able to

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[457] <http://psychjourney.blogs.typepad.com/healing_from_addictions/self-harm> viewed on 22 March 2010.

[458] ibid.

[459] In this proposed architecture as therapy, the prosthetic extension of the body operates to engage in the environment, and the tactile stimulation of senses through materialities, humidity, interplay of light and shadow. If architecture considers most predominantly "the body in action, then will not the concepts most central to the living of a life be those formed – no matter how fleetingly – through architectural encounters?" (Hansen, Mark. *Wearable Space*. In Configurations, John Hopkins University Press, Baltimore, 2002, vol 10, iss 2, p. 325.). Sites within the architecture that connect body to space "are responsible for embodying space, for imbuing it with a sensory richness that yields bodily meaning" (Hansen, Mark. *Wearable Space*. In Configurations, John Hopkins University Press, Baltimore, 2002, vol 10, iss 2, p. 326.). Here the architecture is "built out of the body, as an instrument to reveal a truth about the body and its capacity to constitute space," (Hansen, Mark. *Wearable Space*. In Configurations, John Hopkins University Press, Baltimore, 2002, vol 10, iss 2, p. 330.) to form identity, to form the self. This is rewarding as "our stored reservoir of knowledge about the self is the bedrock from which all other aspects of the self are derived. It allows us to define our own individual identity"[459] (Bentall, Richard P. *Madness Explained: Psychosis and Human Nature*. Penguin Books Ltd., London, 2003, p. 200.).

[460] Weinthal, Lois. *Bridging the Threshold of Interior and Landscape: An Interview with Petra Blaisse.* In AD, John Wiley and Sons, Ltd., England, 2008, vol 78, no 3, p. 67.

[461] For further information on prosthesis in the architecture as therapy, please see Appendix H.

be executed when an affinity with the body is reached. The inhabitant may peel back these layers, slowly emerging the butterfly from the cocoon.

A variety of unusual movements and stretches are enabled by the architecture; these motions "increase awareness of the mind and body through observation, enhance the capacity to control the mind (fluctuations of consciousness) and physiological processes, increase energy [and] reduce the influence of negative emotions and experiences."[462] This focus on the dynamic, the performative, the engagement, offers the promise of freedom, of autonomy, of escape from these pre-defined roles and identities which the treatment facility seeks to escape. The "architecture appears through its performance, through its enactment comes into being."[463–464]

4. Performativity and Gender in The Architecture as Therapy

Performative movement is utilised to blur boundaries of the body and sexual constructs as well as derive sexual identity and power. Tantra is used to overflow the boundaries of the physical body[465]; to overflow these boundaries and to tap into intense sexual awareness and power may be achieved through yogic practice, controlled movements, stretching and bodily interaction increasing awareness of the mind and body[466], as closely aligned with the performativity in the architecture as therapy. The notion of blurring gender may also be understood as a source of intense sexual power once conceived as such by the individual.[467] This awareness of sexuality sets about

[462] Gerbarg, Patricia L and Brown, Richard P. *Yoga*. In Complementary and Alternative Treatments in Mental Health Care, American Psychiatric Publishing, Inc., Arlington, 2007, p. 381.
[463] Bonnevier, K. *A Queer Analysis of Eileen Gray's E.1027*. In Negotiating Domesticity: Spatial Productions of Gender in Modern Architecture. Routledge, United States of America, 2005, p. 167.
[464] Here the architecture's identity is too fostered, mirroring the development of the inhabitants in a richly rewarding manner.
[465] Caldwell, Sarah. *Oh Terrifying Mother: Sexuality, Violence and Worship of the Goddess Kali.* Oxford University Press, New York, 1999.
[466] Urban, Hugh B. *Magia Sexualis: Sex, Magic and Liberation in Modern Western Esotericism*. University of California Press, California, 2006.
[467] ibid.

"deconstructing our basic assumptions about human identity"[468] and allowing new and developed, complete identities to arise from these ashes.[469]

Woman has been seen "in the original semblance of architecture in woven fabric, erected into walls as space dividers by primitive tribes,"[470] implying woman at the origin of architecture, correlated with the "mother of the human race who invented weaving and plaiting."[471] The "woven fabric creates the opportunity for seduction in its hidden recesses."[472] This is explored in the architecture as therapy where the fabric becomes increasingly masculine, creating a blurring to deconstruct gender and to 'unsex' the elements. "The woman's body is an inside that nurtures and protects, it is like a house, and therefore, women stay at home. A man's body is a weapon, a coupling device, an object that completes itself outside itself…it projects its symmetrical, vertical orders over the world."[473] The fabric here becomes weapon as it is structural for the body; perceived as but an effervescent tendril, the fabric becomes taut when engaged with via the body creating a masculine reference, and becomes structure for the body rather than the feminine ornamental association (this will be explored further in this research where the design itself is documented). Fabric becomes understood with both feminine and masculine connotations due to the body's engagement with it, blurring the gender constructs of that body also. Fabric is masculine weapon, yet also "fabric which exposes a texture that allows gaps, is seen to stand for the passive body of a woman open to impregnation."[474]

Notions of threshold have also been considered to further explore gender relationships in the design. Glass has been used to blur boundary as by

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[468] Urban, Hugh B. *Magia Sexualis: Sex, Magic and Liberation in Modern Western Esotericism*. University of California Press, California, 2006, p. 222.
[469] This relates to the realignment and reconfiguration of cognitions as aimed for in the therapy process of psychoanalysis.
[470] Semper, G. *The Four Elements of Architecture and Other Writings*. Cambridge University Press, England, 1989, p. 255.
[471] ibid., p. 255.
[472] Wear, Keryn. *(Be)Witching Architecture: Odour, Gender and Architecture*. Unpublished Thesis, Victoria University of Wellington, Wellington, 1996, p. 39.
[473] ibid., p. 39.
[474] Maughan, T. *The Witch in the Wardrobe*. Paper presented at Accessory/architecture Conference, Auckland, 1995, p. 39.

looking into glass "the gazer…is locked into a tight circular look, returned from the eyes of the reflection to the eyes of the gazer and back again…blocking and dazzling the eyes with the seduction of reflection."[475] The glass embodies notions of blurring constructs; "it occupies the realm of the glance which is not penetrating or possessive, but momentary, flickering."[476] Glass is also a paradox; "produced in intense heat, but resembles ice…fragile yet slightly dangerous…a transparent solid."[477] This embodies the notions of deconstruction of gender and reformulation of thought paradigms being explored in the architecture as therapy. Glass is 'fragile yet dangerous' in materiality, slight yet powerful, enchanting the inhabitants and providing engagement which gives the user bodily engagement and is applied to blur boundary, extend view shafts and deconstruct gender.

The notion of inhabitable walls and deconstruction of boundary have become paramount. This increases possibilities to move, to make several interpretations, to reposition limits, as by layers of building elements blurring boundaries and interacting with the body, through performance and engagement, gender norms and constructs are deconstructed. The architecture created is less determined, more supple and transformative, flexible. Through the performativity employed, "the relations between subject positions and architecture are intimately connected to the clothing of the building and the way it is brought into play."[478] The notion of inhabitable walls stems from the idea that "walls provide a second container, after dress, for the body…the wrapping also constructs the identity of the inhabitant."[479] By allowing these new movements to occur and fostering engagement with architecture, new notions of identity can thus be developed; a rewarding experience for the inhabitant. Inhabiting walls or floor acts like a mask; the wearer may engage, don the architecture and develop herself, develop her sexuality. "I test my own limits and learn my own secrets. In these hollow

[475] Cutting Edge, The Women's Research Group. *Desire by Design: Body, Territories and New Technologies.* I B Tauris and Co. Ltd., London, 1999, p. 205.
[476] ibid., p. 206.
[477] ibid., p. 203.
[478] Bonnevier, Katarina. *Behind a Straight Curtain*. Published Thesis, Axl Books, Stockholm, 2007, p. 376.
[479] ibid., p. 376.

walls dwells the unknown, the in-between, he impossible, the unseen. Exploring them, I am hero and master of the unknown, I stare fear in the face and survive."[480]

The constant reversals of voyeur and those being watched further deconstructs gender. The reflections and gazes being exchanged are essentially prosthetic devices which extend and expand upon the notion of seduction, yet roles are constantly switched. The inhabitant is both predator and prey, seduced and seductress. A controlling gaze over the spectacle is permitted, then altered to be viewed by another, relinquishing this particular control.

To displace, as is carried out in the architecture as therapy through the performativity, has been described as a process by which one "leaves the condition of the subject. This concerns the attempt to move from a motivated, desiring subject to one who is less motivated, that is, to a situation of more pure desire…in architecture that can be expanded beyond the usual motivations of shelter, enclosure, stability, ground etc., by opening up in the realm of the unconscious, where desire operates."[481] In this manner the user of the space is exposed to unconscious phenomena, brought about by unexpected bodily engagements and gesture which questions the known, understood and consciously comprehended. The forms of the architecture are explored, deconstructed and reconstructed in a manner to blur gender, to negate the intent of the original and reform it to display qualities of the other.[482] Beauty, order, the familiar and the known are thrown asunder, their elements blurring and gender constructs blurred with them.[483]

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[480] Troutman, Anne. *Inside Fear: Secret Places and Hidden Spaces in Dwellings*. In Intimus: Interior Design Theory Reader, John Wiley and Sons Ltd., Great Britain, 2006, p. 358.
[481] Eisenman Architects. *Blurred Zones*. The Monacelli Press, New York, 2002, p. 150.
[482] When an individual enters a space it is disrupted, its order thrown asunder, this is erotic: "bodies carve all sorts of new and unexpected spaces, through fluid or erratic motions. Architecture, then, is only an organism engaged in constant intercourse with users… each architectural space implies (and desires) the intruding presence that will inhabit it" (Tschumi, Bernard. *Violence of Architecture*. In Architecture and Disjunction, The MIT Press, Cambridge, 1981, p. 123.). In architecture this creates "a pleasure that responds to violence, and to transgression… [this is] so delicious it hurts" (Hejduk, Renata. *Death Becomes Her: transgression, decay and eROTicism in Bernard Tschumi's early writings and projects*. In The Journal of Architecture, Routledge, London, 2007, vol 12, iss 4, p. 397.).

Bodily engagement becomes a catalyst for new through paradigms to emerge Performativity is a notion used extensively throughout this architecture as therapy. Performativity has the power to deconstruct previously held notions, elicit paradigm shifts and shatter what is perceived as truth. From these ruptured and ravaged ruins, new awareness and appreciation of the self, of identity and sexuality may develop. Performativity operates firstly via prostheses in order to stimulate and to encourage architectural engagement. As autonomy and bodily awareness develops, performance occurs via the body alone, creating a liberated and individual body, a confident and aware entity. At this point the architectural form is rendered irrelevant, so dynamic and changing is this materialisation of the architecture. The body here is the definition of space, of architecture; the architecture has become body, become animated. This is challenging, yet demonstrates the true autonomy and identity, *the beauty*, the individuals have crafted.[484–485]

In this manner the architecture imbues sensuality, renewal and engagement, allowing the inhabitant to reassess and re-evaluate, finding pleasure and beauty in the repugnant, in the ghosts of their own violence, in the mists of their awakening sexuality. This erotic is a conceptual construct as well as a sensual experience, realised only near journey's end where both of these factors are present. Architecture here "is not merely a sensual spatial pleasure, but both conceptual and experiential" (Hejduk, Renata. *Death Becomes Her: transgression, decay and eROTicism in Bernard Tschumi's early writings and projects*. In The Journal of Architecture, Routledge, London, 2007, vol 12, iss 4, p. 398.). This pleasure, ripe with beauty and autonomy is then projected to society, confronting society with a powerful and unique individual, no longer an ugly duckling but a self assured and elegant swan.

[483] To deconstruct gender in this manner is to provide the widest possible development of the self, freed from controls of conformism and expectation associated with gender. These constructs of gender and women in society are employed so they may be "orchestrated toward her subordination" (Jeffreys, Sheila. *The Lesbian Heresy: a feminist perspective on the lesbian sexual revolution.* Spinifex Press Pty. Ltd., Australia, 1993, p. 7.). In this way the inhabitants of the architecture as therapy may embrace the new identity being offered them.

[484] For further analysis on this notion of the dynamicism and animation of the architecture as therapy, please see Appendix J.

[485] Through performance the notions of gender, through architecture, may be blurred. Through a manipulation in this manner "this notions of gender now seems largely irrelevant or redundant" (Grosz, Elizabeth. *Space, Time and Perversion*. Routledge, London, 1995, p. 212.). This redundancy is key, as to be freed from the constraints of the female gender is to be loosed from the ties of self harm and anorexia's associations with the feminine, to be freed from societal expectations of feminine beauty. These women are] not subject to the powerful sexual control of male supremacy carried out through the shaping of sexual pleasure" (Jeffreys, Sheila. *The Lesbian Heresy: a feminist perspective on the lesbian sexual revolution.* Spinifex Press Pty. Ltd., Australia, 1993, p. 50.). In the manner in which the inhabitant engages, "the subject [is] performatively repeating but also subverting heterosexual norms and imperatives, [becoming] the site of radical disconnection" (Grosz, Elizabeth. *Space, Time and Perversion*. Routledge, London, 1995, p. 213.). Through the bodily engagement gender becomes unstable, and this explores an ugliness through the challenging of order, or norms, of the expectations in society. "Isn't it even more threatening to show… that there is an instability at the very heart of sex and bodies, the fact that the body is what it is capable of doing, and what any body is capable of doing, is well beyond the tolerance of

Appendix I:

Body Boundary

1. Challenging The Body Boundary: Exploring Boundary and Society

1. Challenging The Body Boundary: Exploring Boundary and Society

The boundaries of the inhabitant are explored through the boundaries of the architecture; by softening these divides architecture may manipulate means of communication to affect the desired outcome, to influence wider society, the interior beauty brought forth to confront and to challenge. Architecture "is made at the boundary between the self and the world and during the creative act this borderline softens, turns penetrable and allows the world to flow into the artist and the artist to flow into the world"[486]; already architecture has the power to deconstruct boundaries and perception, here this potential is harnessed both to cement the beauty and autonomy of the inhabitants and to influence wider society, the creators of the practitioners of self harm, the creators of the wounds, of the ugliness. "Beauty is not the opposite of the ugly, but of the false"[487] the false in the conformist beauty, the lies in society's engineered bodies.

The architecture itself benefits from this opposition of society's expectations. "Architecture only survives where it negates the form that society expects of it."[488] When this architecture extends its form beyond what is expected by society, "it represents the convergence of the real and the ideal."[489] New articulations and perceptions may be explored in the relations between inside and outside, between mind and body. This is transgression, this architecture

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any given culture?" (Grosz, Elizabeth. *Space, Time and Perversion*. Routledge, London, 1995, p. 214.).

[486] Rushdie, Salman. *Isn't Anything Sacred?* In Parnasso, Helsinski, Finland, 1996, vol 1, p. 8.

[487] Fromm, Erich. Source unidentified, in Palasmaa, Juhani. *Encounters: Architectural Essays*. Rakennusteito Oy, Finland, 1998, p. 136.

[488] Tschumi, Bernard. *Architecture and Transgression*. In Architecture and Disjunction, The MIT Press, Cambridge, 1994, p. 78.

[489] Hejduk, Renata. *Death Becomes Her: transgression, decay and eROTicism in Bernard Tschumi's early writings and projects*. In The Journal of Architecture, Routledge, London, 2007, vol 12, iss 4, p. 396.

proposes "a critique of the limits of architectural thought and space through the transgressive act of finding pleasure and beauty in the rotting corpse."[490]

Transgression explores new realms of experience through challenging of norms and expectation, breaking down boundaries. "Transgression exposes and plays with the rules and begs the participant… to move beyond the expected clean and rational experience to another type of experience – unexpected, visceral, sensual."[491] The architecture as therapy is subverted, the beautiful is subverted, the body is reconsidered and pleasure found in these unfathomed depths. Transgression subverts the expected as does this architecture, finding beauty in ugliness, finding allure in ruin, finding pleasure in wound, and finally, finding attractiveness and splendour in waste. The inhabitants of this architecture are society's waste, those deemed ill-fitting with expectation. They are not conformist in their beauty, therefore they must be ugly, concludes society. However, through the architecture of therapy, this ugliness is altered in its perception, realised as a new and unique beauty to surpass conformist beauty, which is nothing but a proliferation of copies. This same effect is seen in artists Tim Noble and Sue Webster's sculptural works, *British Rubbish*, where dirt and waste is brought together and highlighted in a particular way to realise beauty (see Figure I1). Here decay, ruin and waste becomes transformed, poetic, alluring, striking and beautiful. The potency however, lies not in the beautiful image created, but in the fact that it is comprised of 'ugly' matter, of waste. In this same way society is confronted with beauty from this architecture of therapy, where the inhabitants blossom in their newfound beauty, forged through the crafting of ugliness.

[490] Hejduk, Renata. *Death Becomes Her: transgression, decay and eROTicism in Bernard Tschumi's early writings and projects*. In The Journal of Architecture, Routledge, London, 2007, vol 12, iss 4, p. 396.
[491] ibid., p. 400.

Figure I1

'Dirty White Trash (with Gulls)'

Source: Campkin, Ben. Ornament from Grime*. In The Journal of Architecture, Routledge, London, 2007, vol 12, iss 4, p 372.*