

DST STUDIO Summer Studio
Course Outline

HEALING ARCHITECTURE

GENERAL INFORMATION

Course number: ARCH 677

Credits: 6 credits

Time: May 2nd – June 22nd 2012 / Mondays, Wednesdays, Fridays 9.00am-5.00pm

Place: Macdonald-Harrington Building, 5th floor studio

Prerequisites:

Instructor: Francisca Insulza

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COURSE DESCRIPTION

The studio will address issues linked to architecture for contemporary medicine aiming to establish new models for the conceptualization and organization of health facilities. Course work will be organized around three projects, each one focusing on specific concerns and the need for particular architectural solutions. The sequence of projects is proposed in increasing complexity with regards to program, time use (length of stay) and the incorporation of different types of users.

The relation between Health and Architecture that will be developed through the different projects will be framed with a focus on systemics, understanding health facilities as part of a larger organic whole that intercepts infrastructure on a city scale.

Likewise a broader cultural and interdisciplinary discourse will be addressed through incorporation of perspectives from the arts, literature and film (see below). A “collective reference library” will be created as part of the group research of the studio and used to inform the design projects. Representation and presentation skills are deemed an essential part of the course and students will be encouraged during each project to experiment and express their ideas through the use of different media.

ASSIGNMENTS / PROJECTS

1 – URBAN UNIT FOR AUTOMATED TESTING PROCEDURES, TELEMONITORING AND TELEHEALTH EXCHANGE

Length: approx. 1 week, Review: Wednesday, May 9th

The rapid development of medical technology is making telehealth and telemonitoring procedures viable solutions for remote and vulnerable communities, patients in need of constant monitoring and the abatement of rising health care costs. Although projects are still limited, according to experts the next years will see an increase of telematic and telehealth facilities. How can architecture respond to these new spaces? How can we rethink programs and spatial relations within automated contexts?

Students will be asked to design a tele-health module equipped with machines for automated health procedures. The project will deal with the relation of measurements between machine and user, flows and expediency (short term stays), flows, and urban image. The specific location of the projects will be chosen by the student as part of their own the project strategy. Questions regarding

issues of patient based knowledge, wide spread information and patient/user empowerment will also be addressed in relation to the role architecture can play in responding to technological advancements and the need for new spatial typologies.

2 - CENTER FOR MENTAL HEALTH DISORDERS

Length: approx. 2 weeks, Review: Wednesday, May 22nd

According to the American National Institute of Mental Health approximately 57.7 million Americans suffer from a mental disorder in any given year (26.2% of adults) while serious mental illnesses concentrated in about 1 in 17 people (6%). About half of all people who suffer from a mental disorder also probably suffer from another mental disorder at the same time. In the UK, Canada, the USA and much of the developed world, mental disorders are the leading cause of disability among people aged 15 to 44.

Each student (or group of 2) will choose one type of mental disorder - Anxiety disorders, Mood disorders, Psychotic disorders, Eating disorders, Impulse control and addiction disorders, Personality disorders – and design a small treatment center. Both site and program will be given as part of the brief.

3 – 50 BED HOSPITAL for HAITI

Length: approx. 4 weeks, Final review: Friday, June 22nd

Larger complexity and in-depth development will be incorporated during the last project. At the same time special emphasis on the role that health infrastructure can have within a community in crisis will be addressed within the development of the project. Program and site will be given as part of the brief. This project will be coordinated with the Andrew King studio.

INSTRUCTIONAL METHOD

Projects will be developed in a studio based system where the studio is to be understood as an active working space that will produce a collective and shared body of research and knowledge from which individual projects will emerge. Active participation both in programmed discussions and project review sessions (crits) is expected and should be understood as part of the learning process.

Wednesday morning lectures (9am-1pm) will provide a multidisciplinary outlook incorporating approaches from art, film and literature contexts to address, from different perspectives, the architectural issues in discussion.

FILM SCREENINGS AND DISCUSSION (Friday mornings 10AM-1PM, films section subject to change)

Edward Scissorhands, Tim Burton, 1990, (prosthesis)

Citizen Ruth, Alexander Payne, 1996 (abortion and mental health)

One Flew Over the Cuckoo's Nest (1975), Milos Forman (mental health)

Blindness, Fernando Meirelles, 2008 (physical impediment, epidemics)

Elephant Man, David Lynch, 1981, (disfiguration, ostracism)

Mash, Robert Altman, 1972 (work environments)

Safe, Todd Haynes, 1995 (allergies and pathogens)

Contagion, Steven Soderbergh, 2011 (infectious diseases, quarantine)

SELECTED BIBLIOGRAPHY

- Giovanna Borasi, Mirko Zardini (eds.), *Imperfect Health, The Medicalization of Architecture*, Lars Muller Publishers, Munich, 2012.
- Dino Buzzati, *Seven Stories*, 1958.
- Margaret Campbell, "What tuberculosis did to Modernism: The Influence of a Curative Environment on Modernist Design and Architecture", in *Medical History* n. 49, 2005, pp. 463-488.
- Birgit Cold, *Aesthetics, well-being and health: essays within architecture and environmental aesthetics*, Ashgate, Burlington 2001.
- Gabriele Brandstetter, Hortensia Völckers, , *ReMembering the body*, Hatje Cantz Publishers, Ostfildern-Ruit 2000.
- *Guidelines for design and construction of hospital and health care facilities : workbook*, American Institute of Architects, Washington, D.C., 2001.
- Henry Dreyfuss, *The Measure of Man: Human Factors in Design*, New York: Whitney Library of Design, 1960.
- Michel Foucault, *Birth of the Clinic: An archaeology of medical perception* (excerpt), 1963.
- Michel Foucault, *Madness and civilization : a history of insanity in the Age of Reason*, Vintage Books, New York , 1988 (1965).
- Michel Foucault, "The Crisis of Medicine and or the Crisis of Anti-medicine?", Paper at the Institute of Social Medicine, Biomedical Center, State University of Rio de Janeiro, Brazil, 1974.
- Howard Frumkin; Lawrence D Frank; Richard Jackson, *Urban sprawl and public health : designing, planning, and building for healthy communities*, Island Press, Washington, DC, 2004.
- Fabrizio Gallanti, Francisca Insulza, "SARS Atlas" in *Domus* n. 867, February 2004.
- David Garcia , "Quarantine", MAP, Copenhagen, 2010.
- Sander L Gilman, *Seeing the insane: a cultural history of madness and art in the western world*, J. Wiley; Brunner/Mazel, New York, 1985.
- Maggie Keswick Jencks, *A View from the Front Line*, London, 1995. Download PDF: www.maggiescentres.org.uk/maggies/dms/maggiescentres/.../VFTFL
- Mark Kidel, Susan Rowe-Leete, "Mapping the Body" in Michel Feher (ed.), *Fragments for a History of the Body Part 3*, Zone, New York, 1989.
- Charles Jencks, "The Architecture of Hope in Chares Jencks", Edwrad Heathcote, *The architecture of Hope*, Frances Lincoln – PGW, 2010.
- Caroline Knowles, *Bedlam on the streets*, Routledge, London 2000.
- Susan Sontag, *Illness as metaphor*, Farrar, Straus and Giroux, New York, 1978.
- Esther M. Sternberg, *Healing Spaces: The Science of Place and Well-Being*, Belknap Press of Harvard University Press, Cambridge MA, 2010.
- Maurice Tuchman; Carol S. Eliel, et al., *Parallel visions : modern artists and outsider art*, Los Angeles County Museum of Art, Los Angeles, CA., Princeton University Press, Princeton, N.J., 1992.
- Thomas Leo Ogren, "City Trees and Urban Health" in Giovanna Borasi, Mirko Zardini (eds.) *Actions: What you can do with the city*, SUN, Amsterdam, 2009.
- Kazys Varnelis, "Invisible City. Telecommunication" in Kazys Varnelis (ed.), *The Infrastructural City, Networked Ecologies in Los Angeles*, Actar, Barcelona, New York, 2008, pp. 118-129.
- Stephen Verderber, David J. Fine, *Healthcare architecture in an era of radical transformation*, Yale University Press, New Heaven 2000.
- Roger S. Ulrich, "Effects of interior design on wellness: theory and recent scientific research", *Journal of healthcare in interior design*, pp. 97-109.
- Cor Wagenaar, *The architecture of hospitals*, NAI Publishers, Rotterdam 2006.
- Carla Yanni, *The architecture of madness: insane asylums in the United States*, Minnesota Press, Minneapolis 2007.

COURSE MATERIALS

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ASSIGNMENTS AND EVALUATION

Evaluation coefficients will be based on the complexity and length of each project. Reviews for each project are to be understood as a presentation of an on going process rather than a final product. Likewise the final review of June 22nd is expected to contain (in portfolio format) the work realized during the course.

Project 1 – Review May 9 th	15%
Project 2 – Review May 23 rd	30%
Project 3 – Review June 22 nd	45%
Attendance and participation	10%

MCGILL POLICY STATEMENTS

1. “McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the Code of Student Conduct and Disciplinary Procedures” (see www.mcgill.ca/students/srr/honest/ for more information). (approved by Senate on 29 January 2003)
2. “In accord with McGill University’s Charter of Students’ Rights, students in this course have the right to submit in English or in French any written work that is to be graded.” (approved by Senate on 21 January 2009 - see also the section in this document on Assignments and evaluation.)