A Place of Wellbeing in Architecture:

A Mental Health Museum
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A Mental Health Museum

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ABSTRACT

Life is meant to be lived with happiness and joy, but what happens when you don’t feel as if you’re living, and your life feels worthless and filled with sadness? When your daily routine is disrupted? When things go left instead of right?

The mental state of many individuals has progressively worsened over the past few years. There are many reasons for this. One being the overwhelming use of mobile devices and living within a digital world which has isolated us from people and communities.

This thesis addresses the lack of human interaction and community support through the design of a mental health museum. The project creates a place whose program provides spaces that support wellbeing while designing a museum that explores the issues and history of mental health. The museum provides these spaces that focus on the journey towards a state of well being. While not instantaneous, the journey within the museum is both physical and psychological. The journey within the museum is experienced through a series of ramps that flow through the building, acting as a transition from one exhibit space to the other. The ramps allow the visitors to slowly move between galleries, providing time to walk and, perhaps, reflect and understand the contents of the exhibits, as well as to benefit the visitors in other ways. One of the overarching goals for the museum was to create a safe space or spaces for those who visit. As well as a journey that becomes one of mindfulness and consists of learning, reflecting, engaging, and decompressing from the stress of living in today’s world. The thesis and museum addresses four ideas:

- **Learning** through exhibits and talks hosted in the lecture hall or resources within the bookstore.
- **Reflecting** while traveling to the next gallery space, or on the rooftop garden.
- **Engaging** in wellness areas through interactive displays, galleries, or use of a wellness room.
- **Decompressing** within the planted areas and green spaces intertwined with the museum’s journey and the adjacent woodland with its walking trail to the nearby community garden.

This thesis opens up a conversation about mental health through the design of the museum to spark the topic as a positive, encouraging and natural subject of discussion.
The mental state of many individuals has progressively worsened over the past few years. This thesis addresses the lack of human interaction and community support through the design of a mental health museum.

When it comes to mental illness, from the start of symptoms and receiving treatment there is an average 11 year gap. The stigma about mental illness and mental health can be seen as a cause for this delay. Everyone is affected by mental health in one way or another. Specifically communities of low-income. The resources for mental health in these neighborhoods are low. Which is why the museum is located in Washington, D.C. across the Anacostia River in Ward 8; one of two of the poorest wards in DC. The St. Elizabeths Hospital East Campus, located in ward 8, is in the process of being redeveloped. In redevelopment is my addition of a mental health museum that contains spaces for learning, reflecting, engaging, and decompressing.

This thesis opens up a conversation about mental health through the design of the museum to spark the topic as a positive, encouraging and natural subject of discussion. The project is designed to create spaces for connecting with others who have found themselves wanting to learn about the history of mental health as well as view artwork created about mental health.
This Thesis is dedicated to my Mother. Regardless of your own battles with mental health you always found your ways of being there for me and always uplifting me and my decisions. Thank you and I love you.
Thank you to...

My family, for always checking in on me and my progress, even when I was tired of the question “are you finished yet?” and for encouraging me when I needed it the most.

My friends, who have supported me through everything thus far.

My committee for joining me on the mindful journey of my thesis.

Marcia, for your knowledge, support, and encouraging me to push myself throughout my thesis.

Tuwanda, for always reminding me who this project was for on a larger scale and how meaningful the impact is.

Susan, for your understanding and encouragement of my thesis topic from the beginning.
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Everyone has a mind and the state of that mind is important and it should be treated as so. With a mother who is diagnosed with Schizophrenia, the topic of mental health has been apart of my life since I was young. As I grew and began to understand how much of our daily lives and situations can impact one’s mental health, I became interested in its connections to architecture. For example, Wellness design being a way of understanding the benefits of designing a space, as well as human-centered design.

When the topic of mental health is brought into conversation it can lead to many feeling uneasy. The factors of the unknown come into question, along with the level of security one feels with discussing their thoughts with others. Talking about someone’s mental health has been portrayed as personal and to be kept to oneself for years, until it becomes too much, and leading to events known as mental breaks, or outbursts that could have been prevented. “The average delay between the first appearance of mental illness symptoms and intervention is approximately 11 years” (Mental Health Screening). Eleven years is far too long and large of a gap when it comes to receiving help. The stigma about therapy and mental health treatment can be seen as a reason for this gap.

Mental health became my general topic, which led to a consideration of how I would explore this topic through architecture. I had an interest in the topic of museums, which gave me the opportunity to explore and discover aspects of the history of mental health, treatment, and so forth to develop a program for the thesis. I also included aspects of ones life through artistic and creative interpretations. This includes the ways artists capture and make their interpretations of mental health tangible and a key aspect of the exhibitions within the project: a museum of mental health.

At the National Mall in Washington, D.C. there are museums addressing all aspects of history; U.S. and foreign, along with artwork created and displayed from different parts of the world.

Yet, why is there not a museum about mental health?

The closest relation to this topic are exhibitions displayed at science or health museums such as the exhibition ‘A Victorian Mental Health Asylum’ at the Science Museum in London, UK. This exhibition reveals life in Victorian mental asylums in the mid 1900s. The photos are inhumane yet are still relevant to how some still consider life in present day mental health facilities.
The museum program will include temporary and permanent exhibitions as well as traveling exhibitions, such as the ‘National Museum of Mental Health Project’ (NMMPH) developed by Paul M. Piwko, and Alexandra Orlandi. According to NMMPH the purpose to their traveling to “strengthen mental health literacy through the arts nationwide by bringing the exhibition to you is their mission. The National Museum of Mental Health Project (NMMPH) has been in development since 2017. Beginning in 2018, NMMPH has served the public as a clearinghouse for information about mental health exhibitions, and as a platform for communicating and creating awareness of these exhibitions. While our roots include academic research, our 2020 formation as a nonprofit corporation in enables additional concrete actions toward the creation of a National Museum of Mental Health” (Kruzick).

Again, why is there not a museum about mental health? The answer to this question determined the thesis project.

Also, I saw the potential of designing a museum as a way to spark the topic of mental health into everyday conversation. Museums are for the public. They advocate learning, and understanding of what has happened in history. The project program focuses on mental health by considering the history of mental health from early practices to current treatments and a projection into possible future ideas. By designing a museum it gives mental health a chance to be understood and by opening a door that should not be ignored for 11 years; the 11 years of initial treatment after the initial onset of an illness. The museum program and design bridges the gap of knowledge between initial feelings of mental illness and finally receiving help. The museum design allows the visitors to explore, engage in, and learn about mental health with the ultimate goal of easing the stigma attached to mental illness.

The challenges of designing the first mental health museum included imagining the types and topics of exhibitions that change annually. The museum also includes a focus on benefits of wellness design, the embodied experience of the museum such as light and spatial movement, and materiality.

As a visitor to my thesis book, I hope you find a new interest in mental health as you travel the journey I went through during my thesis process.

India Elizabeth Young
**WHAT IS MENTAL HEALTH?**

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices” (CDC).

**WHAT IS MENTAL ILLNESS?**

“A mental illness is a condition that affects a person’s thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others” (CDC).

**HOW LONG HAS MENTAL HEALTH BEEN IN DISCUSSION?**

“The origins of the current concept of mental health, started from the mental hygiene movement, initiated in 1908 by consumers of psychiatric services and professionals interested in improving the conditions and the quality of treatment of people with mental disorders” (Bertolote).

In the past people with a mental illness or disorder were considered possessed and in need of religion. They received terrible treatment, and a common way of ‘fixing’ the problem was by drilling a hole into one’s skull to release the so-called demons. At that time a negative stigma was attached to people with mental illnesses, and that still holds true today.

**WHAT IS THE CAUSE?**

*There is no single cause:

- Trauma
- Genetics
- Brain Physiology
- Environment
- Use of Drugs or Alcohol
- Chronic Medical Condition
- Feelings of Loneliness or Isolation
- Adverse Childhood Experiences
Thankfully, the treatment of people with a mental illness and disorders have improved drastically. However, the number of people that experience or are diagnosed with a mental illness has not. The National Alliance on Mental Illness infographic below states “1 in 5 adults in the U.S. experience mental illness and 1 in 20 experience serious mental illness” (National Alliance on Mental Health).

Since the 2020 Covid-19 Pandemic the state of mental health in the world has become a growing challenge to face. People of all ages are affected during this time, and the infographic above depicts how the affect it had on the youth was significant.
UNDERSTANDING THE HEALING JOURNEY

“WHERE DOES YOUR MIND BEGIN AND END?”

(Rowlands, 8)
WHAT IS MENTAL HEALING?

“The process of allowing or attempting to alleviate mental and physical illness through the power of the mind” (American Psychological Association).

WHAT IS EMOTIONAL HEALING?

“The processs of acknowledging, allowing, accepting, intergrating, and processing painful life experiences and strong emotions” (Blanchfield).

Realizing how to help yourself, and potentially others, mentally is just as important as learning about mental health and your own mental state. Only after you are aware of your mental state can the stages of mental health begin. As I learned what these stages were, I began to question where they may or may not take place within the design of the museum.

THE STAGES

1. Acceptance
2. Insight
3. Action
4. Self-esteem
5. Healing
6. Meaning

“People who have been suffering from mental health conditions generally lose all sight of who they are. This can mean they have neglected the activities they previously enjoyed or become alienated from people they were formerly close to. The final stage of recovery involves rediscovering what is important to you in your life and reengaging with the activities and people who enrich your life experience” (Recovery).

The stages of mental health can vary. The Casa Recovery Program have used this list as stages of mental health. I chose their list specifically for their last stage, Meaning. What happens after the healing? The Casa Recovery Program commits to not only assist in the healing of people mentally but aims to help put meaning back into one's life so when things may trouble them, it doesn't undo all the work that they have done to heal.
As I began researching about mental health and its origins. My research led me onto learning about what is done for the improvement of one's mental health. I began reading the book Restorative Embodiment and Resilience by Alan Fogel. I was interested in reading about the positive aspects of mental health and the steps taken to get there, and how learning this information could be useful to my design. For me the visitor’s experience throughout the museum was one of the most important aspects. What would the first space they entered be like? Big? Small? Narrow? Bright?

Fogel’s discussion of ESA provides a unique connection to the relationship between architecture and the neuroscience behind mental health. I was able to learn what can lead someone into a dysregulated state and what can be done to modulate someone’s state of mind into a restorative state, or a better, positive mood.

Embodied Self-Awareness (ESA)

“Embodied Self-Awareness refers to the ways in which we pay attention to what is happening inside of our own body. The concept of ESA encompasses the whole of what people talk about when they use the words mind and body. ESA is how we feel and experience ourselves and how we think about ourselves” (Fogel, 1).

3 States of ESA

According to Fogel, who developed the concept of Embodied Self Awareness (ESA), there are three states of ESA: Restorative, Modulated, and Dysregulated. As he explains “Restorative ESA focuses on the felt experience.” The felt experience is a feeling that is “genuine”, a feeling that is not planned. These feelings are acknowledged, and when in the state of Restorative ESA there are physical changes of the body coming to rest. For example, For example, one feels relaxation as their body’s posture softens and they take deeper breaths, which evokes a “sense of a deeper truth beyond words.” When the mind is no longer focused on feeling, and is now thinking, the shift to Modulated ESA has taken place. Modulated ESA is “when we are giving ourselves an explanation or making sense of an experience.” In this state we are able to pace ourselves and “reconnect with our felt experience.” When it comes to the state of Dysregulated ESA our felt experiences include anxiety, depression, self-doubt, etc. In this state it is difficult to shift out of these thoughts and “ruminative thinking” leads to feeling stuck with these thoughts and feelings. Fogel writes that Dysreguated ESA “is described as an impairment that shifts the whole-body physiological function in ways that can promote serious mental and physical disease states”(Fogel, 38-43).

What affects Space?

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Restorative ESA is a similar to having the feeling of awe. This could happen when viewing works of art, listening to music, or during a spiritual experience. According to Fogel the feeling of being in the state of restoration is "profound" and is when "the body physically comes to rest and acceptance of memories or current situations can begin to take place, along with the body coming to physical rest. It is the state of healing" (Fogel, 40).

Feeling relaxed is a way of knowing you are in the state of Restorative ESA. Fogel states "There is a kind of wonder in spontaneously arriving at a genuine feeling." This could happen while hiking in the mountains or watching a performance. Describing the feeling of awe with the words 'amazing' or 'incredible' is a way of knowing you are in a state of restoration. To Fogel it is "the felt experience of being overcome, or a sense of oneness with something vast and incomprehensible" (Fogel, 39).

As people make their own interpretations of the exhibits while exploring the museum and taking in the art, new found connections and thoughts can begin to take place.
WHAT IS A HEALING SPACE?

“Healing environments are physical settings that support the process of recovery or healing, relieving stress, and discomfort, gaining mental health, rejuvenation, etc. Thus, healing spaces need to change according to the needs and comfort of the individual or current generations” (Priya, Alamu).

WHAT IS A MENTALLY HEALING SPACE?

A space that allows relaxation, or a chance to decompress and find acceptance in a past or present feeling so that one is able to focus on the continuation of bettering themselves mentally and, or physically.

DESIGN CONSTRAINTS OF A HEALING SPACE INCLUDE:

• Light
• Spaces
• Color
• Shape / Form
• Texture
• Materiality
• Artwork / Decor
• Sounds / Music
• Aromas / Sensations

THE NATIONAL MEMORIAL FOR PEACE AND JUSTICE

MASS DESIGN GROUP

MONTGOMERY, ALABAMA, USA

• An Impactful, Powerful Space
• Space for reflecting, thinking, acknowledging
• The use of Light
• Landscape
• Connection to nature

The National Memorial for Peace and Justice is a reminder of the lynchings that took place in Montgomery. The memorial “embraces this truth and inspires reflection and change” (Mass Design Group). Mass Design Group internalized the weight of the history into their design through the 800 suspended corten steel monuments. The memorial sits on six acres of land which allowed the design and places of reflection to reach beyond the interior space. In addition, the use of natural light, adds to the project and the experience as one travels through the memorial.
Sheppard Pratt is a mental health facility that has integrated components of nature into its design. Being surrounded by nature is known to be beneficial for mind and body, and Cannon Design wanted to "address the growing mental health crisis with the healing effects of nature" (CannonDesign). In connection to nature, the design involves the use of wood materials and warm earthly tones adding to the patients health experience.

Barcelona Pavilion was commissioned for the International Expo in 1929. Mies wanted to design the pavilion as an escape from the nearby Expostion. The pavilion can not be found along the busy streets of Barcelona, making it a place of recluse. Mies designed the building with a low roof and framed views for the user to experience the space how he intented it to be experienced. There are two reflection pools that add to the reflection and shadow play of the pavilion. The use of materials and natural light adds to the "discovery and rediscovery during ones experience; always offering up new perspectives and details that were previously unseen" (Kroll).
AS A VISITOR OF THE NATIONAL MALL

By living just outside of Washington, D.C. and having access to the National Mall I was able to visit a number of museums and galleries. After I explored each one, I reflected on my experience and analyzed what my big takeaways were, regardless if it was a feeling or observation and positive or negative.

HIRSHHORN MUSEUM
- vertical movement is easy to follow, but understanding which side to enter the exhibit starts is not
- circling the space does not impact the viewing of exhibits
- gift shop design of word artwork on walls

RENWICK GALLERY
- central stair leading into a grand open space with art
- free movement, path not determined
- pop in and out of gallery spaces
- gift shop is tucked away
- small foyer

GLENSTONE
- exterior movement through landscape
- central pond / garden
- clear paths
- building material, stone is prominent within the landscape

HOLOCAUST MUSEUM
- mood lighting
- artwork/models depicting certain situations were large in scale
- the experience of the elevator ride before entering the exhibits
- bridge of historical photographs
- start at the top and circle down
NA TIONAL AFRICAN-AMERICAN MUSUEM
• thorough timeline of past to present
• easy circulation through escalators
• long time spent being engaged in exhibits, not many spaces for pausing
• bathroom locations are discreet
• Contemplative Court was relaxing, could spend a lot of time there listening to the waterfall

NA TIONAL BUILDING MUSUEM
• grand, open room
• interior balconies
• enclosed / closed off galleries
• the stairs had a low rise, not an aggressive climb

PLANET WORD MUSUEM
• galleries filled with interactive exhibits / displays
• people enjoying others interacting in displays while exploring and waiting

NA TIONAL AIR AND SPACE MUSUEM
• large, wide walkways
• after entering, presented with question of where to go? up? down? or stay on entry level?
• exterior signage along walls describing exhibits
• exhibits described as experiences or events in history or space activity

STAIRWELL
• easy vertical movement by stairs
• interesting small hallway gallery before entering larger room
• exposed bones of the building adds to the experience
• interesting thresholds from entry, to large gallery space, to circulation stair

FREER GALLERY
• galleries open across from each other
• interior gardens
• amount of artifacts in a room can be overwhelming
As the number of people declared mentally ill or insane grew, it began to be viewed as a medical illness. The Pennsylvania Hospital opened in 1752, and was the first hospital to care for the mentally ill along with the physically ill.

In 1773, the first facility strictly for the mentally ill opened in Williamsburg, VA called the Virginia's Eastern Lunatic Asylum. As time progressed more institutions, specifically private, for the mentally ill began to open. These included the Friends Asylum in Philadelphia, the McLean Asylum in Boston, the Hartford Retreat in Connecticut and many others. However, they did not last long, but helped in leading the start of publicly funded hospitals. These private institutions created “public awareness to the humanitarian, medical, and economic benefits to both society and the individual of institutional care and treatment of mental illness” (Otto, 14).

During the 1830s and 40s states began opening facilities for the mentally ill, using the private institutions as precedents. Once the Worcester State Hospital opened in 1833, it became the model for future hospitals, and by 1860 almost every state had their own public mental hospital.
SAINT ELIZABETHS HOSPITAL

The site is in Washington, D.C. just across the Anacostia River in Ward 8. St. Elizabeths (St. E’s) Hospital is broken into two campuses the West Campus and the East Campus. The museum is to be located in the East Campus, as the West portion of St. E’s is now used for government operations.

In 2012, the D.C. Office of Planning published their plan for the redevelopment of St. Elizabeths East Campus, a 180 acre plot of land. The buildings were no longer in use after the new St. Elizabeths Hospital was built less than half a mile away. The choosing of the site location was important and to have it located in such a historical place adds to the project and the museum itself.
THE HISTORY OF SAINT ELIZABETHS HOSPITAL

“For the sake of clarity, the name St. Elizabeths Hospital is correctly spelled without an apostrophe S” (Otto, 5). The hospital catered to soldiers who writing home were reluctant to let their families know they were staying at the U.S. Government Hospital for the Insane. Instead, they reported staying at Saint Elizabeths, “which was the historic name of the seventeenth-century land patent on which the hospital sits” (DC Historic Preservation Office, 8). After the Civil War, the hospital name was changed to St. Elizabeths. In 1916, the name change was made official by Congress.

In 1855, Thomas Sessford was the first patient of St. Elizabeths.

“The hospital, which became popularly known as St. Elizabeths, was situated on a broad plateau above the Anacostia River and had sweeping views of Washington, Virginia, and Maryland. Over the tops of the leafless trees on a winter day, one could have seen across the river to the bustle of the city and the Navy Yard. The White House would have been easy to pick out, and the recently halted construction of the Washington Monument and the old dome of the Capitol would have framed the view looking north toward Maryland” (Otto, 1).
The task of finding a location for St. Elizabeths was taken on by Dorothea Dix and Dr. Charles Nichols. The selection was based on Dr. Thomas Kirkbride’s philosophy of care. Kirkbride, a Philadelphia physician, valued having healthy and peaceful settings for the mentally ill. It was important to have a location that provided these values because it was beneficial to the treatment of patients. The site for St. Elizabeths Hospital was chosen for its views, surroundings of nature and the amount of land available for walking and recreation.

In addition, the site contained resources that were able to have the hospital be self-sufficient for a majority of its time. These materials included water, farm land, building materials, and fuel. “The evolution of care and mental health treatment of Saint Elizabeths is reflected in both the buildings and landscapes on campus” (District Historic Preservation Office, 4).
Phillipe Pinel, a French health activist, can be viewed as the father of psychiatry. Pinel was just as passionate as Dix when it came to the moral treatment of the mentally ill. He focused on providing mental patients with basic human treatment, being attentive and kind, and allowing the patients to have a pleasant scenery.

The land St. Elizabeths was placed, satisfied key elements of the Association of Medical Superintendents of American Institute for the Insane (AMSAII) guidelines. These elements included: “that the hospital should be in the country and not within two miles of a large town, but accessible in all seasons; that the hospital should be sited on at least acres; that there should be an abundant supply of water; and that the site would have good drainage, convenient pleasure-grounds, and an agreeable prospect” (Otto, pg 7).

For decades, St. Elizabeths was the basis model for mental health facilities. From early on St. Elizabeths was designed for its patients. Every decision was made with the users experience in mind. The design included an abundance of land for leisure, and recreation. St. Elizabeths was sited in a pastoral setting and a complete 180 when it came to the level of care in regards to mental health institutions.

“In the 1880s, as the field of psychology matured so did approaches to providing care for the mentally ill. The concept of moral therapy and its emphasis on physical setting began to give way to more scientific methods” (DC Historic Preservation Office, 23).

Dr. Kirkbride found a symmetrical and linear building design to be ideal. It allowed for functions of the hospital to happen in the center and living quarters to take place within the wings of the building. The linear plan was beneficial when it came to the layout of patients rooms. It led to having no sightline into other patients rooms while patients were in theirs. In addition, there was opportunity for more light and air for the spaces located at either ends of the wings. The Kirkbride plan also assisted in the organization of patients based on severity. Each wing had its own staircase and patients were strategically placed based on level of disturbance by users that may occur. Most importantly this led to the building having character. “Kirkbride insisted that the building not look like a prison and that security details be concealed, but he also believed that exterior beauty should never take precedence over interior function” (Otto, 15).
DOROTHEA LYN DIX
PIONEER IN FOUNDING OF SAINT ELIZABETHS

Dorothea Lynde Dix was born in 1802. She grew up in Maine with a mother who spent no time focused on Dorothea, and a father who was a Methodist evangelist and pamphleteer. Her childhood is described as upsetting and poor. Later in her life, Dorothea went to live with her grandmother in Worcester, Massachusetts, where she became interested in secondary schools for girls.

"While teaching Sunday school at the East Cambridge House of Corrections in 1841, Dix observed that several of the women in the prison were clearly insane. Dix also noticed that their rooms were unheated, poorly ventilated, and stinking" (Otto, 2). Feeling strongly about the living conditions for the women in the prison, Dix went to court, and was able to receive heating units for the rooms at the prison. After her success, Dix began her journey in health care revolving around the mentally ill. "With a small legacy from her grandmother, in 1837 Dix was able to travel around Massachusetts inspecting jails and almshouses" (Otto, 3).

During her travels, Dix discovered that the treatment of the mentally ill was inhumane and unfit. She then began advocating for better treatment and conditions on their behalf. In June 1848, Dix petitioned Congress to provide a source of funding for the care of mentally ill people and to acquire five million acres of land as part of that petition. Dix petitioned Congress to "assure the greatest benefits to all who are in circumstances of extreme necessity, and who, through the providence of God, are wards of the nation, claimants on the sympathy and care of the public, through the miseries and disqualifications brought upon them by the sorest afflictions with humanity can be visited" (Otto, 4).

In 1852, taking her initiative to Congress led her to receiving $100,000 to assist in creating the first federal mental health hospital for soldiers of the armed forces and Washington, D.C. residents.

Dix passed away in 1887. Leaving her legacy behind to St. Elizabeths through a mahogany desk "on which, with her own hand, she wrote the first paragraph of the original draught of the act under which this hospital was created." The desk was placed in the visitors boardroom located in the main hospital building.
The Master Plan for the redevelopment of St. Elizabeths East Campus addresses the history and culture of the area by keeping it alive. This was done by preserving and revitalizing many of the St. Elizabeths buildings that have stayed empty for years. The design is to uplift the lives of residence nearby and turn St. Elizabeths into an innovative hub for the community.

“The result of these intentions is a Master Plan that knits together the unique historic campus with the Congress Heights neighborhood, to create a destination for both current and future residents to live, work, shop, play,...
The historic buildings on the East Campus are grouped into 4 parts: The Farm Complex, the 1902 Buildings, the Maple Quadrangle, and the Community Technology Village. All of these buildings are marked to be on National Historic Land.

The master plan focuses on places, paths, and connections. The goal for the East Campus is to unify the area and create sectors so as the site develops, the locations of places come together in a more organized fashion.
THE REDEVELOPMENT OF SAINT ELIZABETHS

SAINT ELIZABETHS NEW DEVELOPMENT 2023

Figure 0.2: Perspective illustration of the proposed East Campus.

Figure 74, 80. Sycamore and Oak Store in Construction

Figure 77. Street of New Townhomes.

Figure 78. New Townhomes.

Figure 79. Witman-Walker Building.

Figure 81. Entertainment Sports Arena.

While there is a general understanding of the timing of these steps, the implementation of the Master Plan will be phased to respond to market forces that will evolve over time as the market permits. It will also be influenced by the availability of resources to invest in the transportation, utility infrastructure, and rehabilitation of historic structures.
POTENTIAL SITES IN EAST CAMPUS

1. Figure 85. View from Intersection at Oak and Sycamore
2. Figure 86. View from corner of Oak and Sycamore
3. Figure 87. View from Gateway DC
4. Figure 88. View from Oak Dr.
5. Figure 89. View from Sycamore Dr.
6. Figure 90. View from Arena
7. Figure 91. View to Construction and Parking Garage
Out of the three site locations for the museum, I chose location three. This site was part of the new addition of building pads that are part of the redevelopment plan. A parking garage is located just below the site and across from it is the Sports Entertainment arena. The site along Pecan St. gave me the chance to include a walking trail to the community garden that is to be developed. The walk from the metro to the museum would become part of the users visit as well, due to the history of the land itself. In addition to views of nature, and the new St. Elizabeth Hospital to the right of site.
Healing is a journey, it happens overtime, not in an instance.
THE MESSAGE

The initiative for designing a museum about mental health for mental health is based on wanting to see the trends regarding mental health on the rise in a positive way. My intent is to create a connection. I designed a journey that is both physical and mental, that engages the mind and imagination along the path throughout the museum. The initiative for designing the museum was also to offer visitors opportunities to find peace and understanding with the past for their present; whether it is personal or relates to the history of mental health and, or the artwork within the museum. In turn being able to learn and continue the journey life brings with it a new and positive outlook on things.

For this to happen I wanted to create spaces that are impressionable and made the user feel safe.

SAFE SPACE

IMPRESSIONABLE

JOURNEY

ENGAGE MENTALLY

FINDING PEACE AND UNDERSTANDING

LEARNING
A MUSEUM IS FOR LEARNING, REMEMBERING, UNDERSTANDING, AND EXPLORING. ITS PRESENCE IS IMPACTFUL TO WHOMEVER CHOOSES TO EXPERIENCE IT.
Some of the stories below are based off real situations of those who live with a mental illness. Each of them are at different states and stages of mental health. Yet, they are all important. Everyones mental health matters.

**THE VISITOR**

1 in 5 adults experience a mental illness.

**How’s it going, I’m Jack**

“Mental illness is no joke. It sucks. Suffering with anxiety, depression, and ADHD has made “adult life” rather challenging. Not to say it was easy as a child either. For me, an always-busy childhood helped keep everything in check. After college, I joined a high octane consulting firm to keep up the heat. 15 hour days? On the road 250 days a year? You bet! I still didn’t realize what was going on. Work became my outlet for two years, affecting nobody but myself (or so I thought). Marriage changed that quite quickly. It is easy to not have a single dirty dish in the sink when you live alone. No one else is affected by this. It is so easy to be blinded by naivety when you are only looking at yourself. When others are affected, especially other who you love, that’s when the light of reality shines the brightest. The pain in their eyes is the most haunting sight anyone can envision. When I saw that pain, I knew it was time to act. My wife Toby, my dog, he understands me.” (HealthPartners).

**Charlotte has just turned 30 years old.** She’s right on track when it comes to her life goals. Her dream job, lifestyle, and social life are all at their peak. Yet, when the day comes to an end she begins feeling hopeless. As if time is escaping her. It’s been a year since her mother died. Now with both parents gone she has no parental support. Charlotte has recently been contemplating seeing a therapist, but isn’t sure if it is worth the time.

**I had a panic attack while doing a presentation at school today.** It was the worst sensation I had experienced in my whole life. I was losing control, I was failing, and something was wrong with me. It overwhelmed me totally. I’ve recently been feeling anxious and having trouble sleeping. It’s been a few months now and the panic attacks creep in everywhere. My mother doesn’t listen she just brushes me off, and thinks I keep “making something out of nothing” as she puts it.

**Sometimes I feel like I can’t tell anyone I suffer from depression, anxiety and an eating disorder because everyone automatically starts assuming I’m lying and overreacting about my situation. No one has taken my illness serious because I look normal. Being Latina adds an extra layer of stigma because mental health isn’t something that is discussed or understood in our culture.” (HealthPartners) I’m glad I have Toby, my dog, he understands me.

**For years after Vietnam, Matthew had nightmares and problems with substance use. When he went to VA for primary care, he was connected to a therapist. After he was hospitalized for alcohol and drug treatment, his therapist recommended he learn to face some of his triggers. Now Matthew has found sobriety and no longer has nightmares” (US Department of Veteran Affairs). As time passed, Matthew has found solace in reading and taking long walks.

**You are not alone.**

**“We were there at different times, different battles, but we all have the same feelings.” - Matthew**

**“You can’t heal in the same environment where you got sick.” - Melissa**

**“You can’t heal in the same environment where you got sick.” - Melissa**

**Mental Health is REAL.**

**Find Support.**

**Do I have Depression?**

**Sometimes I feel like I can’t tell anyone I suffer from depression, anxiety and an eating disorder because everyone automatically starts assuming I’m lying and overreacting about my situation. No one has taken my illness serious because I look normal. Being Latina adds an extra layer of stigma because mental health isn’t something that is discussed or understood in our culture.” (HealthPartners) I’m glad I have Toby, my dog, he understands me.

**“We were there at different times, different battles, but we all have the same feelings.” - Matthew**

**“You can’t heal in the same environment where you got sick.” - Melissa**

**Mental Health is REAL.**

**Find Support.**

**Do I have Depression?**

**“You can’t heal in the same environment where you got sick.” - Melissa**
FACADE INSPIRATION

DESIGN PROCESS
Federico Babina is an Italian Illustrator. Archiatric is an incisive approach to psychiatry and mental pathologies: it depicts 16 different mental disorders through architecture* (USA, Architect).

The depiction of the mental orders are interesting and the drawings can almost be assigned to its mental illness without need for its title. I find the connection to architecture to be the most interesting. The study of architecture and how it interacts with the mind and body has been analyzed for years. Babina’s illustrations made me question how the design of the museum facade would be portrayed. His architecture connection to mental illnesses remind me of how our bodies are a home or a temple. These homes are of similar shape but what they house varies from person to person and we should be mindful of that.
The project is located 12 miles outside of Tokyo, Japan. The structure for the home is timber. It uses a triple beam system that rests on 4 columns that are arranged in a square, taking place as a single column. The structure is a representation of traditional Japanese architecture known as Yotsudate framework. A framework that consists of 4 pillars and originates from Japanese ancient building methods and suggested to be used in homes during the transition from pit dwelling to medieval period dwelling.

The gaps between the columns allows the user to change the space to their liking through the addition of moveable partition walls or fitted furniture.

The Wood Innovation Design Center (WIDC) is a mass timber building used for gathering professionals to discuss, research and create new ideas surrounding the topic of wood and mass timber design. The building is 8 stories tall, standing at 97’ high. The wood components of the building includes mass timber walls, glulam columns and beams, laminated veneer lumber, laminated strand lumber, and CLT floor panels. I focused on their floor assembly for the building which consists of using a staggered floor assembly. This allowed for an easy transition from wood to a concrete composite flooring. By including a drop ceiling, I was able to hide the MEP components of the building.

Figure 125. FT Architects Model of Timber Framework
Figure 126. Beam to Post Connection
Figure 127. View of fitted furniture between column posts.
Figure 128. Exterior view of WIDC.
Figure 129. WIDC floor assembly.
Figure 130. WIDC Interior View with Drop Ceiling.
The structural model was built to further understand the mass timber grid, and how it interacted with the curved walls and ramps throughout the project.
A MENTAL HEALTH MUSEUM

The title of my thesis is clear, and defines what is to be expected; A Place of Wellbeing in Architecture: A Mental Health Museum; a focus that is carried out through my design. Every step of design was taken with care and meaning.

The museum program consists of a basement floor where storage is located as well as the cafe. On the ground, entry level there are offices, wellness services, a lecture hall, gift shop, and a bookstore. The galleries start on the second level, in order to design a first floor that held amenities to the public and aspects of mental health that encourages the well-being of the mind. The museum includes places for learning, peace, and understanding while engaging mentally through the journey throughout the museum.

The structure of the building is Mass Timber. The benefits of a wood exposed building such as impact on stress levels, is part of why I chose timber as a material. On a 20’x30’ grid, the floors sit on a triple beam system that bears weight onto columns of 4 10”x10” with 6” gaps that represent a single column. The column and beam design was influenced by the "4 Column House" by FT Architects in Japan. The 6” gap between the columns allow for the placement of moveable walls, which will assist and increase flexibility in the layout of the galleries. The floor system is influenced by the "Wood Innovation Design Center" by Michael Green Architecture located in Canada. The system uses a staggered floor, and a dropped ceiling that allows MEP to be hidden and lighting to be more discreet. In addition the staggered floor design allows the change in floor material from wood to concrete in the exhibit spaces by using the composite concrete floor process. The added mass from the concrete will help in the acoustics of the gallery spaces as well as start to create a threshold of where the viewing space begins and ends.
Before entering the museum, visitors are able to view a mural along the exterior wall adjacent to the entry doors. Painted on the wall are the words “Your Mental Matters” to remind the visitor the importance of their mind.

Aside from the mural, the facade and its colors are part of the first impression. Taking in each chain and how they’re connected to create a shading device for the building. The colors consist of variation of blues and one shade of yellow. The array of blues represent the waves of emotion experienced when dealing with mental illness. While the yellow breaks up the blue in small to large portions, and represents light, portraying joy and hope.

Through the first set of doors, in the vestibule the ceiling is lowest. Once through the second set of doors the visitor is greeted into the Main Hall. A space with a dramatic height change and the sensation of being enveloped in light coming in from the skylight above.

The Main Hall was designed to encourage the visitors mental space to grow and peak curiosity. The way space is perceived can have correlation to our physical and mental, and when there is room, possibilities can start to develop. In addition, the Main Hall is a wayfinding element. As the user explores the museum through the ramps the central space is always in passing and helps keep the travelers mind rested for they know where they started and can see how to exit if they would like.

The museum circulation follows the curves around the two central walls that divide the space into essentially three components: the left side which consists of the bookstore and two levels of history galleries, the center which is the main hall that includes seating, and the right where wellness services and office space are, following two levels of art galleries.

Along these two walls, at level, are planters that helps bring vegetation into the interior of the space.

As previously mentioned the museum is experienced through a set of ramps. The visitor is presented with a choice of either going right and starting their journey on the ramps of thoughtfulness, or going left and begining the ramps of light.
The ramps of light is located by the history of mental health and illness galleries, where light has the same meaning as the color yellow in the facade. The first ramp is partially enclosed and dimly lit with small skylights that are spaced out at certain points, engulfing the user in light. This experience depicts the start of mental illness symptoms. The dimmed lit path represents a sense of feeling lost as well as a pattern of being in and out of touch with oneself with breaks from the darkness.

The ramp to the second level history gallery moves up along the curved wall, into the main hall. While walking on the elevated ramp you are at the closest interior level to the warmth from the skylight. Starting on the ramps on the right, the ramps of thoughtfulness leading to the art galleries, the user gets enclosed and projected into a view of the landscape and the new St. Elizabeths Hospital. The windows here are full floor to ceiling height, hiding nothing. The opposite wall has an interior of mirror polished stainless steel, in order to reflect the nature within, as well as a reflection of the visitors themselves. The ramps are where the opportunity to engage mentally takes place, especially along the ramps of thoughtfulness. The ramp to the second level of galleries for artwork is suspended from the ceiling. This ramp travels around a double height gallery space located above the lecture hall. This gallery is where hanging mobile artworks are exhibited. As the visitor ascends higher and is able to reach new perspectives of the art, visitors themselves become part of the display.

The final ramp leads up to the rooftop to the rooftop garden with views to the new St. Elizabeths Hospital, as well as distant views to D.C. across the water. The ramp to the roof is covered by the colorul aluminum chain facade, which protects the exposed ramp from direct sunlight. The journey is bright and colorful bringing the visitor to a level of anticipation. Towards the top the ramp becomes windowless, and darkens as the visitor rounds the final turn, where light beaming from the rooftop door is visible, allowing the user know that they have made it to the top, making the journey and the wait worth it for both a beautiful view out to the surrounding area an a peaceful and verdant rooftop garden. The unique pathway for the garden is inspired by labyrinths. Unlike mazes, labyrinths are peaceful and relaxing for the mind, and do not lead to the sense of feeling lost due to the fact that the entire path is visible at all times and where you enter is where you will exit.

Like the route up, visitors also choose how to exit the museum. Upon finishing the journey people can visit the gift shop, bookstore, or the cafe. At cafe level there is seating inside and outside. After eating, the visitor can find themselves taking a short walk through the trees for an exterior nature experience. The trail leads to the Community Farm which is less than 10 minutes away.
SITE PLAN

SUN STUDY

Shadow Study - View of South and West Facade

Winter

Summer

8am
12pm
5pm
2pm
8am
12pm
Route of ramps from the ground floor to the rooftop. Program displays the galleries starting on the second floor.

Circulation and Program

Ramps of Light are on the left. Ramps of Thoughtfulness are on the right.

The private space contains offices and wellness services. The amount of public space allows the visitor to navigate more freely, without being worried about going the wrong way.

Interior Planters along ramp walls.

Greenroof with views to nature along East and North Facade.
**STRUCTURAL DETAILS**

Mass Timber Construction
Staggered CLT Panel Flooring + Concrete Composite Floor
4 Column Post

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**Beam to Column Axon**

**Partition Walls**

Walls can be fitted in between the columns 6" gap. Assists in the layout design of the galleries.

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**Floor Assembly**

**Beam to Column Connection**

3 Through Bolts per Connection

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**FACADE DETAILS**

**KRISKADECOR**

The lightweight, sustainable aluminum chains are used as a shading device. The variation of blues represents the waves of emotions one experiences. The yellow breaks up the blue, or those emotions, and represents light which brings joy or hope.

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**Figure 131-135. Hunter Expositions Mila-Wall**

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**Figure 136. Kriskadecor Support System for facade.**

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**Figure 137-141. Kriskadecor Chain Colors**

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**Kriskadecor Aluminum Chain Cladding**

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**Scale**

0 15 30 FT
NORTH ELEVATION

SOUTH ELEVATION
MUSEUM ENTRY

RAMP OF LIGHT
First Ramp to the first Mental Health History Gallery
RAMP OF THOUGHTFULNESS
First Ramp to the first Mental Health Art Gallery

THIRD FLOOR BALCONY VIEW TO MAIN HALL
With view of Second Ramp to the upper History Gallery
RAMP TO THE ROOF

GREEN ROOF
With view of woodland and the New St. Elizabeths Hospital


Figure 37 ©India Young. Pathway at Glenstone.

Figure 38 ©India Young. Glenstone Interior Pond.


Figure 50 ©India Young. National Air and Space Museum Walkway.

Figure 51 ©India Young. National Air and Space Museum Balcony View Lower Floor and Hanging Airplanes.

Figure 52 ©India Young. Rubell Museum Large Open Space.

Figure 53 ©India Young. Rubell Museum Gallery Hallway.

Figure 54 ©India Young. Rubell Museum View of Central Stair from Basement.

Thank you.