



DESIGN YOUR SYMPTOM

EXPANDING ARCHITECTURE IN THE CONTEXT OF MENTAL HEALTH CARE

GIDEON BOIE

INTRODUCTION

Are you renovating the Sint-Jozef pavilion? — *No.*
But you're redoing the roof? — *No, we're not.*
Then what's happening with this building? — *I don't know either.*

The Caritas Psychiatric Centre in Melle, near Ghent in Flanders (Belgium), opened on its premises, in June 2016, the 'Kanunnik Petrus Jozef Triest Plein' ('Canon Peter Joseph Triest Square') and designed by *architecten de vylder vinck taillieu*. The former 'Sint-Jozef' ('Saint Joseph') building was erected in 1908 as a facility to treat so-called troubled women. Now, more than a century later, the building has been kept in a state of partial demolition and opened to the public as such. The psychiatric centre's care manager Nick Marlein recalls a story, whether fictive or not, of how the Kanunnik Triest Plein makes everybody talk about the spatial setting of the psychiatric centre.¹ One can admire it as a sublime thing, or one can dismiss it as a folly, but either way the building does not go unnoticed. It is a world of difference. In the small universe of the psychiatric clinic, architecture used to be 'the unconscious of mental healthcare'.² The cycle of building production and demolition simply happened as part of a seemingly natural phenomenon.

The genesis of the Kanunnik Triest Plein goes back to the summer of 2014. The psychiatric centre wanted to build a crisis reception unit as well as a child and youth psychiatry department. Awaiting the new building plans, the demolition of four buildings in the central axis of the campus — Ghislaine, Sint-Jozef, 'Wasserij' ('Laundry') and 'Lente' ('Spring') — was under way. In this context, general director Herman Roose raised an ominous question as to what was to be done in the vast, empty sea of green left after the demolition of the nineteenth-century buildings?³ The request was to draw up a master plan that made sense of the ongoing demolition process and to define a context for the new building programme. Inspired by theories on the commons, taught with Lieven De Cauter in a master's course at the KU Leuven Faculty of Architecture, we proposed to self-organize, insofar as possible, the spatial master plan.

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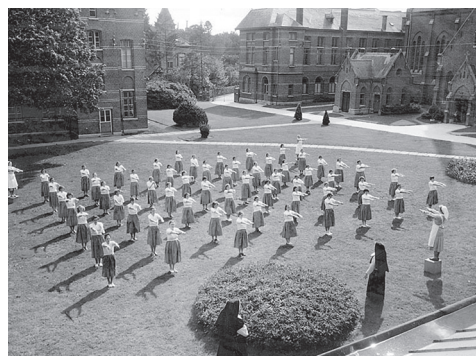
Work groups of psychiatrists, managers, staff *and* patients were set up to reflect on the spatial qualities for the psychiatric centre of the future and to define the requirements for the new building programme.

Meanwhile, the removal of asbestos from the Sint-Jozef building delayed demolition, with the result that people started to fantasize about its new future. Needs and desires formulated in the context of the spatial master plan got condensed and folded into the Sint-Jozef building. The bricolage of desire contracting around the Sint-Jozef building catalysed the vision development process.⁴ The sudden idea that it was possible to reverse the demolition process aroused (almost) universal enthusiasm, from the patients in the Young Adult Unit to the general director calling late at night to prepare a note. Even the demolition contractor could not believe his ears and started to laugh wholeheartedly while standing on a pile of broken roof tiles. The rest is history. The idea to keep the Sint-Jozef pavilion as a ruin and use it as a fantasy screen to a diversity of needs and desires was worked through in a project definition, got accepted by the Board of Directors (January 2015) and put in a tender to architects (published March 2015). *Architecten de vylder vinck taillieu* were assigned the design project (June 2015), construction started (March 2016) and the building was opened at the annual festival (June 2016).

Negotiating needs and desires with the centre's different users led to an unsolicited result.⁵ The monumental outdoor structure is an answer beside the question, as it neither answers the request for a master plan nor provides a clear project definition for the two new units.⁶ On the contrary, the ruin is an impossible desire that grew in the margin of the work groups, from where it questioned the framework of the whole undertaking itself. Today, more than three years later, not one of the intended new buildings has been realized, but the transformed Sint-Jozef building has started to function as a *pars pro toto* for the vision development. Reviewing many possible name variants, the Board of Directors decided to name the project 'Kanunnik Petrus Jozef Triest Plein'. It may seem like a great cosmic joke to honour the founder of the psychiatric centre with a derelict building kept only thanks to a series of coincidences, and yet, we believe, there is method in the madness.

This essay sketches the genesis of the Kanunnik Petrus Jozef Triest Plein in chronological order.

- 1 Interrupting the euthanasia of the Sint-Jozef pavilion
- 2 Project definition as a bricolage of common needs and desires
- 3 Design proposals presented in the tender to architects
- 4 Working through the design
- 5 Use and appropriation as an opening (or not) for architectural post-production
- 6 Legacy beyond the sublime object



Source images: Johan Demets, *Terug naar de toekomst. 1808-1908-2008. 100 jaar psychiatrisch centrum Caritas. 200 jaar psychiatrische zorg door de Zusters van Liefde van J.M.*, Ghent, Erfgoedhuis, 2008.





THE EUTHANASIA OF SAINT-JOZEF

Building new constructions at the Caritas Psychiatric Centre in Melle is not possible without almost totally demolishing the built heritage. This was the starting point when we embarked with the vision development for the spatial master plan of the psychiatric centre of the future. Contracts were signed and permits granted to clear four buildings on the central axis of the campus, more specifically: Lente, Ghislaine, Sint-Jozef and Wasserij. The future of other buildings, including Jericho and 'Branding' ('Breaking Wave'), was equally unclear. Nobody seemed to be really happy with the massive demolition plan, but it was accepted in the absence of any alternative. Even our request to use the empty Sint-Jozef building as a temporary workshop space was turned down at the first meeting of the newly installed Master Plan Committee (13 October 2014). Besides safety reasons, the architect argued that the contractor would start the demolition work as soon as possible. Former chief psychiatrist Dr Philippe Van Petegem came to us in the interval, suggesting that luckily two valuable pieces from the Sint-Jozef building had been saved. The idea was to recuperate the cast-iron weathercock (which doubled as a lightning conductor) and the façade statue of Sint-Jozef as sculptures in the green garden of the centre.

Subsidy regulations were an important motive for the almost total *tabula rasa* in the centre. The Flemish Infrastructure Fund for Personal Affairs (part of the Flemish Ministry of Welfare) only provides subsidies for renovations when the cost does not exceed 75 per cent of the cost for a newly built facility. In that case an incentive is granted by subsidizing only the new construction for the full 100 per cent. Regulations aimed at saving public money turned out to have a perverse effect on the terrain, enabling the early euthanasia of the built environment and stimulating exaggerated ambitions in building so-called healing environments.⁷ In the case of the demolition programme in Caritas, no estimation of the actual cost of renovation and/or new constructions was ever carried out. The 75 per cent rule of thumb was convincing enough to clear the site and to make space for the future crisis unit and a new complex for child and adolescent psychiatry. The fully justified dream of a comfortable and contemporary architecture for mental healthcare became instrumental to foster a building neurosis.

Part of the argument was a devaluation of the heritage. It was said that updating the historic facilities to meet the contemporary standards of residential units requires massive interventions and investment. As mental healthcare in Belgium is organized around the so-called beds — a unit defining the government subsidy — and the current reform is all about turning 'beds' into 'mobile beds' and 'chairs', people in work groups have started to call the existing hospital blocks pejoratively as 'beddenhuizen' ('bed houses'). Against this mental backdrop of an unavoidable *tabula rasa*, the long life of heritage was permanently unsure. Programmes for buildings like Jericho were discussed as if they were a temporary solution only. The tiny pavilion 'Getijden' ('Tides') could possibly be of use, but only if the psychiatric centre could find a fitting social programme. Everybody was happy that at least the main hospital building, with chapel, was saved and would function as administrative centre, conference venue and general reception.

Another motivation for the *tabula rasa* was the managerial concern that the historic pavilion model weighed as a heavy burden on staffing in the centre. The argument made more sense. Since the dispersal of pavilions across the psychiatric campus does not allow the sharing of staff, personnel costs can easily double. The problem was tackled with a vision document that scripted the 'back-to-back' model.⁸ Building two departments next to each other and linking both systems makes it possible to connect two departments around a common section or at least an internal service door. The shared facility enables the optimization of the staff ratio, not just for financial reasons, but in the first place to better service the patients. There was a thought experiment in which Branding, the Closed Department for Forensic Youth Psychiatry, was connected with either the crisis reception unit Elisabeth-2 or 'Kaap' ('Cape'), the Department for Child and Youth Psychiatry. There were pros and cons to each combination. In any case the workings of the different departments were not supposed to join in terms of care programme, therapy and other activities. The prime benefit of the back-to-back model was located in shifting lost working hours during the night into day programmes that are meaningful for patients.

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From a strictly architectural viewpoint, the euthanasia of care heritage creates a situation in which the fundamental concepts of contemporary Flemish architecture are upended. The historic pavilions, dating from 1908, are compact volumes of two or three building levels. The open layout makes the repartition of rooms easy. In Lente, for example, the former large common bedrooms have been used (for many years already) as a living space, while the former cabinets in the aisles are used for individual bedrooms. Conceptualized in this way, the historic buildings are a prehistoric answer to the maxim put forward by the first Flemish Government Architect bOb Van Reeth with the idea of the 'intelligent ruin'.⁹ The argument was that sustainable architecture is not so much about integrating ecological products and smart gadgets without first considering the building structure itself as something that can be reconditioned over time. In the context of the Caritas Psychiatric Centre, an existing stock of sustainable architecture *avant-la-lettre* was marked for demolition on the basis of a mystifying argument. Meanwhile, the latest generation of buildings (dating from 1990–2005) may look modern from a distance, but are actually considered uneasy, unhomely and unadaptable. Worse still, buildings such as Meander, 'Klimop-Dageraad' ('Ivy-Dawn'), Sint-Elisabeth and Kaap are a fan of mirroring dead-end corridors with doors facing each other. Nursing posts are the nodes in a seemingly endless system of hospital corridors. The capricious floor plan does not permit any adaptation or reconditioning except the extension of the corridor by yet another stretch of corridor.

Work groups with psychiatrists, managers, staff and patients did change the course of things. The workshops were set up as a means not only to gather needs and desires, but also to construct a design intelligence informed by a collective negotiation.¹⁰ As discussions on the spatial master plan continued, in different settings and formations, it became increasingly unclear why the new building programme would necessarily start from scratch. The demolition of the Ghislaine building took a week, the clearing of the site and the sowing of a new green another week. In contrast to Ghislaine, remotely tucked away between Lente and Branding, the demolition of the Sint-Jozef building took place on the



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Het Morisgoed

De Kaap

Juli-Pani

De Klinko

Dogaard de Klomp

De Meander

Chalane

De branding

Lente

technische dienst

magazijn

De Gulden

Janichorus

Sint-Elisabeth

Gedruisch

pe Gansse

pe Gansse

Transpi

wasserij

Monte

Administratie

zelfbediening

keuken

De Schorff

feestzaal + vormin

recreatiedomein

dusafwegingschap

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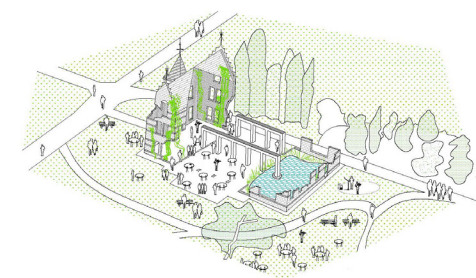
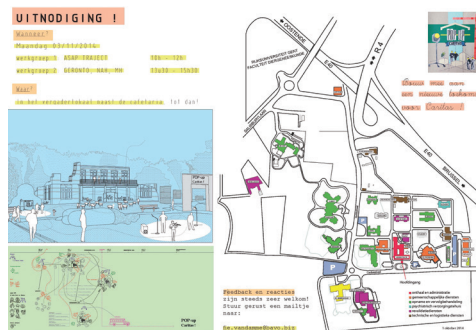
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The delay in the demolition work, necessary for the vacuum removal of asbestos, gave extra time to develop the idea. In December 2014, workshops were organized with the Young Adult Unit (JOVO) and the Daycare Unit (Getijden) in which the reuse of Sint-Jozef was explicitly addressed for the first time. Embracing the proposal for an activity zone, the youngsters saw the ruin as the perfect setting to play hide-and-seek and even paintball. However, it was a pun between two elderly ladies that sparked widespread enthusiasm. Why not use the remnants of Sint-Jozef as a wishing wall, suggested one lady in the day-care unit. 'No, thanks. We have enough wishing here', reacted the lady beside her, before sipping her coffee and continuing: 'My thought is that we should use the remnants of Sint-Jozef as a wishing wall' (4 December 2014). The vulnerable fantasy set the tone throughout the further process, making the general director call late at night asking to prepare a note for the reuse of Sint-Jozef and Wassereij to be presented to the Board of Directors (5 January 2015).

Combining all the desires expressed by psychiatrists, management, staff and patients, we formulated a project definition for a 'monumental outdoor space'. The note was certainly a bricolage of desire. We hastily rearranged the sketch of the disappearing Sint-Jozef to depict how part of the building was kept as a ruin, fundamentals used as stepping stones, and the underground water reserve — for fire safety — used to create a wadi with cane field. The note scripted a storyline taking the notion of an 'in-between space', expressed in the context of the spatial master plan, as fundamental concept.¹² The poky geography of the psychiatric centre, attributing a specific function to each building, seems to engender agoraphobia. Patients usually smoke or take a breath near the entrance to the facility. Staff is running to the restaurant and back. Informal activities are evacuated from the main campus, with patients finding rest in the woods or even the enclosed graveyard of the 'Zusters van Liefde' ('Sisters of Mercy'). The monumental outdoor space was therefore conceptualized as a compensation, providing the sorely needed space for patients to shelter, smoke, rest, dream, meet or do whatever.



Invitation to the Workshop Anxiety and Mood Disorders, 03 November 2014
Images from the project definition, March 2015





The in-between space also answered the demand to connect life in the psychiatric centre with the outside world. The obligatory resocialization of mental healthcare has been vital to the outsourcing of psychiatric programmes, organizing mobile teams and embedding care homes in nearby villages. The dismantling process, however, provides no easy answer for the classic hospital campus, in the case of Caritas remotely located between Melle and Merelbeke, and the existing building stock, still functioning as symbolic capital for mental healthcare providers.¹³ The new vision for the Sint-Jozef building tapped into the trend of what is called 'reverse resocialization'.¹⁴

The project definition for Sint-Jozef was published in the *Psyche* quarterly magazine under the title 'A future for care heritage'.¹⁵ The unclear status of the article, between long-term ambition note and straightforward programme announcement, drew the objection of prematurely presenting a thought experiment as established fact. Understandably, resistance came from people who were actively promoting the makeover at the board level and were therefore extremely cautious of the many pitfalls in decision-making procedures. The article was in any case an overidentification enabling all those involved to slowly digest the rewind of an ongoing process and paving the way for necessary decisions.¹⁶ In the end, the project definition was not only about promoting a new content for Sint-Jozef, but even more about underlining the achievements of a new design culture in the psychiatric centre.

In corridor discussions, the question was raised as to why BAVO itself did not develop the project proposal into a realistic design. Although tempting of course, we stuck to our destined role as an 'architect that does not build' motivated by two reasons.¹⁷ First, we wanted to avoid any suspicion that the idea for a makeover of Sint-Jozef as a monumental outdoor structure was scripted to please ourselves with a follow-up commission. An important factor in the enthusiasm aroused in the vision development for the spatial master plan was our role as ignorant architect, not limiting the creativity to questions of managerial credibility, technical feasibility or legal responsibilities.¹⁸ The second reason was the equally tempting possibility to lift the fresh architectural culture in the psychiatric centre to the next level and to launch a tender process to architects. 'Double or nothing' was the only way to continue our mediation of everyday needs and desires in the psychiatric centre and to whisper these at the management level.¹⁹

VARIATIONS ON A THEME

In the spring of 2015, we sat down with the management, board members, technical team and external administrative advisors (the non-profit Tabor) to script the tendering process. First the blanket contract with De Vloed Architects, an office with a generation-long link with the Zusters der Liefde, was dissolved. Next the invitation to tender was sent in March 2015 to De Vloed Architects and to three local offices with an unquestioned reputation and equal experience in heritage context. We made explicit that references in the care sector were not deemed necessary. The invitation to tender was addressed to De Smet Vermeulen architecten, *architecten de vylder vinck taillieu*, and noAarchitecten. De Vloed Architects formally decided not to engage in the tender. In the following we shortly describe the proposals presented by the three offices (8 and 11 June 2015) and discuss the very different but equally relevant impact on the ambitions of the project definition.

PROPOSAL BY DE SMET VERMEULEN ARCHITECTEN

The design proposal by De Smet Vermeulen architecten stems from an ambition to let the image of hope prevail over decay. Instead of deliberately staging a ruin, the west wing of Sint-Jozef is converted into a closed-off, detached villa with mansard roof. Other parts of the building are removed, leaving

only few traces on the ground level and reusing the building lines. As such the loggia in the central part of the Sint-Jozef building is converted into a pergola next to a memorial pond in which a motif from the original building — the crow-stepped gable — is integrated. The building's east wing

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serves as the foundation for a huge greenhouse conceived as a workshop space.

A second aim is to convert the Sint-Jozef building into what they defined as a 'verkleinde wereld' ('reduced world') with clearly defined and programmed entities. The design proposal shows a tri-partition — villa, pergola, greenhouse — in which each part differs from the other in terms of both form and future use. The western wing, now transformed into a detached villa, provides several workshop spaces to be used as part of the therapeutic process, in connection with a studio for an artist in residence. Patients are given access to the villa with a key plan. The greenhouse is presented as a huge workshop space.

Lastly, the idea is to present the requested monumental outdoor space as a building cum water garden and greenhouse that both dissolves in the backdrop of the psychiatric centre and sticks out as

a mysterious, mute villa that emerges from the busy hospital surroundings. A few lines are extended from the meeting square over the campus towards the restaurant. In this area, a swampy zone is suggested that fits within the existing path structure.

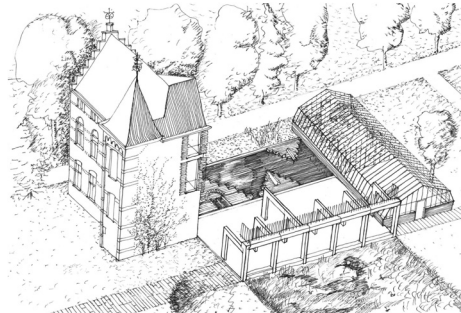


Image by De Smet Vermeulen architecten

PROPOSAL BY ARCHITECTEN DE VYLDER VINCK TAILLIEU

The design proposal by *architecten de vylde vinck taillieu* keeps the Sint-Jozef building in its current state of partial demolition. Traces of destruction are carefully restored with contrasting materials, making the stiches visible as such. The building is opened up as a complex void with varying degrees of accessibility, light, transparency, closeness, nature, collectivity, etc. Seemingly at random dividing walls are perforated and even lifted from the ground. Floor partitions are partly removed and enable vertical sightlines from ground floor to attic. The roof is removed but the timber frame structure retained. Plants and trees are scattered in the interior, turning the building inside out.

The resulting network of enclosed outdoor spaces provides a surplus of space that can be freely used and appropriated by anyone. One of the few additions is the mirroring of the porch from the front façade to the rear. Also, all windows on the ground level are opened up to function as door gates. The modest interventions create a maximum effect in repositioning Sint-Jozef as the main building in the centre. The transformed building appears to have multiple front façades, making the square accessible from all sides — especially from the adjacent Jericho building (at that time housing the psychogeriatric department) and the Wasserij

(an empty building that would function as a cultural centre in the future). At the same time, the transformed building organizes a 360° view from the building to the environment.

The general aim is to postpone as long as possible the decay of Sint-Jozef and to keep track of the disintegration process. For this reason the building is stripped of all organic material, leaving the brickwork visible and unfinished. Wood decay is prevented by leaving the timber work bare. The building structure is kept intact insofar as possible, avoiding irreversible interventions that put a mortgage on the future of the building. It means that the complex can easily be adapted according to the changing needs and desires in the psychiatric centre.

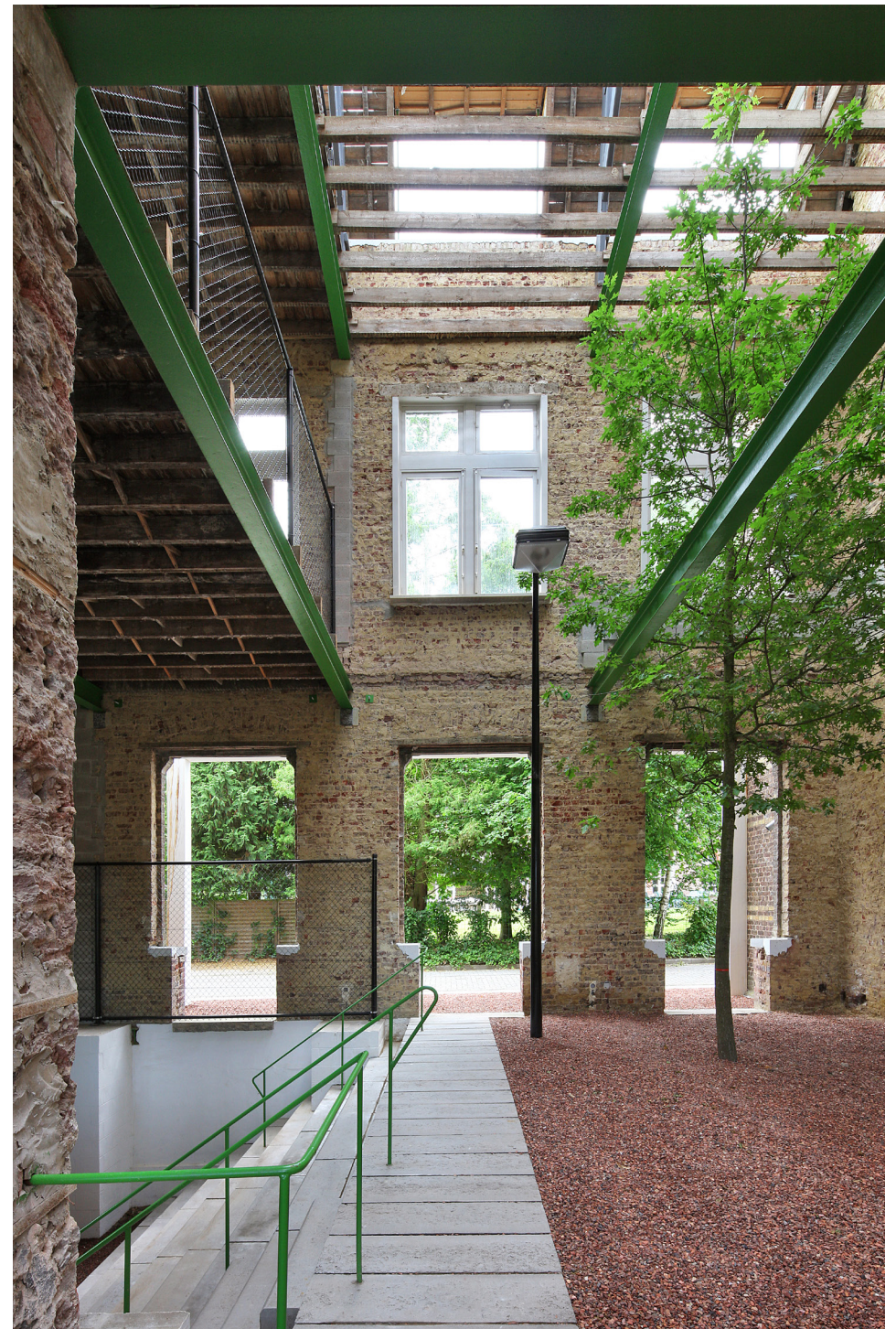


Image by *architecten de vylde vinck taillieu*

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PROPOSAL BY NOAARCHITECTEN

The design proposal by noAarchitecten presents the Sint-Jozef building as a folly in the heart of the psychiatric campus. The building's two transversal wings are kept intact. In the central section, only the front and rear façades are preserved, while the glass windows are removed and the cornice is irregularly finished. The roof and timber work are taken out. In the central part of the building, the interior is transformed into an enclosed garden with high trees and exotic plants.

The aim with the Sint-Jozef Plein is to provide a different, mental space where patients can retreat from the daily business in the psychiatric centre. The Arcadian garden combines tall trees with room for a herb and experience garden. The suspended bridge connects the building's west and east wings and creates an opportunity to have a view above the treetops. In the side wings of the building, various intimate rooms are organized, such as a piano room and a sitting room.

In the proposal, the requested space for common activities is strategically kept unanswered. The idea is to organize festivities

and gatherings on the lawn in front of Sint-Jozef and the surrounding building, for example in the empty Wasserij. Evacuating the public activities means that the Jozef Plein can be kept as a retreat. At the same time, the ruined structure can function as landmark even more than before. The architects note that in the historical ground plan, the pavilions are asymmetrically organized and together form a curious, layered scenery that invites patients to linger.



Image by noAarchitecten

ARCHITECTURE FULL OF DESIRE

The design proposal by *architecten de vylder vinck taillieu* for the Jozef Plein in the Caritas Psychiatric Centre was to keep the existing building in its actual state of demolition and to open it as such to the public. The provocative proposal was unexpectedly ambitious and, understandably, hard to digest for some board members. The design clearly deviated from the project definition, which, starting from a well-advanced level of demolition, had in mind a sort of Gothic ruin in an English landscape garden. The proposal raised important questions about patient safety, representational effects, possible use, and more. Nonetheless, it became clear to all that the Sint-Jozef building in its actual state of partial demolition could function even more as a surplus space in the heart of the psychiatric centre. Reflecting back on the design decision, Jan De Vylder stated: 'We saw the brief and sketch by BAVO not as a master plan, but as a debate plan — an invitation to challenge the future of the psychiatric centre.'²⁰ The hunch was spot on. The sudden decision to halt demolition is but a result of progressive insight, and freezing the design brief for a ruin would fall back in the same delusion that led to the euthanasia of Sint-Jozef.

Part of the brief was a request to pursue the dynamic atmosphere engendered in the work groups in the design process. In the first phase *architecten de vylder vinck taillieu* presented a large and detailed scale model as a *means of negotiation*, enabling all parties to exchange needs and desires. Parts of the model could be removed or added, which made the impact of each decision immediately visible. The doll house stimulated interest and imagination. Another, more far-reaching adaptation of the participatory method by *architecten de vylder vinck taillieu* was the proposal to use the final construction as a 1:1 model. The idea was to keep the structure in its partial state

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of demolition and to avoid any options that would irreparably harm the future of the building. A yearly supervision would not only check the decay of the building and the stability of the structure, but also reflect upon new needs and desires stemming from past experiences.

However, a major lapse of time made it difficult to live up to the participatory ambitions in the design process. Discussions at the scale model were not automatically documented and put in process. Another problem was that the idea of using the building as a 1:1 model was a nice forecast but also postponed participation. The challenge was to prevent the design process from ending up as a technical matter among managers, architects and contractors. Organizing workshops in our capacity as project director was difficult for the main reason that the director could not account for having two architects on the same job and therefore asked us to start work on the Wadi psychiatric care home, a Caritas outpost in the village of Merelbeke.

The shooting of a film series about everyday life in the Caritas Psychiatric Centre by film-maker Luc Alloo provided the unexpected help needed to overcome internal obstacles to participation.²¹ Design workshops were finally organized on 19 November 2015 in the empty building of Sint-Jozef, gathering doctors, management, staff and patients to discuss the state of affairs in the design process. The shooting sessions became an alibi even more since the workshop was dropped from the TV series during the post-production phase. Still, the discussion found a follow-up in a second workshop, this time without the pressure of the film camera. The second workshop on 26 November 2015 was rescheduled at the last minute from a board room to the empty Sint-Jozef building into which rain fell unimpeded. People needed a little push, as there were concerns about the cold and the effect of humidity on the scale model, but the lively discussions became vital to the future design process in many ways.

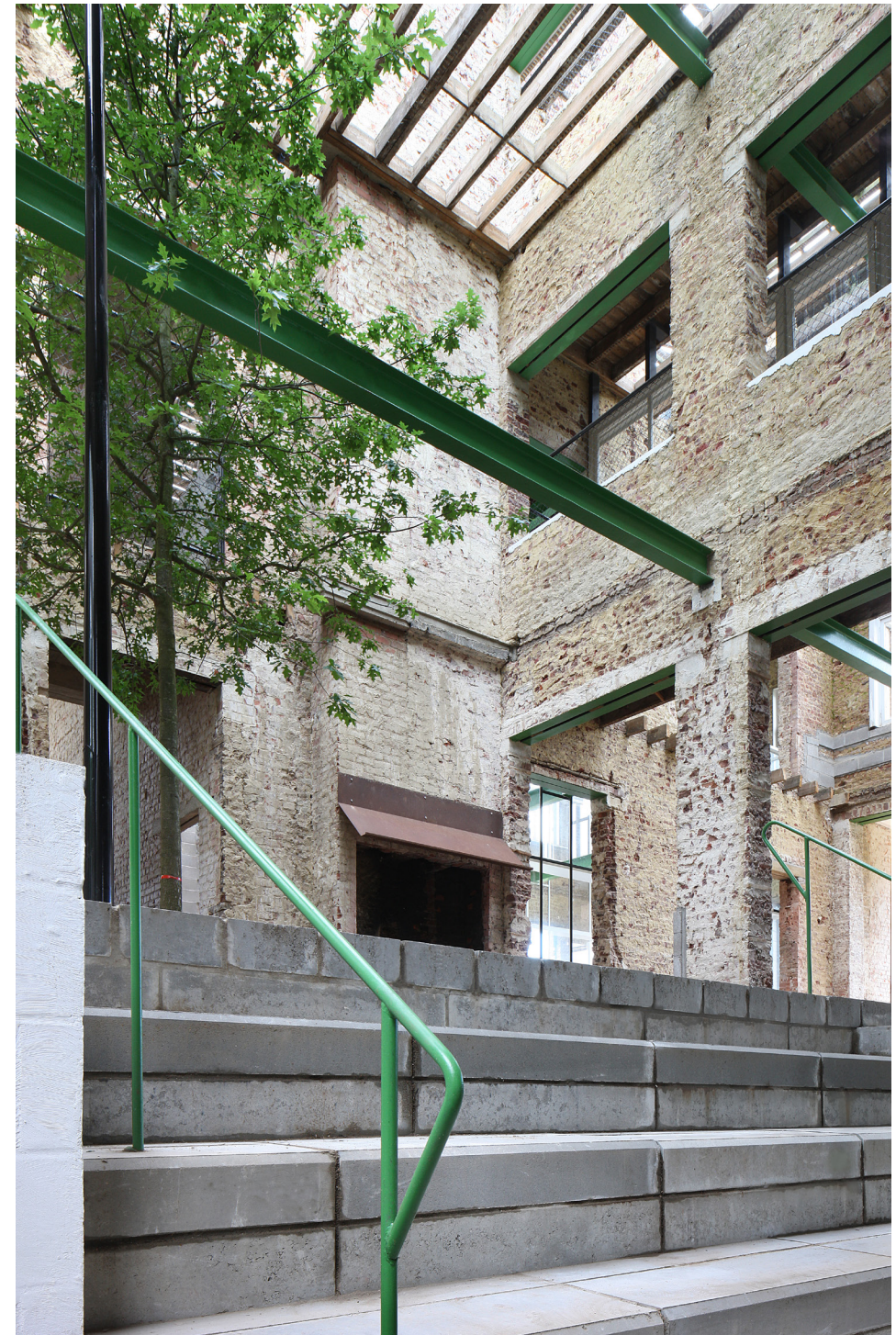
In the first place the lively interactions enriched the design proposal, enabling a better understanding of the needs and desires, and deepening the concepts and interventions. There was, for example, a broad discussion that focused on the proposal by the architects to add greenhouses with different fillings, doubling up the alienating effect of a public interior. The greenhouse could function as a meeting room, birdcage, music studio, carpet collection, creative atelier, oven, tropical garden, beehive, etc. For each scenario there were pros and cons to find. One participant asked what the use was of having tropical plants inside a greenhouse in a psychiatric centre surrounded by woods. Another added that it made more sense to push people outward, not inward. The former chief psychiatrist reacted poetically: 'Outwardly Jozef projects peace and quiet, but on the inside it's a great mess'. Another psychiatrist urged caution as voices and noises could be dangerous for psychosis patients. Still another feared sound traumas for patients left without supervision. A participating patient argued that the music studio needed no installation as she would bring her own guitar. Someone else was enthusiastic about the rooftop greenhouse as a means for stargazing and cloud-watching.

Along the lines of the same discussion an important issue popped up: the question as to what would happen in the space between the greenhouses. Going beyond the question of use, participants were discussing directly the partition of space, the prescription of what uses were welcomed or not, who would hold the key, and who would be held responsible. Chief psychiatrist Dr Luc Beelaert argued to limit individual creativity and expression to the greenhouses and to keep the open space of Sint-Jozef open and clean. The suggestion certainly made sense, bearing in mind the weight of legal responsibility in the psychiatric clinic. Nonetheless, psychologist Ferdie Marysse replied: 'You can't prevent people from scratching walls.' Without minimizing the importance of safety and cleanliness, he argued against compulsive prescriptions in a building meant to operate as a freespace. Interestingly enough, Evelien Mommerency, a patient in ASAP, the Department for Anxiety, Mood and Personality Disorders, had her say in the technical discussion: 'Jozef belongs to us.' The shy response motivated the design

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process later to leave the greenhouses without a defined content, not because of a belief in architecture as a pure medium, but to stay true to the hope that needs and desires would self-organize.

In addition, the second value of participation was the provision of a strong basis for the retention of particular design ideas that were in danger of being dropped for pragmatic reasons.²² At one point the idea was put forward to open up the cellar — in the first idea, organized as a badminton court — making it difficult to open the back façade. It also served as an argument to drop the mirroring of the pergola to the rear, saving a considerable part of the budget. In the workshop, changes to the design were discussed. As with the greenhouses, the idea was to leave aside the suggestion of a sports function in the open pit. The opening of the interior to the rear was defended as a means to make sure that the Jozef Plein was equally accessible from all sides. And the mirroring of the existing loggia was put back on the agenda as a necessary element to have a second front façade in the direction of the Jericho building. In this way, the collective design process strengthened the creative role of the architect.

The participation procedure continued in the building process, making way for on-site decisions. Small encounters with the contractor, technical team, gardener, patient and others led the architects to all sorts of extra interventions. The open fireplace, outdoor furniture, colourful flags, the concrete finishing of the window openings were never part of the proposal and not even included in the building plan. Also, the two gigantic lamp posts in the scale model — used in a mocking reference to the noisy highway nearby — were exchanged for the very modest lamp posts found all over the psychiatric centre. During a visit on Architecture Day (10 September 2017), Jan De Vylder said: 'I never saw a lamp post as ugly as this one, and still this lamp



Photographs by Gideon Boie

fits the scene of Jozef perfectly, inscribing the open interior space in the spatial logic of the psychiatric centre.' The same logic of inscribing the architecture into the logic of the psychiatric centre repeats itself in serious issues. Security measures necessitate the placement of garden fences around the building. An actual suicide attempt during construction made it necessary to make the fences even higher around the staircases, closing off the upper levels for use only under supervision. Psychologist Ferdy Marysse argued in retrospect: 'We must dare to name the problem that part of this construction invites people to hang themselves, [...] and nonetheless, it does not devalue the emptiness provided by this building nor the use value of this emptiness.'²³

CARING FOR ARCHITECTURE

A year after opening, a discussion arose about the use of the Kanunnik Petrus Jozef Triest Plein in the Caritas Psychiatric Centre. The square turned out to work fine for receptions, open days and other ceremonies. Staff were also happy to use the Jozef Plein during more or less organized walks with patients. The function of the square as an informal meeting place was less obvious than expected (although remnants of fast food and displaced chairs testify to the stealthy use of the square).

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The slow process of use and appropriation confronts us with an extra challenge in care architecture. It is only in the operationalization of a building — in its consumption — that it becomes clear whether all expectations and claims in the design phase were realistic and made sense. To bridge the time lapse we started to think of a 'post-production' phase to realign primary expectations and actual uses. The question is, how far should we extend the architectural production process? And also, who takes responsibility for this unusual task?

First, it is worth noting that discussing possible mismatches between expectation and result is not a matter of blaming the architect. The exacerbation of desire is with reason a structural element in the production process of the Jozef Plein. Take the dream work away and there would be no Jozef Plein today, only green. There was no limit on fantasy in the work groups with doctors, management, staff and patients: letting the water reservoir in the cellar of the Jozef building run over like a wadi, open-air soup distribution, installing a wishing wall, organizing paintball, keeping a beehive, decorating a greenhouse as an exotic botanical garden, and so on. All these desires were condensed in the project definition and handed to the architect. The consequent design doubled the expectations by keeping the Jozef building in its actual state of demolition, in contrast to the project definition's suggestion of a ruin. The design did not select this or that desire as a definite programme for the Jozef Plein — the wishing wall, say, or the beehive — but suggested a space that could potentially house all desires. It somewhat explains why expectations are quite high today.

In discussing a possible post-production phase, the architect is of course the first actor to address. In the design, *architecten de vylder vinck taillieu* anticipated a permanent adaptation of the building. The design idea was that the building as an open structure, once in use, would function as a life-size and lifelike scale model that could be adapted at any time to the changing needs and demands of users. In practice, an ad hoc renovation obviously does not happen so easily. The problem is that the architect usually exits the stage with the delivery of the construction. In conventional professional practice, architectural production is not a circular movement, but a linear process. The architect fulfils an important but short-term function in the translation from project definition to final form. The delivery forms the end of the architecture. Use and appropriation do not count as a business for architects. All these conventions are challenged in the Jozef Plein: the contribution of an architect would come in handy the moment he or she is usually done with the work.

In the second place, we look at the commissioner as the actor that could take the lead in the phase of architectural post-production. Care architecture needs a good assignment, was the conclusion of the first essay on the architecture for psychiatry.²⁴ We were inspired by the work of the Flemish Government Architect and the idea of good commissioning as the cornerstone for good architecture. The idea of a monumental outdoor space was an unintended result of the work groups with doctors, management, staff and patients. Their needs and desires were the basis for an uncommon project definition. Two years later we have come to realize that architecture also needs 'good commissioning' in the phase of its use and appropriation. Or should we rather speak of a 'good use' in which care is taken for architecture? For example, the management has already made minor adjustments to increase accessibility, with a supply of electricity, water and Wi-Fi. Storage boxes have been installed for cleaning materials, among others.

Adapting the Kanunnik Petrus Jozef Triest Plein to current needs and desires is of course a good thing. At the same time, architectural production is perhaps a circle that can never be closed perfectly, especially in our case. The monumental outdoor space was conceptualized as an in-between space for the psychiatric centre. In the mental healthcare complex, each building has a specific function, either a residence for specific treatment programmes or supporting facilities. The in-between space met the demand for a space in which to smoke, hide, wander or just do nothing. Gradually the in-between space was reconceptualized as a 'space of possibilities' stressing the fact that anything can happen. In any case, it is difficult to think of a perfect circle of production in a project





whose only function is to be free from any programme, a project that is open and unfinished by essence.

In the end, the question of whether the Kanunnik Petrus Jozef Triest Plein is sufficiently used is an important but also improper question. In the words of Lieven De Cauter, the square is another place, a heterotopia, which makes way for 'a self-organizing poetry surgically cut loose from a derelict building.'²⁵ In this line of argument, the search for use is best understood as an open invitation to take care of the openness in the heart of the psychiatric campus.



Photographs by Gerlind Martens



Photographs by Kristien Vanmerhaeghe

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DON'T SAY LENTE TO THE NEW LENTE

A chance encounter with a patient in the Kanunnik Petrus Jozef Triest Plein redeems us from one last obsession: the belief that architecture finds its moment of glory in the delivery of the building project. In the case of the Jozef Plein, the most important result is perhaps not so much located in itself, but in its legacy.²⁶

It is nightfall on a late summer's day (15 September 2017) when I arrive at the centre with two close friends. In the twilight a lady wanders through the monumental outdoor space. She asks me politely what I am looking for so late at night — as though I were an intruder in her realm. In the ensuing conversation, she appears to have been hospitalized for a few weeks now. It is her first stay in psychiatry in a long time. The lady conveys a great admiration for the monumental outdoor space. She admits to not knowing what the function of the building is, but pays a visit night after night. With this, the patient unwittingly lifts the realization of architecture beyond its delivery. It is not so much in the design, but rather in the everyday evening walk that we see the realization of the original desire for a 'wishing wall' — the fantasy that, in condensation with other desires, catalysed the management to halt the demolition of the Sint-Jozef building back in December 2014. The circle of architectural production is somehow closed as concept and reception coincide in the lonely activity of a daily evening stroll.²⁷

As we continue the walk, the woman expresses regret over the disrespect manifested by others for the building. She says: 'The drawing in the cellar is very sad, so ugly and so black.' It seems like a big surprise when I suggest: 'Why don't you draw something prettier? That's exactly what these white walls are asking for.' The lady confesses to being an amateur in chalk drawing and promises to bring along her chalk sticks on her next walk. And so it happened that only a few weeks later I found a large rainbow drawn next to the doorway in the cellar with the inscription 'You are my sunshine'. Also, the black painting had been slightly recoloured. It reminds me of an evaluation meeting (29 June 2017) in which we discussed the seemingly slow process of use and appropriation in the undefined space.²⁸ General director Herman Roose situated the challenge in what he called the 'limited transfer of events' within the psychiatric centre. The Jozef Plein may be conceptualized as a 'space of possibilities' within the psychiatric centre, but it is not always clear to patients what is allowed or not within this open space, let alone that uses are transmitted from one to another. The confrontation with the chalk drawing makes me realize that my light-hearted suggestion triggered a mental opening in the accepted boundaries of the possible that limit the use of the open space.

There is yet another element in the conversation with the patient that situates the result of architecture outside itself. The woman not only praised the Sint-Jozef Plein, but went on to say: 'Dageraad is also such a beautiful building.' The reference to Dageraad — the Department for Psychosis Care — caused some confusion in our talk. From the very beginning of the vision development, it was exactly that specific building that came to symbolize, for patients and staff alike, everything that was wrong with the new quasi-modern architecture in the psychiatric centre. The Dageraad department was located, together with its Siamese twin Klimop, in the expansion area of the hospital across the 'Heidestraat' ('Heather street'). Despite the suggestion of a holiday park-like architecture in a green, Arcadian landscape, the complex building for Dageraad and Klimop was described as oppressive, claustrophobic, disorienting and worse.

After double-checking I found out that the lady was actually referring to the renovated Lente building which the Dageraad department had moved into since 21 March 2017. The story of the Lente building is entangled with the Sint-Jozef renovation, as the contracts for demolition were signed and budgets reserved accordingly. Only a temporary lease of the Lente building to 'Heide' ('Heather'), a centre for people with physical disabilities located in the village of Merelbeke, delayed execution. The Lente building finally got saved in the same contract renegotiation as the Sint-Jozef building. It was the vision of the psychosis work group, headed by psychiatrist Dr Celine Matton and psychologist Inge De Paep, that

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the building characteristics of the historical Lente building better meet the spatial needs of psychotic patients. The team pursued the ideas put forward in the psychosis work group, taking matters into their own hands.²⁹ They engaged interior designer Philippe Allaey for advice and furniture design, visited Jules Thielens' reference project 'The Brewery' in Amsterdam, closely following the building plans drawn up by the technical team, etc. Today not only the lady but staff too praise the building's clear spatial layout, its spacious living rooms, high ceilings, short corridors and easy access.

The reference to Dageraad made clear that the lady was speaking of the new reality in the Caritas Psychiatric Centre, not limiting her attention to the architectural object. The design by *architecten de vylder vinck taillieu* is rightly getting a lot of (media) attention, although it does not solve much as such. Undoubtedly the question about what to do in the sublime emptiness of the Jozef Plein will be with us for a long time. The patient, however, invites us to look 'through the (architectural) fantasy' at the changing atmosphere in the psychiatric centre. In the end, the Jozef Plein is a symptom of the impossible desire of the work groups to save a building that is already gone — at least in terms of decision-making and financial operation. It stemmed from a discontent with the demolition of heritage, the alienation in the hospital infrastructure, the longing for an in-between space, and so on. By contrast, the new Lente building, renamed Dageraad, proudly takes up its new position within the psychiatric centre of the future. The management decided to have the building rearranged by its own technical department without major architectural gestures, but with an interior design that fully reflects the building's historic character and respects the needs of patients in psychosis care — mixing the usual hospital furniture with vintage found in attics and tailor-made design. The reversal of Lente into Dageraad may therefore even be considered as more radical than the Kan. Triest Plein insofar as the old spirit of demolition is no longer of any meaning in the everyday operations of the unit for psychosis care.

After all, the new Lente building, currently known as Dageraad, is the legacy of the Jozef Plein. From the outset, the idea was to use the makeover of the Sint-Jozef building as a test site in the search for a different care architecture. The production process, from project definition to tendering, design, appropriation and post-production, enabled the Caritas Psychiatric Centre to find another way of doing care architecture. And so it happened that the management found a vision, language and tools to self-manage architecture in the makeover of the Lente building. Only a grumbler would complain about the disappearance of the architect. The ill-conceived demolition plan shows exactly what happens when architecture is left to the architect alone. And vice versa, in the words of Jan De Vylder: 'The new Lente building is an architecture that proves the redundancy of an architect.'³⁰ After finishing the new Lente, the costs were slightly higher than expected, but still 40 per cent below the cost of a new construction. General director Herman Roose jokingly stated: 'The costs may have risen slightly higher than we expected, but the pride of our staff is included.'³¹



Photographs by Gideon Boie

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CONCLUSION

The history of the Sint-Jozef building, now functioning as a monumental outdoor structure in the heart of the psychiatric centre, remains unfinished. A year after the opening, it is clear that the wooden floor is seriously rotten in parts and intervention is becoming urgent. General director Herman Roose suggests replacing the rotten planks only, instead of redoing the whole floor at once, with a smiling reference to the use of concrete blocks as stitches in the brick walls. In retrospect, Jan De Vylder states: 'Caritas helped us to lose our last obsessions in architecture.' It is a variant to the dictum by Doina Petrescu that the virtue of participation for an architect is to lose control, but to keep desire.³² Building plans became redundant, building details left unspecified.³³ Instead the design became something like scripting algorithms that connect with the *modus operandi* of others — contractor, director, technicians, patients, etc. — and enabled them to play with it. As such the participatory design method gave way to an aesthetic emancipation. Patients were not introduced in the design process as 'experts in being ill', staff not as 'users', psychiatrists not as 'legally responsible', managers not as 'decision-makers', architects not as 'creative agents', etc. All came together in a collective subject that professionally discussed the design of the therapeutic setting in the psychiatric institute.³⁴

The second line of flight is presented with the makeover of Lente. The circle seems to be closed after general director Herman Roose stated in an interview with Philip Ursprung that 'the Meander building is now standing idle and will be demolished soon, making place for a care village'.³⁵ The beds of Meander, the Department for Mental Retardation and Traumatic Brain Injuries have been moved to another hospital. Over the course of only four years, the whole story of architecture in Caritas has been upended. In the current mindset, everyone is confident that the century-old heritage is here to stay, and the modern-looking yet utterly claustrophobic architecture is bound to disappear sooner or later. For the moment I agree, as demolition is perhaps the right punishment for an architecture that could not live up to its ridiculous modernist pretensions. But demolition is not the only option for a built infrastructure standing idle. Why would the Meander building not become part of the new care village? Better to leave a collective subject to decide what the future will bring. Let the workshop gather again and the outcome will be surprising, yet thoughtful and founded.

Apart from the factual future of the Caritas Psychiatric Centre in Melle, the Sint-Jozef transformation draws a general conclusion for the design of care architecture. In the context of Caritas, the work groups with psychiatrists, managers, staff *and* patients were the catalyst in shifting the focus away from the 'beds' as the central monad of psychiatric care to the spatial setting of psychiatric care as such. In the new project definition, the building has no specific function as part of the hospital — it is neither therapeutic nor residential — but is an open structure that anyone can use for activities that are not predefined. It was the starting point to rethink the necessary hospital architecture in the context of mental healthcare. Doing so, the Sint-Jozef building symbolizes another design culture, introducing new subject roles of the architect and expanding the timeline for architectural production. Architecture is no longer thought of as the brief moment in which requirements are translated into form within an overarching linear process from commission to use. On the contrary, architecture has become a fundamental part of the reflection process of how to organize mental healthcare, constantly shifting from architecture to care and back, jumping back and forth in the building process.

ACKNOWLEDGEMENTS

The work done at the Caritas Psychiatric Centre has been, throughout the whole process, a collaborative effort with Fie Vandamme (BAVO). The perseverance of Fie is yet another key in the genealogy of the Jozef Plein.

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NOTES

1. Statement by Nick Marlein in a private interview (conducted with Vjera Sleutel) at the Caritas Psychiatric Centre on 31 January 2018.
2. Statement by Tom Verhaeghe, psychologist active in the Kolllectief Zonder Dwang, in a private interview on 13 February 2017.
3. Statement by Herman Roose during a meeting at the Caritas Psychiatric Centre on 12 May 2014.
4. The concept of 'catalyst' was introduced by Urban Catalyst Studio. Although the concept was claimed as a brand name, and thus became a subjective category, the content of the work was about showing how temporary use can generate alternative and unforeseen possibilities in urban development. In the context of the work at KARUS, I present the notion as the working of an idea commonly supported by a diversity of actors.
5. The notion of 'Unsolicited Architecture' was the main topic of the magazine *Volume #14* (2008). Here I use the notion not so much to describe an architecture beyond service-providing but rather as the unforeseen trajectory an architectural production can take in participatory processes.
6. Liza Fior (MUF) described the critical task of an architect as 'spending fast money in the slowest possible terms' in the lecture series 'Common Grounds' organized by the KU Leuven Faculty of Architecture in Novanois, Schaarbeek, 17 February 2014. I take it as an argument that dodging the question can only help deepen the outcomes.
7. B-architecten, 'Euthanasie voor de gebouwde omgeving' (Euthanasia for the built environment), 2000 (manifesto written by the office which accompanies the urban project 'I have a dream', shown at their exhibition in deSingel in 2004). B-architecten cynically argued against the palliative care applied by so-called modern Belgian architecture, forgetting that euthanasia is embedded in the perhaps most mythical gesture of modernism, i.e. *tabula rasa*.
8. Summary note of the 'Management and Psychiatrists Consultation' (ODA) operating at KARUS dated 22 March 2014. The back-to-back model has been applied in many recent building projects in psychiatry, including by De Vloed Architects in OPZ Rekem, visited during a study trip with the management and psychiatrists on 13 November 2014.
9. See: Koen van Synghel, 'Op zoek naar integere gebouwen: de Vlaamse bouwmeester bOb Van Reeth', *Ons Erfdeel* 42 (1999).
10. Here I bring together the theory of Doina Petrescu on participation and the search of Michael Speaks for an architecture beyond heroic form and standardised typologies. See: Doina Petrescu, 'Losing Control, Keeping Desire', in: J. Till a.o. (eds.) *Architecture and Participation*, Spon Press Taylor & Francis, London, 2005, pp. 43-65, and: Michael Speaks: 'Design Intelligence', in: A. Krista Sykes (ed.), *Constructing a New Agenda*, Princeton Architectural Press, New York, 2010, pp. 204-215.
11. Slavoj Žižek, 'Introduction', in: *Tarrying with the Negative: Kant, Hegel, and the Critique of Ideology*, Durham, Duke University Press, 1993.
12. See: Gideon Boie and Fie Vandamme, 'Wat gebeurt er tussen paviljoen en schietveld?', *Psyche* 27:2 (June 2015).
13. Statement by Dominique Willaert in a private interview on 19 November 2012.
14. See: UR Architects, *The Psychiatric Asylum Dismantled: Design Research about the Future Role of Mental Asylums in the Netherlands*, study funded by the Netherlands Architecture Fund, Rotterdam, 2009.
15. See: Gideon Boie and Fie Vandamme, 'De toekomst is aan het zorgergegoed', *Psyche* 27:1 (2015).
16. See: BAVO, *Cultural Activism Today: Strategies of Overidentification*, Episode Publishers, Rotterdam, 2007.
17. I refer to the slogan by architect bOb

See also Keller Easterling, *Subtraction*, Sternberg Press, Berlin, 2015.





- Van Reeth used to describe his role as the first Flemish government architect, see: bOb Van Reeth, *Een bouwmeester bouwt niet: 1999-2005*, Vlaams Bouwmeester, Ministerie van de Vlaamse Gemeenschap, Brussels, May 2005.
18. Jacques Rancière's pedagogical theory of ignorance as key in panecastic teaching is taken here as a manual for architectural practice. See: Jacques Rancière, *The Ignorant Schoolmaster: Five Lessons in Intellectual Emancipation*, Stanford University Press, 1991.
 19. Peter Swinnen introduced the term 'Policy Whispering' as subject position for architectural practice, taking it from his former experience as the third Flemish government architect. See: Peter Swinnen, 'De architect als beleidsfluisteraar', *A+: Belgisch Tijdschrift voor Architectuur* 43:4, pp. 48-49.
 20. Statement made in an online interview with students in the master's course 'Critique & Ethics' at the KU Leuven Faculty of Architecture (11 October 2017).
 21. The series 'Alloo in de Psychiatrie' was broadcast on the popular TV channel VTM in the period from 3 March until 19 May 2016.
 22. Doina Petrescu, 'Losing Control, Keeping Desire', in: J. Till et al. (eds.) *Architecture and Participation*, Spon Press Taylor & Francis, London, 2005, pp. 43-65.
 23. Statement by Ferdy Marysse in an interview with Vjera Sleutel at the Caritas Psychiatric Centre on 31 January 2018.
 24. The conference 'Het huis van de psychiatrie' was organized by UR Architects, the Flemish Architecture Institute and the Vlaamse Vereniging Geestelijke Gezondheid at the Museum Dr Guislain, Ghent on 25 November 2010. See the online report by Gideon Boie at www.vai.be and also: Gideon Boie, 'Zorgarchitectuur is een opdracht', *Psyche* 32:1 (2012), pp. 4-7.
 25. Lieven De Cauter, 'The Incongruities of Space: Spatial Proof by Contradiction', *A + U Architecture and Urbanism* 17:06 and also the essay 'Eulogy for a Utopian Ruin' in this book.
 26. 'Design for Legacy' was a project initiated by Malkit Soshan (organized by Het Nieuwe Instituut Rotterdam) researching the possibility to extend the life of the infrastructure for peacekeeping missions for the benefit of the local community. The project was presented in the Dutch Pavilion at the Venice Architecture Biennale 2016. Artist Jeanne Van Heeswijk has also been arguing in favour of the legacy of short-term art projects in reference to the project 'Homebaked Anfield' in the Common Grounds lecture series organized by the KU Leuven Faculty of Architecture at Maison des Femmes, Schaarbeek, 18 November 2013.
 27. See: Alain Findeli and Rabah Bousbaci, 'L'éclipse de l'objet dans les théories du projet en design', *The Design Journal* 8:3 (2005), pp.35-49. The architectural production process is schematized by Findeli and Bousbaci as a two-fold of conception and reception, suggesting a linear sequence.
 28. The evaluation meeting is a yearly activity to check the Kan. Triest Plein, first organized on 29 June 2017 with general director Herman Roose, *architecten de vylder vinck taillieu* and BAVO.
 29. See the 'Accompanying Note Dageraad Open Day' on 28 June 2017 authored by psychologist Ingrid De Paep.
 30. Statement at the first evaluation meeting on 29 June 2017.
 31. 29 June 2017. The statement by general director Herman Roose refers to the Hawthorne Effect in participation processes as described by Charles Jencks in: *Can Architecture Affect Your Health?* Artez, Arnhem, 2012. By contrast with the Hawthorne effect, the enthusiasm of staff at Caritas goes beyond the psychological effect, having a real impact on their work/enjoyment, as well as on the general budget.
 32. See: Doina Petrescu: 'Losing Control, Keeping Desire', in: J. Till et al. (eds.) *Architecture and Participation*, Spon Press Taylor & Francis, London, 2005, pp. 43-65.
 33. Sketches included in this book were only made in retrospect at the request of Building Design magazine. See



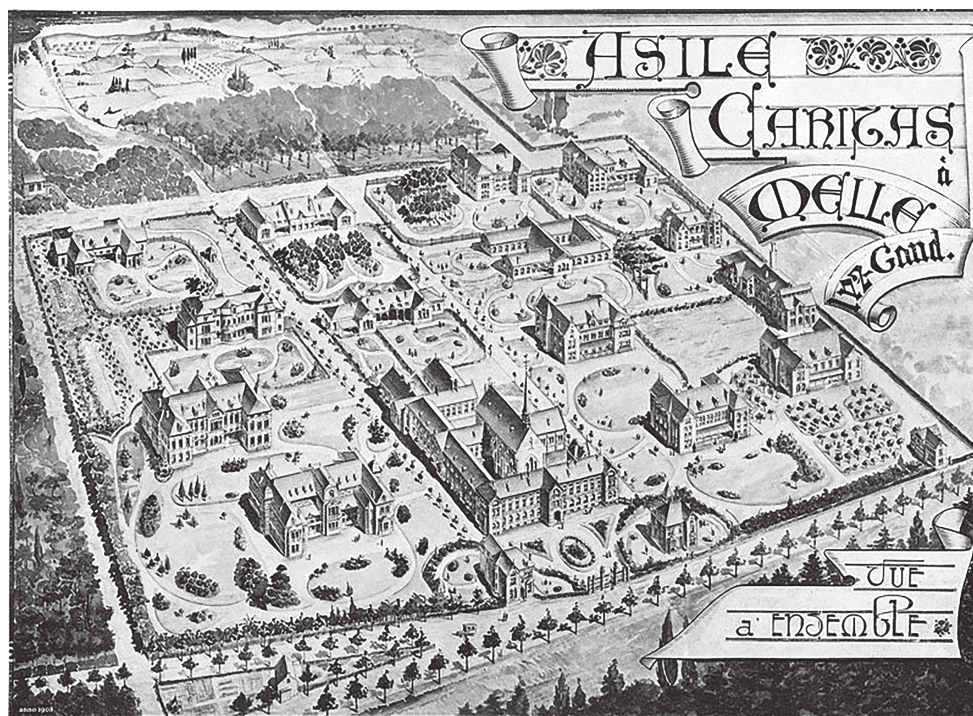


Hugh Strange, 'Technical Study: Melle Psychiatric Centre' www.bdonline.co.uk (retrieved 24 November 2017).

34. The construction of a collective subject is considered vital for architecture in: Doina Petrescu: 'Losing Control, Keeping Desire', in: J. Till et al. (eds.)

Architecture and Participation, Spon Press Taylor & Francis, London, 2005, pp. 43-65.

35. Statement made by Herman Roose during an interview with Philip Ursprung at the Caritas Psychiatric Centre on 05 February 2018.



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