CA2RE
Conference for Artistic and Architectural (Doctoral) Research

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Exploring Architecture -the architectural making process as fieldwork and therapy'

Architherapy

-An introduction to the concept of architherapy

The research project is carried out as research through architectural practice, exploring the potential of the architectural making process itself.
The methodology has grown out of (and in unison with) my fieldwork, performed as a collaborative making process, spanning over several years.
Through the fieldwork a theme of 'Architherpay' slowly materialised as an umbrella term for concepts and notions explored [1].

Musicologist and psychologist Even Ruud[2], has described how 'the practice of music therapy can be seen as a laboratory, studying how people may change under the influence of music' (Ruud. 2008). My aim with Architherapy is to build up a similar discussion concerning architectural making, and in this sense make a contribution to the discussion of architecture as an important cultural phenomena.

For the ca2re presentation I will present my fieldwork and introduce the concept of architerapy, and what I think this concept can contribute with to the field of architecture.

Fieldwork

- How can the architectural making process be used as an investigative research method? [3]

The fieldwork was initiated as an open-ended, collaborative process, carried out as research through architectural practice. In order to use the architectural making process as a research tool, the process had to be open to the unpredictable.
Research methods used during the fieldwork include: video recording, notes, photography, sketches, physical models, full scale try-outs, discussions, interviews, participant observations, excursions, study visits, demolition and deconstruction, material collection, ground work, laying of foundation, tectonic carpentry, cobbwood construction, bricklaying, painting, tile making.

Hans and Kim, and the morturary, during my first visit in Järvsö, January 2015

The three separating walls have been taken down, and a new plinth foundation have been built up, summer 2016

Cordwood construction, summer 2017

Brick floor, winter 2018

The Beginning

The fieldwork began with the collaborations with two people living at a rehabilitation clinic in Järvsö, Sweden (463 kilometers from my home and work in Trondheim). Hans and Kim. They had found an old mortuary next to the clinic and nourished the idea to rebuild it as a form of therapeutic activity
Between January 2015 and August 2015, I made several visits to Järvsö to build up an idea of what kind of project this could turn into. This phase set the foundation of the fieldwork and the research.
Ideas of what Architherapy is (or can be) have been explored together with Hans and Kim (and later on, only Kim) through excursion, discussion, architectural sketches/models and hands on building. [4]

The Morturary

The described making process is built up around the transformation of a previous mortuary that had been abandoned for more than fifty years. The small building measured 3.1 m x 7.5m and had three separate rooms before the transformation.

The Clinic

The clinic is a privately run clinic for people with comorbid drug use disorders. There has not been any 'formal' collaboration between me and the rehabilitation clinic, in ways where they have been interested in my research theme etc. But they have been informed of my work and have allowed me to work with the residents of the clinic.
While I have been working on the physical transformation of the mortuary, I have been eating lunch and dinner at the rehabilitation clinic. This has given me a daily contact with the different residents at the clinic.

Collaborations

The fieldwork has consisted of different collaborations concerning the transformation of the mortuary. I have collaborated with residents at the rehabilitation clinic as well as other people (town residents, visitors, artists, friends). The collaborations and meetings generated different perspectives on building in general and architherapy more specifically.

The residents at the rehabilitation clinic have been part of the project in different ways. Some have participated in the development of concept and ideas; others have brought material or technical knowhow. For example Dennis, a ceramic and textile worker, who introduce tile-making to the process. Some have been interested in the research as a whole, others mainly in the hands-on building and construction. People from outside the clinic have in general brought technical know-how (e.g Lena, artist and ceramic craftsman residing in Järvsö), but also helped to define the understanding of collaborations between people in institutions and from outside.
All have through their participation contributed to reflections and responses concerning the process, the materials and th techniques used.

Open process

The building project contained great uncertainties, with participants and collaborators coming and going with very short notice. This highlighted the need for an open process and a dynamic and adaptive methodology. Throughout the process, as the circumstances of the building project shifted, I found a need to consistently review and reformulate research interests and ways to conduct my research. From this process, the theme of Architherapy gradually manifested.

Traditional architectural tools, such as drawing and planning, became less important as more easily accessible ways of communicating through changing collaborations were needed. Such tools for architectural communication could be excursions, study visits, sketches, full scale trials, storytelling, and participant observation.

This openness / adaptiveness influenced the choice of construction methods and techniques. The interior space was built as a self-carrying structural system of frames that could later be filled with different materials. Techniques such as cordwood construction, tile making and stone/brick-laying were explored and found useful for allowing un-experienced builders to engage with the architecture intuitively.

The frames were given a depth of 33 cm to allow for working with relief and depth in the walling, using the technique of cordwood construction.

Building a concept on Architherapy

-What is Architherapy? What can it do?

Following is a rough sketch of what architherapy is, what it can do, and how it can contribute to the field of architecture. It is built upon my empirical material together with other building examples and knowledge from the field of music therapy.

Affordances of building

Our feet force their way through the messy and dry spring grass, sun is shining, suddenly there is a thing laying on the ground that captures her attention. It is a metal stair that has been laid down on the ground so that it looks like a bridge. Later on in the workshop. She starts to build. She starts to think; thinking of a bridge that we can build in full scale, thinking of how to build up bridges within herself. 'Bridges are connecting points, making connections between different things that can't reach each other…or they can make a new connection between things that has been broken'. Then she starts making a drawing while explaining what a doctor once told her about how drug abuse can destroy connections between neurons in the brain. 'When you abuse drugs for example, if we say that these are the subjects of joy. The subjects of joy come on to hard, so they devour these'. She erases the lines she made between bigger circles that portrays the neurons. When she erased all the connections she starts to make new circles and new connections. 'But the brain is pretty good at rebuilding itself, and then new ones are coming here, then it might go like that, from there to there'. Once she has stopped drawing she starts a conversation about the 'physical' bridge again. How we could build a bridge and stage it so that more people would see that the bridge is something more…see what it has to afford.

The concept of affordance was developed by social psychologist James Jerome Gibson.[5] Through the concept Gibson discusses the relation between the environment and its observer. A door affords entry and exit, a plane that is walkable affords walking, etc. But the concept is much more slippery than that, just like the stair, that was a bridge, that also was a concept to think with…" [A]n affordance is neither an objective property nor a subjective property; or it is both if you like. An affordance cuts across the dichotomy of subjective-objective and helps us to understand its inadequacy. It is equally a fact of the environment and a fact of behavior. It is both physical and psychical, yet neither. An affordance points both ways, to the environment and to the observer.'(Gibson, 1979) I find the concept helpful when introducing the architectural making process as a therapeutic activity, i.e. an activity that can be appropriated to effect change, and/or promote health and well-being .
Music psychologist Tia De Nora has used the concept of affordance to discuss the role of music as an organizing medium 'that helps to structure such things as styles of consciousness, ideas, or modes of embodiment' (De Nora, 2004). Simply put, how it influences our being and constant becoming as individuals in this world.

Two builders who highlight this affordance of building is Carl Gustav Jung & Tressa Prisbrey, who's quite extraordinary building processes bring up different aspects and techniques of how the architectural making process can be considered as therapeutic.
Tressa Prisbrey's Bottle Village is a monumental art environment, that she built all by herself between 1956 and her death in 1988. The village is spanning one-third-acre, consisting of multiple houses and monuments built by glass bottles and salvaged material that she collected from a nearby dump-site.
Psycho-analyst C.G. Jung built, with help from friends and professionals, a housing complex, named Bollingen Tower, between 1923 and 1955. Jung worked intuitively, building what the moment called for, slowly adding buildings over time: In 1923 a single two story tower; 1927 a central building and an annex; 1931 a second tower; 1935 a loggia and courtyard. He continuously worked with stone carvings and murals in and around the house, most of them initiated to explore and understand something that caught his attention. Jung's process highlights another aspect of how the building process can function as a tool for self-reflection / self-discovery. He used the process as a means for expressing himself, his intuitions etc. and later analyzed the outcomes to see new sides of himself.

Both Jung and Tressa expressed how building / working with building materials helped them through hardships in their life; Jung worked with stone-engravings the whole winter after his wife died, and expressed how working with the material helped him. And Tressa stated how building kept her going in periods of grieving. "After my kids died, I kept building houses and it kept me from getting too lonely. …you lose kids like that and it kinda hurts you" (Michelson, 1982).
In his text ‚Outsider Art: Visionary Worlds and Trauma", ethnographer Daniel Wojcik writes about Tressa's work and notes how recycling can be seen as a health promoting tool in grieving. […] 'in grief, one's life is in pieces; but recycling enables one to salvage the pieces, to physically and emotionally put things back together, and create a renewed sense of order, beauty, and self-worth'. (Wojcik, 2016). Wojcik also noted how ' Bottle Village offered a spatial and emotional refuge that could be controlled and maintained, yet endlessly explored and expanded through acts of creativity that also provided others a place of community and communion, with seemingly beneficial effects for all who were involved'. (Wojcik, 2016). Through her building process, Tressa came in contact with lots of people, who were curious to see her work. Within the field of relational spatial practices, this social aspect of building is often emphasized.
The following quote from one of the residents at the rehabilitation clinic can shed light on another possible affordance of building.

It is recorded during an excursion to the riverbanks where we collected stones when building the new plinth foundation. While building the plinths he had some interesting reflections on the work and coined a new term to express it 'Material psychology….in some way it is like instead of it being psychology in the brain, it's in materials. They are dead things, but they can also be alive in some way, they become alive in your hands, and in the psyche. They become a part of your brain in some way, while you are working. You feel the stones, how they should sit on the material, on top of the mortar and under the mortar. How the stones wedge against each other…you just feel it. And then we have the rough concrete that should be like dough, and the plaster that should be like whipped cream.
All that gives something to the soul, that goes up to the brain, I get a kick out of it.

When I say that the material become alive in you, I mean that while you are building a foundation, you're also thinking that you are building a foundation in yourself. When you are working, laying stones, arranging things around you, while you are doing that you're also arranging things in your brain, it cleanses the brain. (From audio-video recording 2016-09-09)

Among many of possible interpretations, the quote leads out of the self in two directions: It talks about how working with bricklaying the stones established a more attentive approach to the material world, at the same time as it points towards a discovery of how the creative act can blur 'the boundary between the self and the world'. (Pallasmaa. 2009) In similar ways as the bridge became a concept to think about one's own life, building a physical foundation resembled building a mental one.

Can Architherapy be built up as a concept / practice that not only generates knowledge on how the architectural making process can be appropriated to effect change, and promote health and well-being, but also be used as a means to establish more caring human-material relationships?
Doina Petrescu (architect and founding member of atelier d'architecture autogérée) has through her work with ECObox, shown how a certain form of spatial practice can be a trigger for social organization and actions that have social, political and ethical consequences. Could a theory and practice of architherapy add new knowledge to the field of (critical) spatial practices, by showing how a spatial process not only can be a medium for establishing social networks, but also be a tool for humans to (re-)establish a more caring and respectful relation to the material world?

Model of the bridge (inside a model of the morturary)

Drawing of connections between neurons in the brain

Tressa Prisbrey's Bottle Village, inside The Roundo House

C.G Jung's Bollongen Tower

Collecting stones, summer 2017

Explaining 'materialpsychology', summer 2017

Sources

1) Outcomes of the research - Built room, inside the Mortuary (built structure) - Fieldnotes: Exploring architecture (text and photography) - Architherapy - a guidebook to the concept of architherapy (tool)
2) Even was leader for the first musictherapist education in 1977
3) Following Tim Ingolds text in - From Description to Correspondence: Anthropology in Real Time in DESIGN ANTHROPOLOGY: Theory and practice London, UK: Bloomsbury Academics, pp. 139-158
4) Gibson, J. J. (1979) The Ecological Approach to Visual Perception. Hillsdale: NJ: Lawrence Erlbaum Associates.
5) Dewhurst, Tia. (2000) Music in Everyday Life. Cambridge, Cambridge University Press.
6) Gatt, Caroline & Ingold, Tim (2013) From Description to Correspondence: Anthropology in Real Time in DESIGN ANTHROPOLOGY: theory and practice London, UK: Bloomsbury Academics, pp. 139-158
7) Founder of the ecological approach to visual perception

Inspiration

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Exploring Architecture: The Architectural Making Process as Filed-work and Therapy

The architectural making process as a therapeutic resource is an unexplored area; examples exist such as the spatial engagements of Carl Gustav Jung and Tressa Prisbrey. Jung used the building of Bollinger tower as a tool to analyze himself. Prisbrey has stated how building the 'Bottle village' from salvaged materials kept her from loneliness and improved her self-esteem. During my research I have explored how a shared process of spatial making that can have similar effects.

As part of my PhD research, I got in touch with two patients at a clinic for comorbid drug use disorders that wished to engage in a building process as a form of therapeutic activity. This process, which concerns the physical transformation of a small building next to the clinic, is the practice based fieldwork through which I, in collaboration with patients at the clinic and other people have investigated the relation between the architectural making process and health.

My work has concerned facilitating an open process that can adjust to the different interests and capacities of participants in the project. The building process has been an exploration of different materials and techniques that allows for intuitive work, and where an un-experienced builder can engage in the making. E.g. cordwood construction, tile making, stone-brick lying.

In addition to research through architectural practice my methods have been interviews (with the participants and professionals within art therapy and psychology), participant observation and photography. The empirical material is used to develop theories, concepts, building techniques etc. concerning different aspects of how the architectural making process can be considered as therapeutic.

For participants the project has promoted meaning and wellbeing; functioned as a stress release; inspired learning and action; added insight of competence and capabilities and provided with symbolic resources for thinking about one's own life.

For the conference I will present a theoretical framework of historical examples where spatial making can be understood as therapeutic (e.g. Jung) together with conclusions from interviews I have done with practitioners (e.g. psychologist and art therapists). From this framework I will discuss the findings of the fieldwork and how they have resulted in the practice I call Architherapy.