

PUBLIC BUILDING

HOW USERS CAN DESIGN A SMALL PUBLIC BUILDING FOR THEMSELVES, BASED ON A CLINIC RECENTLY DESIGNED IN CALIFORNIA.

This is a psychiatric clinic to serve a rural population of about 50,000 in California. The building has about 2500 m² of internal space, and sits on a piece of land whose area is about 5000 m² in the middle of an existing hospital. The building was designed by a team which included the director of the clinic (a psychiatrist), several of his staff members who have years of experience working with patients, and two members of the Center for Environmental Structure (Alexander and Silverstein).



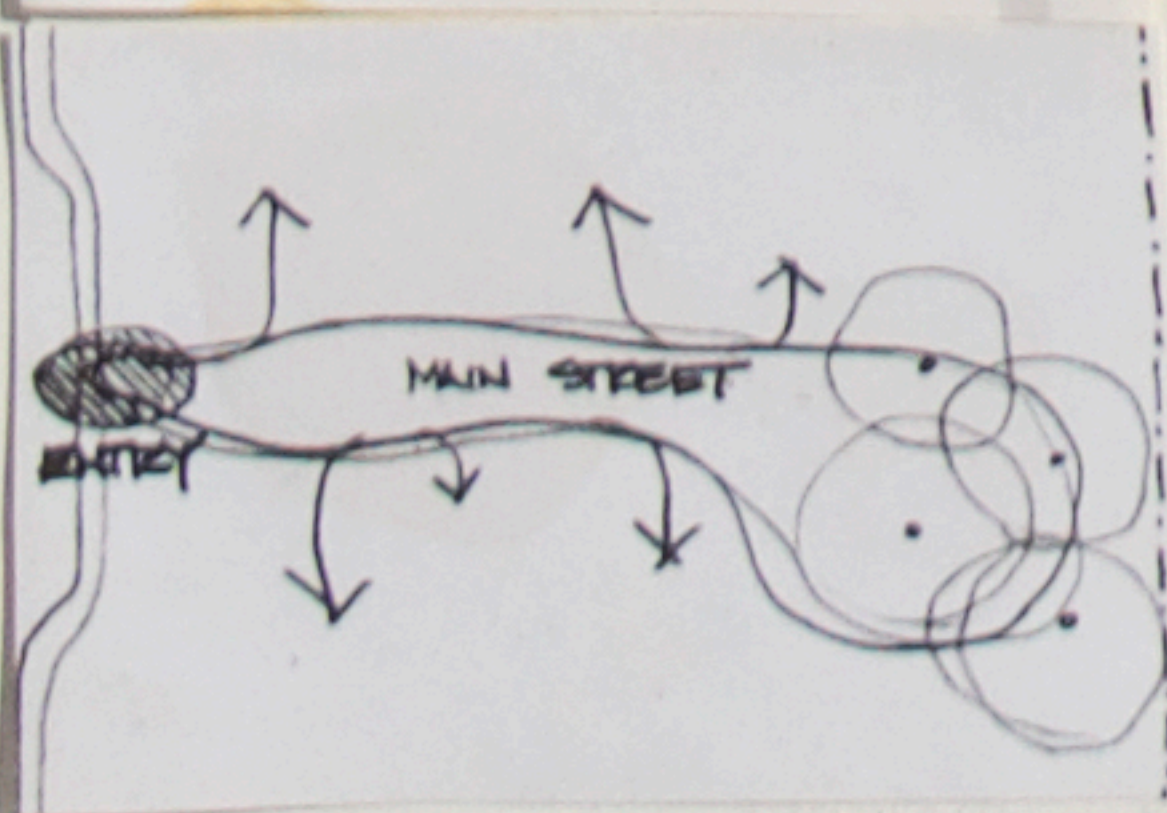
The project began after the psychiatrist had rejected an earlier design done by a conventional firm of architects because it bore so little relation to the needs of mental health care. The psychiatrist, in despair, went to the National Institute of Mental Health, who told him that there was a chance he might be able to design the building himself, and put him in touch with the Center.

We designed the building over a period of several weeks, in two separate phases. In the first phase, major site decisions were made. This phase lasted three days. In the second phase building details were gradually worked out. This phase took about ten days of work spread out over several weeks. Both phases included intensive study, modification, and use of the pattern language.

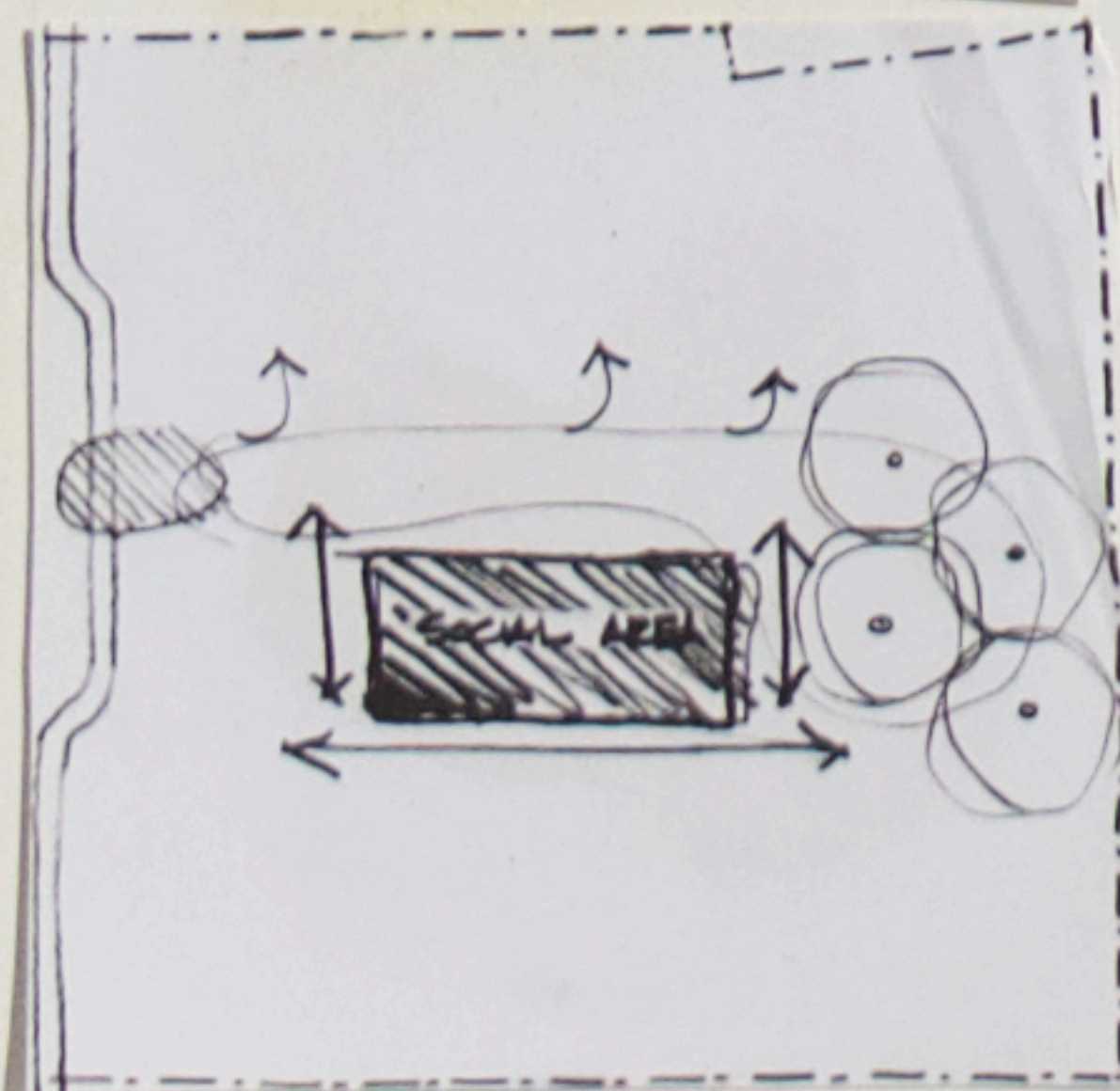
The first phase began with the pattern Human scale in public buildings, which determined that the building would consist of a large number of small house-like buildings, arranged all over the site, with gardens between them.

Entrance location says that the main entrance must be easy to see from all directions of approach. In this case, since people would approach from the bus stop at the front and from the parking lot behind, the main entrance was placed half way along the main driveway between the road and the hospital. This pattern took a long time to resolve. The various members of the team walked about the site, trying to imagine what it would be like for the entrance to be in different places. It was finally possible to determine the best location for the entrance to within four or five meters of accuracy.

Circulation realms explains that the circulation in a building complex must have a simple hierarchical order: In this case, it told us that there needed to be a main street stretching from the main entrance, towards four beautiful trees at the back of the site.

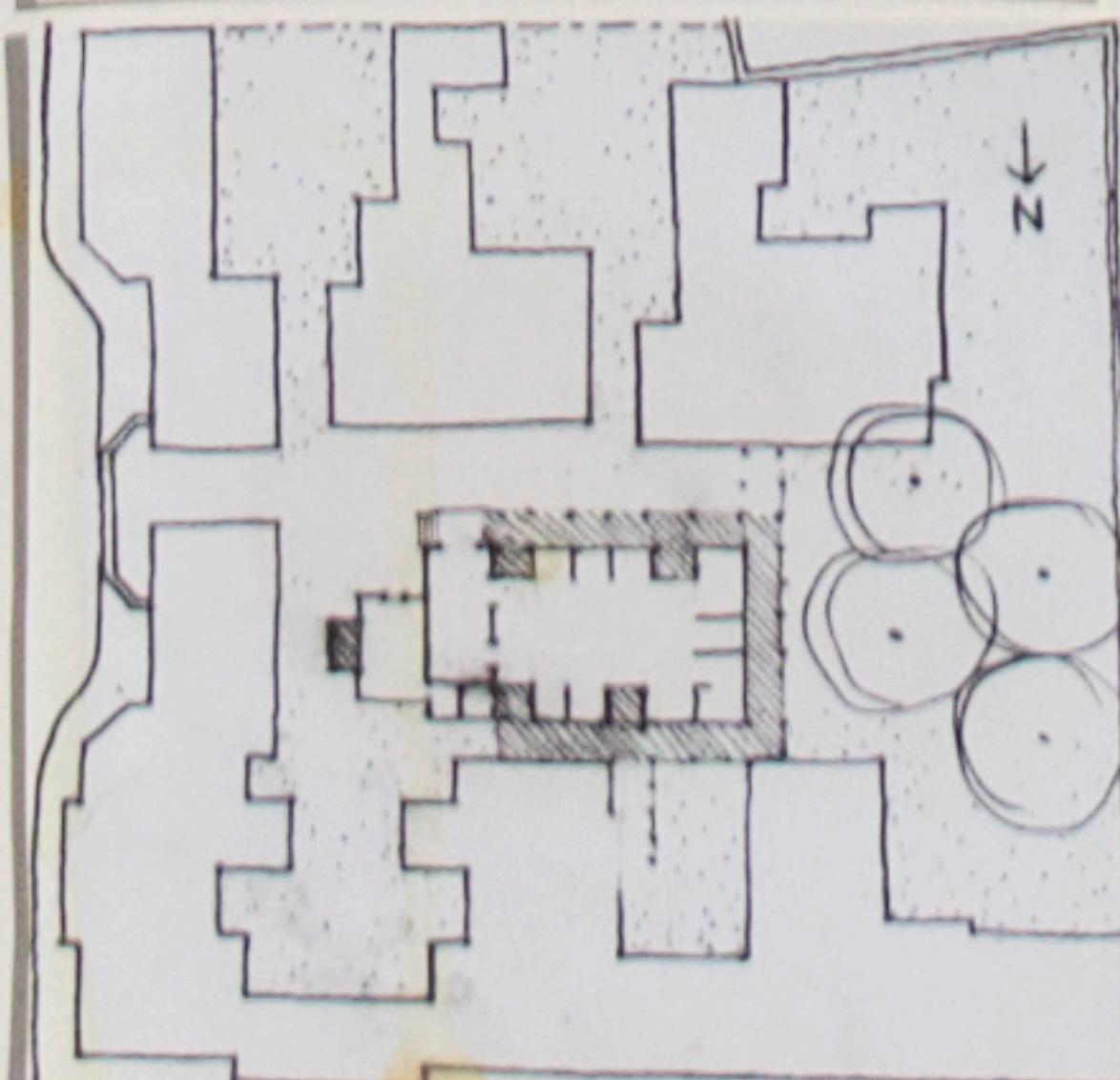


Social areas at the heart of therapy. This says that since the main problem of therapy is the re-socialization of patients, it is vital that they are free to involve themselves in social activities when



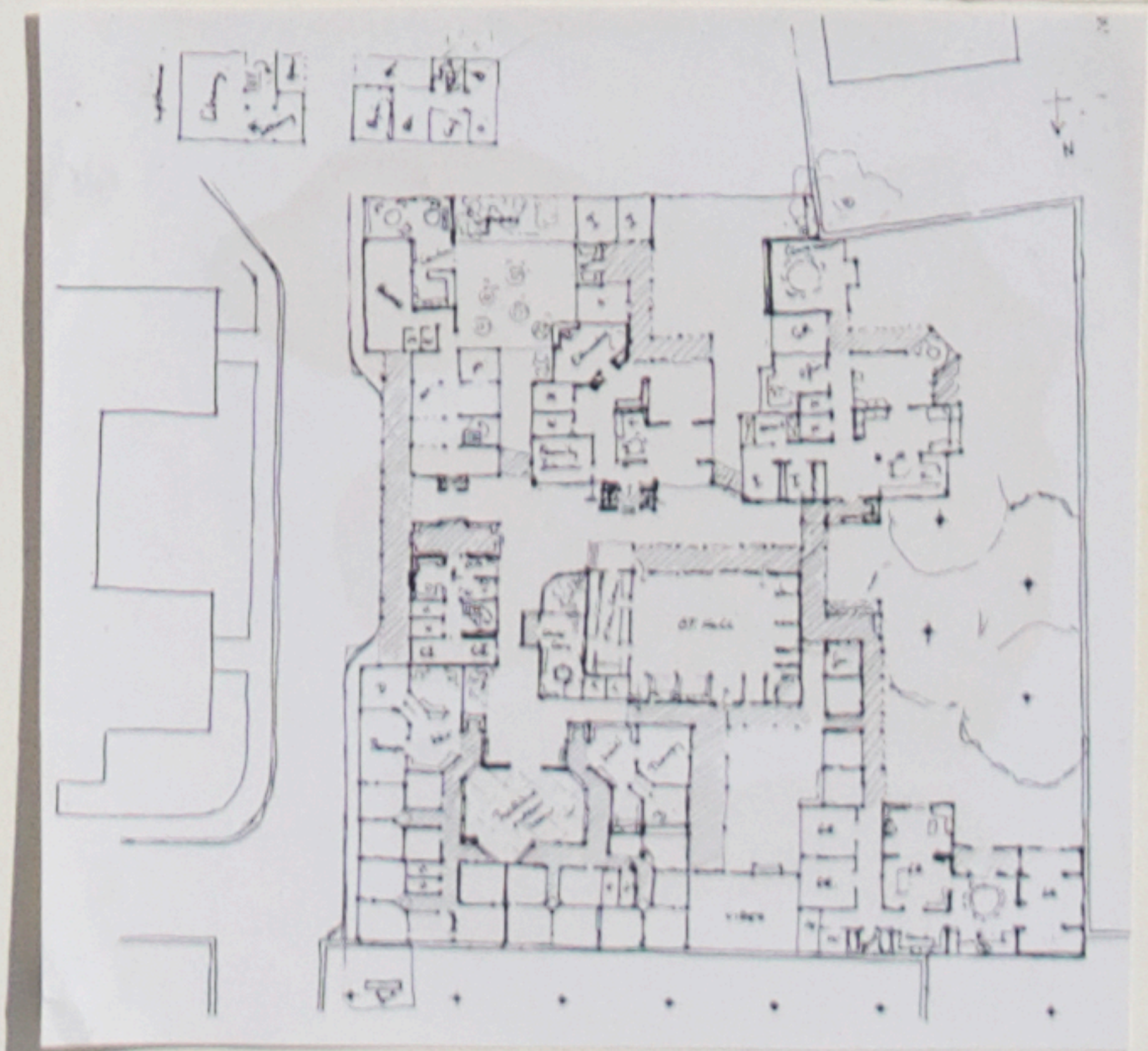
they want to, yet also free to stay withdrawn when they want that. This means that there must be one central social area, placed so that all paths pass by it, with a view into it, but in such a way that people can also pass by without going in. To meet this pattern, we chose to make a single large, high, building in the very center of the complex, with arcades and paths passing by it on all four sides, and larger windows so that people passing by can look inside and see what is going on there.

Buildings shaped for light, says that buildings must be very narrow so that they can get light from both sides. Convex open space says that small outdoor spaces work best if they are at least partly surrounded by buildings, and yet open to one another so that each one leads to the next. South facing open space says that the buildings should be to the north of the outdoor spaces which serve them, so that the sun hits the area where the building meets the outdoors, and people feel like going out. When we walked around the site, trying to imagine how these three patterns would shape the positions of buildings with respect to outdoor space, we found that it was best to form a series of narrow T-shaped buildings with gardens between them.



We reached this arrangement by the end of the third day. It provided the framework for the second phase which followed during the next weeks. In this second phase, different specialists on the clinic staff, worked out the details of each different building. The doctors concerned most with children, designed the building for child treatment and for adolescent treatment; the social workers most concerned with outpatients, designed the outpatient areas; the administrative officer of the clinic designed the administrative building.

When the designs were finished, the government architects began to prepare the usual contract drawings for the bidding and construction. It should be built before the end of 1973.



Each of these smaller projects in which a new team designed an individual building, used a process rather like the process described on the panel for HOUSE, but with different patterns. The patterns which affected the design included, for example, Short corridors, which explains how long corridors in buildings make people feel inhuman; Reception welcomes you, which says that a building for patients should not have a formal reception counter, but instead a more informal arrangement with comfortable chairs, a fireplace and coffee where people can be made to feel at home; Farmhouse kitchen, a pattern most relevant to houses, which shows how a kitchen with a big table is one of the most comfortable places for communal discussion - this pattern was used in three of the day treatment programs; Flexible office space, which requires a large number of small work rooms and alcoves, instead of the continuous open workspaces of typical of modern office buildings. Family room alcoves, also most often used in houses, which shows how small, low ceilinged alcoves off the edge of larger rooms, give people a chance to sit alone, or in twos, and be quiet, without leaving the larger group altogether.

The director of the clinic himself designed the details of the large central building. He put child care at one end, just inside the entrance, so that playing children would be visible, and children coming to it would feel comfortable and unafraid (as specified by Visible child care). He placed a large greenhouse at one end of the main social hall, with the idea that patients could learn to take care of plants, and might, in the end, take care of all the plants in the clinic's gardens (Occupational therapy). He made alcoves inside the main social hall where small groups can gather to talk (Family room alcoves again); and an arcade outside, along the main street, to create a zone of social space neither entirely private nor entirely public (as directed by Territorial ambiguity).