

REPORT 3
THE DESIGN OF A DEPRESSION RECOVERY CENTER FOR ADOLESCENTS
BASED ON THE USE OF BODY MIND THERAPIES

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1. Introduction

Depression is a common condition in our societies, which relates to feelings of sadness, fear or anxiety within many others. These emotions, intensified to an abnormal level can represent a disability on the routine of some individuals and can even become a burden. The term depression as known today is one of the most common major psychiatric disorders, which has been ranked as “the fourth leading cause of disability and premature death worldwide.”¹

The current research focuses on depression on adolescents and young adults in our contemporary society. The age range between 14 and 24 gathers a group of people presenting a special vulnerability to place and define themselves as individuals and in relation to society. It is also a period in life when many hormonal and life changes come into account and which might influence and increase all kind of emotions. This target of patients is an important one since most of the psychiatric disorders are manifested during this period of life but mostly because that generation represents the future in our societies, therefore becoming a population worth to pay attention to.

The research I carry out for this report and for my design project follows new psychological and therapeutical approaches that have reconsidered the place of the individual within society. The different methodologies of analyze converge on the interest to use body mind therapies both as a form of prevention from low depression cases and as a part of the treatment for all range of depression cases.

This interest leads to the first research question: *What is the relevance of body mind therapies in preventing depression and in the treatment of young patients vulnerable or suffering from it?*

Moreover, considering the location of the design project and the public benefit that body mind therapies can have, the second part of the report focuses on the importance to extend part of the depression recovery center program with the neighborhood and the users of the park in general: *how to conciliate private and public functions providing retreat for the patients while remaining an open qualitative area for the neighborhood?*

¹ Hankin 2005: 102

2. Research approach

For the elaboration of this paper, different methods were applied in a view to understand depression in different times and from different perspectives. A first research method is comparison in relation to the term of depression through history. A study of different periods is important as a way to analyze how is the situation in the present and also try to predict how it will be in the future. Within healthcare thinking, this approach is quite relevant as for some conditions (more than for others) the relation that society holds with different kind of patients seems to change in time according to different social aspects. Hence the different architectural typologies applied for this kind of projects are also in constant evolution. A review in history is also of particular interest in a way to get an idea on the ways to treat depression, once called melancholia, and how individuals would relate with their body and mind in times where there weren't such amount of distractors compared to the present times. In contrast to these findings, a look of depression set in our contemporary society is taken. This is achieved through an observation of new psychological approaches found in literature and documentaries online. Within this setting it's interesting to analyze also the role that schools and families can play in the detection of early symptoms of depression and how prevention can become a main subject on dealing with this common issue. For this part, a second research method is taken with the elaboration of questionnaires sent to people from different disciplines and in different parts of the world and which are useful to give an insight on the use and benefit of specific disciplines in body mind therapies.

In the second part of the report I aimed to illustrate the evolution of the psychiatric center in the Netherlands, inspired by a visit to Heiloo and Castricum and with further research on different online documentation. The conclusions of this chapter combined with the findings on body mind therapies give me some elements for the design proposal that is exposed on the last part of the report.

RESEARCH QUESTION 1 - What is the relevance of body mind therapies in preventing depression and in the treatment of young patients vulnerable or suffering from it?

In a first instance it is important to understand the type of patient I am referring to in relation to the contemporary society situation, in a way to understand a problem that is increasing in its numbers every day.

Studies reveal that between 20 and 50% of adolescents report some symptoms of depression. The levels of depression rise considerably in the middle of adolescence. It is also known that people that suffer depression are usually touched by it during adolescence in the first episodes. Stress is a main concern on the most potential causes of depression. Almost all individuals with a depressive disorder have encountered a negative or stressful situation a month prior to the episode. Being stressed also tends to bring other stressful situations into life as well as other disruptive behavioral disorders as anxiety. Hankin describes this: "the increasing trajectory of stressors begins around puberty, which is a transitional period in development, and transitions frequently are associated with elevated emotional distress and increases in stress"². Youth experience of distress or impaired functioning is usually related to social, academic and family domains.

But negative events as related in Hankin's review aren't sufficient to create depression without a certain tendency or special vulnerability, a term that can be classified into different sections as genetic, personal, temperamental, biological cognitive or interpersonal within others. Although all of these factors might come to influence in the state of depression it cannot be affirmed that any of them constitute the main cause of it. It is rather a blend of environmental stressors together with a particular vulnerability.³

As a first approach to relate with this theme I was interested on reviewing the evolution of the term *depression* throughout history for which I found out that it's treatment has been linked in many periods to the use of body mind therapies. I found of particular interest to point out these periods in history as a millenary recognition of these therapies reveals the permanent need of men to relate with their inner self and the relevance of these activities for more vulnerable individuals, like the ones with a depression condition.

It is then interesting to see how the term has evolved through time as a result of societal changes. Depression in how it is defined is linked to how the individual is perceived by the society and the other way round how society is perceived by the individual. Through different periods since antiquity depression has progressed and regressed in both scientific and religious stigmas that proved that the predominant thinking in a society would influence how the individual was perceived. The religious stigma would tend to relate most of the depression symptoms within a superstitious thinking. On the other hand the scientific approaches related these symptoms more in terms of mental and/or physical conditions. Looking back to history is also of particular interest for the research to describe the different procedures for the healing of this state when the relation of the individual with the surrounding society was much more direct than in our days.

In the ancient times, Greeks and Roman doctors attributed melancholia (or depression) to both biological and psychological diseases. Treatments would be directed to the cure of the body and the mind through healthy processes like gymnastics, massages, special diets, music and baths. Hippocrates a Greek physician suggested that depression was related to humors. The cures in this sense were again directed more to physical treatments. During the last years before Christ, the predominant view among educated Romans was that mental

² Hankin 2005: 105

³ Hankin 2005: 105-107

illnesses like depression were caused by demons and by the anger of the gods. The cure methods were addressed in terms of punishment, blaming the individual for such emotions. In contrast, Persian physicians continued to view the brain as the seat of mental illness and melancholia. The treatments for mental illness often involved hydrotherapy (baths) and early forms of behavior therapy. The Renaissance period was characterized by progress and regression in the definition of depression remaining divided by the religious thinking and the medical one, which would re establish the discourse of Hippocrates. They would acknowledge that mental illness was due to natural causes and human medical treatment was the solution.

In 1621 Robert Burton publishes *Anatomy of melancholy*, which is still today a reference for its definition, and comprehension of depression. There he related the symptoms to further sociological problems that would be in most cases external to the individual but that would influence him in his way of thinking and growing. In this encyclopedic work, he recommended treatments related to the body as diet, exercise, purgatives, herbal remedies but also would approach a completely different field of the social and the personal: distraction, travel, leisure and marriage. Music therapy also came as a way for treating the depression.⁴

In the later period of the Enlightenment, treatment would include exercise, music, diet, pointing out as well the importance of discussing problems with a close friend, or a doctor. Related to this, in 1917 Freud would establish an interesting position, which is still influential in today's treatments. He would relate depression to the sense of loss that would result in self-hate and self-destructive behavior. Freud would advocate psychoanalysis to resolve unconscious conflicts and reduce the need for self-abusive thoughts and behavior.

Finally around 1950 and 1960, after hundreds of years debating whether depression was a mental or a physical problem, a classification was done to divide depression into subtypes. In the current period, scientists and mental health practitioners acknowledge the fact that there are multiple causes for depression. It can be caused then by mental or physical causes widening the view that biological, psychological and social causes might be involved.⁵

Also around the 1950's and for the following decades becomes popular the use of medication as primary treatments in complement to psychoanalysis. This event is very influential in contemporary medicine as it creates a rupture in the psychiatric approaches before and after this period.

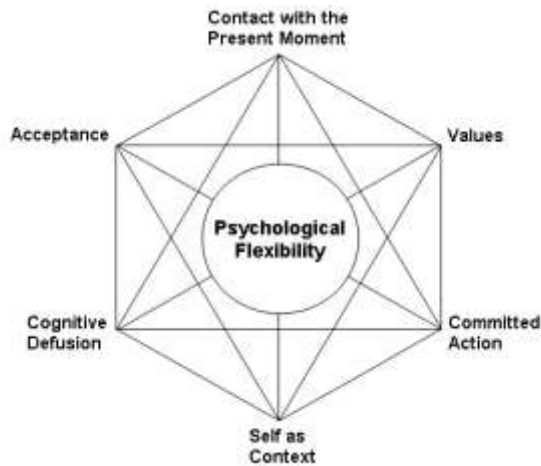
Nowadays in an aim to reduce medicated treatments, new psychological approaches claiming for a more human approach and understanding patients in their individuality are becoming very popular worldwide. It is the case for instance of the *Acceptance and commitment therapy (ACT)*.

The goal of any ACT intervention is to promote the psychological flexibility by promoting a way to live with its downers and difficult thoughts other than hard struggle, which could be translated as more vitality and less struggle. Psychological flexibility is also understood as a way to live the present moment in full consciousness, changing or persisting in behavior according to important values that are determined by the individual in regards to its own context and personality.⁶

⁴ <http://pb.rcpsych.org/content/24/5/193.short>

⁵ <http://www.mentalhelp.net>; <http://en.wikipedia.org>

⁶ <http://act-therapie.com/>



The ACT is driven through six different approaches that work altogether to achieve the psychological flexibility mentioned above.

- **Cognitive defusion:** Learning methods to reduce the tendency to reify thoughts, images, emotions and memories
- **Acceptance:** Allowing thought to come and go without struggling with them
- **Contact with the present moment:** Awareness of the here and now, experienced with openness, interest and receptiveness
- **Values:** Discover what is most important to one's true self
- **Committed action:** Setting goals according to values and carry them responsibly
- **Self as context:** Observing the self being aware of thoughts, behaviors and moods in a way to give a turn to what one is struggling with⁷

In the same line of thinking, I found a TEDtalk *The anatomy of melancholy, can depression be good for you?* by Neel Burton, a swiss psychiatrist and philosopher where he gives an interesting argument stating that individuals should be given the opportunity to evaluate and control the deepness of feelings and thoughts in order to find out the root of their problems and so to be able to deal with depression not only in the present situation but also gaining the tools to deal with negative situations in the future. Burton acknowledges that modern societies have become increasingly individualistic and detached from traditional values. Furthermore, the immersion on routine might prevent people to truly relate to them and to take a perspective on the main issues and the ways to deal with them. Burton defines his major conclusion out of his studies: "Just as physical pain has evolved to signal injury and to prevent further injury, so the depressive position may have evolved to removing us from damaging, distressing, or futile situations. The time and space and solitude that the adoption of a depressive position affords prevents us from making rash decisions, enables us to see the bigger picture and in the context of being a social animal to reassess our social relationships"⁸

This rather individual centered approach is today quite popular on the treatment of young patients and within psychology departments in schools. It relates also to preventive procedures that can be taken in these institutions in order to detect early symptoms of

⁷ http://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy

⁸ <https://www.youtube.com/watch?v=ndsB37KUASo>

depression within the young population. Most of the depressive disorders cases tend to appear in the adolescence, the most vulnerable period for individuals in general, and which might turn into physical and moral pain. Ideas of suicide are recurrent within depressed young people, which are related to a quite high range of suicide attempts. Different initiatives to detect and prevent depression cases in young individuals exist in different countries. These correspond usually to developed western countries where there is a growing sense of optimism about the health of young people and where the subject is in constant study and evolution. These efforts are translated in the increase of methods of detection within professionals from different disciplines in the places where adolescents spend their routine. Schools turn then to play a main role on the findings of this common issue not only for teachers but also for fellow students. Psychologists, within these institutions are also getting a wider responsibility on the mental care of students. Furthermore, general practitioners who are also in relation to the young patients can also ensure a correct procedure for the young presenting certain symptoms. For instance psychotherapies, treatments with Selective serotonin reuptake inhibitors (SSRIs), treatments with body mind therapies or a combination of different procedures.⁹

General practitioners in many countries are then being trained to deal with the early symptoms of young depressed. These efforts can be spanned to professionals in schools, where adolescents spend most of their time. The main outlines on identifying the symptoms are:

1. Identify mental suffering of the young. This first outline relies for instance on the prevention of depressive disorder through treatment of other mental disorders like anxiety disorder. Another feasible intervention would be preventive measures for children of depressed parents or relatives.¹⁰
2. Diagnose and evaluate the intensity of the depressive episode. This point becomes important on establishing a difference between episodic and persistent depression. A closer view on the factors that trigger depression is of big relevance on establishing the severity of the case.¹¹
3. Establish a treatment adapted to the intensity of depression and offer specialized care to the young individuals if necessary.
4. Identify suicide risk and prevent suicidal crisis. For these most severe cases patients might have to be committed to a psychiatric facility where different procedures can be held according to the patient.

From this perspective it can be acknowledged the importance to have within schools departments specialized on psychology and psychiatry of students in a way to detect early symptoms of depression or other disorders related as anxiety. This approach could be very helpful in a way to guide young individuals to different alternatives for dealing with these symptoms. As a complement to these departments, the provision of different kind of body mind related therapies would play an important role in adolescents dealing with symptoms of depression but also on normal students. The influence of body mind therapies can only have a positive influence on individuals without risk of secondary effects.

Today many specialized institutions on depression and other mental disorders proclaim this approach where the individual is guided through psychotherapy, body mind therapies and

⁹ NOUYRIGAT, 2011

¹⁰ BRAMESFELD, 2006

¹¹ STEINHAUSEN, 2006

medication if necessary from a very personal approach, understanding that the triggers and consequences of depression are very different for each one. The introduction of different alternative therapies is introduced now in most of the care centers, not only in relation to depression and mental disorders but also to ease other kind of physical pains from different diseases.

For instance an American institution for women located in Chicago Timberline Knolls focus the depression treatment on giving the tools to each resident to explore her thoughts and feelings through an individualized treatment program that includes one-on-one therapy sessions, expressive and recreational therapies, education about the disease, group sessions, family therapy within other. "Expressive therapy has been clinically proven to promote healing and recovery, in addition to providing a needed creative outlet for women during their treatment and beyond. For women who may have suffered setbacks in their schooling or career because of unaddressed or under-addressed depression symptoms, expressive therapy may be particularly therapeutic and healing."¹² Some of the therapies offered in this field are art therapy, dance/movement therapy, yoga and different outdoor sports.

In a way to describe and give an insight of the benefit of the main therapies that I include in my design project, I attach these interviews made with professionals on the fields of yoga and music therapy.

YOGA AND MEDITATION

Questionnaire Celine Antoine

Degree: YogaWorks certified instructor 2003. New York, USA

Location: Training teacher in France and USA

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What do you think the impact of yoga in contemporary society is or could be?

It is huge! The busier the society, the more yoga is needed. People are less and less connected to themselves, they are losing the understanding of who they really are, the connection with Nature is also becoming less and less present. People are founding themselves under pressure at work, at home and always reachable via their phones and e-mails. As a result, life is becoming full of stress. A chronic stress is becoming a vicious evil creating multiple diseases and even death.

Yoga has shown to help people relax and surrender to what is to help them cope with stress. By practicing Yoga, they trigger the parasympathetic system, which counteracts the effects of stress.

Do you think Yoga has become more popular or important than what it used to be in previous decades? if yes, how and why?

For sure! My experience is only in the United States and most specifically in New York city. Over the last 15-10 years, yoga has become extremely popular. It is now everywhere, at every block of the city. Nowadays, teacher trainings are being offered in every school.

I think it became that big for two reasons. First, as I mentioned in the previous question, people have become totally disconnected to themselves and Yoga is bringing them back to the present moment and making them find out a little piece of who they truly are. These

¹² <http://www.timberlineknolls.com/>

consequences appeal to more and more people who feel overwhelmed by work, family and society.

The second reason is because Americans are focused on their physical bodies and how they look. The way Yoga is presented to the masses today is very much about toning the body and stretching it, which is very appealing. Many practitioners start doing yoga to feel better in their body but they soon realize that Yoga has more to offer: the connection to the breath, the meditation and the spirituality.

From your experience, do you find Yoga is mainly practiced by people with higher incomes or does it span to all levels of society?

From my experience, Yoga is practiced by everyone: from babies with their moms, to children, teenagers, adults and seniors regardless of their income or sex.

Population with higher income will tend to take some private sessions rather than going to a group class but that's the only difference.

What do you think the impact of yoga might be for young people? (people between 14 and 24 more or less)

It has a big impact on shaping someone's personality, values and their understanding of themselves and others.

Values such as compassion, understanding, forgiveness, patience, kindness and strength are gained while practicing Yoga. They end up caring more for other people and the planet Earth, understand that everything is connected. They also become more armed to face difficulties and understand it is part of life. They are more grounded and usually have better results at school for the know how to deal with stress better.

In what way Yoga, as a time spanned discipline can influence the individual? In this sense would it be relevant the age when you start practicing it?

The same values will be gained as I mentioned previously, but the younger you start, the better results you will get for the hardest part as we grow older is to be aware that we have created some mental or emotional patterns and once the awareness is there, then we need to be able to break them to instill some new ones. So the earlier you start the better for you can begin with an almost blank page.

Even if you haven't work specifically with people with depression, in which way do you think yoga could be relevant (or even essential) for this group of people?

It would be extremely relevant as depressed people tend to be lethargic. By simply having them move and connect to their breath, this will have an impact right the way. Our energy, what we call Prana in Sanskrit, is transported by the breath so the more we open our bodies, the deeper the breath and the more the energy can flow freely. Depressed people tend to close their chest and let their shoulders roll down and forward, poses such as back bends will help counter act these tendencies.

Teaching them how to meditate will also be extremely valuable. Studies have shown that with meditation, one can rewire his/her brain and activating areas linked to compassion, kindness.

From the work with other kind of patients, what reactions and improvements have you witnessed in their behavior and recovery?

In addition to working with people who have physical injuries, I work with pregnant women and women going thru an IVF as well as with cancer patients.

Be it pregnant women, women undertaking an IVF or cancer patients, they all have to deal with anxiety. Of course at different degrees depending on their situation. It especially true for IVF and cancer patients. The fear of the IVF not working when the process is excruciating on an emotional level, the anxiety of losing the battle against cancer or if they beat it, the fear that it will come back.

Yoga helps them getting more in touch with their body and acknowledging their feelings and emotions. By using pranayama (breathing techniques), restorative poses with a lot of support underneath the body to allow it to surrender completely, and meditation, these people have an easier time to deal with the challenges. They become calmer and more confident. And we know for a fact, that when we can access the parasympathetic system, then the body starts to heal with more ease or the chances of becoming pregnant become higher.

Do you think the space (or architectural environment) where Yoga is practiced has any influence on the therapies and on the people ? Do you consider this aspect as a main feature or rather a secondary one?

It depends on the condition of the person. If the person suffers from depression then yes, I do believe that the space where yoga is practiced matters. It should be a very clean space, not messy at all with calming, soothing and warm colors, a view of the nature would be ideal, sun light coming in, and the use of the aromatherapy will also help. In fact, this will be extremely helpful for any type of condition.

That being said, what is the most important is the teacher. His/her behavior, voice, the way he/she engages with people. The teacher thanks to his/her compassion, listening skills needs to create an environment where patients feel safe. It's the only way, the patients will be receptive and start their healing process.

MUSIC THERAPY

Questionnaire Sara Papst

Degree: BA (Bachelor of Arts, 2011) und MA (2013) in "Musicology" University of Music and Performing Arts in Graz. Certified Musictherapist (2014) University of Music and Performing Arts in Graz/Karl Franzens University Graz/Medicine University Graz.

Location: Music therapist in Albert Schweitzer Klinik Graz - Austria

Contact: sara.papst@a1.net

You work with many kind of patients. As of what I remember there were people with dementia, depressive people and also people with autism ?

I currently work with people with dementia, who are often depressive (they could have psychiatric diagnoses too), some have symptoms of autism behavior e.g. no ability to social interaction, dialogue or another kind of problematic behavior (less social compliance) - but they are not autists. I also work with dying people in the "Hospiz/palliative care" - there it is

often the case, that people would like to think about their life (biography), their skills and resources they still have, of course music therapy is one way to express emotions and music is a way to create a protecting atmosphere.

In the past I have also worked with people diagnosed with depression and with cancer patients.

-Can you describe briefly how does the music therapy works? Or how do you personally apply it?

I'm a "Music therapist" - in Austria Music therapy (MTH) is one of the officially accepted/validated therapies, which is used in hospitals, rehabilitation clinics and other clinical institutions. MTH is the use of interventions to accomplish individual goals within a therapeutic relationship by a professional who has completed an approved music therapy program. "Music therapy is an allied health profession and one of the expressive therapies, consisting of a process in which a music therapist uses music and all of its facets—physical, emotional, mental, social, aesthetic, and spiritual—to help clients improve their physical and mental health. Music therapists primarily help clients improve their health in several domains, such as cognitive functioning, motor skills, emotional development, social skills and quality of life, by using music experiences such as free improvisation, singing, and listening to, discussing, and moving to music to achieve treatment goals. It has a wide qualitative and quantitative research literature base and incorporates clinical therapy, psychotherapy, musical acoustics, psychoacoustics, embodied music cognition and sensory integration(...) Referrals to music therapy services may be made by other health care professionals such as physicians, psychologists, physical therapists, and occupational therapists. Clients can also choose to pursue music therapy services without a referral." (i.e., self-referral). This text passage is extracted from Wikipedia - you know my English skills are bad, but I think, in this passage MTH is explained very well.

The main reasons for the nurses and doctors to ask/call me are:

- There is a big compliance difficulty that means, that the patient doesn't accept the treatment and the patient shows aggressive or defensively or antisocial behavior. In the medicine we call this kind of problem dissocial or antisocial personality.

- In a lot of cases, patients are not able to communicate - the faculty of verbal speaking is often limited. MTH has no problem to "communicate" without verbal disabilities. So for example to play with instruments (rattles, drums, chimes, glockenspiel, lyra, ...) is also a kind of "dialogue". As a music therapist you should have a very keen sensorium, to react on the patients (musical) expression - we call this ability "to go in resonance". So verbal language is for us only one form of contact from many others. Music is a medium of communication. In musical improvisations communication, interaction and emotional expression occur.

- Music and sound is vibration. So I also use specific instruments, which have a strong vibration. I take place these instruments on the body and play them. So the patient can "feel" the vibrations and has the possibility to "feel the own body", to feel the bodily boundaries. A lot of my patients have a hemiparesis (so they had a apoplectic stroke) and cannot move parts of their body. We know, that music, sound and vibration can stimulate the nerves.

- a basic principle of music therapists is the factor "relationship" - so that means that the therapeutic relationship is part of the therapy and fundamental "active factor". So the relationship between the patient and me is "part of the therapy". I don't assess the character of the patient but I give the patient the feeling that he/she is accepted how she/he is! In the music there is no rating in terms of good or bad music. Each human perceives music and sound in a different way - and has different feelings, emotions. So I carefully look and "go into resonance" and find what kind of music sound is suitable for the moment. An important factor is also TIME. So I often make the experience, that my "waiting" and giving time to sense the own feelings opens an inner, deeper and emotional process. In the "every-clinical day" there is too much stress and less time for the nurses and doctors to sit next to the patients and go in contact with them. So my therapy requires time - so the patients should have the impression that I have much time for them. I have no time to be stressed.

-Do you think there is a kind of patient for which music therapy is more accurate or relevant than for others? And why?

MTH could generally be suitable for all people, because they don't need musical skills. Each human had/has contact with music, sound from the beginning of his/her life. However it shouldn't be the case that I force MTH, if I have the feeling the patient is not feel up to music or sound - I also speak with people. So in some cases the topic "music" is only the beginning of verbal contact - it could also be the case, that I only sit next to the patient and perceive him/her - the breath, the look. I often have the feeling that the only fact of not being alone and be taken seriously in the moment seems quite curative and is touching for the patients.

-In which way do you think music therapy might be relevant (or even essential?) for young depressed people specifically?

Depressive people are not always able to receive or assimilate MTH. Depression could be a very hard state without inner movement. Because of the possibility of the deep impact of sound/music, it is very important for a music therapist to be attentive and alert. Some depressed (young) people can sense themselves (their body, their emotion state) with music easier than with other therapies. Depressed people are often isolated in their (emotional) rigidity and so music could help to move a little bit and to express something that they are not able to express with verbal words. Music therapy can also give them a sense of independence and so to get in contact with their identity and increase self esteem. e.g. in an improvisation (Music therapist and patient) - the patient can hear and experience his "state" in form of a "musical dialogue" and if he/she can recognize this he/she could try to change, to vary it.... so MTH can give the patient the chance to try something and there is no risk at doing it.

-From your experience working with young people with depression, do you find any peculiarity or tendency from this group of people during the therapies?

This is quite hard to answer since each person is individual and unique. And depression is only the diagnosis, but the term itself doesn't give much information about the character or the personality of the patient. Many depressive people have aggressions against specific humans in their life or situations and don't distribute them against the humans or environment but against themselves. So depression is a kind of aggression against one's

self. Depression is also a form of manipulation the social environment, because the surrounding people begin to change their reactions and responses against the depressive individual. Depression also occurs frequently at people who have less self-confidence. From different approaches music therapy can help deal with these different problems and help them communicate something to themselves.

-What kind of reactions have you experienced?

All kinds of emotions... laughing, crying, fear, deeply moved and touched, aggressive, tired.

-Does music therapy work better by being a collective therapy or rather a personal one?

ALWAYS personal!!! There is no "Musicament" - there is no fixed "plan" for MTH. One of the most therapeutic effects of the MTH is the "therapeutic relationship" - so the feeling, that I (the music therapist) is able to put myself in the feelings/emotions of the patient, a lot of appreciation and accepting how it "IS IN THE MOMENT". It is important that I don't hold on my ideas but that I remain open and accessible for what is needed NOW.

-Is music therapy one that spans through time or is rather a short time therapy?

Both in long time and short time. It depends on the situation and the needs of the different patients....

What impact you think music therapy have within contemporary medicine?

MTH is a very old kind of therapy, the old Greeks and oriental cultures saw Music as an important therapy because Music "touches the soul". But with the appearance of the "evidence based sciences and quantitative research" MTH took a back seat. However in latest decades also the modern medicine and research has discovered the benefits of this kind of therapy in the hospitals.

So far in my research I have come to conclude on the benefit of body mind therapies, understanding that its use today is rather a prevention and complement to regular psychiatric and medical treatment, although for low cases of depression these therapies can play a main role on the recovery.

The body mind therapies used since ancient times as hydrotherapy, music therapy, yoga and meditation have been recognized along history and its use is today growing among society but also in medical institutions as a result of these becoming more and more specialized. Moreover the psychological approaches described above go hand to hand with the treatment and procedures of body mind therapies, both being centered in the individual and their specific needs, providing the tools to recognize and deal with emotions in the same process of getting to know themselves.

RESEARCH QUESTION 2 - How to conciliate private and public functions providing retreat for the patients while remaining an open qualitative area for the neighborhood?

In order to be able justify the emplacement of the project, as well as the specialized program and its relation with the public I found important in a first instance to understand the evolution of the psychiatric center in the Netherlands. The study trip done around Castricum and Heiloo with the Dutch psychiatrist Henk-Willem Klaassen and other fellow students gave me a first insight on the evolution of psychiatric centers in the Netherlands. It was interesting to see three main types of institutions, a health care compound in Castricum located in the outskirts of the city and with little relation with the rest of society. The second project visited was a big a psychiatric clinic located in the city center of Heiloo which evidenced already by its emplacement the different approach taken towards the mentally ill. The third, an activity center for the mental ill patients in Heiloo suggested the intention to open up the different activities towards the public and the neighborhood, although this aspect didn't seemed to be completely successful.

For this research, some further documentation gave me a deeper idea of the different periods from the 15th century up to the present times in the specific case of the Dutch psychiatric clinics.

In the 15th century the growth of the Dutch city induced a need to protect its citizens from the dangerous, the troubled and the unquiet. The Dolhuis (madhouse) is an early example of an institution that housed the insane. The label of insanity was applied to everything outside mainstream or desirable behaviour, the mentally ill, people who showed antisocial behaviour, rioters, addicts, dementia et cetera.¹³ With the development of medical science the vision on care for psychiatric patients changed. Tranquility and a natural environment would be beneficial to the mind. The more disturbed were separated from the rest.

Around 1800 a new ideal originated in America and Western Europe, especially under the influence of the Enlightenment; the rural, humane madhouse, where the mentally ill could be treated with minimum force and maximum rest. Doctor Schroeder van der Kolk advocated the construction of asylums outside the city in 1840 where the 'overheated' patient could enjoy a beneficial timeout. According to him a lunatic could not recover within society. Society, with its bustle and turmoil would just act as a steady cancer in their minds. The city would alienate them, as an unnatural environment it would worsen diseases and actually cause insanity. Nature, in contrast, was considered the best possible healer.¹⁴

In the 1920s a new approach gained ground; the main focus was no longer to cure a patient inside an asylum but to prevent him to be admitted to one in the first place. Psychiatrists argued that patients in institutions fell victim to autism and pseudo dementia, a process that would later be called hospitalization. According to these first 'social' psychiatrists it was preferable to support the patients within society instead of taking them out of society. Important was to encourage independence which was done by providing care at home or having the patient visit consultation hours. Not only would this contribute to the patient's well being, it would also save money. A second impetus for the socialization of the psychiatric patient was the advent of psychotropic drugs in 1953; medications could now suppress delusions, hallucinations and depressions.¹⁵

In the 1970s caregivers had grown increasingly frustrated with this 'revolving door' psychiatry. They pleaded to finally, through psychotherapy, try to penetrate to the core of the problem of their psychiatric patients. It was clearly not enough to patch them up temporarily with some medication, as these patients would return to be re-admitted shortly after. The task of psychiatry was to help the patient to reach their true self and recover through talking. The therapeutic community became the new ideal of the time. The old psychiatric hospital was now a symbol of

¹³ www.hetdolhuys.nl

¹⁴ www.hetoudegesticht.com

¹⁵ www.hetoudegesticht.com

the oppressive Western society, hidden in the forests and dunes of the country languished the victims of society, those who could not stand the pressure to perform, compete and conform.

A second phase of criticism took off in the 1980s, when the Councillor of Care (Wethouder Zorg) of Amsterdam wrote that the psychiatric hospital was a product of a society that shuns people, according to her inpatient psychiatry was far from the ideal setting to relieve psychological suffering. Instead psychiatry should be oriented to the neighbourhood. In 1984 the national government made the socialization of psychiatry one of their objectives.

The commune living arrangements of the 1970s were inspired by the countercultural ideals of the time. Later it became more important to find a conformity with the average Dutch residence. The commune as a therapeutic frame brought major drawbacks. The individuality of the patient is dissolved with the identity of the group, making the patient dependent on the group and unable to function outside of it. The separation of work and living was introduced for the category of patients for whom it was possible to return to society transferring them from the classic asylums to smaller facilities in the city. ¹⁶ Return to society is now a main pursuit and to be able to return to society one must be inside society, not shunned from it.

The evolution of the psychiatric clinic typology together with the relation that it holds with the rest of society, suggests that many of these aspects will still evolve. Inclusion of the clinics within the city center isn't the last step of this evolution that still evidences a lot of improvement to be done. A larger integration with the public, a change of the architectural typology and image of the healthcare institution are some of the features that can be explored and improved.

The Depression recovery center I propose in the Florapark corresponds to one of the small and specialized institutions that can today be found in the different Dutch cities where the target group correspond to young depressed patients. Understanding that the body mind therapies can work both as a complement to regular treatment and in a preventive way, it's public benefit should also be granted and integrated within the project relating both with the neighborhood and with the Florapark where it is located. Due to its location, the building should be able to provide qualitative facilities for the users of this site and to trigger a wider use from the public, which remains quite empty most of the times. The Florapark lacks of any public feature, which might be a reason why the park remains quite unused.

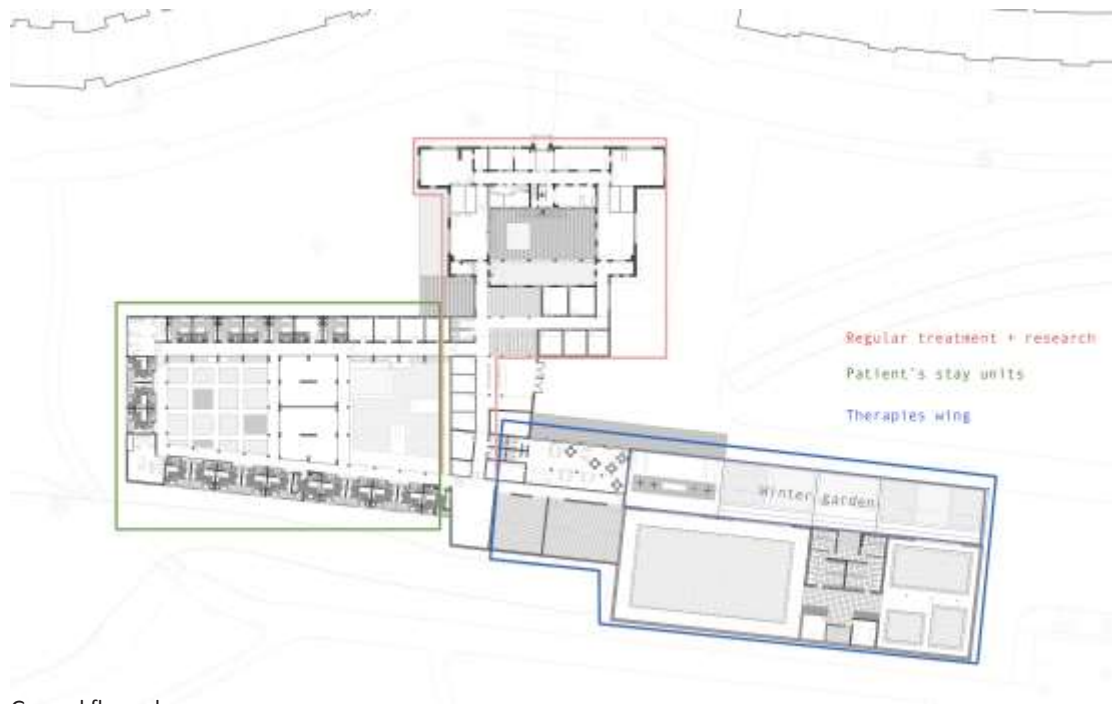
This fact motivated me to research on buildings located in European parks. The different referents analyzed were the Ciutadella park in Barcelona, the Jardin des plantes in Paris, the Retiro park in Madrid and the Schönbrunn park in Vienna. From these different spaces, the buildings present within the parks and their relation with the rest of the city I gathered few conclusions that I try to implement in my own design. Buildings in European parks are usually related to cultural or recreations functions that are public such as winter gardens, restaurants, cafes, pavilions or theaters. These usually correspond to monumental structures that aim for the exhibition of the building itself and are usually open to squares and gardens to the park where they all interact in a promenade within the walkways that unite these different structures.

The Depression recovery center proposed is composed of a central space attached to the existent building where the regular treatment rooms can be found. Within the existent building, classrooms and flexible rooms come to the purpose of training external teachers, psychologists and psychiatrists in the preventive methods to detect depression symptoms among other institutions. This central core plays the role to fortify the link between research, education and profession.



Front façade. Winter garden – existent building – stay units

¹⁶ RAVELLI, 2006



Ground floor plan

Attached to the central core, a wing extending towards the south gathers all the facilities for the patients stay units, composed of 20 rooms surrounding two internal gardens. Common spaces for reading, playing, cooking and eating are found in the corners and in between the two gardens. All the rooms benefit from the double condition to be facing the natural compound of the park and to have from the other side, direct access and relation to the interior gardens.

Towards the north, the other wing attached to the central core gathers all the body mind therapies: art therapy and music therapy room, yoga and meditation room, swimming pool and hot baths. All of this spaces facing the park and benefiting from the landscape views are mirrored towards the west with a structure holding a restaurant and a longitudinal winter garden.

The building is thus divided in two main parts that correspond to a complete private and intimate zone, providing retreat for the patients and a semi public area that plays the role of complementary therapy for these and for the public in specific schedules of the week. Both extremes of the building are connected within a unique corridor in which the patient experience a gradation of scales passing through the intimacy of their rooms, the two enclosed gardens and the winter garden leading to the hydrotherapy rooms.

The semi public character of the north wing is thought to work as a recovery trigger, as diagnosed patients might share facilities and activities with healthy people. In this sense patients won't feel isolated or rejected from the neighborhood and the society in general. Furthermore the evolution of the healthcare typology, one that involves with the public, would help to dissolve the stigma that society still hold towards depression and psychiatric centers.

Conclusion

Depression is a very common condition that has been present in society along time and which seems to be increasing in numbers and changing in its definition as a result of big social, cultural and economical changes of our times. Looking back in history it's striking to see how the definition of depression has both evolved and regressed as a result of different thinking and approaches of the society towards the individual and vice versa. It is of particular interest to overview the different kind of therapies applied for this condition since early times, and to compare it to the different procedures of our modern times.

The issue of depression in adolescence stretched up to the beginning of adulthood (14 to 24 years old) is of big relevance as it treats a vulnerable group of people who find it difficult to make the right choices and to face their life problems. New approaches in psychology including the ACT, seem to become stronger nowadays. They converge on similar ideas that take a different look of the individual within society, proclaiming that diagnosed depressed persons should be given the opportunity to deal with their own emotions and thoughts. In relation to these psychological approaches preventive methods of detection but also of therapy can have a big relevance on diminishing the number of depressed adolescents and the persistence of the disorder in their future. Therefore young people should be helped and guided to relate to their body and mind in such a way that they can recognize and manage their emotions. This help can be provided in such places as schools where adolescents spend most of their time and in which body mind therapies can be promoted as healthy habits but also as prevention for psychiatric and psychological disorders. The goal of the body mind therapies is to approach the patient or user in its individuality, giving awareness of how body and mind work in a unique way for each of them. The relevance and impact of these therapies that date from antiquity, is growing back in popularity because of the need that contemporary societies have exerted to men to connect with them and to find a relief from increasingly stressful societies. These therapies that are applicable and practiced by sane and healthy people, can play a preventive role in the treatment of depression and conditions related.

The implementation of these therapies within the architectural project, aims for a larger use where the public can also benefit from them. This public feature proposed for the depression center in the Florapark is an ideal proposal that results from the investigation of the evolution of the psychiatric center in the Netherlands. Moving along centuries from the outskirts of the city towards the city centers, new typologies on healthcare reflect (in a same way as the different depression treatments through history) on the relation that society holds with the mental ill. The location of the depression center in the Florapark calls for a change on the typology where the building interacts with the neighborhood and the natural sight, taking the most benefit from this double condition. The building is divided in three main parts. A central core that works as an extension of the existent building where research and classical treatment is held. A private wing gathers the stay units and the common facilities for the interns, which works as a sort of counterbalance for the northern wing where all the body mind therapies and the public functions are held. These three main parts are connected through a promenade along the building.

Understanding that "the young brain is not very active when it comes to standard or automatic tasks but more active when it relates to creativity processes, new stimulus from environment and social relationships"¹⁷, a multiplicity of therapies are important within the

¹⁷ Amelsvoort. Interview by Judith ten Kate

architectural project in a way to offer a variety of treatment possibilities for different kind of patients. A social interaction and integration with the public plays also a double role among the patients but also among society. The multiplicity of features offered in the depression center, projected within the context and the landscape aims for a detachment of the individuals from routine, providing beautiful and comfortable atmospheres that have a positive influence on the patients thus playing an essential role on their recovery.

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