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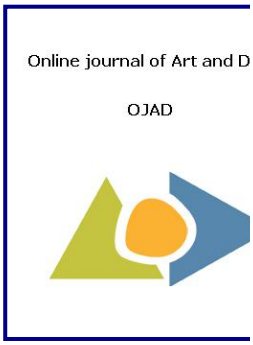
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Emotional Feedback of the Therapeutic Space: Analysis of the "One Flew over the Cuckoo's Nest" Movie

Assoc. Prof. Dr. Sonay Ayyıldız
Kocaeli University, Faculty of Architecture and Design, Department of Architecture.
sonayayyildiz@gmail.com
https://orcid.org/0000-0002-4482-1674

Research Assistant Elif Fatma Salihoğlu
Kocaeli University, Faculty of Architecture and Design, Department of Interior Architecture.
eliffkarabay@gmail.com
https://orcid.org/0000-0002-9031-4817

ABSTRACT
The concept of space is also the basis of two disciplines in architecture and cinema. It can be said that cinema is almost a laboratory for the design or organization of spaces. The cinema consists of images abstracted from reality, and these images are perceived in the human mind. It is possible to say that with this perception process the mind creates a new reality from them, in which our spirituality that is to say our psychology and emotions, is also under considerable influence. On the other hand, Psychiatry also has become an important field for the cinema industry. In this paper, the film 'One Flew Over the Cuckoo's Nest' which was shot in a mental hospital was analyzed using the method of therapeutic environment elements. The spaces were sketched with the effects left in the minds of the scenes and design details have been examined in such subjects as color, light, ergonomics, etc. Consequently, this case study is important not only it is a practice for the effects that the cinema has left in the human mind and psychology, but also it is important in terms of showing the well-being effects of architectural design on environmental psychology.
Keywords: Environmental Psychology, One Flew over the Cuckoo's Nest, Mental Hospital Design, Cinema and Architecture, Perceptions in Design, Emotions

1. INTRODUCTION

Space is a communication environment that the designer consciously creates, the user unwittingly participates in, and it has an unspoken language that is a communication tool between the designer and the user. The designer who creates the space can transfer his/her emotions to the user with the language of the design. The behavioral responses shown in place are toward understanding the designer's codes.

Adding stylistic features to the spaces and acquiring visual values comes from the behavioral-psychological characteristics and requirements of a person. That is why; human characteristics must be taken into account when the interior space is designed and while creating the forms and dimensions of a room, deciding on the materials that will be used, colors, and light usage. This environment affects the actions that people make in their daily life, and their social life, and directly determines their mood. In order to design the right environments for man, he or she muswell-recognized physiologically. If there is no right relationship between man and space, the living space cannot adapt to the users and cannot provide happiness (Bozdayı, 2004).

The physical environment influences and shapes many health problems, including mental health (Jackson and Tester, 2008). The design quality of physical surroundings can affect patients' health outcomes and quality of care. While certain environmental design strategies support improved outcomes, some approaches may worsen patient health (Ulrich et al., 2012). Patients who live their lives in bad physical environments are often

deprived of social deprivation and are vulnerable to mental health risks (Guite et al., 2006). In a study of the relationship between the perception of environmental problems and widespread mental disorders, it was found that more common mental disorders were seen among the patients reporting environmental problems (Rocha et al., 2012). It can be said that in well-designed spaces, people can restore their spiritual energy.

According to the findings obtained from a small number of studies, physical environment conditions provide a sense of identity; safety and security, social bonding and social environment contribute to the collective rehabilitation and improvement of people with mental illness (Satcher et al., 2012). From a psychiatric view, the relationship between the patient and the environment is not constant but generally interactive. The environment must ensure signs that help perceptual processes and it should prevent perceptual disorder. Familiar domains to assist in keeping both comprehension and mischief in balance for psychosis patients. Environmental stimulation should provide sensory satisfaction (Connellan et al., 2013).

When the psychological conditions of the mentally ill are taken into account, the design of mental hospitals may require different applications from other hospitals. The main fact in the design of a mental hospital must be its curative domain characteristics of the therapeutic environment (Hunt and Sine, 2009).

Mental health treatment environments are often portrayed as large mental hospitals in movies and are almost always depicted negatively. The psychiatric hospitals shown in the movies are often dark, gloomy, unfriendly places, there is considerable noise in the background (often screams), staffed nurses are dressed in white, and patients have nothing to do but walk in hospital corridors with strange movements. The movie scene in such a mental institution becomes immediately obvious to the audience. From a cinematic point of view, this stereotypical presentation makes sense, as the audience is more likely to remember an imposing hospital façade that foretells ominous events rather than a simple clinical office. These hospitals often have dizzying architecture, bizarre corridors, and interesting social activity rooms.

This study, it was aimed to reveal the intense effects of space design on mental hospitals in the 1960s. Cinema was used technically to analyze space-emotion interaction. This technic will also reveal how these emotions are transferred through the audience's spatial mind. For this reason, “the One Flew Over the Cuckoo’s Nest” movie, which has been the subject of many psychological academic studies, was selected and analyzed spatially, unlike the others. But before the space analysis, the relationship between cinema and design effectiveness was investigated in terms of the formation of emotions in the audience's mind. Also, in order to understand mental hospitals in the 1960s, the development process of mental hospitals is briefly mentioned in the study. Thus, it would be correct to read the analysis from a wider perspective.

2. CINEMA AS A TOOL FOR THE ANALYSIS OF THE EMOTION TRANSFER OF SPACES

Cinema is an important visual tool for analyzing human relations and space-emotion interactions with its narrative psychiatric issues. Münsterberg, one of the first movie theorists, explained the psychological and mental processes of the cinema at the beginning of the 20th Century; he emphasized that the cinema appeals to the mind by concentrating on much experimental psychology. Cinema allows the embodiment of human minds, visualization, and shaping the outer world according to the accumulation of knowledge (Münsterberg, 1916). On the other hand, the movie allows the audience to mentally conjure up through spaces and also allows them to follow the events at different points at the same time.

Münsterberg; argue that the audience is interacting with the watched. This idea is based on the Gestalt principle, which emphasizes the ability of the brain to organize the images

it perceives in the process of perception (Monaco, 2001). Gestalt theory was developed by German psychologists in the early 20th century. Basically, it is based on the principle that the whole expresses more than the parts making up it. According to the similarity, proximity, continuity, completeness, and the relation of ground and form, the imagery in the composition is rearranged by the human mind and defined it with visual examples (Buyan, 2013). The cinema consists of images abstracted from reality, and these images are perceived in the human mind, and in this perception process, the mind creates a new reality from them, in which our spirituality which is to say our psychology, is also under considerable influence. In other words, the movie is a two-dimensional art, not three-dimensional art. Though the movie is shooted in real space, the mind re-arranges these two-dimensional images and adds volume, that is, depth, which is why the film viewer is influenced by his own mental reality. It is important not to record the image in the film but to use it, that is, to arrange the objects in space. A film is an art to the extent that it can symbolize the world, abstract from reality, and with these qualities meets the audience as a successful work. Space creates the basis of intersecting disciplines: architecture and cinema. While architecture builds real buildings in the real world, cinema produces artificial representations of these spaces (Ayyıldız and Müştak, 2016).

Cinema is almost a laboratory for the design or organization of spaces. At this point perhaps the director is freer than the architect is, because directing is something that is an image of reality. This gives him/her a great deal of freedom. However, how space ıs used ıs a decısıve factor. Because a place can reflect what it wants to be told by appealing to the visual perception of the spectator, without needing to explain it at all (Allmer, 2010). Besides, Cinema can be used in the close-up view of the visual world, in expressions of objects with a subjective perspective. The story created by bringing together the pieces at the cognitive level of the audience in space is a product of a real fact. It is divided into real segments and restructured with specific rules of the film (Demir, 1994).

Psychiatry has become an important field and topic for cinema in terms of narration. In the late 50s and early 60s, the popularity of psychoanalysis in the movies started. 22 Hollywood movies were shooted between the years of 1957 and 1963. This continued throughout the 70s in such movies as One Flew Over the Cuckoo's Nest and also Harold and Maude (Gabbard, 2001). Depicting mental illness and psychiatrists in movies is not a recent phenomenon. Hollywood has a long history of an "emotional" relationship with psychiatry. Since the first psychiatric movie "Dr. Dippy's Sanitarium" (1906), almost 500 movies have dealt with and addressed mental disorders (Damjanović et al., 2009).

3. HISTORICAL DEVELOPMENT OF MENTAL HOSPITALS IN DESIGN-EMOTION INTERACTION

Most of the movies of the last 15 to 20 years have a psychiatric hospital describing the treatment of mentally ill persons. In most cases, these mental hospitals are gloomy and have the aura of ominous events; these hospitals are certainly not places where people will seek attention and care. Some movies such as "One Flew Over the Cuckoo's Nest" provide evidence that psychiatric hospitals are downright prisons, and where patient rights or well-being are not respected. Such films explain to some extent, the constant embarrassment of mental patients. "One Flew Over the Cuckoo's Nest" is a classic movie about human rights violations in mental hospitals, but it is certainly not the first of these movies (Wedding and Niemiec, 2015, p. 552-553). For this reason, in order to look critically at the living places, it is important to know the change that mental hospitals experienced until the 1960s.

In the 15th century, the first large nursing homes for the mentally ill were opened first in Spain and then in Italy. While the mental disease has felt in a free situation, it became a part of common language and space. Therefore, in time people tried to glorify it. When it came to the middle of the 17th century, with a sudden change of outcome, mental illness began to be excluded and treatment buildings were built all over Europe. These

rehabilitation houses provided the removal of people who were not thought to be a part of the community. In the 18th century, reactions came from the public to closure of the houses that had given fear such as Saint-Lazare or Bicetre. On the one hand, in the 19th century, new machines had been invented and attempted to treat mental illnesses, but it is known that such techniques had been widely used with the aim of punishment (Foucault, 1954).

Improving the treatment of the mental patient had been expressed more clearly in the formation of a mental hospital (Topp et al., 2007). The first psychiatrists must have believed that mental patients should be separated from their homes and society to be treated (Yanni, 2008). Therefore, it can be said that many architects had been inspired by prison designs for the oldest mental hospitals (Smith, 2007). Old mental hospitals had initiatives to include design elements that support treatment, even though they look like prisons in the unprofessional eye (Sine, 2008). In the early 19th century, despite all the negative emotions experienced, it is seen that psychiatrists are convinced that architectural design is the most important element for mental hospitals and that it cannot be separated from the treatment of patients (Porter, 2002).

Until 1960 in terms of a psychological point of view, the place in which behavior occurs is considered either a "relevant, confusing variable" to be controlled or a passive background, which is best attempted to describe how human behavior is affected (Göregenli, 2010). By the end of the 1960s, a new architectural and design ethic was introduced. Large mental hospitals were divided into smaller units, which were distributed throughout the community and emphasized the right of the patient to be treated in a less restrictive environment as possible. As a result, the number of patients in hospitals decreased rapidly. By and by, the patient population in the hospitals was seen as 'containing dangerous individuals. Thereafter the ethics in the design of the mental hospital had been changed to emphasize the security aspect. Many of the patients treated in institutions had been not only seen as individuals with discomfort but also as a security risk. More than a treatment the architectural design had started to restrict the patient's freedom of movement.

After the 1960s, health services for patients with serious mental illnesses had been provided mainly in large-scale institutions (Gostin, 2008). Victorian Period mental hospitals, with symmetrical form and settlement, natural light, ventilation, generous circulation areas, extensive parks, and fields, were used for the accommodation of the mentally ill (Yanni, 2008). Since then, there has been a view that psychiatric institutions are inadmissible places for the treatment and care of people with mental illness in terms of their disposal, negligence, and unaffordable (Gostin, 2008). In response to an imprisonment model that had failed over mental illnesses, doctors have begun to discover the theory that patients can get rid of mental illness in smaller, healthcare environments that have access to nature (Hassell Studio, 2014).

In summary, the movie sheds light on the community order, but it is a visual guide that criticizes the design-emotion İnteraction of the 1960’s mental hospitals. For this reason, the backbone of this study was based on the analysis of the places where the scenes took place in the One Flew Over the Cuckoo's Nest, and at the same time, the effects on the patients were analyzed.

4. METHOD: WAYS TO READ POSITIVE AND NEGATIVE EMOTIONS

This research was carried out with the examination of the 1960s and 1970s visual details about design in mental hospitals on the example of One Flew over the Cuckoo's Nest. These details are important to question living space-human dealings. Besides, the spaces have been sketched by the authors through the scenes only, without ever taking advantage of the actual architectural plans of the Oregon State Mental Hospital, where the film was shot. Thus, it has been attempted to show how a cinema film can perceive the living spaces to the viewers. In other words, sketch studies presented traces and

signs tracked from scenes and the transfer of the perception and comprehension to paper related to mental space which Lefebvre mentioned (Lefebvre, 1991).

As mentioned above, only the scenes in the film were used to work to sketch plans of the space organization in the hospital. Eventually, social spaces, treatment spaces, and wash spaces were sketched and analyzed with scene visuals. In this visual analysis, a literature search was made for the elements about environmental psychiatrists emphasized, and the important points of the cinema-space relation were the analysis matters.

Environmental psychologists have systematically gathered knowledge about human reactions to colors, textures, furniture arrangements, ceiling heights, voices, shapes, and almost everything we can find around. Research by environmental psychologists has documented how we interact with the environment (Augustin, 2009).

Environmental psychology studies began in 1958-1959 with the investigation of how spatial features affect patients' behavior in mental hospitals (Bozdayı, 2004). The studies done daily from the past have been multiplied according to different theories and principles. In this study, these theories and principles are summed up into 2 main interaction points.

A- Man-Environment Integration: The theory about the relationship between man and space depends on four basic principles. The underlying elements, shown in the bottom diagram (Figure 1) are integration, stimulation, control, and behavior.

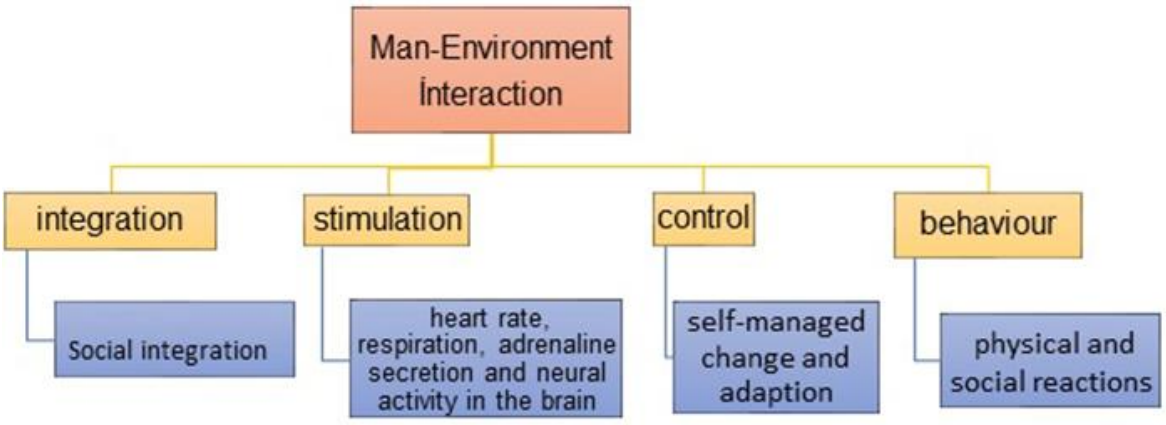


Figure 1. Four Basic Principles about the Relationship between Man and Space.

It is known that the idea of stimulation can influence the human body such as heart rate, respiration, adrenaline secretion, and neural activity in the brain. The level of excitation we experience is often correlated with the level of stimuli provided by the environment. On the other hand, when people are deprived of sensory stimulation, anxiety and other psychological problems can occur (Kopec, 2012). The high level of complexity created in the living spaces causes excessive stimulation. Too much excitation leads to attention, distraction and overload, which impedes perceptual processes. Overload in the senses is occurred by the combination of the physical dimension and the dimension of the space (Evans and McKoy, 1998).

Social integration refers to a situation where minority groups come together. Social integration also refers to a process on a shared system of meaning, language, culture, and the like (Cummins and Levitas, 2003).

The control elements, which are shown above and in the bottom diagrams, are one of the key aspects of the design. It can be conceivable of both positive and negative stimuli. For instance, having control of the space around has a relaxing effect. On the other hand, things expose stressful, depressed, and hindered feelings when they are not under control. For this reason, privacy control is the most important superintendence in a place and can be placed under this title. Privacy also has the most positive effects psychologically. In any designed space; there must be a space of privacy for a few people group or a larger space for public open spaces (Poyraz, 2015).

B- Therapeutic Environment Elements: The elements of therapeutic environment regulation used for this study are shown in the bottom diagram (Figure 2).

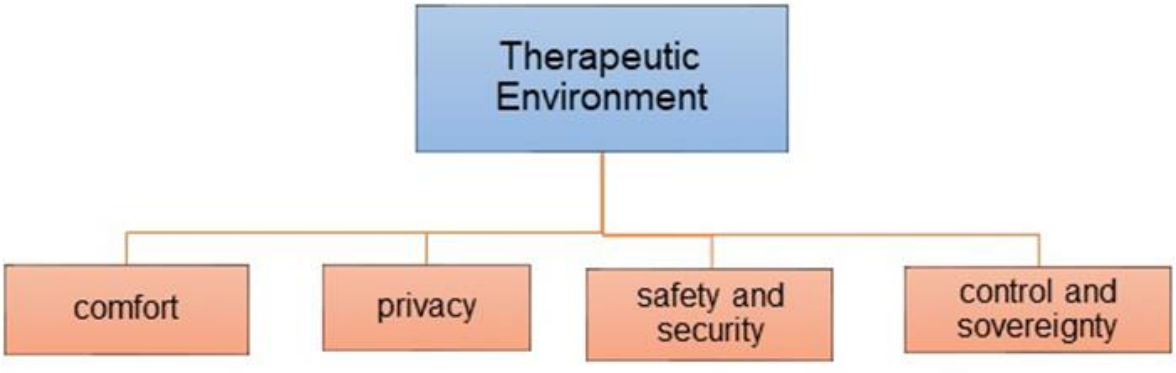


Figure 2. The Elements of Therapeutic Environment Regulation.

The therapeutic environment mentioned above can be revealed in all aspects of the design. For example, the interior should be understandable, not including confusing surfaces and furnishings. Artificial surfaces or plastic imitation of metal and wood can be visually confusing. Low ceiling applications ensure that the room looks warmer and less institutional. Ceiling height can be perceptually reduced by using patterns and warmer colors (Leibrock and Harris, 2011). Non-institutional furniture must be used in living spaces because functions experienced should be provided a parallel to home. The design style should be local and customary not fancy and fashionable (Shepley and Pasha, 2013). With the best practice for patients that society perceives design, the disagreement may occur between the balance of health and building regulations and principles. Due to the inconsistency between these factors, it may not be possible to establish a perfect mental hospital. Common knowledge in the literature on providing a therapeutic environment design in institutions of mental health services are light elements, suitable personal and common spaces and working spaces, home comfort and access to the gardens (Connellan et al., 2013).

Scene analyzes and sketches were made with these general definitions and features. These analyzes were collected within each floor or block, considering the structural relationship of the places where the film takes place.

5. SPACE ANALYSIS OF THE "ONE FLEW OVER THE CUCKOO'S NEST" MOVIE

The sketch drawing of the 'entry block' that the first scenes are shot is shown in Figure 3. It can be said that this space has been designed in a warm influence when the other scenes in the film and the 1960s mental hospitals are considered. In Figure 3-a, we see the first scene of the structure that reminds us of a mansion house rather than a mental hospital with its canopied entrance and delicately designed door. In the same way, the border used on the ground floor of the entrance hall is the first clue to the ornamentation

details. In this scene, perhaps the only detail that will distinguish the entrance hall from the house and perceive it as a public space is the tap.

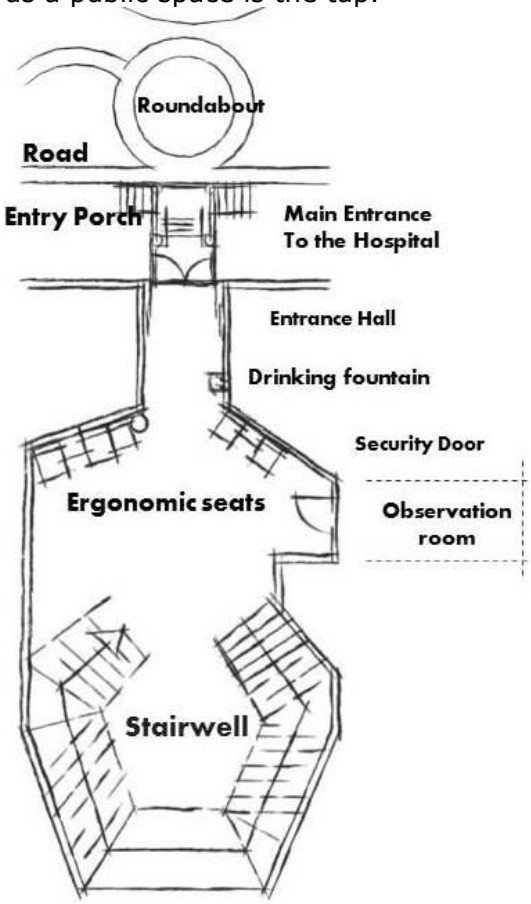


Figure 3. Entrance Block Sketch Drawing.

In Figure 3-a, it is seen that the bordering pattern continues on the ground floor of the waiting area. Decorating patterns were also used on the walls. Another detail is about the seating elements used in the rooms. It is possible to say that they were chosen to be much more ergonomic and comfortable than those in the mental hospital. Therefore, it can be said that the comfort of the therapeutic environment elements is provided in this area. These details are perhaps used as illusoriness for the patient's relative.



Figure 3-a. Waiting Area (Forman, 1975).

Figure 3-b is the first sıght of mental patients for Mc Murphy. With this scene analyze it is doable to say that the ward door is a mental hospital sign in the entrance block. It is a very strong design detail in terms of excitation theories. It reminds the user of the general purpose of the building. Although Ward's door design is positive in terms of safety and security, it does not meet that it is a positive fact of the therapeutic environment.



Figure 3-b. First Appearance of Mc Murphy and the Mentally Patients (Forman, 1975).

As is seen in Figure 3-c, the pattern continues on the stair railings and so the idea of breaking the boring hospital environment maintains. However, the proximity of the ward gate and the start of stairs are an indication of stimulation for the patient going on. Even if it is not clear from the scene, patient relatives may only be permitted to pass through the stairwell. It can be said that the decoration details may have been terminated at the stairwell as the patient is given to the patient care staff.



Figure 3-c. Stairwell-Stair (Forman, 1975).

The patient living area flat is the department, where daily life goes, where social activity areas of the mentally ill, the nursing rooms, staff room, wardroom, dormitory, and the rooms in which the purpose of the use is not conveyed are situated (Figure 4). This floor plan is quite different from Figure 1 and has a different design concept. Perhaps the

delicate design concerns have now been lost, as the spaces on these floors are not public spaces and are only for the mental patient care staff and patients.

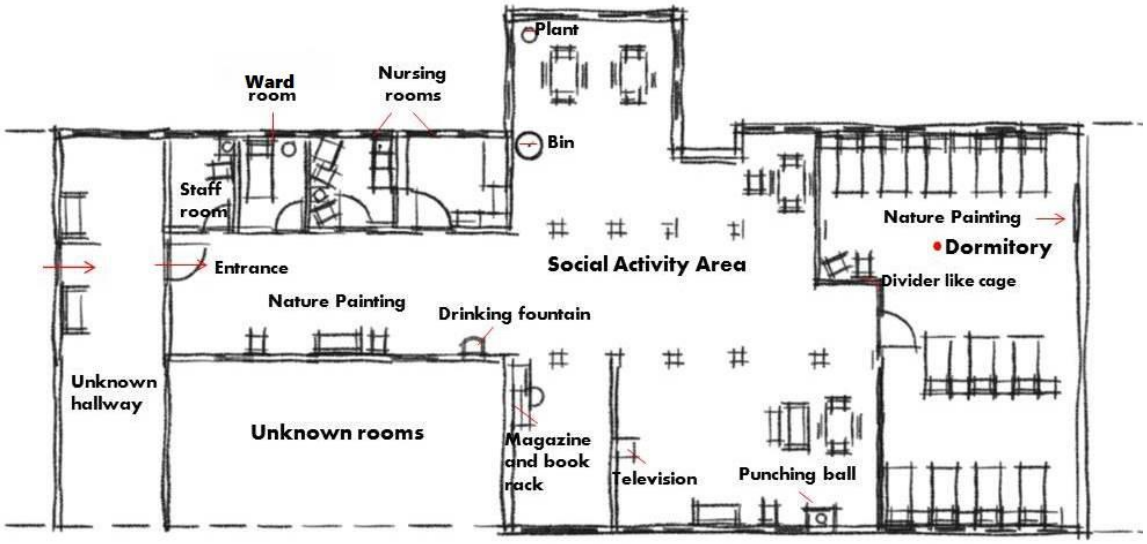


Figure 4. The Patient's living Area Floor.

There is a passage hall to the entry of the living area floor, as depicted in Figure 4, and can only be sketched from the building facade scenes that are not obvious. Accessibility to the main floor, after a few doors in the building (Figure 4-a), may be thought of as privacy, safety, and security. In Figure 4-a, it is seen that the living area floor entrance door is decoupled with a wire door. Two seating elements are placed at the door edge at the back. For the first time, there are landscape paintings on the walls, as seen in Figure 4-a. Although mental problems and painting seem to be irrelevant, art helps these problems to overcome. Landscape paintings, which are one of the design equipment for psychiatric hospitals, have positive results in reducing stress as Ulrich et al mentioned. An alarm light, associated with the entrance door, is used to provide safety. It can be said that the stimulation fact, from the control and behavior environment of the four elements, is not correctly solved in a healthy situation. It is clear that the safety and security environment required for a therapeutic environment is a negative stimulus. Due to preventing patients from escaping the unilateral safety obligation, the therapeutical environment cannot be really provided.



Figure 4-a. Entrance to Living Area Floor (Forman, 1975).

In Figure 4-b, it is seen that seating elements are used in the corridor. Interpreted to apparently, it cannot be said that these seatings are ergonomic. Providing home comfort is widely recommended as the best design practice for mental hospitals. A study conducted at a Norwegian psychiatric department found out that arranging the ward (isolation) rooms at home comfort ensured pleasing results. Just like in the entrance block, there is also the free distribution of water in this corridor (Figure 4-b). It may be aimed for none diminution at facilitating the consumption of water, which is a biological requirement, from the nurse or patient care staff. It is stated that this nursing room, which is separated from the social area, is a closed area with "*staff only*" sign on the door. İt is indicated in the corridor with red signs in terms of attracting attention to the entrance-exit rules.



Figure 4-b. The Scene that Shows Mc Murphy and Hall Furniture in the Hall (Forman, 1975).

As can be understood from the plan drawing sketched in Figure 4, the nurse room consists of two sections, and although these sections are opened with separate doors. It is seen that it is possible to switch between the rooms inside. Scenes from the first divisional that ensure facilities such as preparing medication, keeping patient files, and monitoring and communicating with patients are shown in Figures 4-c. This section is a kind of focal point of the living area floor. When analyzed carefully the furniture and equipment used in the scenes strengthen the reflection of the reality of the film in terms of carrying the features of the 1960s period.



Figure 4-c. Nursing Care Patient Equipment (Forman, 1975).

The second part of the nurse room sketched out in the plan above in Figure 4, is a confidential area for nurses with comfortable seating elements and completely closed to communication with patients. Medications given to the patient are also prepared in a closed area perhaps to prevent the patients to be informed of the treatment and the different medications (Figure 4-d).



Figure 4-d. The Second Part at the Back (Forman, 1975).

In the film, it can be seen that a room for the patient care staff is designed close to patients as well as the nurses' room is on the living area floor. Also, it is understood that there is a room called "isolation room" instead of "ward" beside the patient care worker's room (Figure 4-e).



Figure 4-e. Isolation Room (First Door) and Other Spaces (Forman, 1975).

In this room a bed designed with a belt, a bin can, and probably a button for a lighting switch or emergency is provided bedside the bed (Figure 4-f). Non-ergonomic conditions such as the iron cage door and window show negative stimulation.



Figure 4-f. Isolation room's door and interior (Forman, 1975).

The social activity area at the heart of the floor plan in Figure 4 is shown in Figure 5 with more details. This area is located close to the nurse and patient care staff rooms. Therefore, this area allows surveillance for nursing and patient care.

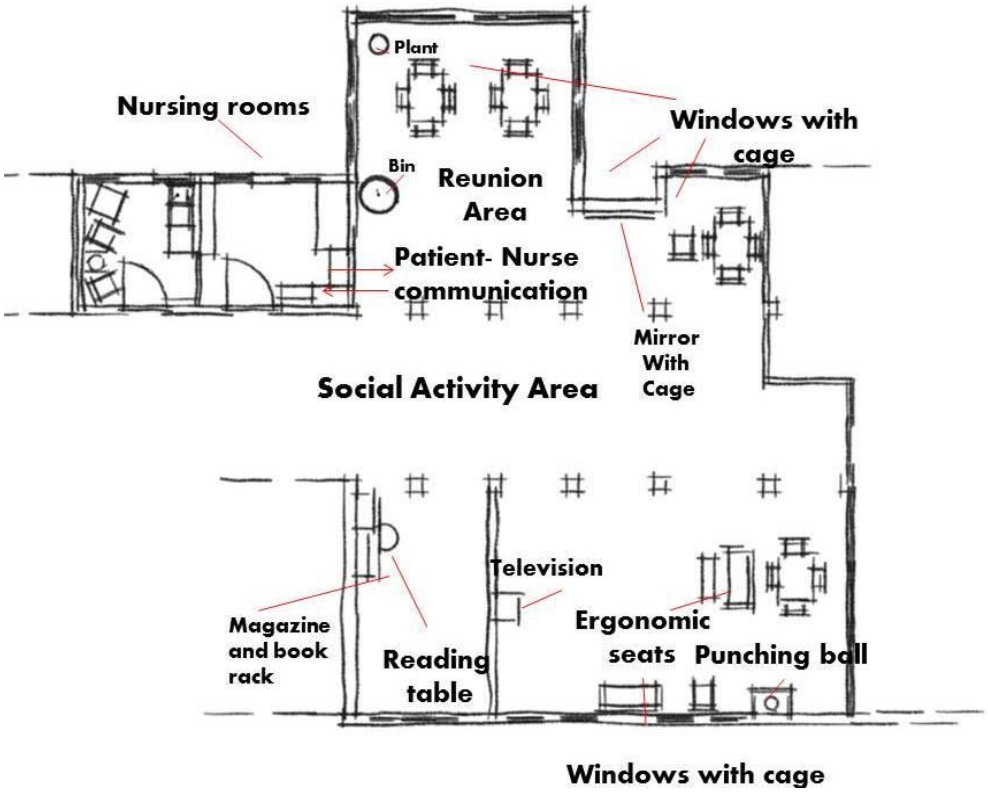


Figure 5. The Social Area on the Living Floor.

Remarkably, the section of the social area in front of the nurse room is shaped by moving chairs and tables according to different situations. Besides, all the windows in the area are covered with a cage, and even the hanging mirror on the wall is covered (Figure 5-a).



Figure 5-a. Cage Covered Mirrors in the Social Area (Forman, 1975).

In some of the scenes, this area is used as a collective therapy field (Figure 5-b) and often used as a sociopathic area (Figure 5-c) where patients can play cards. The frequently used uncomforted chairs may be evidence to say that a therapeutic area has not been established. The need for collective therapy areas in this mental hospital has been solved by using chairs since there is no specific space as mentioned above. As a hierarchical order result, the nurse who is a therapist moderator also uses a chair that is more comfortable and bigger than the patients are. In the field of therapy, no element has been used to make patients feel peaceful. This space is again the only clear area filled with windows that give prison impressions. Perhaps a plant, which is the only object that can provide natural environmental contact, is even dead or neglected (Figure 5-b). However, as Onaran (2009) says, designers should design environments that can help patients feel comfortable.



Figure 5-b. Mass Therapy in the Social Area (Forman, 1975).



Figure 5-c. Patients Playing Card Games (Forman, 1975).

The closed position of the nurse room to the social area and the glass span up the desk makes it suitable for spying patients. It is clear that there are no private or semi-private areas for patients to socialize (Figures 5-d and 5-e). There is also a television that is forbidden to use (Figure 5-e), an old couch, and a punching bag (Figure 5-f).



Figure 5-d. Drug Queue in the social area (forman, 1975).



Figure 5-e. Patients and Television (Forman, 1975).



Figure 5-f. Social Area (Forman, 1975).

On this floor, the dominant color used on the interior walls is 'white'. Spaces painted in white are perceived as wider, and more spacious; also, it reminds cleanliness and health for users. Therefore, it is often used in hospitals and healthcare fields.

The dormitory, which is a sleeping area of the patients, is placed completely on the same floor. This area design is also far away from privacy elements (Figure 6). In Figure 6, this section has been sketched with the help of detailed scenes.

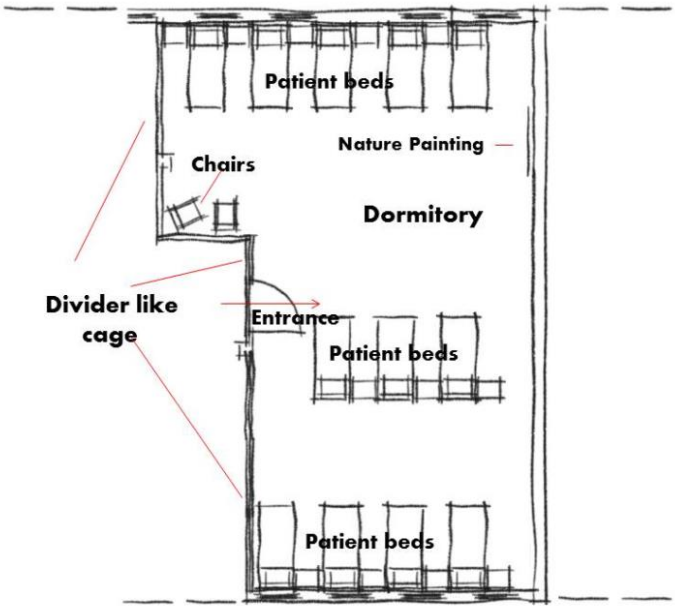


Figure 6. Dormitory Area Sketch Drawing.

In the dormitory area, cages are used on the windows like the other area windows in the living area. Again, in the dormitory, it is desired to leave this section inside the floor using wire cages, but with this, it has become a negative stimulus item. This design resembles a prison where the prisoners are held, rather than a dormitory of a mental hospital. The scene appears to show nature paintings have been used on the dormitory walls, but it is difficult to say that the general negative stimuli turn positive in this way (Figure 6-a).



Figure 6-a. Dormitory Area (Forman, 1975).

There is also a bathing area in the same mental hospital too. Nevertheless, it is not possible to analyze which floor or block it is located. The scenes only are a clue to the sketching shown in Figure 7. However, when the night scenes are considered it can be said that the bathing area may be near or located in the living area floor and probably in relation to the dormitory.

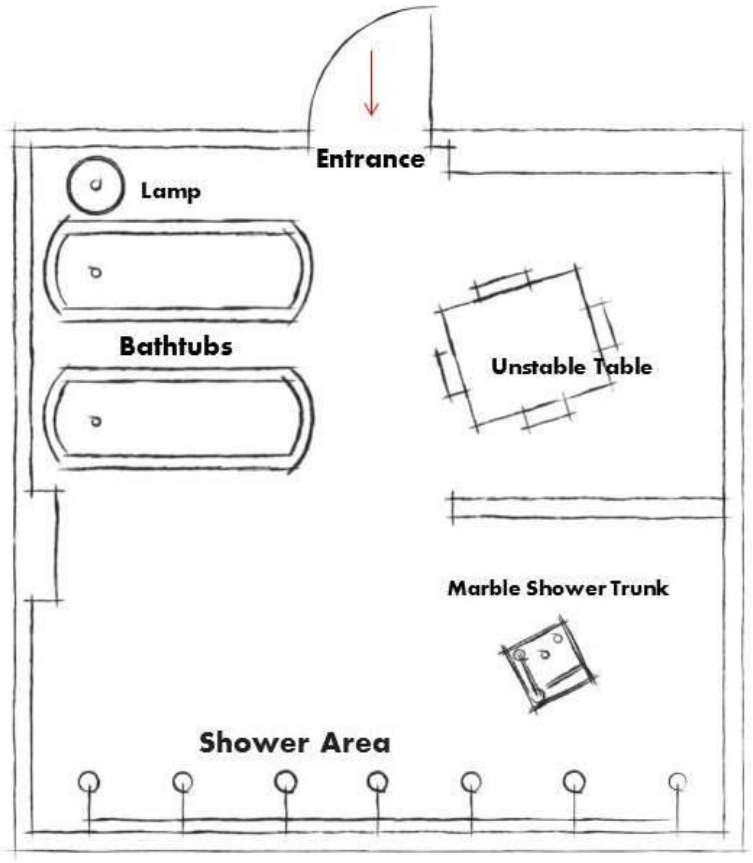


Figure 7. Wet area-1: Bathing Room.

A space analysis with the help of the scenes reveals that there is no privacy in the bath area. There is a common shower area for the patients as it can be understood from Figure 7-a perhaps a marble shower tank was used for patient care staff to wash patients.



Figure 7-a. Shower Area for Patients (Forman, 1975).

In the scene in Figure 7-b, Mc Murphy's retreat shows that the bathing space is also used as a semi-private space by the patients. The holding bars used with the showerheads in the shower area are positive details in terms of safety. It is seen there are also two bathtubs, but it can be said that it is generally not preferred due to the lack of number or is used for disabled patients. In summary, it is possible that over time this place turned into an area of socialization for patients without the elements of observation.



Figure 7-b. Mc Murphy and Marble Shower Tank (Forman, 1975).

As seen in Figure 7-b, there is a table carried by the patients probably, which supports the argument that the bathing area is close to the living area. As seen in Figure 7-c, it is clear that patients can have more entertainment without observation.



Figure 7-c. Table in the Bathing Area (Forman, 1975).

In spite of the positive conclusions mentioned above, it can be said that this place was used as a treatment area for patients, even if not shown in the film. Methods such as punishments like cold shower techniques could have been used. İt is known that these techniques were used in the1960s mental hospitals.

In Figure 8, the swimming-pool-based space was sketched with the analysis of the scenes in Figure 8-a. The location of this area cannot be understood from the film. However, if it is considered a social area and a treatment unit in terms of function, it can be said that it must be near the patients' living area.

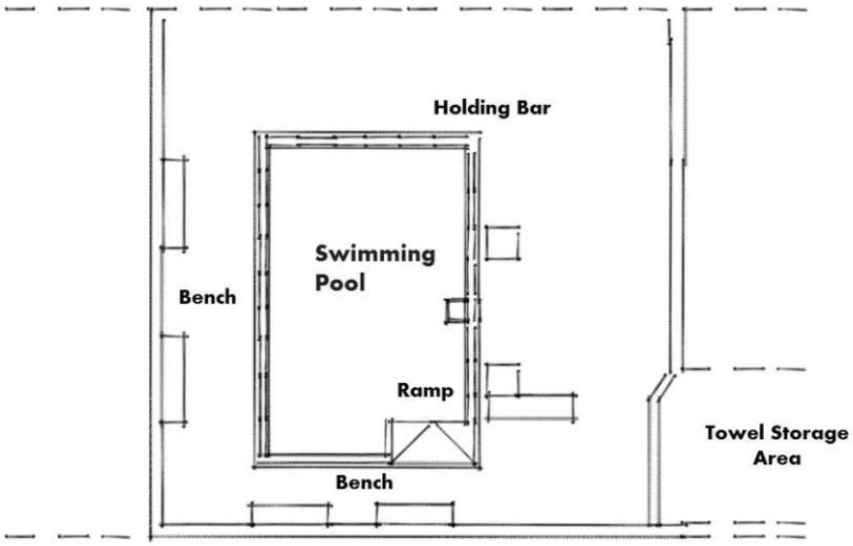


Figure 8. Swimming Pool Area.

It is understood that the swimming pool, which is the focus and center of the space, is designed in terms of safety and ergonomics. The ramp and grip bars detailed in the scenes are the most important design elements that provide it. As can be analyzed from Figure 8-a, slippage prevention flooring, sitting benches for patients, and lighting fixtures for the pool were also used. The most important feature of this room in terms of space-human dealing is that is a hydrotherapy area. It must be known that, since the late 19th century in Europe, mental health services have been presented with a holistic approach to treatment, and hydrotherapy methods have been applied within the scope of the treatment of psychiatric patients.



Figure 8-a. Overview of the Swimming Pool Area (Forman, 1975).

It is important that "the green color" is used in wall ceramics as a sense of calmness. Green is considered to influence stimuli such as adaptation, spaciousness, relaxation, assurance, environmental awareness, balance, and peace in psychology. This pool is a positive design in the mental hospital, according to safety and security elements, positive stimuli effects in terms of space-human dealings. It is understood from the scenario that there is a different level of psychotherapy where patients are brought at an advanced psychiatric trauma or just for only punishment. It is even more important that this floor is designed as an area for a variety of pseudo-typical treatments. İt has been also analyzed that this floor is where patients are confronted by doctors. Nevertheless, is not possible to say that this treatment floor and the living area floor are located on the same or different blocks. However, as shown in Figure 9-a, there is a safety gate and an entrance hole that passes through the area that is thought to be an interrogation room. After this transition area, the secondary treatment floor, which is sketched in Figure 9, is reached. The new patients that have not been featured in the previous scenes are a suggested reason that there is more than one living space unit/floor in the mental hospital. Perhaps patients were staying in different buildings or on different floors within the building community according to their disease types and levels, and the secondary treatment floor sketched in Figure 9 was a common treatment area.

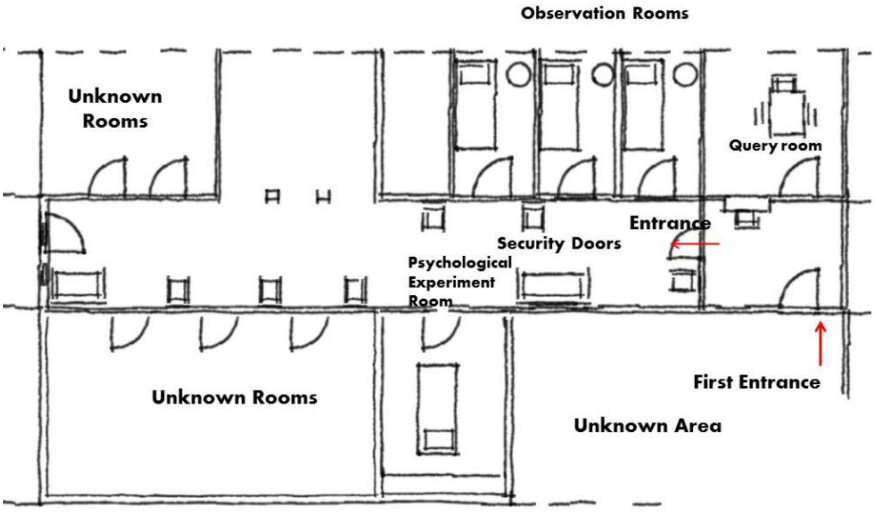


Figure 9. Secondary or Common Treatment Area.



Figure 9-a. Heavy Steel Barrier Door and Alarm (Forman, 1975).

The grid pattern used on the floor is the most important design element that stands out on this floor. The grey tones used have created a neutral perception. The dark color border is being tried to provide continuity. The absence of seating elements in sufficient amounts for the patient's waiting is also the most important lack (Figure 9-b).



Figure 9-b. Entrance Gate and Different Patients (Forman, 1975).

As shown in Figure 9-c, there is also a nature picture on this floor. However, the guarded ward gate (Figure 9-d) immediately above this positive stimulus and the other predicted wardrooms are all negative stimuli for patients.



Figure 9-c. Natural Painting on the Wall (Forman, 1975).



Figure 9-d. Ward-Isolation Door (Forman, 1975).

6. CONCLUSION AND EVALUATION

First of all, the sketch studies showed that with a movie watched, even if the audience never knows the building in which the scenes pass, it is feasible to create a draft space in his/her mind. From this point, it is possible to say that the power of the scenes to affect the subconscious feelings and thoughts against unknown structures is quite strong.

The film analysis showed that a mental hospital in the 1960s was generally designed with negative stimuli. Patients had really no private areas and the staff rooms were designed and located for their surveillance. Security and safety were tried to be solved but the techniques that were used also created negative stimuli. İn terms of wire door entrances, wire-shut windows, and wardrooms, the mental hospital was designed like a prison rather than a mental treatment building. There were no special areas for different social activities. Therefore, the scenes proved that patients needed such spaces. Even some small details seem to have failed to prevent negative situations. For instance, the building had an exterior with trees, but the interior had negative stimuli to unseen them. Also, the nature paintings on the wall were not enough to turn the nature fact to positive stimuli. Moreover, the building contained ergonomic and non-ergonomic seating; the important fact was the patients were expected to use the non-ergonomic ones.

In contrast with the negative stimuli mentioned above, the mental hospital analysis occurred that there were leastwise positive stimuli too. The swimming pool area analysis occurred that this space was designed to abide by therapeutic environmental facts. The literature examination occurred that Hydrotherapy had positive stimuli on patients.

As learned from the literature and the analysis above occur that, these kinds of mental hospitals have caused negative results instead of improving the 'mental patients'. Over time, the treatment methods that have been observed in the film have been removed. It is once again understood how important the development of this spatial organization in mental hospitals is considering the impact on emotions and healing. The designer/architect should never forget that an environment in which 'patients want to stay' rather than 'they want to escape' must be created. By designing spaces away from a prison sense, it is possible to actualize special spaces for various activities, which can provide the necessary confidentiality, partial freedom, and most importantly occur positive effects.

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