P4 Reflection

Aspect 1: The relation between Research & Design

At the beginning phase of design, the studio focuses on case studies, included study of hofje buildings and study of behavior of people on site. These selected case studies covered a wide spectrum of themes which relate closely to our design afterwards.

For instance, our research on healthcare building types taught us how care architecture are designed and used in today’s context. I can immediate pick up the advantages and disadvantages of a certain building type. The study of human behavior on site allowed us to look at site from a relative none-design perspective, which aimed at understanding diverse ways in which people adapt their life to build environment. In other words, I’d been given a chance to take a look at what happen after design and whether or not people use the design according to designer’s wish.

During research stage, I had gradually become familily with the both social and physical context of the project, such as the purpose of this project and whom it is going to serve. Research let me fully understand both opportunities and challenges in the design. At the back of my mind, my own design had already took place when I did research. Then this initial idea graduate took shape by absorbing things learned from research.

Aspect 2: The relationship between the theme of graduation lab and subject/case study chosen by the student within this framework.

The research has been done on a group basis. Case studies from both historical context and contemporary context had been selected. These case studies provided me with a rather complete overview on how care architecture has changed over time, from the way how care organizations are organized to the architectural form they use.

The historical cases, or the study on Hofjes in Dutch cities, are analyzed from a typological point of view. I looked at these historical cases more on a urban scale, and my attention was drawn especially to how they fit themselves in the urban context.

The contemporary cases, or the study on modern care homes in Belgium offered a great deal of information not only on urban level, but also on building level. These case studies are used as role models when it comes to solve design issues, such as organizing floor plan etc.

In general, These case studies had offered me a knowledge base. And made use of knowledge learned from the case study became one of the most important design tool during this graduation project.

Aspect 3: The relationship between the methodical line of approach of the graduation lab and the method chosen by the student in this frame.

Approaches introduced by my graduation lab set up a basic frame for my research and became tool I often use. Although it is very difficult to pin point exact which approach I have picked up from my graduation lab, because there are plenty of them. But I would like to emphasize two main approaches or methods I learned along the process. These two methods become the most often used tool for me today.
The first thing I learned is how to start a design project from typological point of view. Instead of starting my design on a blank sheet, it’s much more effective to study from similar building types in terms of its floor plan, façade design and construction techniques etc.

The second thing is make use of analytical/reduction drawing to unfold a project. Reduction drawing are created with selected information in order to clearly tell a specific aspect of a project. On one hand, it is a tool which I can use to clarify certain information from a complex case study. On the other hand, by making analytical drawing for my own project, it helped me stick to my concept and filter out all the unnecessary distractions.

Aspect 4: the relationship between the project and wider social context.

The way how care is provided has changed drastically in our society in recent years. Traditional care environment is no longer able to fulfill increasing demand from society. Traditional care architecture such as dementia care center or nursing homes are typically designed to serve a very specific group of people, in other word, the advantage of the care service are offered to only a very limited amount of people if compare to the entire aging population.

Aged people is actually a very broad target group. Therefore, care should be provided not only for those who need more attention from us, such as dementia patients and etc. Care service should also at the same time consider those aged people who need less care. That means, care service should be offered in various degrees. Offering different choices to people is therefore the key direction to my research and design. Based on this notion, I have come to a understanding that care architecture should provide a diverse range of living environment for aged people. Care architecture should become a place where different aged group could come together in the neighbourhood.