Reflection Report | Architecture

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Studio
Urban Culture and New Openness
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Introduction

In this report I reflect upon my gradation project ‘The Culture of Care: Designing a Medical Rehabilitation Centre in Amsterdam’. First I position the project within the framework of the studio. Then I address the research methods used to underpin the architectural design and explain my position, followed by the design result. Finally I look back and discuss if the chosen methods worked.

The Culture of Care

“In the inner city of Amsterdam we see public institutions, small cultural and social spaces and social housing gradually being replaced by shopping and leisure areas and luxury apartments. In our view, the city government should resist this tendency by supporting alternative initiatives that stimulate a more mixed use of this important area. Furthermore, we believe that care institutions could have their own specific position in the city, instead of being pushed to the periphery. Care buildings should be regarded as an essential architectural assignment in the city and give the opportunity to create a building that is both public, but also very private at some parts.”

Jurjen Zeinstra (2013)
Chair of Interiors, Buildings and Cities

This text was the starting point of my graduation project. It initiated my vision and concept development on the role of a rehabilitation centre within the inner city of Amsterdam and about the publicness of this particular institution. Thus, the focus of the project was on a renewed interpretation of medical buildings and their relationship with the city within the current debate on healthcare.

Research methods

The design assignment was part of the graduation studio ‘Urban culture and new openness’ taught within the Chair of Interiors, Buildings and Cities. The Chair of Interiors has a specific way of working, concentrating on the shared spaces of the city, in other words the public interior: ‘We believe it is necessary to understand these places and their users – their public - as broadly as possible.’ (Pimlott, 2013) Hence, three research methods were used: architectural analysis, social research and research by design. Research and design were conducted simultaneously. In the following paragraphs I will reflect upon these methods and explain how and why they were used.

1) Architectural analysis

To get familiar with the medical rehabilitation centre we analyzed three existing rehabilitation centres from various parts of the world. The focus was on the learning process rather than on the product. It was about exploring what we did not know by asking relevant questions and working empirically from observations of the building
(drawings, pictures, text) and analyses of it towards a discussion of a more general character (Hansen, 2013). At Delft University of Technology we are taught to analyze the built proposal as a study of type and form: we analyze the physical context and organizational relations. During the architectural analysis we were encouraged to look beyond these aspects by using Birgitte Louise Hansen’s five ‘ways of seeing’: the physical - a discussion on the concrete structure of space, organization - a discussion of concrete processes, social relations - a discussion on social construction, imagery - a discussion on visual rhetoric, in other words image-making, and atmosphere - a discussion of the aesthetical aspect of the human imagination.

The medical rehabilitation center appeared to be a complex typology. Analyzing the built proposal was an effective method to get insight in its complexity. Applying the five ‘ways of seeing’ gave me a surprising amount of insights. Aspects that I normally only deal with in an intuitive way became tangible. Thus this method offered a way to include less rational aspects (social relations, imagery and atmosphere) and enrich the social and cultural meaning of my design. Another result of the architectural analysis was the understanding of the diversity of this programme. There are many ways to deal with this building typology. Therefore one needs to make a statement and formulate a clear vision to make this complex typology into a strong design.

2) Social research

The social research was directed at intended user groups of the building. Designing for healthcare requires a deeper understanding of the user. Therefore, each student in the studio researched one specific patient group. I chose rheumatic patients. My choice appeared to have a huge impact on my design. Because of medical progress rheumatic patients nowadays rarely end up in a wheelchair. Therefore, they do not have to stay in the isolation of the wards; they have become more mobile and thus more independent. This trend became a starting point for my design. Instead of focusing on the clinical patients (in-patients), that stay in the clinic for a longer period of time (3 weeks up to 1 year), I studied polyclinical patients (out-patients), that come to the rehabilitation centre for day treatment or consultation, but are capable of taking care of themselves. As the needs and wishes of in-patient and out-patients are very different, I decided to research the possibility to separate them. The outcome was to design two buildings. One building could house the in-patients that need a private and intimate atmosphere to recover. The other building could house the polyclinic, together with the more public functions of the rehabilitation centre, such as the sports hall, the swimming pool, the restaurant and the auditorium; the polyclinic could have an active role in the neighborhood as a centre for sports and health. Both buildings could have their own character and typology that fit the needs and wishes of the different user groups.

3) Research by design: using references

a) Urban scale

The focus of our design studio, as explained in the introduction, was on the relationship between the rehabilitation centre and the city. The design location is situated in between a busy shopping street (Overtoom) and the most important urban park of Amsterdam (Vondelpark). To get a good understanding of how different sizes and different shapes (block, pavilions, etc.) would relate to the context, I did a series of mass studies. In addition, I placed existing buildings on the site. This provided me insight into different possibilities.
The analysis of Vondelpark showed that multiple streets connect the Overtoom with the Vondelpark. Frequently used is Kattenlaan, a pleasant sequence of spaces as shown on the images below.

1. Multiple streets connect the Overtoom with the Vondelpark
2. Kattenlaan, a sequence of pleasant spaces

3. Kattenlaan, Amsterdam

Instead of making a closed street facade, I wanted to design a building that would open up itself to the city, a new public space that would function as an entrance space. After seeing the Kattenlaan I was searching to create a similar kind of ‘sequence of spaces’ and make another connection between the Overtoom and the Vondelpark. Therefore I made a mass model of a design by Lina Bo Bardi and put this into the site model (see image below). This resulted in an interesting public space in between a conglomeration of volumes and was a very useful step in the development of my design.

3. Sesc Pompeia: an old factory renovated by Lina Bo Bardi as a cultural centre
4. A mass model of Sesc Pompeia in the site (scale 1:500)
**b) Building scale**

I continued the research by studying the possibilities of this public space on the scale of the building. I studying the historic development of both type (the hospital) and site (the inner city of Amsterdam). Historically hospitals were built around a courtyard. Willemijn Wilms Floet [2011] states that building types are often re-interpreted and adapted by new generations of builders and architects. To investigate the possibility to create continuity in the city fabric by re-interpreting the Dutch ‘hof’ I researched the courtyard typology. This was done by visiting these places in Amsterdam and through sketching multiple variations and testing them in the site.

My idea was to organize the public building (polilcinic) as a group of volumes that by positioning them in a certain way - would make a variety of outside spaces with different atmospheres. This was a difficult task. It was hard to formulate a clear architectural idea for this building. In the end, the corridor, connecting both inside and outside spaces takes a central role. Walking through the corridor there is always one side that is connected to an outside space.

For the wards (clinic) I wanted to create a private atmosphere. The outside spaces needed to be intimate and not accessible for the public. Searching for a design solution that fitted my ideas I used, next to the Amsterdam ‘hofje’, the work of Arne Jacobsen as a reference project. In his design for a school in Denmark (Escuela Munkegards) his ability to create intimacy despite the large building programme inspired me to design a comparable structure.
c) Interior scale

On the interior scale the two atmospheres of the building should become tangible. Privacy and Publicness (I will finish this paragraph before my PS)

8. Public, dynamic atmosphere (institute)  9. Private, intimate atmosphere (home)

Conclusion

The combination of the three research methods led to a broad argumentation for my design decisions. The five ways of seeing applied in the architectural analysis and studying the users perspective during the social research enriched my design. An important reflection for me as a future architect is that using references to study and visualize my ideas during the design process is an extremely useful method for me.