

# GRADUATION REFLECTION

4985214

Explore Lab

Delft University of Technology

Roel van de Pas

Freek Speksnijder

Stavros Kousoulas

# CORPOREAL

This graduation project was developed under the conditions of my corporeal problems with dissociative symptoms at the time, which at the beginning of the trajectory were left untreated. This brought up all kinds of implications that lead to a *breakdown*, which I have been trying to change into a *breakthrough* by making this project.

As a result, the research and design process went in a dissociative manner as well. There were gaps in progress, because of gaps in experiencing reality. There was a detachment from physical forms of research because I often felt too detached from reality myself. Midway of the process, I stayed at a trauma clinic for eight days to receive a direct treatment for my dissociation, something that for months has made my symptoms only worse and my research a blurred collection of conceptual ideas.

This process went anything but smooth. The “landing” into actual material grounds was probably the hardest part of the graduation. I had been comfortably floating through a very conceptual research for months, which on one hand were not very productive, but on the other hand could not have been done any differently considering the mental problems I was facing. With the help of my mentors, who were all very open-minded to overcome my personal problematic through architecture, design was kickstarted by a clear limiting of potential results, I needed at the time. That is something that, in hindsight, would’ve been more productive if had earlier.

## CLINICAL

Having a personal experience as catalyst, to address a collective problem of mental illness in the city, through the lense of clinical practices, has been made possible by the freedom Explore Lab provides in both material and virtual conditions.

My critiques on mental health practices have always been strong, though I would've never guessed to be able to directly implement those thoughts into my graduation. Ofcourse there has always been a huge amount of architectural research on clinical spaces, but those hardly also touched the grounds of what it actually means to undergo any form of psychotherapy and to be considered a clinical entity yourself.

The field of clinical psychology would argue that there is a certain level of risks to exposing the patient to such proximity to city conditions. But from my own personal perspective, and having heard the perspective of many other traumatised patients, I believe the world of psychology underestimates the capacities of mentally ill people. The things they believe make patients hazardous to themselves or others, are often products of their own practices.

## COLLECTIVE

Designing a clinic for people suffering from complex PTSD, a yet to be acknowledged diagnosis, in the middle of Rotterdam, can of course be considered a questionable premise. Though, I'd argue that the situationing of such a problematic within city conditions has already shown to be more productive for those in need of mental help, which I consider everyone.

Clinical practices claim to set themselves outside of ethics, but psychology, I believe, is an inherently ethical practice, especially when it comes down to treating people who have been traumatised by those close to them. To limit this problem to a relation between abuser and abused is deeply unethical when there are many more social and material conditions to take into question.

Defining dissociation as a collective problem both helps me step out of the individuality and seek help in the collective, and shapes the collective to a group of people with complex PTSD, or actually, anyone, by sharing the same struggle. Architecture in that sense becomes a way out, through a medicinal balancing of space, rhythms and materialisations. I hope to have given an example of how architecture can be an active therapeutic agent in the collective care of those living in urban conditions.

# DETERRITORIALISATION

To choose schizoanalysis, a radical way of rethinking creative potential, as the method of research has been quite the challenge, especially when dealing with dissociation. I have definitely not made it myself easy and it was known from the start that the full potential of such a method would not be possible when dealing with affect dysregulation.

My research was an inherently deterritorialising practice. by trying to find the common ground of the three territories I was faced with concerning my own problems with dissociation. This meant a stripping down of representation, meaning, and structures in place, to look at a process through a lense of production, flows and individuation

This research has therefore not been the most productive in terms of products, innovations or actual architecture, as traditional methods could've given more direct results. Though that would not have warranted a substantial structural change to my understanding of dissociative problems and design processes as a result. In that sense, this method overall has been therapeutic, in which productivity cannot be measured anymore in quantity or quality, but instead in a degree of individuation. Its premise was not to offer symptom relief, but a radical reprogramming of root problems.

My graduation project is therefore not just a project on architecture, but on a philosophical and theoretical exploration of the relationship between mental illness, psychology and the city. Schizoanalysis is not just a type of analysis that can be applied to architecture or any other clinical practices. It is a new way of understanding, a rethinking of productiveness through elements of personal experience.

Understanding dissociation is both a personal resolution, a clinical expression for others and a new view on architecture through the lense of a mental disorder, something that can offer a new understanding on the importance of material conditions in relation to mental illness. Ultimately, I believe psychology could really use the help of this philosophical perspective.

## RETERRITORIALISATION

This does not mean the schizoanalytical approach stops here. It has become more than an architectural perspective to apply, but a way of becoming through all fields of my corporeal, clinical, and collective endeavours. The process of deconstructing these self-imposed limitations of scientific fields is ongoing, because everyday I am still reminded how we are all conditioned to not think in this transdisciplinary way.

The future of this project will be filled with production.

Production,

Production,

Production.

On a short term, towards my P5, it is a production of all the facets to my research and design that have a priority. Though, it is a kind of production that asks for a constant reactivity to the breaks and cuts provided by my dissociated conditions. It therefore does not at all matter what is produced, but how I have ridden the waves of its process.

Research doesn't stop here either. The texts I have developed of the thesis will become an inherent part of the actual project, because I try to draw no limit lines between what I write, sketch, analyse, or design. The aim is to produce a work of production, a work that is an assemblage of flows, that in itself can be read through actively taking apart its elements.

For the future after P5, I think the process will never stop. Doing this graduation project has been therapeutic in many ways through the help of mentors, but also through my own new corporeal understandings. Therapy is not over, but a life long process of doing what is nurturing.