

P4 Reflection

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Introduction

In this reflection I will reflect upon the research and design that I performed for my graduation. In order to do so I will discuss the four aspects described in the graduation manual.

1. The relationship between research and design

For my graduation studio I am redesigning an existing rehabilitation centre in Rotterdam. The definition of rehabilitation is "to restore the good or useful life of a patient as through therapy and education". An important part of the rehabilitation is to make the patient an active member of society again. During the rehabilitation, patients lose their independency as a result of their injury. The loss of independency is the highest during the clinical phase of the rehabilitation because that is the moment when the patient needs the most care. During this phase the patient is treated in a safe environment (the clinic). These clinics are regularly closed off from the outside world in order to guarantee the safety of the patient.

Although the clinic provides a safe place for the patient, It also prevents the patient from interacting with public life. As a result patients often become socially segregated from society during their rehabilitation. This counter effects the aim of the rehabilitation; making the patient become part of society again. A way of solving this issue of social segregation might be to enhance social interaction between the patient and the public during the rehabilitation. Because the patients are most of the time not capable of leaving the clinic, it is important to get the public life inside, instead of the patient outside, the clinic.

A building is more than just a building. A building is a place where people come together to meet each other. A building provides a place for social interaction. The relation between architecture and social interaction is therefore important for the research of my graduation design. When architecture is able to enhance the social interaction between patients and the public life, the goal of rehabilitation (making the patient part of society again) could benefit from this. From this point of view I started to research the different possibilities of enhancing the social interaction inside the clinic. The outcome of the research is used to design the clinic in such a way that the patients and the public can socially interact with each other. In the design this is achieved by making a part of the program publically accessible.

2. The relationship between the theme of the studio and the subject/case study chosen by the student within this framework (location/object)

The theme of the studio is to design a rehabilitation clinic in the city center of Rotterdam. The design should blur the borders between the city and the clinic. Social interaction with the public is an important goal to achieve this. In order to enhance more social interaction between the patients and the public life outside the clinic, I researched the possibilities for using a part of the clinics program to be used both by patients and the public. After analyzing different clinics throughout the Netherlands I concluded that sports activities that are part of the program of rehabilitation clinics, can be used collectively when designed in the 'right' way. With 'right', I mean that the collective use does not interfere with the daily routine of the clinic. The clinic should benefit from the collective use so that the patients can socially interact with the public while observing or participating in sports activities. For my design this means that the public should be able to make use of the sports program without interfering with the safety precautions of the clinic. To achieve this, I had to organize the program of the building carefully. While the inpatients (the group of patients that need to be 'protected') have access to 'all' the activities in the building, the public can only access the collective spaces.

In order to understand how the sports program works in rehabilitation clinics I did some case study research, performed during the research seminar that is part of the graduation. This research helped me to design the sports activities inside the building in such a way that collective use can be achieved. For the design of the sports program I specifically focused on two aspects; participation and observation. While participation in sports seems like the most important aspect, the research showed me that this is not entirely true. A lot of patients cannot or cannot yet participate in sports but still want to observe the people who can. People like to watch sport games, this is not different within a clinic. The research showed that the patients can actually benefit from observing other people performing sports. Although they might not be capable of performing sports themselves (yet), they can see possibilities for their future.

During the beginning of the graduation year I designed the building simultaneously while doing the research. When I finished the research during the end of the first semester, I adapted my design because the research showed me that some of the design decisions were not valid anymore. The conclusions of the research created a new set of rules for my design in order to reach the earlier described goal: enhancing the social interaction between the patients and the public, in my case by using the sports program as the key element.

3. The relationship between the methodical line of approach of the studio and the method chosen by the student in this framework

The graduation chair Interiors, Buildings and Cities focuses on the interaction between the different scales in architecture during the design process. The relation between the program, the building and the city is therefore important. From my perspective the architecture of a building cannot be defined within one episteme. During the design process different scales ask for different approaches. Throughout the design process it is important not to lose the goal of the design. In my case the goal was enhancing the social interaction by making use of the sports program. At the start of the design process I analyzed the existing rehabilitation clinic on the location to find out what causes the social segregation of the patients. By doing this I determined what kind of architectural solutions might solve this.

In today's healthcare, the perspective on health is changing. In a diversity of case studies, I have seen that the treatment of patients shifts from individual therapy to group therapy. The aim of this is to enhance more social interaction between patients during the therapy. This shift in healthcare asks for a reinterpretation of the architectural program and especially the use of this program by the users. Mixing functions and collective use of the program is part of this. For the redesign of this clinic the program of the building needs to be reinterpreted so it can be used according to the demands of today's and future healthcare. This can be achieved by performing research as part of the episteme of praxeology. The research is done by making analytical diagrams of the different human actions in specific public spaces (like a sports center, gym, canteen and swimming pool) inside existing rehabilitation clinics throughout the Netherlands. I have used the outcome of this research to rearrange the program of the clinic to the demands of today's healthcare.

In order to enhance social interaction inside the clinic between patients and the public, it is important to actually get the public inside the clinic. This cannot only be achieved by focusing on the program of the clinic. The context of the building needs to be investigated to understand how the building acts in its context. The location of the existing rehabilitation centre will be used for the redesign. In this case the location is in the city centre of Rotterdam, on the borders of the Museum Park. To get the public life inside the clinic it is important to investigate how the building will work in the context. The architecture of the building will influence society and vis-à-vis. In and around the Museum Park there are a lot of public buildings. All of these buildings reflect the society in the time

they were built. As Aldo Rossi states: "The form of the city is always the form of a particular time of the city." The architecture of the new clinic should be placed in the current time to interact with society. By the study of plans and sections from a number of rehabilitation clinics around the world that were built in different decades, the interaction between the architecture of these buildings with society can be found. The goal of my research is to find out how the new clinic should represent itself in time and space in order to interact with today's society so it attracts the public.

Apart from studying the building typology it is as important to understand the morphology of the design location. After the bombardment, the city of Rotterdam lost most of its historical layers. Museum Park is one of the few remaining places where these historical layers are still visible. When the existing rehabilitation clinic was built in 1994, the historical layers on site were hidden. This is in contrast with the theory of Muratori who claims that cities are as organisms. Their shape is not only a spatial phenomenon, but is composed out of a plurality of historical layers. When redesigning the clinic and its context, there is the possibility to reveal these historical layers again by analyzing plans and sections from the development of the area. The clinic with its context can then become part of the Museum Park and - even more important - part of the city. Right now the Museum Park attracts a lot of people because it shows the history of the city. When the location of the rehabilitation clinic becomes part of the Museum Park it could attract more people than it does right now.

The park and the city are currently separated from each other by the clinic but will be connected in my design. This does not only affect the way the clinic interacts with the park and the city, but also how the park is more connected with the city and therefore becomes more accessible to the public. This however stretches the design from the scale of the building to the scale of the park and the city. Although the design of the building itself enhances the social interaction, it is important to design the surroundings of the building as well. In order to do this, additional research needs to be done to understand what the urban intervention for the design of the surroundings means for the connection between the park and the city. However, due to time limitations, this is not entirely part of the current design.

4. The relationship between the project and the wider social context

The rehabilitation clinic as it is right now in Rotterdam acts as an autonomous building in its surrounding, in which it does not connect to the city. Social interaction between the patients inside the clinic and the public life outside the clinic barely happens. In the program of the existing rehabilitation clinic the treatment of patients is mainly done individually. Therefore the social interaction between patients within the clinic during the treatment is minimal. In some clinics patients perform activities, as part of their treatment, together with people from outside the clinic. The individual treatment of the existing rehabilitation clinic doesn't allow any social interaction between patients and public from outside the clinic. This is in contrast with the goal of rehabilitation; making the patient become part of society again by letting them interact with the public.

When architecture can enhance the social interaction between patients and the public life, the goal of rehabilitation could benefit from this. The research in the research seminar showed me that the sports program can be used as the main element of the design in order to enhance the social interaction. The collective program inside the clinic could then blur the borders between the city and the clinic.

For my design I found out that in order to interact with society not only the program within the clinic needed to be more publicly accessible, but also the way how the building intervenes with its context.

The main achievement of my design is that the clinic doesn't act as an autonomous object anymore as it does in the current state. The clinic that I designed interacts with the city and the public instead of avoiding any contact. The clinic as part of the city, as part of society!