

Graduation Plan

Master of Science Architecture, Urbanism & Building Sciences

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Graduation Plan: All tracks

Submit your Graduation Plan to the Board of Examiners (Examencommissie-BK@tudelft.nl), Mentors and Delegate of the Board of Examiners one week before P2 at the latest.

The graduation plan consists of at least the following data/segments:

Personal information		
Name	xxx	
Student number	4985214	

Studio		
Name / Theme	Explore Lab	
Main mentor	Roel van de Pas	Architecture
Second mentor	Freek Speksnijder	Building Technology
Argumentation of choice of the studio	Since the writing of a Theory Thesis during MSc 2, I developed an interest in contemporary ruins, those that seem to differ from classical or romantic ruins in the sense that they provoke less a sense of history and instead a haunting of future potentials. This peculiar phenomenon comes down to an <u>affect</u> dysregulation in relation to <u>memory</u> , stored in architecture. Both these themes I wanted to radically review on a theoretical/philosophical level, which brought me to Explore Lab.	

Graduation project	
Title of the graduation project	The Corporeal, the Clinical, the Collective
Goal	
Location:	City Centre of Rotterdam

The posed problem,	This graduation project aims to problematise complex trauma on the level of the corporeal, clinical, and collective, by critically operating the affects of dissociated (or traumatypical) structures (i.e. contemporary ruins). Affect dysregulation, through the structures of repressed memory in architecture, is researched to find out how spatial conditions can support the processing of complex trauma. These three levels, or territories, will all be defined according to my personal experience: the corporeal is my body; the clinical is my trajectory through mental health care; the collective is my current urban surroundings: Weert and Rotterdam. The personal will offer limitations to guide the research, but will be applied to ultimately create a collective understanding.
research questions and	<ol style="list-style-type: none"> 1. How to break through dominant assumptions of the three territories in relation to trauma, i.e. how to (de-/re-)diagnose? 2. How to recognize the systemic nature of this diagnosis, i.e. how can the symptoms be described? 3. How to transform the memory-affect relation to one that is free from repression, i.e. how can territories become therapeutic? 4. How can spatial conditions support the process of healing, i.e. how can architecture, as pharmakon, become medicine?
design assignment in which these result.	An urban clinic for C-PTSD
<p>The design assignment will be a mental health clinic for people who suffer from 'complex posttraumatic stress disorder', that does not merely consider the therapeutic effects of architecture, but also aims to problematise the position of mental health architecture in the urban context.</p> <p>The building, that will be located in the city centre of Rotterdam, will offer treatments to a broad spectrum of c-ptsd severities that will not be a closed institution, but an open encounter between urban dynamics and the patients, primarily through affective practices.</p> <p>By rejecting the institutionalised understanding of mental health and instead reformulating complex trauma on the three levels of the individual (the corporeal), health care facilities (the clinical), and the city (the collective), this project tries to develop a building for clinical practices that are based on a materialist understanding of psychology and psychiatry and therefore benefits from the urban milieu.</p>	

Process

Method description

For this research I will apply schizoanalysis, a method that is anti-methodological compared to transcendental syntheses in psychoanalysis, developed by Deleuze and Guattari in their collaborative work *Anti-Oedipus*. Schizoanalysis works by deterritorialising and reterritorialising desire to offer a radically creative understanding of productive nature of various régimes, such as the individual, the economy and psychological institutions. This will be done according to schizocartography, a diagrammatic dissection of territories into flows, affects and machinic systems. Critical discourse analysis through literary research will be done to build on the schizoanalysis.

For design purposes, the three territories of the corporeal, clinical, and collective will be psychogeographically mapped to structure a scheme for spatial interventions. I aim to further develop these mappings into illustrative architectural drawings that communicate both technical aspects and the problematisation of trauma in general through expressive drawing styles.

Literature and general practical preference

Most literary research will be done on the themes memory, affect, trauma, schizoanalysis, ecologies, and time. Some of the key literature references for this are:

Al-Saji, A. (2004). The memory of another past: Bergson, Deleuze and a new theory of time. *Continental Philosophy Review*, 37(2), 203–239. <https://doi.org/10.1007/s11007-005-5560-5>

Bégout, B. (2018, March 30). Ruins in reverse. Retrieved 18 March 2020, from <https://www.switchonpaper.com/wpcontent/uploads/2018/03/Ruins-in-reverse.pdf>

Combes, M. (2013). On being and the status of the one: From the relativity of the real to the reality of relation. In T. LaMarre (Trans.), *Gilbert Simondon and the philosophy of the transindividual* (pp. 1–24). essay, MIT Press.

Darden, D. (1993). *Condemned building: an architect's pre-text*. Princeton Architectural Press.

Deleuze, G., & Guattari F. (1983). *Anti-Oedipus: Capitalism and schizophrenia*. University of Minnesota Press.

Guattari, F. (2009). The schizoanalyses. In Lotringer Sylvère (Ed.), C. Wiener & E. Wittman (Trans.), *Soft subversions: texts and interviews 1977-1985* (pp. 204–228). Los Angeles, CA: Semiotext(e).

Hansen, M. B. N. (2017). Bernard Stiegler, philosopher of desire? *Boundary 2*, 44(1), 167–190. <https://doi.org/10.1215/01903659-3725929>

Kwinter, S. (1996). FFE: Mourning the future. *ANY: Architecture New York. Memory Inc.: RETURN OF REPRESSED ARCHITECTURAL MEMORY*, 15, 62. <https://www.jstor.org/stable/41852177>.

Smith, C. L. (2019). *Bare architecture: a schizoanalysis*. Bloomsbury.

Smith, D. W. (2011). Critical, clinical. In C. J. Stivale (Ed.), *Gilles Deleuze: key concepts* (2nd ed., pp. 204–215). essay, Acumen.

Stiegler, B. (2010). Memory. *Critical Terms for Media Studies*, 64–87. https://warwick.ac.uk/fac/arts/english/currentstudents/undergraduate/modules/literaturetheoryandtime/ltt._stieglermemory.pdf.

Stiegler, B. (2018). The anthropocene and neganthropology. In D. Ross (Ed.), *The Neganthropocene* (pp. 34–50). essay, Open Humanities Press.

van der Kolk, B. A. (2015). *The Body Keeps the Score: brain, mind, and body in the healing of trauma*. Penguin Books.

Voss, D. (2013). Deleuze's Third Synthesis of Time. *Deleuze Studies*, 7(2), 194–216. <https://doi.org/10.3366/dls.2013.0102>

General practical experiences/precedents I will consult are:

- the completed Honours Programme project at Borders & Territories called “Mapping the Walks that Changed the Course of History”, which offered an understanding of mapping and theory on walked affect.
- my personal experience with the psychiatric institutions and therapies to critically operate their architectures, including an 8-day admission to a trauma clinic in June 2021.
- learned theory and philosophy from the ‘Theory Thesis’ and ‘Architecture & Philosophy’ courses.
- visits to contemporary ruins and other structures of my interest related to this project.

Reflection

1. What is the relation between your graduation (project) topic, the studio topic (if applicable), your master track (A,U,BT,LA,MBE), and your master programme (MSc AUBS)?

In my graduation project, I see the possibilities for architecture to be a healing agent in the treatment of complex trauma patients. A radical view on trauma that is not limited by institutionalised understandings, but instead becomes materialist, is a trans-disciplinary subject that requires a freely interpretable environment for research, hence the positioning in the Explore Lab Studio.

As this studio offers the ability to set self chosen boundaries, this research can become situated in the personal, but will as well stimulate the development to collective understandings that can add to the potentials of architecture and the built environment in general in the face of mental health care.

2. What is the relevance of your graduation work in the larger social, professional and scientific framework.

A resingularised understanding of complex trauma that is explored through unfolded urban clinics will contribute to the destigmatisation of mental health in general and offers new therapeutic conditions through architecture for psychology and psychiatry.