REFLECTION P4

Reflection upon research and design being performed in the framework of the graduation studio Interior, Buildings and Cities

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Interior graduation studio: Urban culture and new openness spring 2013
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December 6, 2013
GENERAL INFORMATION

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Title project: From intimate space to public sphere

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This report reflects upon the design process of my graduation project ‘The Culture of Care’ within the studio Interiors, Buildings and Cities. This graduation project is concerning the re-design of a physical rehabilitation centre in the city centre of Amsterdam, situated at the Overtoom and close to the Vondelpark.

STUDIO THEME

The chair Interiors Buildings & Cities focuses on design problems related to ‘Public Interiors’. This implies working on different scales of the city, outside and inside. It is about Public Interiors where people meet and interact as individuals and as a public. The question is how a public institution is related to the urban context. The theme of this graduation project (The Culture of Care) is interesting, especially when it comes to rehabilitation centres: rehabilitation is balancing between the public and the private domain, between being secluded from society and being part of society.

During my curriculum architecture I discovered that for me architecture is about the transition between the public and private domain, about the concatenation of spaces. Consequently my choice for this graduation project and this design Studio was rapidly made.

Because of the given urban context, this building can contribute to the re-integration of people with disabilities during the rehabilitation process, and it encourages the participation and autonomy of the rehabilitant through social interaction with the public life. An important question during the design process was: how to stimulate the social interaction between rehabilitants and the public without losing the privacy and protection rehabilitants require?

I have designed a spiral-shaped building in which the gradation from intimate space to the public domain is the key in the design project. The building mass encompasses two courtyards with a different character. While entering the building, people will pass the public court surrounded by public functions like the restaurant, the swimming pool and the fitness room. The patient rooms and therapy rooms can be found around the adjacent private court. The difference between community and privacy are being implemented in the different interior spaces of this building.

CARE CONCEPT AND PROGRAM

A rehabilitation centre is a complex building with very different types of users. Understanding this complicated program is key during the design of a rehabilitation centre, in order to be able to respond to the different needs of, rehabilitants, doctors, therapists, nurses, managers etc. In addition the layout of the building will have to reflect the relationship between this program and care concept.

My research has clearly shown that over the last decades the care concept of rehabilitation is subject to change. Consequently the current rehabilitation centres in the Netherlands are no longer in line with the latest care concept. In order to create the fundamental ideas for his graduation project, we researched the relationship between today’s care concept and the spatial arrangement of rehabilitation centres. Next to this research, which investigated the entire social and spatial arrangement of rehabilitation centres, I also conducted a patient research focusing on the various needs and wishes of different groups of rehabilitants.

For each rehabilitant the process is unique, however the goal is the same for everybody: independence, participation and working towards a new role in society.

The process of reintegration is a step-by-step process. During the first phase the
rehabilitant is still very vulnerable, but gradually he will be encouraged to get in contact with the outer world.

Contemporary care is focusing on the patient and multidisciplinary teams are being compiled in order to determine and aim for the rehabilitants goals. This change in the care concept is not yet visible in arrangement and spatial organisation of today’s rehabilitation centres. Most buildings are still being based on the care concept of medical professionalism and focusing on therapy. This is in contrast with the new concept of multidisciplinary teams, the fading boundaries between disciplines and the need for multifunctional spaces.

I did not design the building from a functional point of view, rather than from a variation in spaces (open – secluded / intimate – public / small – big). The building has become flexible in terms of usage, but at the same time copes with the various needs and wishes of its users. This also fully complies with the process of reintegration of the rehabilitant: the road back into society is clearly mapped and routed in the building. Hence the title of my project: ‘From intimate space to public sphere’.

**RESEARCH AND DESIGN**

Research and design are inseparably intertwined. During the first semester of the graduation project, we were running the research and design concurrently. Research is being needed in order to generate fundamental ideas for the design. Vice versa during the design process new questions will arise which need to be researched. To me this interaction is essential and it facilitates me in achieving a well-balanced design proposal.

A building is being designed for its users, their social interaction and their specific needs. Therefore it is very important for an architect to research and understand the users and the principal of the rehabilitation centre.

Besides researching literature, I interviewed many different users of various rehabilitation centres in the Netherlands: physiotherapists, an occupational therapist, the head of a nursing department, staff officers, a cluster manager ‘outpatient rehabilitation children’, the head of Facility Services and a building coordinator. Furthermore, I used plans and charts in order to get a clear idea about the organisation of rehabilitation centres in the Netherlands.

More than anything else, the interviews have been directing my fundamental ideas for my design vision. The interviewing has been a very personal methodology of researching. It makes the architect getting much closer to the user. This has enabled me to better understand this specific user group with physical disabilities.

**STUDIO METHOD**

During the first semester of this graduation project our curriculum was being offered with various elements concurrently: field research, visiting and analysing several rehabilitation centres and architectural theory being combined with designing. During the second semester the preliminary design was further elaborated and we went more in detail on climate design and structure.

The various design scales of our studio, Interiors, buildings and Cities, are being worked on in every phase of the design process. In my view working on different architectural scales enriches and reinforces the final design. Looking back and forth constantly during the design process, will make the design an integrated
architectural whole with the design concept being implemented in all scales, from the start of the urban fitting and adaptation until the detailing and materialisation.

RELEVANCE

This graduation project aims at getting deep insight in the new, future role of rehabilitation centres in society. During the last decades rehabilitation centres were allocated out of town, isolated from society. Because of the societal role of rehabilitation centres and the change in the cure and care concept, healthcare providers nowadays more and more prefer an urban context. Often rehabilitation centres, even when positioned within an urban context, are still stand alone worlds, not very inviting towards the urban world around. The relevance of my design project is to be found in creating a stronger relationship between a care institute and the city around. My design aims at making the transition from public space to private space less radical, less abrupt and more gradual, more soft and more inviting.

The evolution of health care buildings and architecture went hand in hand with the changing care concept. Until the end of the twentieth century health care buildings were designed to accommodate a specific vision. This direct tuning in of function and type of building, caused a relatively short lifespan of those buildings, functioning as they were meant to function. Consequently these health care buildings were either constantly under reconstruction, extension or they were being torn down. Finally my graduation project is also trying to respond to the quest for a more sustainable design scheme, in order to stretch the lifespan of health care buildings and making them less dependent on a specific care concept.