This reflection will discuss the argumentation of proceeding research and address the choice methods of my research and design project. Furthermore, the relationship between the research and design will be addressed. Finally, some conclusions of research and design project will be drawn.

**Studio theme & Research approach**

The object of the research in Interior studio might be described by the term ‘public interior’. "For us ‘public interior’ incorporates the totality of spaces in which civil society operates, including environments, both inside and outside buildings, which are used for by the public, either individually or collectively, for entertainment, culture, education, leisure, commerce or care.”

The graduation project is about designing a rehabilitation center in Rotterdam. The site is in the city center of Rotterdam, located on Westsingel, adjacent to the Museum Park. According to the current situation, the group decided to remain the pump station obligatorily and the primary school optionally after discussion. There is a 3.6-meter height difference between the two sides of the site, which are Westsingel and Museum Park. The challenge for me on urban scale is to design an activated connection between the two public spheres. The rehabilitation center consists of the inpatient accommodation, inpatient and outpatient treatment departments, staff offices, a gym and a swimming pool.

Before design I did carefully analysis on the REHAB Basel designed by Herzog & de Meuron, in the Analysis workshop AR3AI040. By studying the REHAB Basel, I became familiar with the character and complexity of rehabilitation centers preparing for my work in the Design Studio. I also developed analytical skills which I used for the analysis of my own design later on. The workshop had an experimental nature. The objective of the workshop was to observe, describe, analyze and discuss aspects of the built environment.

**Studio framework & Project’s research and design methods**

The graduation studio of Interior consisted of three parts. First, we investigated and analyzed the architecture of existing medical rehabilitation centers from different parts of the world. The three examples not only showed a variety in architectural interpretation of rehabilitation, but also illustrated the cultural variety in ideas and opinions regarding care and treatment. Second, we investigated the experiences of the various users of the Rijndam building and some other rehabilitation centers in the Netherlands, mainly by interviews and observations. And finally they conducted research by design: investigating both the urban conditions of the site and the architectural potential of the building program.

According to the studio framework, we came up with our own research and design method. As mentioned above, the research of the project started from filed trip, where we aware of the fundamental influence of infrastructure on the surroundings. After that, we proposed our research theme, which is Infrastructure and Transformation. Following with
four different angles’ individual research and study, we concluded common statements, which leads to our urban strategies. In the end, the urban strategy triggered two different versions of urban scenarios.

**Research to Design**
My goal is to design a building that really belongs to disabled people, not a building with accessorial barrier-free facilities. I try to create an interior space that allows the patients as much autonomy as possible. In this building, patients will feel equal treatment, not only sympathy and custody. Abled people are encouraged to understand the emotions and experience of disability.
To explore the real needs of disabled people, I did research of diverse methods and found that just like empathy is needed much more than sympathy for disabled people, ramp system is more helpful for the healing emotionally and physically. The process of research inspires me a lot on the design of the project of Rijndam clinic. The special research method I used is called “self-participance”. In the research I became a wheelchair user myself experiencing different space and observing people from a disabled point of view.

**Design conclusion**
To explore the real needs of disabled people, I did research of diverse methods and found that ramp system is more helpful for the healing emotionally and physically. The process of research inspires me a lot on the design of the project of Rijndam clinic. I designed a new circulation system that is different from the combination of elevator and stairs. Height differences around 1 meter are designed between accommodation units that connect by ramps. As the main vertical connection, ramps connect all the public living rooms and public functions from bottom to top. Elevators as accessorial facilities are also exit but minimized. So in this way wheelchair
users could travel freely inside. The integrated design with ramp system offers patients feelings of social equality, opportunities to communicate and diverse choices. There are places where one can retreat to be alone while others enjoy company. People “walk” together on the ramps as in normal buildings, no such embarrassment of facing each other with no word in elevators. Probably, there are also other solutions; further researches need to be done in my future study.