Loes ten Voorde
1512730
Architecture of the Interior
MSc 4 Graduation studio AR3AI045
Tutors: Eireen Schreurs, Mechthild Stuhlmacher
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Introduction

This reflection report will describe the relation between research and design in the case of the graduation project for the Healthcare studio. The studio is part of the chair Architecture of the Interior with their specific approach of the design task. This gives the student a variety of guidelines in terms of methods and approach. Research is a key element in the design process and it is highlighted within the studio and within the research seminar focusing on the user group, supervised by Irene Cieraad who is a cultural anthropologist.

The relationship between the theme of the studio and the subject/case study chosen by the student within this framework

The studio Care Campus Rotterdam emphasizes the importance of the design tasks for architects when it comes to healthcare architecture. The user group and location for the project can be determined by the students. This is where the research starts, choosing a user group in need of a specific type of care and an optimal location to provide for this care. The location can be chosen from several location in Rotterdam, with a difference in level of urbanity. The care facility can be a facility focusing on assisting people during the day or a more permanent or specialized center where people live for a certain period of time.

This describes the first important choices that had to made, with an extensive research about the different types of care facilities, their users and their specific needs. In this project I wanted to focus on the influence that architecture has on people, specifically in the field of healthcare and for instance the healing environment. In this case I chose to design a rehabilitation clinic, with a main focus on spinal cord patients. It is a very vulnerable user group, in an important and very challenging stage in their lives. The goal of rehabilitation is not to cure people, but to make them as independent as possible to be able to live their lives. The clinics are specialized in this supporting type of care and therapy, for inpatients and outpatients. The spinal cord patients have a rehabilitation process as an inpatient varying from 3 to 12 months, during this time they live in the clinic. With this given, the building is their home and treatment center in the same time. One of the most interesting and challenging aspects within the process of researching and designing a rehabilitation clinic is the border between privacy and publicness. On the one hand the rehabilitation process is a very personal and vulnerable process, but on the other hand the goal is to prepare people to be independent in society again. The need for privacy of the patient and the privacy possible within the best course of treatment could be conflicting. There are different opinions about situating a rehabilitation clinic. As with a lot of other healthcare institutions it is a dilemma if a rehabilitation clinic should be out of the city within
nature, or in the city within society. In this case a position needs to be taken, because of the existing opposing opinions. The design location is a decision defining the direction of the graduation project. Five locations where suggested as a possible design location, varying from several very urban locations in the center of Rotterdam, to rural locations close to Delft or Laren. The locations where analyzed with groups in the design studio. The locations within the city center of Rotterdam where chosen unanimously over the rural locations. The position of a healthcare building within the city center of Rotterdam is not an odd move, but it is a position that needs to be taken very consciously, because it divines the relation between the healthcare institute and society with a very small transition area.

The site I chose is situated at the Baan in Rotterdam. It is a very urban location, but with its history as an it has a very specific relation with the surroundings. Although it is situated between key elements of the city center of Rotterdam, it has a certain sheltered atmosphere.1

The relation between research and design

The extensive research focused on the users of a rehabilitation clinic is executed with several research methods. A big part of information is obtained through interviews with patients a doctor and a facility manager. Through literature and analyzing reference projects the program was clarified, but especially the interviews and visits to clinics made the overall ideas very clear. One specific assignments from the studio was surprisingly inspiring; making a short movie to show the user group you are designing for. A research method that challenges to think different then an architect, to think from a filmmakers perspective.

interaction especially between the spinal cord injured people. The interaction between two more or less similar persons in different phases of their rehab process is very very

The question asked before about the border between privacy and publicness came to the surface in many different ways, but was always present. The need for privacy is very present for the patients, but the recognition that a rehabilitation clinic is still a healthcare institute, where there are treatments to improve their lives is also taken into account. The social privacy takes a more important role, again this can be placed within the frame of the importance of meeting. Instead of only focusing on the very private spaces in the design, the research pointed out it is very important to design the meeting places within the clinic and the surroundings. The relation with the outside is emphasized and for this topic the gardens and nature surrounding the facilities is highlighted as of great importance. Including

1 Galema, Wijnand
2011 Baankwartier cultuurhistorische verkenning, Rotterdam

2 Interview Dorien Spijkerman, Revalidatie Arts Rijndam
the public within the clinic is not a possibility without borders, there should be choice for the inpatients to be more private within the clinic.

All the outcomes of the research have led to the main focus used for the design, being the topic of meeting / encounter on all different levels. Providing the choice for people for places where they meet and including the normal life in the clinics set up. On the level of composing the program where the organization of functions determines the different user patterns in the clinic to encounter it made very clear there is a central core in the building where meeting and seeing each other is the most important element. Further the meeting places are divided through the building in different scales of privacy, but always with the specific transition between inside and outside. This transition is emphasized with different construction systems and finishes of the walls and ceiling. The main theme which is taken from the research, the importance of meetings between people, is used on different scale levels in the design. The actual meeting of user groups and parts of the program is achieved with the lay-out of the building. But also the connection with nature in and around the building, which is stressed as an essential element during the rehabilitation process, is taken into account in these meeting places. The encountering of different material and different construction systems, is always situated at keypoints in the design, where there are different levels of privacy are provided. The different kinds of atmospheres laid out within the building, give patients, visitors and other users a possibility to choose. The freedom to make your own decisions is an important part of feeling (more) independent again.

weekend at home. I make broodjes with two hands, I garden, I dance in the party, I make everything, I laughed, I go up and everything. And I am better with my hand. My brain remembers I have this hand. I hope next week I go home and my brain remembers I have this leg. Because, I don’t have the pressure for doing well. No, I do normally, you know. We need normal in our lives for being normal. Because here we are not normal.  

To place the care facility within the urban context, the historical research on the Baankwartier by Wijnand Galema was very useful. The history of Rotterdam is marked with the bombardment of the city in the Second World War. The so called burning line of this tragic event is situated directly at the Baan. This makes the current architectural situation at the Baan one with a great example of a variety of post war architecture. The expedition Hof (court) was never completed as it was designed, which creates a unique situation within the city center of Rotterdam. The specific mix of style in architecture and the small grain at the Baan, is very particular. This has an influence on the choice of the exact site of the health clinic.

Because the project could be defined by the students, within the border of healthcare architecture, the research was very broad and variable in the beginning. By specifying the type of clinic and location, the research got really specific and deeper. The user orientated research was the best starting point and guiding line, because it becomes very personal once you design for such a specific user group. The research for Irene Cieraad, even became very medical, where program an organization became almost leading in the project. This was necessary to dive into the user group, but a consequence was the lack of language became very much on these aspects of the

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3 Interview Manuela, stroke revalidant Rijndam (film)
design and also the technical part of the design, the attention switched so much, that the user disappeared out of sight. I still think this approach worked very well, but maybe it should be the intention to mix these two faces of the project and research more, so the interaction between these different types of research is better.

The relation between the approach of the studio and the chosen research methods

The architecture of the interior studio focusses on the public interior; those interior spaces whose scale, complexity, positions and uses within the extended urban environment render them part of the public realm. The focus is not only on creating beautiful, public spaces, but is also very user orientated. This includes the social and anthropological research that is done as a support for the studio. The research methods are free to choose, but fit in the user orientated vision. contextual conditions, and historical and social meanings in detail. It will study users, their needs, desires and behavior.

The healthcare studio is aiming for a healthcare architecture where the focus is on non-hospitalized healthcare institutions. In these institutions care is very present, but there is also the question of publicness and privacy for the users. Within the urban setting on the Baan in Rotterdam the connection with the neighborhood and the city is a key point in the design. The most important conclusion taken from the research about the users of a rehabilitation clinic is the importance of different types of meeting people and social contact. The motivation for a lot of rehabilitants is improved by contact with others. These be rehabilitants, staff, visitors and outpatients. But also more public facilities can create an opportunity for rehabilitants to meet people from the surrounding neighborhood. Why exclude them from society during the rehabilitation process, when the goal of rehabilitation is to make people as independent as possible within society. During the graduation project I focused on encountering in many different ways, different levels and different areas. The meeting point of the users in the clinic and the city, the meeting between inside and outside, the relation and encounter moments between users in the rehabilitation clinic, the meeting between different construction types and different use of materials. The theme can be seen from urban scale until detail level. The different levels, scales and fields the research touches upon, responds to the approach of the studio. The course will consider spatial qualities, contextual conditions, and historical and social meanings in detail.

The relation between the project and the wider social context

The topic of a care facility in the city center definitely has influences on the wider social context. As mentioned before, there are different opinions about where to locate rehabilitation clinics. In the city within society or in the rural, natural area further away from cities. This does not only count for rehabilitation clinics, but many non-hospitalized care institutions. The
questions can be raised if putting health clinics outside of the city is only for the benefit of the patients, or if the minority groups are also not so accepted within society thus within the city. This is mainly the case with psychological clinics or rehabilitation clinics for drug or alcohol addicts. The healthcare studio investigates the situation of healthcare institutions of different kinds, within the city center of Rotterdam.

feel the wind, I luister the birds, the bomen, the water. I like it so much, so much, so much is where I feel me well and I don’t have the sounds of the sadness. 

It was a choice to include the rehabilitants in the city, but as obtained from the research, they also do need a lot of rest and privacy during the rehabilitation process. One element very important in the process of becoming more independent again, is the freedom of choice. People should be able to choose for themselves in what way or on what level they want to be included in society. To provide in this need for choosing their own way, there have to be several levels of intimacy and publicness within the rehabilitation clinic and its surroundings.

The other way around, a rehabilitation clinic is a very big institute where several bigger facilities like a swimming pool and a gym are needed for the treatments. These facilities are big investments and they are used mainly during the day, but in the evening they can provide space for the residents of the neighborhood. Also the school situated on the square next to the Baan is a good potential user. The benefit works both ways, the neighborhood has good facilities, and the rehabilitants are automatically included in this meeting point for the neighborhood, so they can be part of society and daily life.

The focus on meetings on the level of patients, the level of inside/ outside, the level of materials and the level of construction systems is implemented within the design. This implantation is not possible without taking extra care of the transitions between all the different levels of intimacy and privacy.

4 Interview Manuela, stroke revalidant Rijndam (film)