Reflection P4

Ruizhi CAO 4188489

Interior Graduation studio

The theme of Interior graduation studio this year is urban culture and new openness. Our assignment is to design a rehabilitation center in Rotterdam. To cooperate with this design project we also did some research related to our own design. My research topic is “A study on the in-between spaces in collective housing”.

1. Why do I choose this research topic?

The rehabilitation project this year is a rehabilitation center located between Westersingel and Museum Park in Rotterdam. The target people of this project are spine injury & neuro patients, amputation patients, chronical pain patients and children. Normally they come here just after they got intense treatment in hospital and will take this rehabilitation center as a transition before they going back home. Thus, the rehabilitation center works as a place between home and hospital.

This specialty of rehabilitation center gives this project an essential problem to solve — how to achieve a balance between public and private? Here, in this rehabilitation center, patients sometimes have to do some very private thing in a public situation, such as to be body examined by doctors or nurses who just known them for less than a month. Or, sometimes they want to do some public thing in a very private way. For example, since all the basic daily activities, such as walking or cooking, become a challenging task for them, they might want to practice those things privately. Therefore, dealing with the privacy problem becomes a much more complicated issue in this case. To design a very public or very private single space is not hard. The difficulty always lies in those spaces between them. It is like sketching, the key of shaping is the transition part between dark and light. Therefore, my research is about the in-between spaces in an in-between building.

2. How do I research?

The research methods that our teacher taught us were case study, interview and questionnaire...

What I chose for my research are interview and case study. I chose interview because the life of rehab patients and workers were still too far from me even after a long of study of rehab buildings and several excursion in rehab centers in the Netherlands, Denmark and Switzerland. By interviewing them one by one, I can have more specific description of the life detail. This is what I cannot get from the general introduction from all books.

The reason for me to chose case study is more practical and architectural. Since my final outcome is a design, I need to see what other architects considered and learn from previous experience. However, due to the specialty, rehab building is a very small group of modern architecture. I can find a few cases of rehab buildings, therefore I decided to zoom out and take a general view on all the healthcare buildings and collective housing types.

For the interview part, I did three interviews with people who had related experience with rehab. Two were with nurses who worked in rehab clinics and one was with an amputation patient who had rehab experience in the U.S.
In the case study part, I analyzed some architecture cases that are quite close to rehab type. They are:

- Monastery
- Senior housing
- Student housing
- Healthcare building

Emphasis is put on all the in-between spaces in those buildings.

- Entrance, door
- Corridor
- Living Room, kitchen
- Courtyards

They all share the same character — they are all kind of buffering spaces between the public and the private. For example, the main entrance hall of a collective housing is a buffering space between the very public urban environment to a less public neighborhood sharing space; the courtyards in collective housings are the buffering space between the outdoor and the indoor space as well as a transition area between the collective living space and individual life.

3. What did I learned from the research?

From the three interviews I found that technically the medical methods from all over the world are almost the same or very close to each other. The differences were at all the other things that they provide to the patients. Architecture quality is one of them. I had several conclusions:

1. The need of different types of public spaces
2. Keep the room very private
3. Make full use of all common space
4. Make therapy process transparent somehow

Looking together with case study, I also found some efforts that previous architects had made to achieve the same goal. After analysis, some of them can be referred in my own design.

On the other hand, as I am from China and in my personal plan my professional career will be in China sooner or later, it is perhaps more important that how can I apply what I learned from this studio in Chinese context. In China, lots of buildings are under rapid construction. Relatively less thinking had been done before design. Also due to oriental culture tradition, privacy and public as one important social issue in architecture design is still not that well considered by the whole architecture market.

Nursing buildings, as a group of professional buildings served for special people, are still under development. In my hometown city, Hangzhou, the first nursing home for elder people was just built 3 years ago. There’s only very small rehab department in each hospital and no specific rehabilitation clinics. However, since we are facing a more serious aging society in the future, there will be more need on those special collective housing type/healthcare buildings. Therefore to me this is really a good chance to see how everything runs here in Western countries.