While 20 years ago rehabilitation centers were protected environments that secluded patients from society, recently the focus has shifted towards integration of patients in public life. The assignment for the design of the rehabilitation center fits in with this development, as the location for the project is in between the Overtoom, which is a crowded street near the city center of Amsterdam, and the Vondelpark. The site provides the opportunity to mingle disabled and non-disabled people. However, although the character of the rehabilitation center becomes more public, it still means the patient room’s environment should feel private and safe. This ambiguity makes the design of a rehabilitation center very interesting. The above raises two questions. How does the building contribute to the integration of patients in public life and how should you deal with the ambiguity of a public and private building?

Generally speaking, the programme consists of ward departments, where patients live for up to a year, and the rehabilitation facilities, where specialized therapists work with patients to improve their locomotor system or learn them how to talk. The main goals of rehabilitation are to become self-reliant and to participate in society again.

**Approach**

Becoming self-reliant and participating in society does not only require intensive therapy, but also initiative from patients. Therefore, the design offers stepping stones for a return in society. Architecture is used as a tool to create these stepping stones. By designing the building like a city I achieve an environment that invites for movement and a stepwise transition between the protected patient room and the city. This miniature city is a preparation for the real city. Architectural spaces invite to come out of the patient room and succeed each other with an increasing level of publicness. That starts with a continuous quiet hallway that offers a view into several courtyards. Different paths lead to the center of the building – a spacious main street that connects the different levels visually by means of shifting voids and physically by a staircase on the outer parts of the street. From this street all courtyards, that vary in ‘publicness’ are visible. Some of these courtyards are covered and used as therapy spaces such as the swimming pool and the sporthall, thus making these facilities transparent. Another courtyard serves as the entrance courtyard and becomes an in between space between the building and the Overtoom.

From the patient’s perspective, the sequence of architectural spaces that I incorporated in my design contribute to the fact that the border between private and public is not direct. Gradually, the level of publicness increases and the blurred transitions between these spaces invite to go one step further every time.