Reflection on research and design for a rehabilitation center in Amsterdam.

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Studio: Interiors, buildings and cities. Urban Culture and New Openness

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This paper serves as a reflection on my research and design for a rehabilitation center near the city center of Amsterdam, as part of my graduation project at the chair of Interiors, buildings and cities. Four aspects will be discussed. First of all the project will be positioned in relation to the wider social context. Secondly I will discuss the relationship between the research and the design. Thirdly the theme of the studio will be compared with my approach and finally I will shed light on the method of the studio in relation to my own research and design methods.

Relationship between the project and the wider social context

The healthcare approach in the Netherlands has changed dramatically. Compared to previous decades, the patient has become the center of attention, instead of an efficient working process. This comes from the belief that the wellbeing of the patient improves the recovery process. Notions like healing environment become more important in today’s and tomorrow’s healthcare architecture. This means that the environment has a positive influence on the mental strength of patients by means of daylight, views, autonomy, etc. When one looks at the specific goals of rehabilitation, becoming self reliant and participating in society again, the question rises whether the environment can have a positive influence on these aspects as well.

Relationship between research and design

The main research question was how the architecture of a rehabilitation center could help contributing to the self reliability of the patient and a return in society. When analyzing the program and the organization of rehabilitation centers I learned that patients learn to use their body again by intensive therapy within the company of different specialists. This is on the one hand side very logical, but on the other hand becoming self reliant, requires initiative from the patient as well. The return to society is a very large step, not only because of the physical discomfort, but also the mental discomfort (e.g. insecurity). That calls for an environment that invites the patients to get out of their rooms, move around, and practice by themselves as a first step towards public life. However, this step towards public life should not be too direct, but should be divided in several steps to let the patient have the choice to what degree he or she wants to mingle in this public life.

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.
**Theme**

The theme of the studio, ‘New Openness, the culture of care,’ refers to the increasingly public character of rehabilitation centers. While 20 years ago the architecture of these centers tried to make a protected environment that was secluded from society, recently the focus shifts towards the integration in public life. This can be illustrated by the tendency in healthcare design to change from enormous centralized hospital complexes at city borders to decentralized healthcare facilities scattered over the city. 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 and the Vondelpark. The city center of Amsterdam provided 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. From the patients perspective, how should you deal with this ambiguity? From the public’s perspective, how can you attract inhabitants of Amsterdam to enter the building?

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. It is comparable with the in-between space that Hertzberger describes:

“The child sitting on the step in front of his house is sufficiently aware from his mother to feel independent, to sense the excitement and adventure of the great unknown. Yet at the same time, sitting on the step which is part of the street as well as of the home, he feels secure in the knowledge that his mother is nearby. The child feels at home and at the same time in the outside world.”

From the perspective of the public, the inhabitants of Amsterdam, a blurred border between the city and the rehabilitation clinic helps to invite them in the rehabilitation center. In my design those people are attracted by public functions like a cafe, a restaurant and a small community center that are positioned along an entrance courtyard. This entrance courtyard and these functions that are situated around this courtyard become part of the city as well as part of the rehabilitation center.

**Method**

The research that has been done can be divided in three subjects: analysis of current rehabilitation centers and healthcare buildings in different parts of the world, a social research on the patient’s experience of the rehabilitation process in relation to architecture, and most importantly research by design.

Rather than a top down theoretical and analytical approach, the studio of Interiors, buildings and cities is rather about intuitive design. The focus lies not in the creation of a concept and a profound study of the qualities of a possible concept, but rather the more specific development of the built environment to understand how the building can function in a larger whole. Research by design is done on the scale of the city, the scale of the building and the scale of interior, and how these enrich each other. The idea is that research by design leads to a profound understanding of the urban conditions, the scale, the program, etc. This is reflected in the way the studio started: a study of mass models to research scale and the impact on the urban context.

In my opinion it is important when you are researching by design to zoom in and zoom out constantly and reflect on the qualities that you want to reach, especially in the beginning of this process. You have to keep in mind that research by design brings you new insights in a number of aspects and therefore you should not hold back of changing the scheme of the building.