

# Graduation Plan

Master of Science Architecture, Urbanism & Building Sciences



## Graduation Plan: All tracks

Submit your Graduation Plan to the Board of Examiners ([Examencommissie-BK@tudelft.nl](mailto:Examencommissie-BK@tudelft.nl)), Mentors and Delegate of the Board of Examiners one week before P2 at the latest.

The graduation plan consists of at least the following data/segments:

Personal information	
Name	<b>Thijs Kalkhoven</b>
Student number	4684079

Studio		
Name / Theme	Designing for Health and Care	
Main mentor	Elke Miedema	Architecture
Second mentor	Jos Lafeber	Building Technology
Third mentor	Leo Oorschot	Research
Argumentation of choice of the studio	I find it interesting to find out how people use their homes. To see which small or big elements of a dwelling are perceived as either likeable or possibly annoying. What happens when these elements are translated into shared facilities? What would a person want to change or decorate themselves in order to make them feel like it's their home and not just the place where they retreat and sleep?	

Graduation project	
Title of the graduation project	<b>Own your Treatment Space</b> A study about the feeling of autonomy in psychiatric hospitals.
Goal	
Location:	Rijswijk, The Netherlands
The posed problem,	Psychiatric clinics in The Netherlands have the goal of teaching patients how to live on their own again. For patients with the prospect of moving out again, this now often fails, because the difference between living in a clinic and living in your own home is too big, as many psychiatric clinics are designed impersonally and institutionally. Part of the treatment process is to let people gradually take control over as much as possible, during the course of their stay. (Anthony & Farkas, 2019) The general problem is that architecture does not always fully support aspects of giving

	<p>and taking autonomy, which can result in them feeling helpless. (Evans, 2003)</p> <p>This research aims to make it easier for patients admitted to psychiatric clinics to reintegrate into out-patient care and their own home, by finding ways in which architecture can increase the feeling of autonomy that patients admitted to psychiatric clinics have. This is one of the ways to reduce the differences people experience between living in a clinic and living at home.</p>
<p>research questions and</p>	<p>Which elements of architecture and the built environment can increase the feeling of autonomy and personalization for patients admitted to psychiatric clinics?</p> <ol style="list-style-type: none"> <li>1. What architectural types of psychiatric clinics are or were already in use in the Netherlands?</li> <li>2. What is the role of the specific urban context and direct environment around these facilities?</li> <li>3. In which ways can architecture influence the amount of autonomy and ownership patients have?</li> </ol>
<p>design assignment in which these result.</p>	<p>I will design a psychiatric form of living where people temporarily live and learn to live on themselves.</p>
<p>[This should be formulated in such a way that the graduation project can answer these questions. The definition of the problem has to be significant to a clearly defined area of research and design.]</p>	
<p><b>Process</b></p>	
<p><b>Method description</b></p> <p>Both questions 1 and 2 will be researched by doing a case study analysis, in which 5 psychiatric clinics in The Netherlands will be ranked a certain amount of points in five different categories, with a maximum of five points. The categories are: Room for activity within, Activities in surroundings, Possibility to choose your whereabouts, Possibility to personalize and Stigmatization. These categories were chosen because</p>	

they influence the feeling of autonomy and can be influenced by architecture. They are supported by different sources from the literature. Giving points will be done by one person by reading about the projects in books and online and by looking at architectural drawings of the projects. Points will be given in two rounds to minimize a difference between the first project ranked and the last.

Question 3 will be answered by interviews and observations in a Field Work in which the researcher will participate together with two other students in a psychiatric clinic for five consecutive days. There will be three interviews with members of the staff and there will also be observations. As the interviews will be done by three people with their own research, only part of the interview has questions directly related to the topic of this research. These questions will be directed to finding out patients' and staff's needs, wishes and relationship with the building, as well as the things the patients could and should control themselves.

## Literature and general practical preference

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## Reflection

1. What is the relation between your graduation (project) topic, the studio topic (if applicable), your master track (A,U,BT,LA,MBE), and your master programme (MSc AUBS)?

The topic of the studio is Designing for Health and Care. As psychiatric clinics are temporary care homes, the topic has a strong relation with the Master Studio. The Master Programme and especially the Track Architecture have a focus on buildings, direct surroundings/context and the way that people use buildings. These three elements all have an important element within the research.

2. What is the relevance of your graduation work in the larger social, professional and scientific framework.

Because the difference between living in psychiatric clinics and living at home is too big at the moment, it's difficult for people with the prospect of moving out to take the step and start to live on their own again. This research aims to find a way to make this step smaller and make it easier for people to reintegrate into their own home, by formulating architectural guidelines that that should be taken into account in order to design a clinic in which patients have more autonomy.

There has been a lot of research into the architecture of psychiatric clinics and into autonomy for patients in healthcare clinics, but these have not yet been combined in order to make a set of rules that architects should follow.