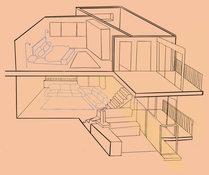
Toen we opgroeiden, hebben we veel veranderingen aangebracht in onze interieurinrichting, waaronder het anders maken van de woonkamer door elk seizoen meubels te verplaatsen. Flexibiliteit was geen noodzaak, maar werd gebruikt om de ruimte levendig en interessant te houden

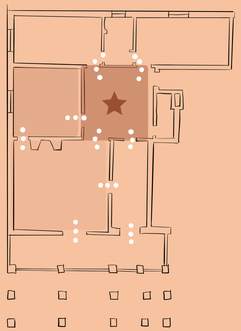
Het ontwerp geeft prioriteit aan het idee van dingen boven hun gematerialiseerde vorm. (polyvalentie) Diagoonwoningen dienen als Wooninstrument waarbij bewoners de vrijheid hebben om ruimtes te gebruiken zoals zij dat zelf interpreteren.

met Kritisch minimum In plaats van een gestandaardiseerde structuur op te leggen aan het dagelijks leven, heeft het concept van een kritisch minimum in de architectuur tot doel een gevoel van flexibiliteit in de bewoning mogelijk te maken door middel van een reeks afzonderlijke elementen betekenis hebben. In plaats van zich te dringen op "duidelijk gedefinieerde functies voor verschillende gebieden" (Raith, 2000), gelijk te maken. Architectuur, beinvloed door de perceptie van een gebruiker, wordt gevormd en hervormd door een voortdurend proces van her toe - eigening.

MOOD IN MOTION



privé
centraal
open
buiten



EIGEN WONING DORDRECHT 1961

+ Elementen die flexibiliteit het meeste beinvloeden, en hiermee de hierarchie van de kamers bepalen

+ natuur toevoegen aan woning

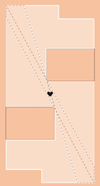
DIAGOONWONING DELFT 1970

+ twee platen verdeeld in verschillende zones voor verschilde maten van knusheid Binnen gebruik .

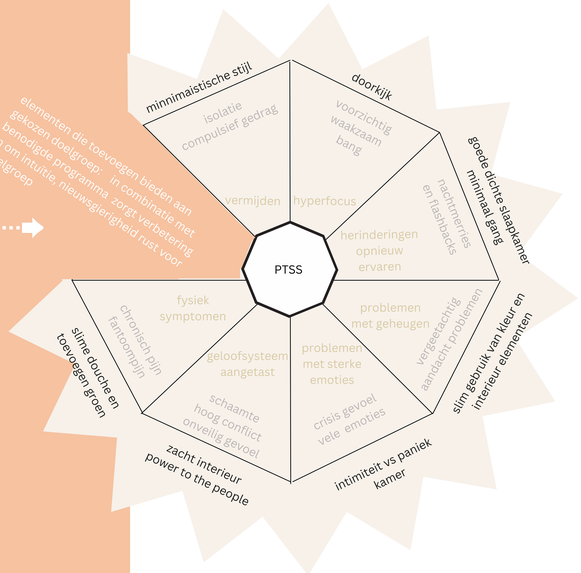
+ Zichtbaarheid binnen de woning door het woning skelet

MEHRFAMILIENHAUS, SARGANS 1986

Multifunctionele ontvangstruimte flexibiliteit in gebruik vaste kamers, hiërarchie, en niveaus van privacy nuancering in detail, lege ruimte, en suggestie van mate van belangrijkheid



elementen die toevoegen bieden aan gekozen doelgroep: in combinatie met benodigde programma zorgt verbetering in om intuitie, nieuwsgierigheid rust voor- doelgroep



vluchtelingen + PTSS + begeleider

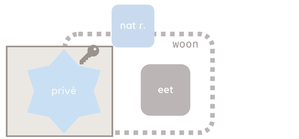
mentale problemen zorgen voor de noodzaak van adaptatie en versimpeling binnen ontwerp om prikkelingen te verminderen

9 grid 110 m2
net als het spel snel kunnen schakelen

nieuwe hal is laagdrempelige aanpasbaar ruimte. die inspeelt op behoeften zonder een kloof te creëren

slimme objecten om het ruimtegebruik te sturen de natuurlijke trek en duw maakt unique ruimte

gebruik sterke elementen als emotionele schaal



groot familie bestaand uit 2 kinderen' ouders en (inwonende) grootouders

zij hebben een moeilijke tijd met onderscheid maken van persoonlijke ruimte binnen de familie

dicht- laag energie
paniek ruimte

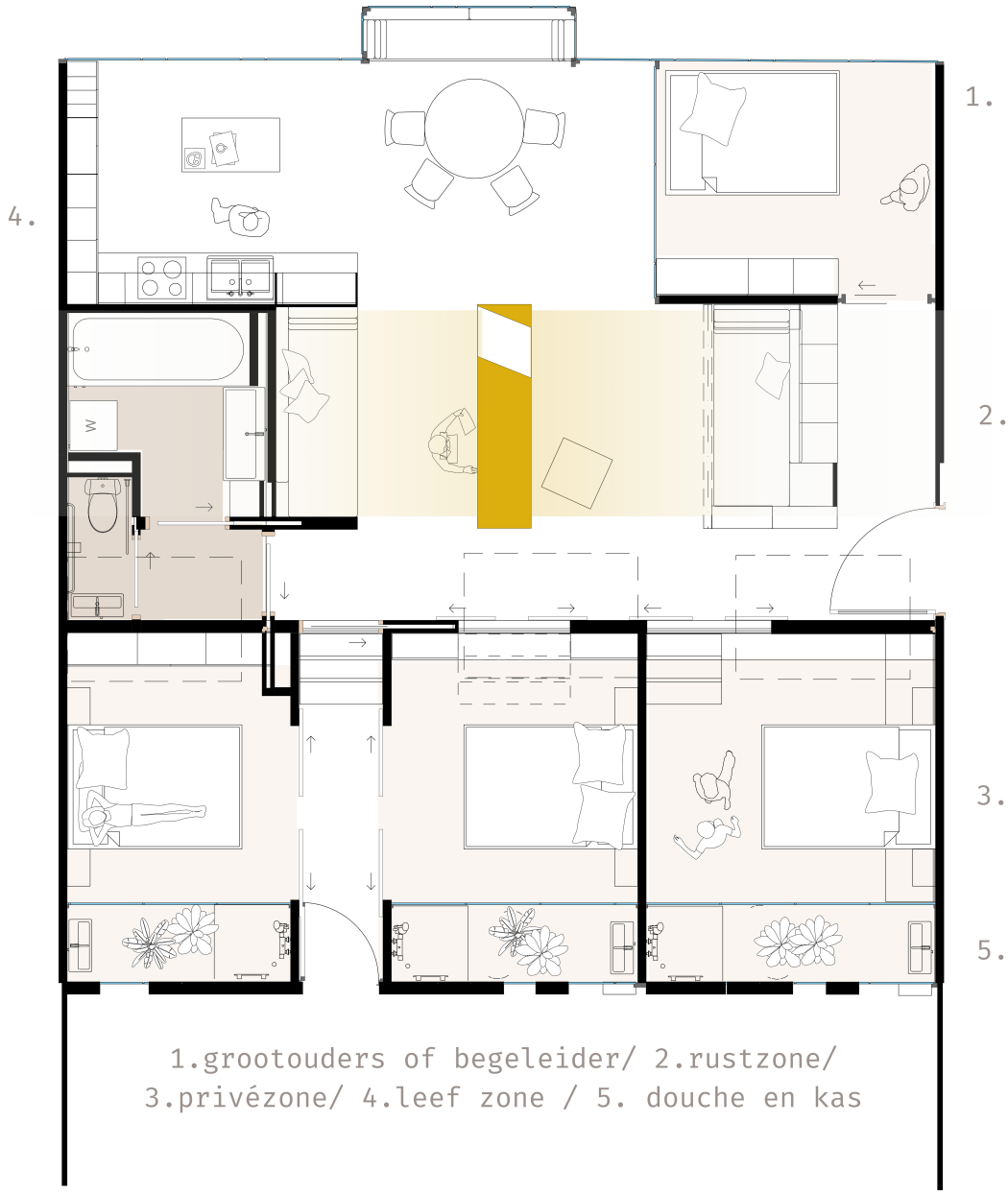
basis
Positieve frictie
publiek & private

open- hoog energie
Alternatieve woonkamer

1.grootouders of begeleider/ 2.rustzone/
3.privézone/ 4.leef zone / 5. douche en kas

Hoe kan emotie een kracht worden in architectuur?
Wat is de definitie van een woonkamer?
Wat zorgt voor mentale rust?

Dit project zorgt voor een woning waar begeleiding mogelijk is voor een kwetsbare doelgroep zonder autonomie van de bewoners weg te halen. In andere tijden moedigt het ontwerp (nieuwe) doelgroep aan controle te nemen over woonruimte om gebruik te maken van hun emotie (kwetsbaarheid vreugde etc) - een minimalistische indeling met een twist in materiaal gebruik, voor luxe en knusheid -



1.grootouders of begeleider/ 2.rustzone/
3.privézone/ 4.leef zone / 5. douche en kas

RESEARCH PTSD

Investigating Architectural and Space Design Considerations for Post-Traumatic Stress Disorder (PTSD) Patients

Post-Traumatic Stress Disorder (PTSD) is a prevalent condition among general U.S. population but in particular veterans. Anecdotal evidence points at the effect of urban design features on mental well-being of PTSD patients. However, evidence-based architectural and space design guidelines for PTSD patients is largely absent. Having access to such guidelines, might help to alleviate PTSD symptoms, and improve patients' quality of life. Interviews were conducted with combat veterans who were diagnosed with PTSD (sub population focus) to gain insights into their thoughts, needs and expectations, and experiences with physical indoor and outdoor spaces. The findings suggest that certain indoor and outdoor design elements such as sharp corners, narrow pathways, blind spots, etc. increase anxiety and leads to triggers while others (e.g. open spaces, situational awareness providing features such as lack of clutter open floor plan) contribute to soothing features that relax veterans.

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

TBI CHECKLIST

Patient's Name: _____ Date: _____

Last 4# SSN: _____ Service: _____ Rank: _____

Instructions to patient: Below is a list of problems and complaints that veterans sometimes have in response to brain injuries.

If you *never* suffered any traumatic brain injury, Sign here: _____

Please rate the following symptoms with regard to how much they have disturbed you since your injury.

0 = None- Rarely if ever present; not a problem at all.
1 = Mild- Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me.
2 = Moderate- Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.
3 = Severe- Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.
4 = Very Severe- Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

		Frequency:				
No.	Problem or Complaint	0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
1.	Feeling Dizzy:					
2.	Loss of balance:					
3.	Poor coordination, clumsy:					
4.	Headaches:					
5.	Nausea:					
6.	Vision problems, blurring, trouble seeing:					
7.	Sensitivity to light:					
8.	Hearing difficulty:					
9.	Sensitivity to noise:					
10.	Numbness to tingling on parts of body:					
11.	Change in taste and/or smell:					
12.	Loss or increase of appetite:					
13.	Poor concentration or easily distracted:					
14.	Forgetfulness, can't remember things:					
15.	Difficulty making decisions:					
16.	Slowed thinking, can't finish things:					
17.	Fatigue, loss of energy, easily tired:					
18.	Difficulty falling or staying asleep:					
19.	Feeling anxious or tense:					
20.	Feeling depressed or sad:					
21.	Irritability, easily annoyed:					
22.	Poor frustration tolerance, overwhelmed:					

Source Document: VA National Traumatic Brain Injury Evaluation and Treatment Protocol, GAO-08-276

problems victims face

RESULTS
The findings from these interviews were organized into three categories: 1) general space design considerations, 2) considerations for private living spaces and 3) considerations for public spaces.
General Design Considerations
Several generic guidelines are produced based on thematic analysis of interviews:

1) Places need to be designed according to a core logic

2) Privacy is an important factor in the design for PTSD patients. Veterans expressed strong desire to have situational awareness of the surroundings and people around them.
3) Veterans prefer to live with people who are going through the same

-
1) Veterans generally prefer open spaces and low furniture clutter in their private residence.

2) Circular layout preferred over a square layout. This is in line with Hess et al.'s (2013) findings.
While round corners are preferred, sharp corners are acceptable as long as a mirror is present to allow awareness of others' presence.

3) Living areas need to have at least 2 exits and a low number of windows.

Windows on the other hand, were claimed to be a stressor. This might relate to military requirements to check windows for potential enemy targets.

4) Veterans prefer to spend time in their private for variety of daily activities "own comfort bubble"
2) Design should not trap people or hinder movement in public spaces (e.g. avoid congestion in aisles, corridors).
7) Glass doors and glass walls are preferred wherever possible to improve visibility and awareness of surroundings.

problems victims face

PTSD IS NOT A MENTAL ILLNESS - IT IS A PSYCHOLOGICAL INJURY
HOW DOES YOUR BRAIN CHANGE WITH PTSD?
*** HIPPOCAMPUS
SHRINKS
THIS AREA HELPS US DISTINGUISH BETWEEN PAST AND PRESENT MEMORIES
INCREASED ACTIVITY IN THE
..... AMYGDALA
HELPS US PROCESS EMOTIONS AND IS ALSO LINKED TO FEAR RESPONSES
VENTROMEDIAL PREFRONTAL CORTEX SHRINKS
THIS REGION REGULATES NEGATIVE EMOTIONS THAT OCCUR WHEN CONFRONTED WITH SPECIFIC STIMULI
THESE CHANGES IN BRAIN CHEMISTRY ARE THE REASONS WHY ONLY TREATMENTS SUCH AS EMDR AND CBT CAN FULLY REVERSE THE EFFECTS OF PTSD.
plsduk

6. “Disassociating in public and mid-conversations. It’s gotten to the point where I will tell people I’m ‘not here’ while staring right through them. Also forgetting certain things about me or my life. Woke up one night and had no clue who my husband was. I felt that we were close (in bed, of course) but I couldn’t remember his name.”

- Getting sharp pains (due to hypervigilance/constant high anxiety)

-Feeling constantly bored like you have to chase after something. because if you stop...the darkness is there

• Trouble falling asleep (which is distinct from insomnia) • Exaggerated startle response

Avoiding Activities
Sense of threat Hypervigilance
Intrusive thoughts Avoidance/isolation
Memory problems
Anger, guilt & shame
Anxiety/depression
Excessive blame Dissociation
cant concentrate