Phase five involves a fusion of the revised clusters formed in stage four. This fusion is basically a graphic union of the major building spaces. The fusion of the clusters is carried out in three separate patterns as outlined on p.5.2. The resulting three schemes are what I have given the term 'entire building diagrams'.

GRAPHIC INTERPRETATION

The center-right square graphically represents phase five of this design method. The fusion of diagramatic clusters into entire building diagrams is illustrated by the heavy and light radial lines passing over the concentric ring. The refinement of the issues being addressed is indicated by the straightness of these lines. The building form is still conceptual, therefore the two adjacent lines are in undulating form.
NURSE'S STATION / EXAM SUITE
First Generation
CONFERENCE RM / WAITING RM
FIRST GENERATION
NURSES STATION / STAFF LOUNGE
FIRST GENERATION

- this pattern eliminates the circulation behind the Nurse's Station - small outdoor deck.
Phase six is an evaluation of the schemes generated in phase five. The schemes being reviewed with respect to environmental orientation, vehicular access, land form, and natural vegetation. Revised scheme number six is the best overall conceptual solution and will become the basis for the remainder of the study.

GRAPHIC INTERPRETATION

The lower-right square represents phase six of this study. The infill between the adjacent radial lines depicts all the contextural demands placed on the building. The smoother concentric rings indicates refinement of the entire building diagrams.
1. re-evaluated
<table>
<thead>
<tr>
<th></th>
<th>Building Components</th>
<th>Site Demands</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reception area</td>
<td>Waiting room</td>
</tr>
<tr>
<td>Superior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Adequately Addressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheme 1</td>
<td></td>
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<tr>
<td>Scheme 2</td>
<td></td>
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<tr>
<td>Scheme 3</td>
<td>0</td>
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</tr>
</tbody>
</table>

**EVALUATION MATRIX**

Adapted from: "Empire Thinking for Architects & Engineers"
MUSINGS / CIRCULATION

- Centralized organization is evolving.
- Massing clustered about the common space.
- A loop circulation system.
SPATIAL RELATIONSHIPS
SOLID/VOID 6.
Phase seven is the beginning of the evolution into three dimensional expression through the use of study models. The techniques utilized in construction were for the most part a spontaneous response to a methodic development up until this phase. As can be evidenced in the following photographs these studies are vague representations of the issues defined for these specific portions of the building. I feel that this method of quick visualization was a needed contrast to the prior painstaking phases.

In order to keep organization to this brainstorming session I followed a sequential movement through the building. Also I constantly referred to 'revised scheme #6 p.8'. Following the conceptual diagram as a guiding kept my schematic study aligned with all the prior developmental phases.

**GRAPHIC INTERPRETATION**

The lower-central square represents phase seven of this design method. The solid infill between the radial lines illustrates the introduction of schematic design issues, i.e. ordering principles, proportion, scale, patterns, rhythms, etc... The concentric rings representing the building are smooth and even. This indicates the inclusion of the architectural design issues into the actual forms being evaluated for the building.
ENTRY & RECEPTION

In this study model my concerns were with scale, exterior to interior transition, form with respect to control, orientation, recognition by the user, and professional image.

Utilizing the conceptual scheme #6 as a guideline and the sketching on p. I began to build and adjust forms. I was trying to express the feeling and quality of space outlined in the writing and diagramming phases in a quick fashion.

The most important notion to evolve out of this study was that the reception desk was located at the end of a linear procession slightly off axis. This allowed the receptionist a bit more privacy while at the same time orienting the patient to their destination. This partial sequence is where the patient forms first impressions, therefore careful consideration was taken with respect to how the patient saw the entry progression. The idea of transition through a series of contained spaces can be seen in the model and sketches. Reference 2-24 thru 2-31, and 3-2 thru 3-4.
ENTRY / RECEPTION

* Lighting: the building is most heavily used between 10 am - 6 pm. Normally day/night here. The transition from bright outdoor light to enclosed built environment should be gradual. Time for adjustment to the patient's eyes should be allowed before forcing them to make a decision about movement.

* Scale: Generic scale - the size of a building element relative to other forms in its context.
  - Human scale - the size of a building element or space relative to the dimensions and proportions of the human body. There are no other buildings on this site, therefore the office only needs to relate to the natural environment scale and the user.
  - The general rural pop of Brodston are accustomed to a covered porch transition to foyer vestibule - movement into building volume. Their downtown commercial buildings have entry thru 2 story facade w/ little to no transition.

  The image of this bldg requires a scale slightly larger than residential and smaller than a commercial establishment.
ENTRY / Reception 7.

* Pattern / Rhythm:
  - to establish path/way thru form / interruptions that complement the desired behavior of movement from ext → int. and anticipation of interaction at reception desk.
  - the patient is most likely on a schedule or at least feels they are and so they are probably in a "fast pace mode" the entry/rece sequence should slow them down psychological so that they might be more at ease while waiting for their appointment.

* Form:
  - the requirements of the form of the interior space for this sequence is one of control, orientation, quick recognition — induce movement (causal accepting)
  - the forms should call attention to the individual, create a sense of identity, thru recognition of shape, symbolism, (uniqueness — previous experience "ah ha!"
  - i remember being here."
  - strong first impression — professional — inviting — medical office.
  - reinforce prior images of physicians office as well as establish new image.
  - not ambiguous! clean / crisp / precise / exact / correct.
sharp / crisp / clean details connections

make the transition have a milieu of sensory stimulus that involves calm / control

visual contact set / reduction of sensation of movement.

contrast visual contact w / physical in actual form

visual progression controlled while actual physical movement is a little less direct.
RECEPTION & WAITING

The primary concern with this study was the interface between the receptionist's area and the waiting room. The feeling that I was trying to express in this study model was an overlapping of space. The receptionist being accessible and the patient not shut away into a waiting room. The curving walls begin to express the notion of a subdivision of spaces, more personal and identifiable by the patient, yet still not segregated from the building. Again the concept diagram #6 depicts this with the zonal bubbles. The writing and diagraming on pages 3-2 thru 3-11 define in more detail what I am attempting to show in this model.
Reference 2-24 thru 2-31, and 3-2 thru 3-11.
**Waiting RM / Reception**

Patient sequence

- **Form:**
  - If a portion of the reception area around the main desk could take on a continuum of form from the waiting area, this would aid in the receptionist appearing as a part of the waiting area not disparate. This could be accomplished thru the elg. or walls & flr.

- **Openings/projections:**
  - If the patient is allowed to view beyond into the reception area, they might tend to feel the office more friendly/accepting/open than otherwise common the secrecy's questions.

- **Texture:**
  - Quality polished surfaces for counter top - slab of 3/4 marble would be representative of professional service offered.

- **Crisp/defined:**
  - not sculpted

- **Color:**
  - The use of color in this zone can aid in unifying the two areas; bright, flashy colors may tend to irritate the nervous elderly patient: light tone, pastels; contrasted w/ white.
patient sequence.

- **Scale**: the interface between staff and patient would be more acceptable if each were at eye to eye level with no barrier in between. If the scale of the space is equal on both sides of the interface, this would further the commonality.

- **Pattern/Rhythm**: the usage of this space is static; the patient sits down and fills out a chart, but the need for progression to the waiting rm needs to be apparent for efficiency.

- **Lighting**: soft diffuse atmosphere with punctuation along perimeter to define the area. A lighting barrier. 

- **Unique feature**: above all else, the location, this area could be strengthened by use of special forms and materials not found in the rest of the bldg. This would create a recognizable image to returning patients. (association)
WAITING & EXAMINATION

In this sequence study the visual connection from the waiting room to the entry of the work zone is the most important aspect. As the concept diagram #6 depicts the physical connection between these zones is meant to be barrier free. A continuation of the notion that the patient should feel a part of the office process not separate and abandoned.

The form of the model suggests a division of zones creating an alcove effect. This organization lends itself to a variety of seating arrangements as discussed on p. 3-10 & 3-11.

The transition from a personal zone to a more public space is critical to the success of the individual spaces. The intent was to have this transition occur across an open space that increased in scale from the alcove towards the examination suite.

The verbal description on p. 7-10 thru 7-14 as well as the sketches represent the notions in more detail found in this model. Reference 2-32 thru 2-37, and 3-12 & 3-28 thru 3-32.
EXAMINATION & NURSES STATION

Once the patients have entered the work zone an important consideration is that they feel they are being ushered into a private room. The definition given to each exam room in this model hints at the notion of a private individualized space. This is a direct attempt to avoid the corridor of rooms the 'pigeon hole' effect.

The central location of the nurses station offers efficiency and also places them out into the ambience of the skylit work zone. The purpose of the soffit at the entrances into each exam room is to reduce the scale back from the public to the private proportions.
Reference 2-10 thru 2-17, and 3-13 thru 3-17
WAITING RM / EXAM SUITE 7.

**Scale:**
As the patient is called into the exam area they are in transition from a personal space to a public zone of the office. The work zone in the most heavily trafficked area, both patients & staff are constantly passing thru this zone. A larger scaled space would seem appropriate to keep the feeling of congestion to a minimum.

**Form:**
For efficiency the component parts of this area need to be in close proximity but not necessarily adjacent walls or series entries. The overall form of this work zone will be in line between the interacting spaces. The volume should involve movement thru the middle and aesthetic quality along the perimeter.

**Operating system:**
Since the part is basically peripheral clustering about central control zone this spatial relationship is a part of the peripheral organisation. Base explained as being a datum ordering subsystem of the work zone being the organisng collector of parts. The relationship between the parts conceptually a common activity.
a. Pattern/Setting:
- With different scaled spaces and various lighting patterns, the waiting room could become restless. A unifying pattern needs to control the space.
- Unifying elements that tie it all together.

b. Form:
- Since the basic concept is clustered forms about a central common form, this area will become subordinate. The form will need to be expressive of the internal quality.
- A smooth transition from the pure central form — this area would be complemented by a sculptural/curvilinear nature. The concept of internal division of space may be the generator of the overall form.

c. Scale:
- The patient has been waiting in their chosen area of the waiting room. The waiting room should contain a variety of spaces that allow an individual to feel most comfortable with. The scale of these spaces will vary.

- Scale interaction
  - Privacy
  - Small family: contain/control at least three types of spaces.

- Lighting:
- Along with the variety of scale, there needs to be various light shape and quality. This will give returning patients a new sense of place. — less mundane, routine...
WAITING RM / EXAM SUITE

- Patient sequence

- Lighting:
  - Daylighting will be used to soften the hectic paced atmosphere — allowing natural light to cast shadows through, joint and meet systems will add another dimension of stimulus for both users. Accent lighting to add aid in attention deployment will be used spanning along work zone, avoiding sensory overload so to speak.

- Pattern / Rhythm:
  - This transition is movement from a static space to a very kinetic zone. The pattern established through form, color, openings, and projections should be consistent with the behavior of the staff & patients. The feeling of repetition for both users will become monotonous because the activity is already methodical. The approach taken will be to provide a variety of patterns and rhythm that at first seem random but pleasant with constant exposure the staff will begin to feel a certain sense of organized pattern but hopefully not to the point a simple repetition a-b-a-b or a-b-b-a-b-a-b-a

- Diagram:
  - [Diagram of patterns and rhythm]
  - [Diagram of openings in zone]
each type of space in each zone
conceptual dividers

eliminate the shut out feeling of patient
not a great space to look at but to be in.

create acoustic barrier.

EXAM SUITE / WAITING
STAFF ENTRY & LOUNGE

This study consists of three major facets; the doctor's offices, the staff entry, and the staff lounge. The doctor's offices are depicted as separate entities, this begins to set up a hierarchy in spatial division. Unlike the conceptual diagram the entry on the study model passes by the doctor's offices versus through them. This entry is to be more subdued than the main entry. A slow easy transition to the central working atmosphere of the office.

The lounge itself is adjacent to the entry corridor. This support space is to feel open to the corridor not just another door. An attempt to create an inviting atmosphere, easily accessible. Reference 2-18 thru 2-23, and 3-19 thru 3-22.
Staff Entry / Staff Lounge

Staff Sequence:
- The staff entry will be smaller in scale than the main entry, somewhat residential in nature, yet large enough to handle delivery of equipment, etc.
- Since the staff lounge will be the adj. space to the entry, the scale is already reduced / personal, a smooth transition in the progression is possible.

Form:
- Since this progression into the building is a tone for preparation of the events of the work day or whatever, the forms involved must be conducive to a slower pace / quiet interaction; not as full of sensory stimulus as in the work areas of the office. Not rigid / stiff; not jarring dynamic forms. Clean; simple; soft; forms informal atmosphere.

Scale:
- The office entry will be smaller in scale than the main entry, somewhat residential in nature, yet large enough to handle delivery of equipment, etc.
- Since the staff lounge will be the adj. space to the entry, the scale is already reduced / personal, a smooth transition in the progression is possible.

Pattern / Rhythm:
- The space would be quickly grasped and accepted if balance was obtained through symmetry. This would cause no dynamic tension perceptually and the milieu would tend to evoke calming behavior, at least a contrast from the work areas of the office. It would provide change in perception / behavior.
Staff Entry / Staff Lounge

Staff Sequence

- Lighting:
  - The transition from daylight footcandles to interior light levels is important but not at the expense lessening the personal visual quality of the progression. If the daylighting can be introduced in the vestibule area only, this should provide sufficient adjustment. The empty corridor and placement thus the staff lounge will be lit artificially, indirect, subdued. This will also contrast the highly luminous work zone - a needed stimulus reduction.

---

Light expansion gradually into reception area.

Corridor
STAFF LOUNGE & RECEPTION

This study model was basically derived from the concept diagram 'revised scheme #6', and the sketch on page 7-18. The feeling I was trying to express was the lounge falling into a natural transition from the work zone. The spaces being united under a subtle arc. This slight arc was introduced in the earlier study on the exam suite. This model joins the patient sequence with the staff sequence, both of which are circulating around the central reception core.

Reference 2-18 thru 2-23, and 3-19 thru 3-22.
The staff lounge is representative of change; relaxation; casual non-efficient personal and group interaction. The general quality and forms used need to express this nature; i.e. deep pink carpeting; quarry tile floors; serene views into the natural landscape; access to a porch/veranda.

Forms:
- The reception area is the heart of the office. Five unadorned forms might best express this spatial hierarchy. The adjacent spaces need to take on character of their own. The forms used in the staff lounge could take on a more organic, loose, milieu strengthening as they approach; fusion into the reception area.

Scale:
- This portion of the office is where two modes of activity interact. The blending of the support area with the efficient working zones.
- A change in scale of the volume; human ratio would aid in the mental separation.
- Not actually having to create architectural barriers; thresholds.

Reception:
- The reception area has evolved into the nucleus of the office. The central organizing space about which all activity revolved. The staff lounge is subordinate to the space, conceptually and therefore should be designed to complement the rec. area but not overshadow it.
Staff Lounge / rec / md / conf.
staff sequence
Phase eight is a continuation of the schematic design of phase seven. Phase eight incorporates the area study models of portions of the building developed in phase seven into an entire building scheme. This first scheme is then refined through four more schemes. Each one of these schemes becomes more cohesive in massing and form.

**GRAPHIC INTERPRETATION**

The lower-left square represents phase eight of this study. The solid black portion of the square illustrates the further refinement of the architectural issues introduced in phase seven. The concentric ring representing the building is the only remaining element to be refined in the study. All the major issues at this point have been implemented into the built form. The building form is nearing a well balanced design solution with respect to all the prior phases.
PARKING / WAITING / RECEPTION

A direct on-axis confrontation with the receptionist seems a bit imposing upon entry into the lobby. If the patient reaches the terminus vs. the receptionist being positioned there, this would be more acceptable to both the receptionist & patient.

Fixtures
- doctor's office
- columns aligning on curve
- entry door
- glazed black wall

Partial views of objects provide a sense of mystery and a sense of newness to the images beyond.

Vertical & horizontal
The primary objective of the 45' entry sequence is to control the views as they progress towards the reception area.

- Minor objectives:
  - Visual orientation to build layout - solid axes to order.
  - Provide functional amenities - cent mtn/toilet rm.

- The west wall of the entry towards the reception area should strengthen the vista. Not ambiguous as to movement thru to waiting area.

- What was the purpose of the western view?

- To accidentally enter the waiting rm let the patient would have to walk backward.
Parking, Waiting, Reception

The diagonal plane focuses towards the center and allows (visually) the user to be drawn into the core, then no matter how the walls might be manipulated, the user will be subconsciously controlled.

Utilizing the ceiling as an overriding factor in the perceptual set.

Entry, waiting, edge focusing, all lines expanding.
Teach this zone - transition from ext int - saddle.
Scheme number one evolved by simply fusing together all the notions portrayed in the six area study models. The central reception area was given a rectangular form in plan. This seemed to be an efficient geometry that complemented the internal activity of space. Many functions must be coordinated with the reception area, (see p. 2-30) Therefore its form must be conducive to a variety of integrations of perimeter spaces. The major and minor axis that bisect the central core perpendicularly came about from analysis of the concept diagram 7-2a, also a derivative of the north-south grid so prevalent in the rural community of Brookston. The major axis is aligned on a north-south line. The main entry in this scheme is directly on this major axis while the staff entry falls on the minor axis.

All the support spaces cluster about the central core. The organization was derived from the concept diagram 7-2a. The perimeter forms begin to take on a loose organic quality, following the geometry of the slight curve developed in the sequential study.

The scheme seems to be best expressed in quadrants. The waiting room, exam suite, conference/staff lounge, and doctors' offices. The following photographs of the model begin to show how these quadrants were expressed in external form.

This first scheme was a critical evolution of thought. Many conceptual notions began to fall into a more cohesive system of ordered geometric volumes. This scheme was a major jump from segmental analysis of the entire building form. The notions of a central core with quadrants set up by perpendicular axes felt like a logical expression of the concept diagram realized in the architectural vocabulary of scale, proportion, order, pattern, rhythm, etc...

Out of this first scheme came the concept of three quadrants following one geometry while the fourth, which contained the doctors', followed its own geometry establishing a hierarchy of quadrants.

The progression of cubic volumes along the main entry was another interpretation of the first study model. The feeling I desired was identification with each segment in the movement towards the central core reception area.

The spaces in this study appear as separate units. I wanted the examination rooms to be seen through a clerestory from the waiting room. See p. 3-12. I felt if they appeared as separate units it would express a stronger statement about personalization in the office visit.

The cubic volumes in the southeast quadrant which are the doctors' offices took on this form for a number of reasons. First, to emphasize the fact that these spaces were the doctors' private areas not readily accessible to everyone, this was the reason for the attachment being a spur off a corridor, see p. 2-2 thru 2-8. Secondly, to emphasize their hierarchy in relation to the remainder of the building.
The same ordering system used in scheme one was again incorporated into scheme two. The important evolution in this scheme was the refinement of the geometry developed in the first scheme. In this study I began to search for a geometric system that provided a cohesive feeling to the entire building while at the same time allowed each quadrant to express its unique aspects, which were derived from the desired internal behavioral responses of the users.

The axes actually began to be expressed as arms with respect to the fourth quadrant. I wanted the doctors offices to be visualized against a simpler backdrop. The stronger definition of these axes also accentuated the points of entry into the building.

The geometry that was the basis for this scheme consists of expanding squares from the central core. This expansion begins to define zones and also became the origin of the simple flowing curve. The idea for a more skeletal southwest quadrant came out of this study. Since I wanted openness with alcoves this subdivision of space, by structure, provided the desired effect. Although I was not content with the form generated for this quadrant I held to the skeletal notion. As can be seen in the plan view of the model, the scheme began to show more cohesiveness than the first. The curve became a visual link between zones.
In this study what I was trying to achieve was a geometric organization that provided a more wholistic feeling. The gentle curve of scheme two gave way to a radiating concentric geometry. The relationship between the expanding square and the concentric rings began to offer a strong system of organization that complemented the notion of quadrants.

Cylindrical entry nodes attached to the axes were introduced in this scheme. These nodes were an effort to strengthen and define the point of entry.

The southwest and northeast quadrants received an overlay of an eight foot grid pattern. These were not followed religiously, they were more of an attempt to define subdivision of the space within the quadrant, and having this subdivision relate to the entire scheme.

In this study the quadrants were more clearly defined than in scheme two. The arms separating the quadrants began to not only contain circulation but become thresholds, and act as points of internal and external orientation.

The external expression of the central core was also an issue in this study. The cylinder acted as a terminus for the extending arms.

The doctors' offices were arranged to appear as if they had shifted out of the central core. I still wanted them to feel like they were on a separate geometric organization from the remainder of the building.
SCHEME FOUR
In scheme four some major internal changes occurred. First of all the work zone in the exam suite was altered to create more privacy for each room. The nurses station was positioned central to the exam suite like the earlier schematic study model suggested. The movement through the reception core to the nurses station became more accessible. The doctors offices corridor was attached to the central core versus the staff entry. This was a more successful relationship internally as well as the possibilities for the external form. A cylindrical private waiting area was introduced as a union between the two cubes. In plan this was more successful than in the actual form.

In order to control circulation towards the reception area the entry corridor was skewed off of the axis at an angle which complemented the adjacent doctors office. This also provided an element of visual variety and broke away from the stifling axis of the entry; a pleasing change!

The entry nodes became open walls versus enclosed vestibules. As can be seen in the model a further change occurred with respect to the entries. The arms pushed on out over the entrances becoming covered walkways. The half-rounded ends were a derivation from the geometric ordering system, and were utilized to begin to bring the scale down.
In this study I began to show more clearly the building integrated into the site. The contours begin to indicate that the building is actually nestled into the hillside. The examination suite quadrant being set in about six feet into the earth.

The doctors offices were repositioned further away from the main structure in order to give them a bit more breathing room. The cubes were elevated onto cylindrical bases and one corner is literally tethered by a column to the perimeter imaginary circle.

The study model in this scheme is basically of the central core. The core has been the most unresolved portion in all of the studies. At one quarter inch scale I was able to visualize easier how to express the internal core on out through to the exterior.

The feeling I was trying to depict was similar to a diamond being held in a setting. This is the reasoning behind the walls acting as a shell peeling away from the core cylinder. The arms extend into the cylinder and meet in a square. These areas would be skylights and allow natural light to wash down into the reception area. This light would accentuate the reception area as the first destination to a patient entering the building.
Phase nine is basically a fine tuning of the latest scheme attained in phase eight. After evaluation of the last scheme, changes are made to arrive at a purer architectural image. The original concept and overall theme is compared against the latest solution. The final balanced solution is developed with respect to all the constructive evaluation.

GRAPHIC INTERPRETATION

The middle-left square represents phase nine of this design method. The building is now depicted by a solid black arc, the final segment to complete the ring. This black arc illustrates the building has absorbed all the major issues into its formulation and that a balanced solution has evolved. The representation of these issues in relation to the building are no longer required, therefore their elimination is stated graphically.
The alterations between scheme five and this last solution are basically internal. The ideas developed in the 1/4" scale core model were also integrated into this scheme. The major internal faults of scheme five were as follows:
   a. Entering patients denied reaching the central core, somewhat unsatisfying.
   b. Receptionist and medical secretary lack personal space.
   c. Nursing checkpoint and overkill.
   d. Reception control of entry and waiting room, difficult.
   e. Entering patient had too many possibilities of movement.
I feel the final solution satisfactorily resolves these issues. The central core of the building became a much more active and ambient space. Adjustment was also made to the doctors offices and their connection to the main building. The private waiting area became a union for the two offices, somewhat like a knuckle. The corridors that spin off of the waiting cylinder are meant to feel as though they puncture the pure cubes not attach to them. Geometrically the cubes relate to both entry points. A slight rotating progression might not readily be perceived by the user but this was the intent.
a. Central Core Reception Area
b. Main Entry
c. Staff Entry
d. Entry to Examination Corridor

Section A-A
Quadrant One
Section B-B

a. Main Entry
b. Reception Area
c. Patient Waiting Area
d. Initial Nursing Reception Area
a. Nursing Station
b. Chart Room
c. Examination Suite Corridor
d. Patient Payment Area
e. Examination Room
f. Patient Toilet Room

Section C-C
Quadrant Three
Section D-D

a. Staff Lounge
b. Conference Room
c. Medical Storage Room
d. Staff Toilet Room
e. Staff Entry
Quadrant Four
Section E-E

a. Staff Entry
b. Medical Secretary
c. Private Waiting Room
d. Doctors' Office
e. Coat Closet
Phase ten is a refinement of the 'final solution'. Now evaluation of the design must be made to reveal how closely this solution is consistent with the conclusions made during the development of the preliminary phases. The concern of this phase is mostly with internal analysis. Corrections and adjustments to the interior are likely to have minimal effect on the exterior form at this point.

**GRAPHIC INTERPRETATION**

The center square illustrates phase ten of this study. The overall form is now quite refined which is depicted by the solid black ring. Each square is shown again intersecting this black ring representing a reevaluation of each phase with respect to the final solution. The central square, a repetition of the outer squares, illustrates further review until finally a pure, balanced solution has evolved. This is depicted by the centermost square, the focal point of the entire study.
As a student of architecture I have been exposed to many
generations of architecture. It is clear to see that each era designed
and built their architecture equal to the level of their technological
knowledge and aesthetic ideals. As a designer of the built environment
I have been educated to believe that architecture should reflect the
philosophy of the time. The question then arises, what is the
philosophy of society in the 1980's?

Today society is continually bombarded with such a wide variety of
images. The design profession as a whole is geared for sales. The
fashion world and manufacturing industry constantly change the image of
their product to induce sales. Who decides the "new look", the image of
a product line?

The emphasis seems to be on change, alter, modify, but towards
what? Is the design world really tuning into society or are they force
feeding the general populous?

In the realm of architecture we currently see architects'
preoccupied with context and history. The eclectic reinterpretation of
past styles and eras incorporated into the built environment, in my
opinion, is a false reality. Although fun and sometimes highly
theoretical this type of architecture, to me, lacks depth. We as a
profession should not subject the work of past eras and their expertise
to mere imitations of an original concept, thereby casting shadows on
their visions. It is impossible and wrong for a designer to discard
history and the impressions engraved on his/her mind. I also believe it
is wrong to misuse history. Reinterpretation of work from another
philosophical era to me is cheating society.

I feel architects/designers have a moral obligation to society.
This obligation encompasses more than just technically tight
environments able to withstand the "test of time". It is a
responsibility to be leaders in aesthetic thought based on the
psychological, sociological, functional, and physical needs of today's
society.

My basic premise is that today's architecture has lost sight of the
human content. People as the purpose for creating the space, human
behavior as the generator for design, not some arbitrary aesthetic image
forced on society. Creation of new and stimulating images is not enough!
We as designers need to carry our solutions much deeper. Many other disciplines such as psychology, sociology, and anthropology have seen major advances. These fields of study are beginning to understand many facets of human behavior which up until now have either been assumed or simply avoided. If the design world would team up more closely with these disciplines I feel the built environment would become much more sensitive to the needs and desires of today's society. The human component in my opinion is the only aspect worthy of becoming a basis for a design concept, aesthetic, or image. If only the basic needs of society are accounted for in the built environment there will follow only minimal satisfaction or involvement by the user with the forms, volumes, textures and transparencies, we call architecture.

If we as designers began to attune ourselves to the higher order cognitive reactions of the user in the environment a far more satisfying spatial milieu would be present and the human component of the environment would feel much more content, interactive and responsive. I do not feel the answer lies in analytical research of precise reactions of the user in the environment. I think one must be realistic about the overall effect for the general crosssection of society. We have such diverse cultural and geographical backgrounds present in today's society that it becomes an almost impossible feat to satisfy even 50% of the people 10% of the time. I tend to agree with the words of a currently famed film director, Nicklaus Meyer, when he said, "I cannot try and second guess what 70,000,000 or 200,000,000 people are going to like. It would be like telling someone a joke that you yourself didn't think was funny, but trying to imagine that they would like it. You have to make the assumption that they will like what you like. That's your only safe bet." (April 1984)

We should not look at design as satisfying a general crosssection of people. There is no "average person". If we attempt to design the environment to suit everyone's needs the building would tend to lose its life and meaning, becoming difficult to accommodate anyone. The building form must satisfy the physical needs of particular activities and contextual demands; but the emphasis should be placed on the feelings, emotions, and needs of the users. This understanding of the human component should be a major element of thought that works on our
imaginations as designers so these issues can be integrated into the
design solution rather than being payed 'lip service'.

I believe traditional design philosophies are going to have to be
laid aside if we are ever going to become consistent with societies
evolving perceptual attitudes and lifestyles. Architects must become
inventors once again; not necessarily limited to innovative use of
materials and technology, but more importantly, new systems of thinking.
As Louis Kahn might say, "beginning at zero", not just making over
traditional methodologies. New ways of creating environments, generated
for 1984's society. Systems that key in on "how" people look at and
experience architecture not just "what" they are looking at.

I feel the architect has a far greater challenge than to provide
pleasing environments. Many design professions take their clues for new
images from the built environment. The use of the grid for example; the
grid sets an order, pattern, rhythm, while at the same time allowing
unique elements to call attention to themselves because of their
contrast to the grid. Now it seems everyone is caught up in the use of
the grid. Videos, television advertising, clothing fashions, furniture,
they are all in the 'grid nut'.

The architectural profession according to current critics is in a
state of searching. I think the search should be directed inward
towards the human component in the environment. Design teams composed
of not just architects and their egos, but professionals in numerous
other disciplines that understand human behavior. Consultants like
cultural historians, behavioral psychologists, and sociologists.
Architects use many consultants already. Specialists bring a certain
amount of insight into a project that the architectural staff has not
been educated to know, nor do they have time to research and discover.
I do not feel that an architect today can afford not to use all the
resources available to him/her to arrive at the most desirable
solutions. The days of the master builder are gone. Reality lies in
the architect being the organizing team member not the monarch.
Architects need not feel their aesthetic ideals are threatened by the
inclusion of new disciplines onto the design staff, but rather, excited
about the possibilities for greater depth and human quality to their
creations. Architecture of the near future must perform to the needs of
society in contrast to society molding to the needs of architecture.
Bibliography


