



# DISPLACED LEGACIES:

FOLDED TIME AND SPACE FOR AN ARCHITECTURE OF BECOMING

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## ATTESTATION OF AUTHORSHIP

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any degree or diploma of a university or any other institution of higher learning, except where due acknowledgement is made in the acknowledgements."

Fang-Yun Wei

2010

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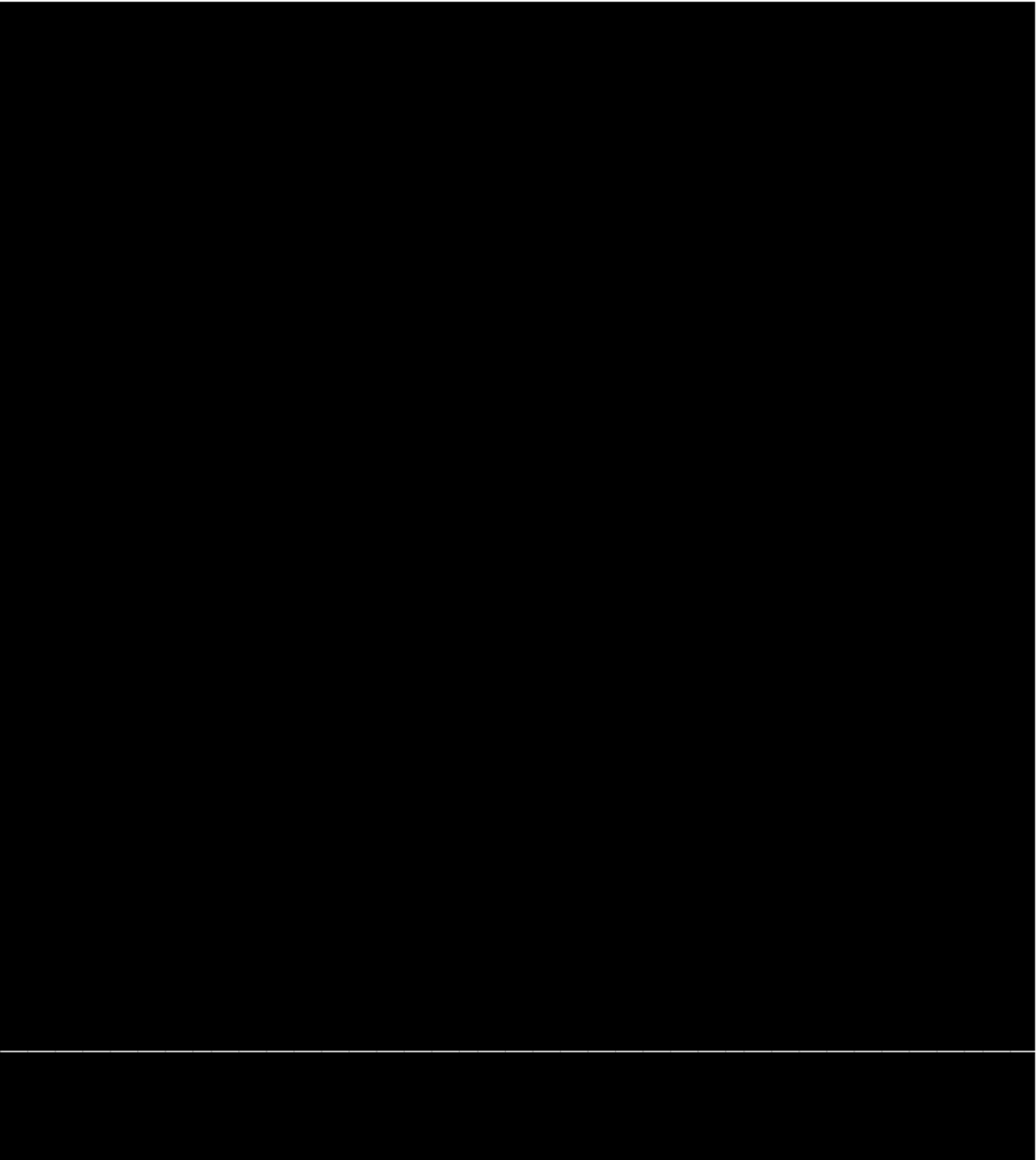
## ACKNOWLEDGEMENT

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# Abstract

This research project is a hybrid between art and architecture; it sits in the realm of conceptual architecture, and is taken from the inspiration and practices between art and architecture, such as drawing, and photography. It is also inspired by the stories and spaces within my family. Specifically, it is about my grandfather's fifty-year-old medical clinic, and his spatial practices that consist of repetition and resistances to change.

There are two bodies. These bodies being the architectural as the medical clinic, and the human body as the divergent range of compressed lives exhibited across the multiple generations, hence the title of *Displaced Legacies*. The project seeks to bring these two bodies into proximity under a framework of medicalised bodies of thought. The medical is a pluralised body that works across a dialogue between beliefs and values inherent in Western and Eastern concepts of health. In this medicalised sense, life and death are crucial themes that play out within concepts of the uncanny and becoming. Under a medicalised body both an objective and subjective reality of bodily encounter is explored through the architectural figure and cross-generational rituals and beliefs. Significantly, the themes of the uncanny and spatio-temporal becoming are perceived here as a play within a play, or a doubling between dead spaces and spaces of the dead. The relations between dead space and the dead bodies, or hauntings of other generations, breathe a new complex living arrangement into my design. What is repressed uncannily makes room for a living on (becoming) with new generations of thought within clinic building. The double effect of these bodies and spaces becomes an important spatial motif as a process of folding in the design project.

The research questions to come through in this spatial practice is how can conceptual design practices, that span a range of disciplinary approaches within medicine, art and architecture, respond adequately to the otherness of plural legacies? How do we approach the question of spatial design with a desire for respecting a plurality of heterogeneous histories residing together in the ever present?

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**Fig. 1** | 魏方筠 | Wei, F. (2010, January) | Consulting room in the abandoned hospital.



# Introduction

The notion of displacement incorporates the ideas within the phenomenon known as the uncanny. An example here is with an experience of travel that reveals shifts in time and living conditions. A notion like globalisation suggests that we have access to multiple cultural and epistemic values. Medicine is one such example. Not only do generations live longer due to increase in medical science, uncannily so do the values we inherit. This phenomenon creates uncanny effects where by our familiar beliefs are often threatened by new and other values. My father and grandfather have shared values through a kind of Taiwanese inheritance, but equally their generations split when it comes to the inherited Western medical values my father brings to his (their) practice. Generationally space and time overlap, deepen and intensify. Underpinning this one-off situation of their clinic the research explores the shift between the literal and allegorical bodies of architecture and human. Allegorically the space of encounter, that of the clinic proposes to activate a question around how can we, in today's contemporary world, cater for a divergent range of compressed lives within a spatial experience?

Critical anthropologist, Marc Augé, has inaugurated this notion of compressed lives through his term 'non-place'. Specifically dealing with the phenomenon of travel. For Augé, a non-place is not specified in relation to historical, culturally established time and space. Non-place is that which disconnects and reconnects us to the more conventional notions of place. Airports, motorways, supermarkets, ATM machines are some of his examples. My grandfather's clinic relates in a complex way to this non-place. Generational splits and intersections make the clinic dispossessed of any conventional notion of anthropological culturally stable place. Its history is splintered by the multiple values of medicine that pass through it. It could be claimed that my reading of non-place makes Augé's notion a hybrid between a stable and shifting horizon of placeness.

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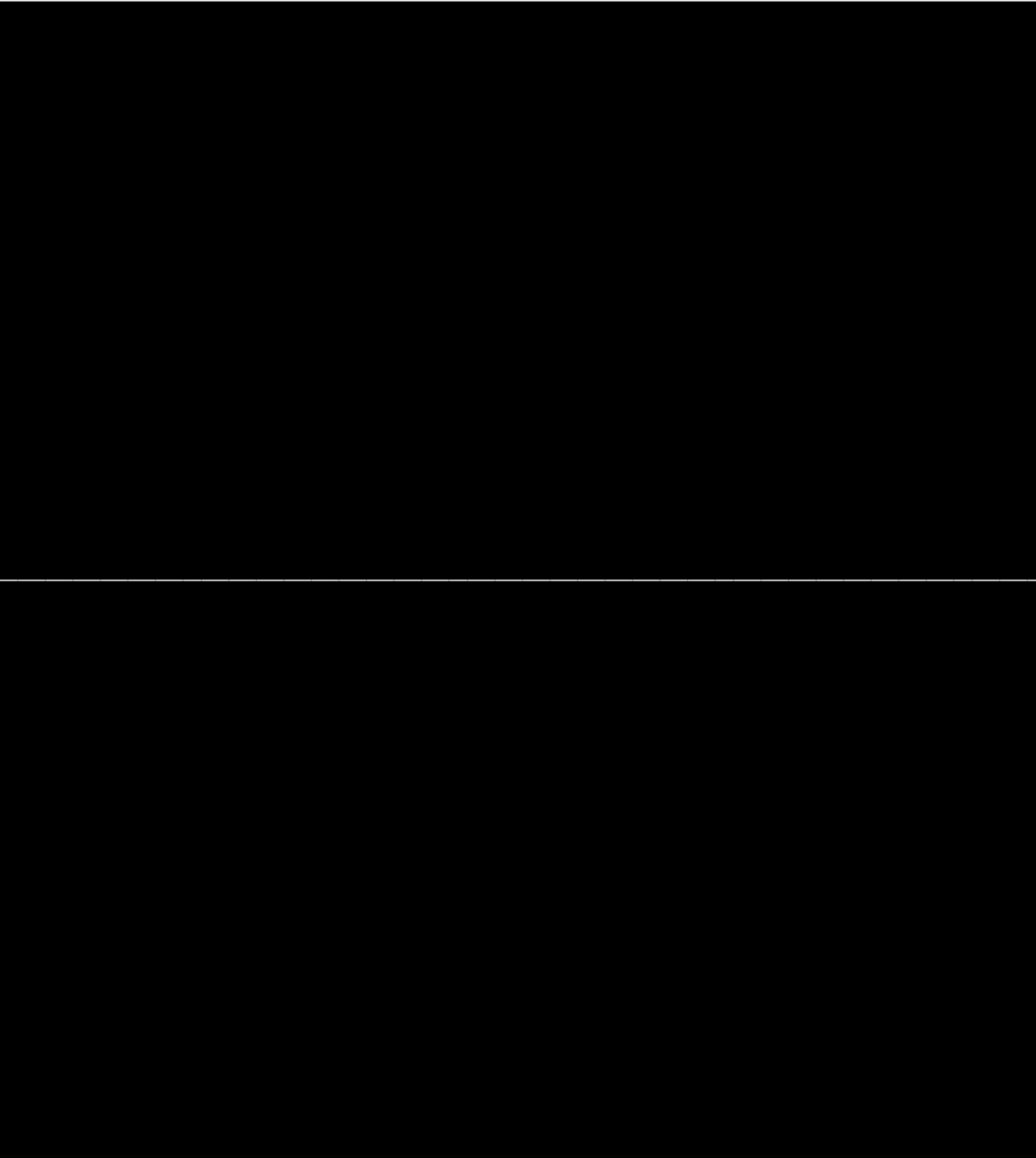
**Fig. 2** | 魏方筠 | Wei, F. (2010, January) | Traditional Taiwanese community. A production line of family-owned businesses with domestic quarters upstairs. Though it may seem chaotic, it is a routine of a non-complex world through the notion of *supermodernity*.

Ultimately this is what a non-place is, whereby shopping malls, airports etc. all become simulacrum of place as they mimic homeliness through multiple sensory effects (smell, sounds, tastes, touch, sight). His notion of *supermodernity* suggests we locate ourselves in such non-places more and more in today's world. So, how does this (pseudo) non-distinctiveness activate a space of embodiment? This project aims to bring this question to into being through the design of the clinical body. The clinical "body", is about an architectural body of empty spaces inhabited by the human body in relation to this space. Two bodies co-exist. The notion of the double or play within a play – body within a body, is expanded on through Gilles Deleuze's notion of *The Fold* (1992). The concept of the fold activates the above (uncanny) notion of legacies that split, overlap, intensify and deepen spatial conditions. The fold is an expression in contemporary aesthetics, and expands to the concept of otherness as viewed in terms of the folds of space, movement and time. Allegorically, the world is interpreted here as a body of infinite folds and surfaces that interweave through compressed time and space – the mind is the world's way of discovering itself. The doubling of thought leads us to Deleuze's reading of Michel Foucault. Deleuze would describe this method of folding thought as 'forces from the outside' – a similar claim that this project makes with the existence of the clinic. Here Deleuze's Foucault force us to think about the subject as a form of folding, in which there are many different ways the bodies can be folded into subjects (material, time, space, memory). No longer is there a simple version of interior and exterior – i.e. essence and appearance, depth and surface. This folded economy is similar to Augé's compressed living. Through the notion of the fold, Michel Foucault analysed ways in which humans have been subjectified through behavior and self-cultivation, imposed on them by external forces. The notion from Deleuze's reading of Foucault is of an "in-folding" of a diverse and discontinuous exterior plane of authoritative influences. Specifically, it is about the diverse multiplicity of authorities; namely those holding political power, and the experts who create the truths of our distinct identity. Today's world could be perceived as even more complex in terms of exterior forces that fold in on our subjective realities. However it is significant to begin with a classic example from Foucault, such as Jeremy Bentham's Panopticon (1785).

The concept of the Panopticon inaugurates an omnipotent watchfulness of intersecting gazes. Foucault argues that our society is not one of spectacle, but of surveillance. In this sense, we inhabit a storytelling organization through the panoptic gaze.

Michel Foucault defined the panoptic gaze as a automatic, continuous, hierarchical, and anonymous power functioning in a network of relations from top to bottom, from bottom to top, as well as laterally, to hold an observation throughout a society. Its values are of total transparency where everyone is under some type of watch. Bodies become self-regulated, as we are always a concept of surveillance (regardless of when and where we are being watched). The notion of a gaze is also closely related to the photographic gaze, given that it is the camera, which becomes the embodiment of the surveillance apparatus. There have been many contemporary artists who have critiqued our culture of surveillance through appropriating the camera as their performative means. My design methods engage photography as both a medium for mapping, dissecting, overlapping, inspecting space and as an allegorical figure whereby the architecture becomes an embodied experience of capture and release that fold or montage the multiple legacies inherent in this space and its wider communities. The architectural body tells stories of histories such as the familial, clinical and communal. It expresses the experience of change through a series of relations: physical and emotional, spiritual and temporal, objective and subjective, material and rememorial. These relations are folded into relations of space and power, programs and practices that take political effect on human behavior.

This research combines the series of questions posed above within the aforementioned contexts of uncanny and folded becoming of spatial bodies through an engagement with philosophies of space, power and compressed legacies via Marc Augé, Gilles Deleuze, and Michel Foucault. The concept of folding and unfolding becomes a dominant design motif that brings together the critical and methodological design contexts, as it manifests the conditions for contemporary living. The process of design is based in practices of drawing, photography, model making, oral histories and site analysis.



The background is a dark, monochromatic image with a grainy, textured appearance. It features numerous fine scratches and larger, irregular marks scattered across the surface. A prominent, slightly curved vertical line runs down the right side of the frame. In the center-right area, there is a small, dark, circular mark that resembles a hole or a deep scratch. The overall lighting is low, creating a somber and industrial atmosphere.

Site Photos



Fig. 3 | 魏方筠 | Wei, F. (2010, January) | Street view of Chung-Cheng Road, Wu-Feng, Taiwan. In the foreground is the medical clinic, adjacent to that is the abandoned hospital.





Fig. 4 | 魏方筠 | Wei, F. (2010, January) | Alley way leading towards the abandoned hospital.





Fig. 5 | 魏方筠 | Wei, F. (2010, January) | The composition of multiple photos expanded the notion of varying perception, which adds to the richness of displacement and its experience.





Fig. 6 | 魏方筠 | Wei, F. (2010, January) | Perspective of the abandoned hospital and its neighbouring buildings.







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**Fig. 7** | 魏方筠 | Wei, F. (2010, January) | My family legacy is located in Wu-Fong, Taiwan. It is a place that serves as a rich point of encounter through historic qualities of space that gather and uniquely engage with my body through modes of displacement. It is imbued with the notion of uncanny. Wu-Fong distributes me through and into the wider reaches of New Zealand.

"Falling leaves return to their roots." This Chinese proverb is one that permeates my project. I am manifestly attracted to it because I conceive myself to be an individual leaf on the tree of life that has roots stretching back in time (and into the future). All of us have roots that reach far back in time that contribute to the legacies, which makes our present lives that open up onto future unknowable.





Narrating Legacy

# Space

Around my design site that is my grandfather's and also now, my father's clinic, foreign-style town houses overshadow this site, in which hierarchical elements are arranged vertically instead of horizontally<sup>1</sup>; stories instead of wings are added as the family expands. On a commercial street, the ground floor serves as the family shop with domestic quarters upstairs. This system of arrangement came about during the 1980s, where the family-operated shops were located on the ground floor and soon enough, the streets became production lines.

From 1981, my father ran a seven-floor hospital. It closed in 1997 due to urban developments where mid-size hospital enterprises such as his were made redundant by larger city hospitals. Since this time my father has practiced alongside my grandfather in their one level community clinic that borders this now empty but still standing hospital. It is important to note that the ethos embodied in the hospital and given this proximity to the clinic has an important relation to my design considerations. In an Eastern country, places like my father's hospital can be a sacred site or forbidden space due to the significance to death and the level to spiritual cleanliness. The remains of this hospital stand like a spatial effigy making the community that surrounds it weary of its presence. This dead space inhabits the clinic design. It is part of my father's Western medical legacy that now embodies the desire of the clinic. I have used this neighbouring space as an initial site for reviewing its remains to give import to the clinic design. It is an example of the uncanny remains.

Hospitals are the core of all social spaces since they are formed in every funding of society, and are endured throughout the course of history. They can be connected and disconnected from the real world, and yet, they are not randomly formed. Hospitals are not sites that we welcome but rather are a necessity of contemporary living. They are contemporary cultures (all over the world) reminder of our mortality. In a complex way, the site of my father's dead hospital lives on as a reminder of those who once inhabited it. Those ghostly inhabitants come alive in my site visits through its material remains. Countless layers of dust are confined in its eerie interiority, which overshadow the energy it once had. They are made all the more apparent through the play of light and shadow. In this sense, there is a beauty about the darkness that triggers an uncanny quality to this space.

Much like the beauty of lacquerware<sup>2</sup> for covering objects inherent in Taiwanese culture, the layer of darkness leaves traces of life that was once lived. These material relations from the hospital fold into observations of my grandfather's clinic and the objects that have remained in use. For instance, a wooden bench evokes the beauty of wood that has longevity. Metaphorically wood becomes a significant material for communicating relations between a natural environment that lives on and us, as mortal beings that change around it. The aesthetic quality of wood embraces the spirit of stillness. A transition but not a change – for the tree becomes the essential fabric of the dwelling and, therefore, its special characteristic reflect the traditional aesthetic of my grandfather's practice within the medical clinic. Like the proverb, *"Falling leaves return to their roots."* – the stillness or permanency of the wood (i.e. the trunk) emanates a quality that gathers the traces of past, present and future legacies.

In between spaces exists here – a between of the hospital and the clinic, joined by a courtyard. A between of worlds of interior and exterior, that as Deleuze reminds us, fold like mobius strips forever moving, where different interiors are inhabited by different exteriors (of space, time, memory, material). The medical spaces speak of inner worlds, inner conscious. Occurring in the inner world are both personal feelings and private thinking, therefore the inner space becomes a space for reflection. Reflection is used as a design strategy for revealing the multiple conditions of interiority through feelings. Doorway/thresholds act as portals, viewing platforms like windows onto other perceptions of living, dying, medical epistemologies and cultural differences. These thresholds offer views of spaces behind and beyond doors. It is these thresholds that become paradigmatic figures for linking legacies i.e. two medical adjacent spaces together. Like Augé's non-place, i.e. places of transition that transport us from past places to present living, the threshold doorways dialogue with more than one worldview. This brings me to the outdoor courtyard mentioned earlier. This exterior condition becomes a significant fold between the hospital and clinic spaces. Further, it signifies a bridge to my own indescribable experience within these familial spaces. It is a mean of expressing feelings and the intangible relationship that now exists between the two spaces. When the hospital was alive and well, this courtyard space was heavily used as the thoroughfare my father would take on a daily basis between the hospital and the clinic. Now it offers something different, both a dead space and a space of future possibility as it gathers some form of natural beauty through change.



**Fig. 8** | 魏方筠 | Wei, F. (2010, January) | The *ageing* wooden bench situated at the entrance of the medical clinic - the waiting area. It is an allegory of the *aging* human body as well as the architectural body.







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**Fig. 9** | 魏方筠 | Wei, F. (2010, January) | Spaces inside the medical clinic. *(left page)*

**Fig. 10** | 魏方筠 | Wei, F. (2010, January) | Medical clinic in 1970s.



Fig. 11 | 魏方筠 | Wei, F. (2010, January) | Old living quarter above the medical clinic. Current condition suggests that the space is no longer used for living but storage.





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Fig. 12 | 魏方筠 | Wei, F. (2010, January) | Impression of a forgotten space.

Fig. 13 | 魏方筠 | Wei, F. (2010, January) | Uncertainty of an enclosed space. (right page)





Fig. 14 | 魏方筠 | Wei, F. (2010, January) | Storage room for old furniture.



# Time

We have discussed already the notion of compressed lives that are of significant import as described by the title *Displaced Legacies*. As Augé reminds us, we as a global society live in the time of simultaneous events – the time of ‘then’ and ‘now’, time of side-by-side, or time of the dispersed. Multiple media make available past experiences alive in the living present. Something which I will enumerate on further in the future of this text. On a local level, Taiwanese architectures exhibit a quality of ‘then’ and ‘now’. There are old houses and new houses in every city. The spaces are shown through my photographic documentation and inherit and fold my own bodily time as well as the time of my grandfather, by this means creating a genealogical flux. These spaces are not voids in which we can place ourselves or other things, but rather they are a set of relation bounded by memories and experiences.

Taiwan has a legacy of both Western and Eastern medicine. During the colonial period between 1895 ~ 1945, the Japanese implemented a program for public health and sanitation, therefore medicine became a significant professional occupation open to the Taiwanese.

My grandfather’s medical clinic, in which he practices traditional Western medicine, was established around 1960s, and it was one of the first buildings to be built on Chung-Cheng Road. Prior to this time my grandfather practiced a range of more traditional Chinese medicines. In 1981, my father’s hospital was built adjacent to the clinic. The proximity between the clinic and the hospital is parallel to the relationship between my grandfather and my father. It hints at the concept of working side-by-side, at the same time it strengthens the medical practices within our community. The hospital ran for sixteen years, and then my father made the decision to shut down the hospital due to market forces as mentioned earlier. For a short while, there were proposals on offer about the new use for the hospital. However, as suggested earlier the aura of death that surrounded this architecture figure coincided with deep felt superstitions – no one would dare occupy a used hospital for these complex spiritual reasons. It became an abandoned building and still is today.

The abandonment of space is perceived as a malady within Taiwanese communities. A combination of lack of money or lack of willingness means that some construction works are stopped permanently, in which abandoned buildings remain as if the remembrance of those lost generations. These would be

another example of Augé's non-place, which he describes as liminal or disconnected sites (gray zones) that don't properly belong to place<sup>3</sup>. Most superstitious people would circulate rumors of how the abandoned spaces are haunted by the ghosts of those who died. There would be no value in re-developing the empty spaces for other purposes, simply because destroying homes of lonely spirits is a bad thing to do. Consequently, sites of abandoned architectures become monuments for the dead. It also suggests that through superstition the dead live on, not properly belonging to place, but also not properly belonging to death. In this sense, a notion of suspended living imbues my design work through the treatment of the different levels activated by materiality such as light, water and folding, cutting, hinging, transition, splicing treatments of interior and exterior relations.



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**Fig. 15** | *The Diminishing Present* (2006), by Edgar Martins, examine the theme of uncertainty, transition and opposition through mysterious landscapes. The photographic prints consist of a surreal quality, perhaps generated by a complete absence of human presence.





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**Fig. 16** | 魏方筠 | Wei, F. (2010, January) | An old property belonging to my family (great-grandparents). It used to be a traditional courtyard house - consisted of three living quarters with an open courtyard in the middle (see Fig. 17). Part of the house was served as a medical clinic before the current medical clinic was established (see Fig. 3), which indicates the shift in Modernity. The hierarchy of building structure has shifted from horizontal volume to vertical volumes. Due to a lack of maintenance and natural disasters (typhoons and earthquakes), two living quarters were destroyed.



Fig. 17 | 魏方筠 | Wei, F. (2010, January) | Great-grandparents traditional courtyard house, 1970s.





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Fig. 18 | 魏方筠 | Wei, F. (2010, January) | *Old Chung Cheng Road* before it became a street of production lines.





# Memory

Memories make use aware of our environment in multiple ways, such as memories that belong to particular places that were once attached to a building or buildings of all kinds. Architecture and sites are more than practical arrangements; they are also a spiritual fabric for our memories. They embody traces that were left behind by others and in this sense they speak of both the architecture and human bodies.

During my case study inside and outside the hospital, the photographic documentations manifest signs of routines that took place. There was an uncanny silence to this place in which I found myself both uneasy but intrigued by the aura of the space. A part of my history comes from Taiwan and so I have inherited the superstitious sense of abandoned places. However, the notion of intrigue whereby I admire such abandoned spaces and its decaying objects is something that is worth questioning. It is another legacy perhaps. As much as I appreciate our surrounding cultural landscapes, I am saddened because these spaces represent a poor use of space – especially when one reflects on the condition of side-by-side temporality. That is, what is lost in the abandonment of these spaces suggests to me other lives, which I would like to know more about especially with my existence mainly in New Zealand. Further, the dislocation of empty and abandoned spaces is at the mercy of further development. In relation to the world we inhabit, and in the name of conservation, I think the land people have abandoned should be open to new possibilities for spatial development, as opposed to taking land that has trees, plants, parks and farmlands for development.

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**Fig. 19** | 魏方筠 | Wei, F. (2010, January) | Exterior of the abandoned building.

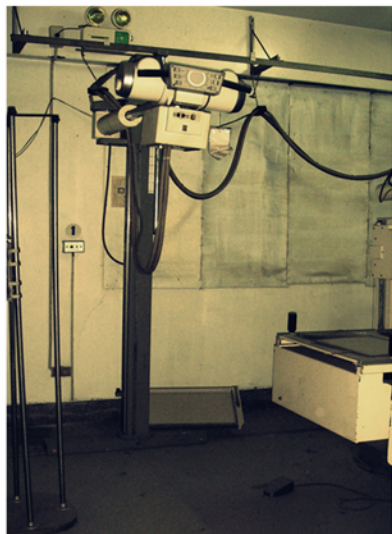


I admire these abandoned spaces because a part of me is interested in the people who were here before me. These spaces intrigue me because they feel like pieces of puzzle that I am a part of, because I may be someone also who eventually abandon these spaces, experienced by people who come after me. However, my design proposition is to create a space that always is added to with forethought to the future generations. My attempt is for this site never to be abandoned and always in a state of becoming.

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**Fig. 20** | 魏方筠 | Wei, F. (2010, January) | Hall way inside the hospital.

**Fig. 21, 22** | 魏方筠 | Wei, F. (2010, January) | Exhibits of forgotten spaces and objects inside the abandoned hospital. *(following two pages)*







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Fig. 23 | 魏方筠 | Wei, F. (2010, January) | Operating Theatre.



My photographic practice and site analysis reveals a strange beauty inhabited by these abandoned spaces. The people that sat on the abandoned chairs in the abandoned rooms unknowingly did not realise that they were using these objects and spaces for the last time. Strange objects that I alone cannot identify become strange memorial beings. Their purpose and a function are now left behind but their aura lives on through my restaging. Like Augé's notion of compressed living, mediums like photography perpetuate our experience of time and space that is compressed. We witness more events with more frequency (TV, Internet, film, phone etc). Space, too, is multiplied wherein we experience spaces through a variety of ways, mediated to reveal scale and multiplied through the different perspectives we have of a space. Photography has always been viewed as an archetypical means for capturing our histories and memories. Now it extends further into a means of multiplying our realities.

As I return to these photographed spaces within the hospital, I observe how they have been shaped and shifted through time. The overlapping narratives and stories that unfold as I observe the marks, residues, traces, left on the walls, benches, and furniture. Unlike other medical environments, which we perceive as clean and sterile, polished and neatly finished, these spaces are messy chaotic and raw. Altogether, they have forgotten their originary purpose.

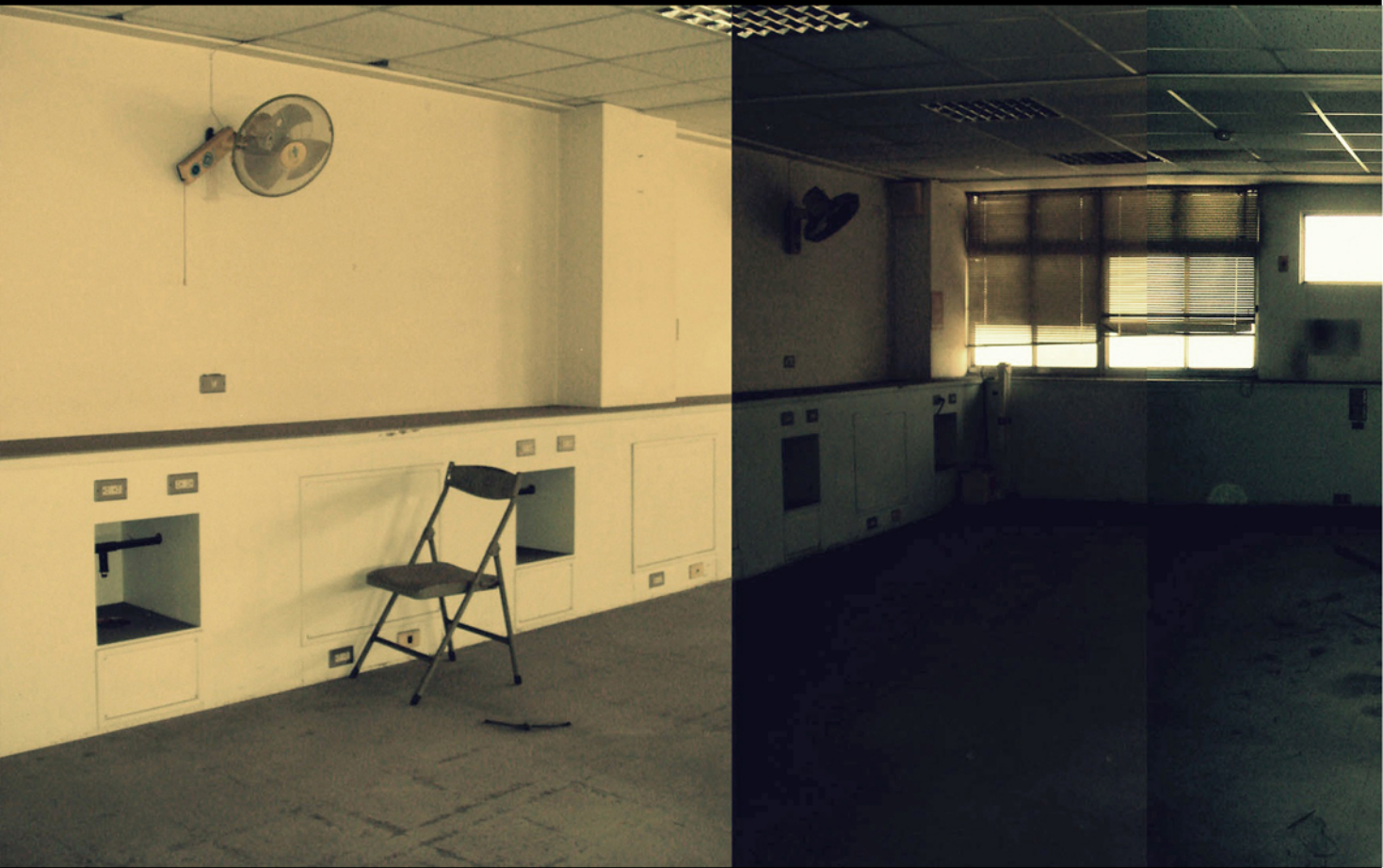
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**Fig. 24** | *Stasi City* by Jane and Louise Wilson (1997), their work documents resonates of abandoned interior spaces charged with the presence of those who once occupied the space or the activities that took place there. The examples were portrayed through camera roaming the eerie, haunted spaces while allowing the viewer to become enveloped in the experience.



# Desire

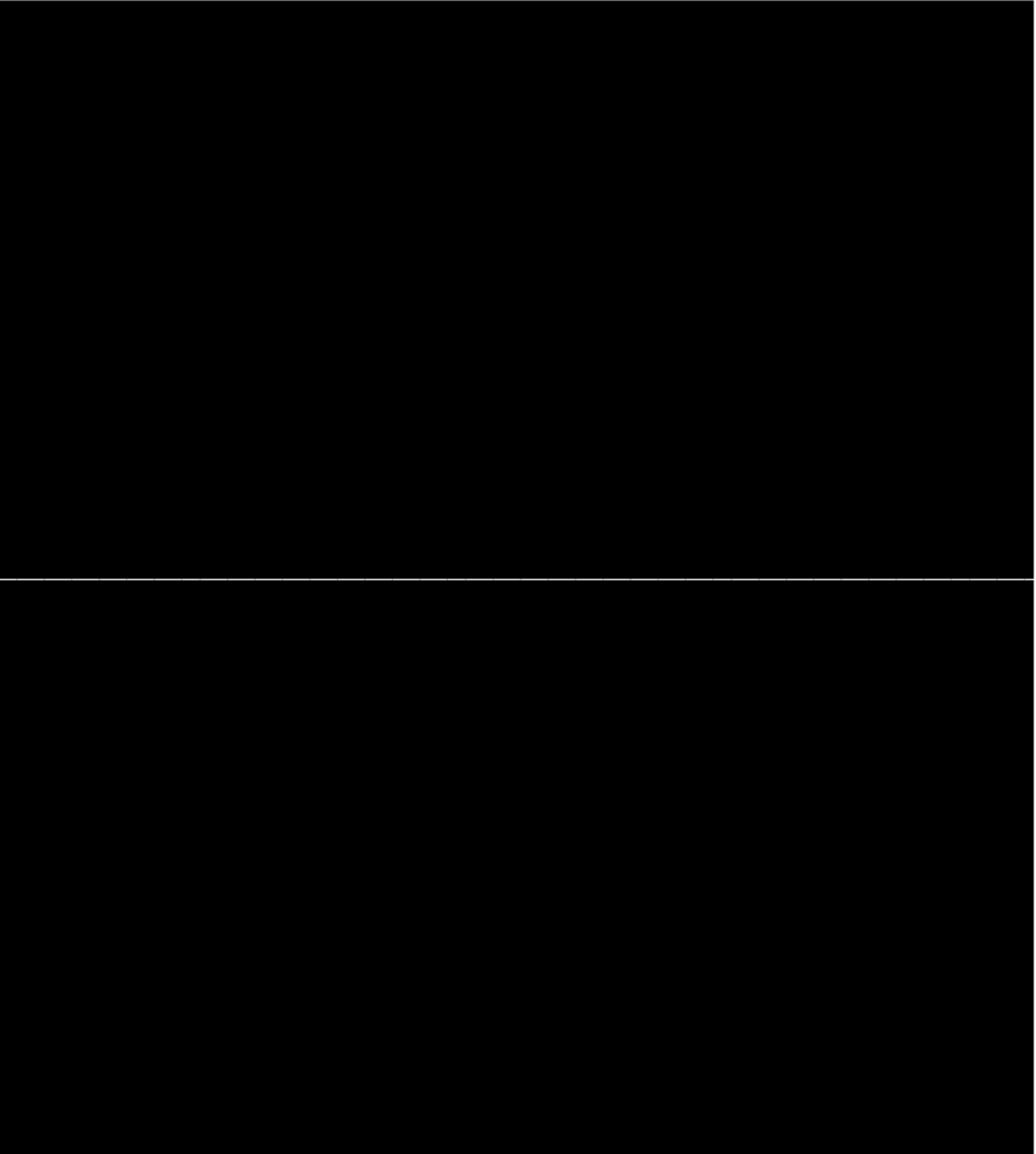
Desire may reside partially in the fact that I have a displaced legacy. I live at a distance from my Taiwanese heritage, although returning annually to keep in touch with it. Displacement mixed with intrigue has brought about the desire to design for the heterogeneous histories, keeping alive the displaced legacies. This is not an approach to the legacies as one narrative, one classic and stable entity, but rather an aim to respect their differences in their being together. These auratic spaces evoke a certain sensual and sacred specificity, where the desire is to restore and reshape familial spaces. The approach in this project is seen as an architectural surgery (via the photographic lens), rehabilitating the existing spaces to breathe new life into them. The surgery as a metaphor activates a method of treatment to the façade, which is stripped layer by layer (via drawing and photography). Spaces are numbered and labeled (via physical modeling), and individually restored before being returned to the building. In this sense, the building is not a static entity but a continuously transformed condition. As one whose history is imbued within this space, I had to question how to interpret my own bodily experience in relation to a space of rich familial histories. I see the inheritance of these spaces as a continuation of myself, and in this respect the consultative process which engages my grandfather, grandmother, father, mother, sister, brother etc. has helped me process my own and the otherness that I am into this spatial narrative. It also honours the fact that I am at a distance, living and designing at a distance in New Zealand. This is, partially why my architectural proposition is one of conceptual residency that inhabits the between of art and architecture.



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Fig. 25 | 魏方筠 | Wei, F. (2010, January) | Hints of natural light bleed into this forgotten room.







Architectural & Subjective Uncanny



# Supermodernity

A non-place is not relational, historical or concerned with identity in terms of old notions of place as anthropologically framed. That is, the cultural significance Augé suggests lies in the distinction between cultures that would have created myth, religion, cosmology etc. to make sense of their world. In our contemporary world, new technologies give us super-human access to (techno-scientific) ways of knowing the world. He argues we have a lack of mythology in the world due to the excessive mediation of the world, which now explains too much. Our facility to view the world via multiple spatio-temporal registers drains a kind of questioning that is perhaps more primordial, more originary. Marc Augé sees a non-place as a characteristic of what he describes as *supermodernity*. It is a quality of living in a state of excess, where importance is placed on creating meaning for everything, and where the excessive consumption of images and experiences is required to create both personal and universal histories. Whereas Modernity is concerned with the subsiding of meaning and significance, *supermodernity* is concerned with the idea of abundance. *Supermodernity* is not to be seen as more modern but as an eventful dissatisfaction with anxiety with a state of modernism. It is an outbreak of activities, hence the abundance of family business in every community in Taiwan. There is now no proximity between domestic and working spaces. My grandfather's clinic is an example of this whereby it houses both working and domestic living arrangements.

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**Fig. 26** | 魏方筠 | Wei, F. (2010, January) | Concrete wall dividing the hospital and its neighbour.

Augé describes how we need to consume experiences, and how we are collapsing time and space (by the speed at which distance is traveled and the relative ease at which we move from place to place) in order to provide value and meaning to events. Non-places have emerged in order to make time controllable and space constricted, thereby creating a controlled space. They cater to our need to control the present and move us from one place to another, so that we are able to experience more. What I am interested in relation to ideas of supermodernity and non-places is how certain non-places change experiences of reality and the formation of memory by exploring the displacement between places via the paradoxical stillness in photography. As intimated in the Memory section above, once photography was the archetypal place (since late 19th century) for housing our memories. It was the place for keeping our dead alive and evoking them through rememorial processes. Now, photography is a device for constructing multiple realities in time and space. While it is impossible to think of real time, photography offers the illusion to a live moment. We are able to ‘simultaneously’ watch an atrocity happening in one part of the world (via news footage), check our Facebook and entertaining guests for dinner all in the same spatial and temporal logic. Space and time become multiplied and compressed. My method for peeling back the façade of the building as a metaphoric act of surgery through photographic techniques suggests a desire for knowing the more nuanced encounters of living legacies. It is a desire for paying homage without turning the design into a brand new entity. The architectural body here is not alone but rather an attempt at allowing multiple breaths from multiple bodies to inhabit its life. Perhaps, my surgery is looking into the deeper layers of the body rather than being analogous to plastic surgery that only treats surface effects.

Displacement is a conflict of time and space, which triggers a form of spatial malady<sup>4</sup> and sense of the uncanny, whereby an unsettling feeling permeates our existence through an age of supermodernity. Displacement is also a paradoxical condition in this design schema whereby my aim is to displace linear progress and enable for multiple legacies to co-exist. It is not about supermodernity’s imperative to make more meaning but rather to allow meaning to settle beyond comprehension in a space-time relation that is contemplative, alive and embodied.

# Fold

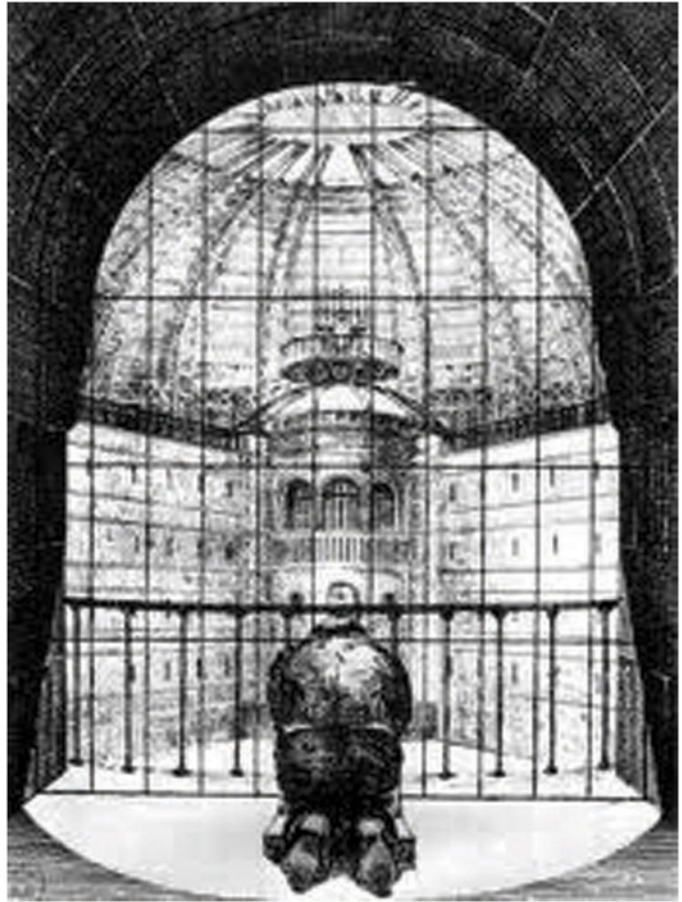
The notion of collapsed time and space of a non-place is interpreted into the notion of fold. The fold is not a singular event but rather it is a collective of folds. Gilles Deleuze defines the fold not as a dimensional change but one that can operate as a degree of development. In terms of architecture, this is interpreted as a series of potential expressions of pure movements, defined as differences. These movements are of no fixed reference points or identities. Folds are suggestive of boundaries but in another kind of conceptual thinking. A folding occurs across lines to create uncertainty between boundaries, instead of defined boundaries or separation. Thereby creating a flux between spaces. This uncertainty is also a potential for multiplicity of folding and unfolding, a re-writing of an architecture of becoming.

“The fold is the general topology of thought...’inside’ space is topologically in contact with the ‘outside’ space...and brings the two into confrontation at the limit of the living present.”<sup>5</sup> Here the fold flows from outside to inside, across different scales and is independent of distance, where neither is fixed but rather in constant exchange. Therefore, a building is not one space and one site but many spaces folded into many sites, in which architecture is about folding space into other spaces. My desire had partially arisen from living at a distance from Taiwan. Deleuze’s fold translates this desire through an articulation of my condition as a folded entity – independent of distance and in constant exchange with many of my environments into a living present.

Several folds create a blurring of inside and outside, solid and voided, space-to-space thresholds – a form of conceptualising spatial connections and separations. Within the fold, it is not a matter of ‘parts’ folded into the ‘whole’ but the ‘whole’ is complicated with the various ‘parts’. A space that is no longer detached from the program, but where the folds become the events themselves. The design treats the fold as possibilities for enveloping different legacies that inhabit the spatial programmes inherent in the waiting rooms, pharmacy counter, consulting room, family space, archive and storage. The ability to have a series of surfaces programmed to not just fold and unfold but to evolve and continuously refold is important for opening up the body of the architecture as a site of becoming.

This design embraces the past, present, future as a de-distanced reconfigured notion. Surface and depth are complicated by re-foldings to create spatial flow from room to room, surface to surface, body to surface and body to body. For Charles Baudelaire, disruption of exterior into interior has two consequences: the interior becomes a façade, while the person on the street becomes a voyeur and is represented by his notion of the double gaze:<sup>6</sup> “Looking from outside into an open window one never sees as much as when one looks through a closed window. There is nothing more profound, more mysterious, more pregnant, more insidious and more dazzling than a window lighted by a single candle. What one can see out in the sunlight is always less interesting than what goes on behind a window pane. In that black or luminous square life lives, life dreams, life suffers.” (Baudelaire 1961: 288, 1947: 77)

The notion of containment is radically rethought. In etymological terms, contain means to ‘hold together’, through thresholds between public and private spaces. Like the non-place of transitional space, spaces of transition can also be thought of as containers that hold together crowds: they enclose the collective dream. Here passage and containment are paradoxically coincided. Paradoxically the public spaces of the collective appear as interiors. Threshold becomes a particular type of interior: threshold spaces where the interior and exterior meet, where public and private literally find their common ground. Through the refolding conceptual schema thresholds could be perceived as hinge moments where public and private are collected or find common ground. The design schema addresses the different folding environments that are ‘exterior’ to the building, such as the noodle stall and its night activated alley way that runs alongside the clinic. Further, its environment is folded both into the clinic and beyond into the larger fabric of the community. Inside and outside are radically uncontained and rethought through this refolding potential.



**Fig. 27** | *Panopticon*, by Jeremy Bentham (1785), is a concept for exploring the notion of the clinical gaze. The power of the medical gaze can be aligned with the photographic apparatus of the photographer.

# Allegory

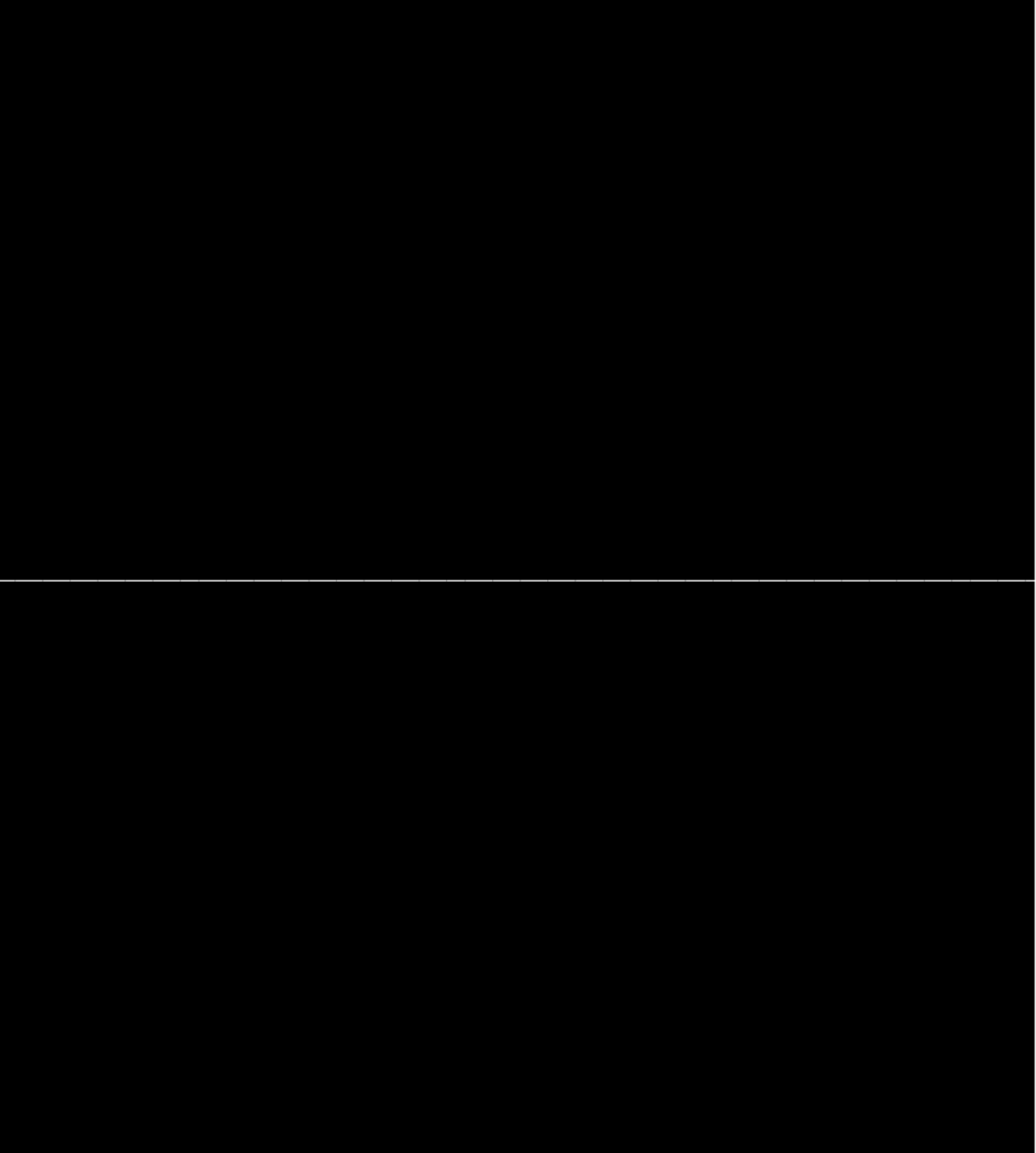
The notion of body to body is a temporal-spatialization, which creates a relation between ‘working time’ and ‘personal time’. It generates an understanding of a person’s self as a labour commodity. Workers are often limited to the residential regions they can afford, which creates more distance from those with more authority. For Deleuze and Foucault, the concept of the Panopticon, by Jeremy Bentham, was to allow an observer to observe, and at the same time it is a mode of gaining power of mind over mind.

The structure, itself, establishes a hierarchical space between the guards and prisoners, whose time is organised to control their behavior. A spatial observation as this offers a perception of current subjectivity in terms of the ways certain authorities fold-into others by monitoring others of lower status. As alluded to in the introduction, the Panopticon principle is a spatial metaphor of a diagram or apparatus of power as represented by the (surveillance) camera in human social spaces. Surveillance technologies follow the position of panoptic structures invisibly throughout society. Surveillance cameras in public places are an example that brings the gaze of superiority into the daily lives of the general public. It is a kind of invisible wall that provides simultaneous surveillance and power over certain groups of people. Allegorically here, it is the doctor’s gaze onto his patients that has informed this project.

“The clinical gaze is not that of an intellectual eye that is able to perceive the unalterable purity of essences beneath phenomena. It is a gaze of the concrete sensibility, a gaze that travels from body to body, and whose trajectory is situated in the space of sensible manifestation. For the clinic, all truth is sensible truth.” Foucault, Michel (P. 120). Foucault’s analysis reveals a desire for a traditional knowing in the appearance of things. Here a body is treated as a knowable entity and all bodies are conditioned by this knowing. Bodies are the same. Unlike the Deleuzian fold, the medical gaze’s desire for a stable entity or identity is marked by the dysfunction of treating all bodies as one.

Architecture space represented here by the hospital is an indispensable factor in these systems. Changes in hospital practices through time show the move from the individualistic/singularity to standardised representation of the body.

In Foucault's terms, the 'gaze' or 'clinical gaze' is a new type of medical perception and experience (inaugurated in the late 19th century with its coincidental timing with photography's development), in which the patient's own experience or perception becomes less important than the doctor's judgment. This shift indicates that we leave decision making to the elite group of society. The omnipotence of this gaze is closely related to the issue of the camera's angle of view that frames the subject as a static and knowable entity. The function of vertical angle is a form of looking on a depicted object from above. In this sense, photography becomes the normalising gaze. It is a kind of surveillance that makes it possible to restrict, to classify, and to discipline others.



The background is a dark, monochromatic image with a complex, textured appearance. It features numerous fine scratches, scuffs, and a prominent diagonal line running from the upper right towards the lower right. A small, dark, circular mark is visible near the center of the image, slightly to the right of the text. The overall aesthetic is gritty and industrial.

Methodology: Pathologising Distance



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Fig.28 | 魏方筠 | Wei, F. (2010, January)



# The Normalising Gaze

Photography transforms the very notion of technique; therefore technique becomes a threshold for doubling effect. It intensifies the concept of illusion and other visual forms, allowing the complicity between the technical device and the world to be established. The power of objects and of “objective” techniques comes together. My photographic procedure consists of entering this space of intimate complicity to play along with it and to demonstrate that nothing has yet been certain – that some things are best left unexplained. But what cannot be said can also be kept silent through a display of images – a silent narration through normalising gaze.

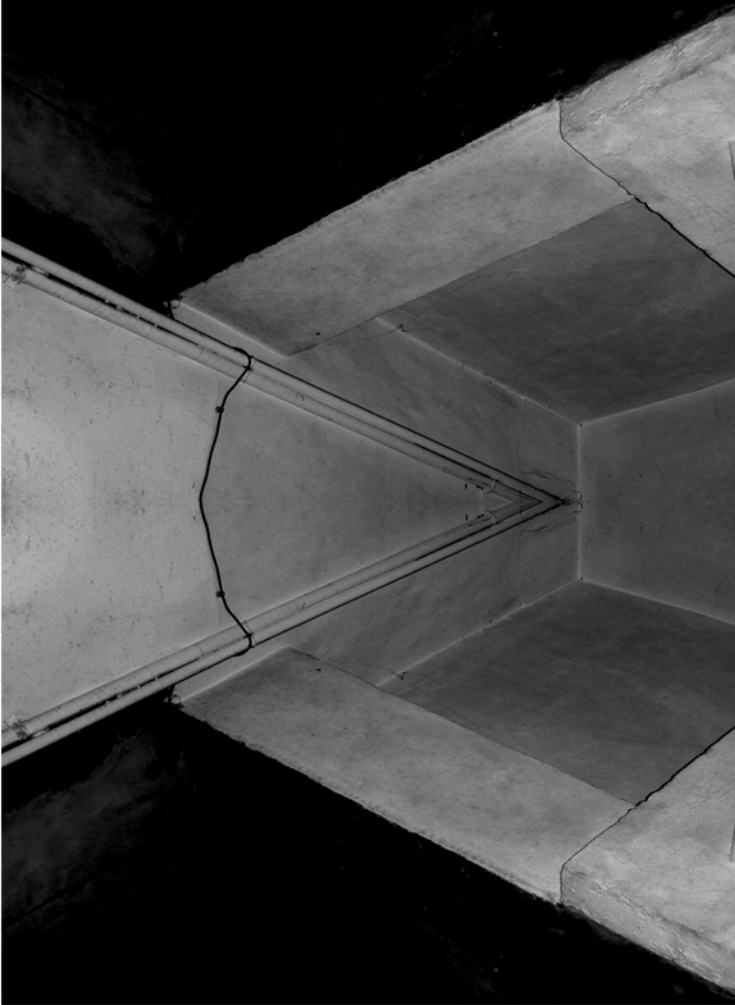
Photography also enables a technical perfection of the gaze (through the lens), which can protect the object from aesthetic changes. The photographic gaze has a way of displaying ghostliness in objects. It does not scrutinise reality. Instead, the photographic gaze is literally applied on the surface of things to illustrate their eeriness in fragments.

The eeriness creates a shadow zone that becomes accessible or remains concealed – a metaphor that describes the uncanny silence in dark places, like the stories that have not been told. Here photography also becomes a mediating device for re-framing my father’s legacy, evoking the nostalgic memories that once took place there. The threshold of a photograph is the ‘in-between’ and the getaway to a ‘beyond’ simultaneously, and that is why the photographs offer possibilities. Not to mention that it has been a dominant visual device for framing histories. My use of photography is interested in the displaced, forgotten and seemingly less monumental or significant family spatial histories.

The idea here is to resist noise and speech by traveling through photography’s silence in order to resist movements, flows and speed by using its immobility, and to resist the moral imperative of meaning by taking advantage of its absence. The very moment in each photo is immediately passed and irreversible, hence the nostalgic appeal. The instantaneity of photography is not to be taken for the real time. The flow of images produced and erased in real time is different to the third dimension of photographic movement. The image is no longer given the time to become an image.

No object is more connected with memory than the photographic image. Memory appears to reside within the photographic image, to tell its story in response to our gaze. In relation to my exploration inside the hospital, while my photographs are representations of the silent and still spaces, at the same time, the perspectives of each space invite the viewer in. Therefore, the similarity here is that we are not looking-at the spaces, we are looking-in and becoming visually involved in the spatial experiences.

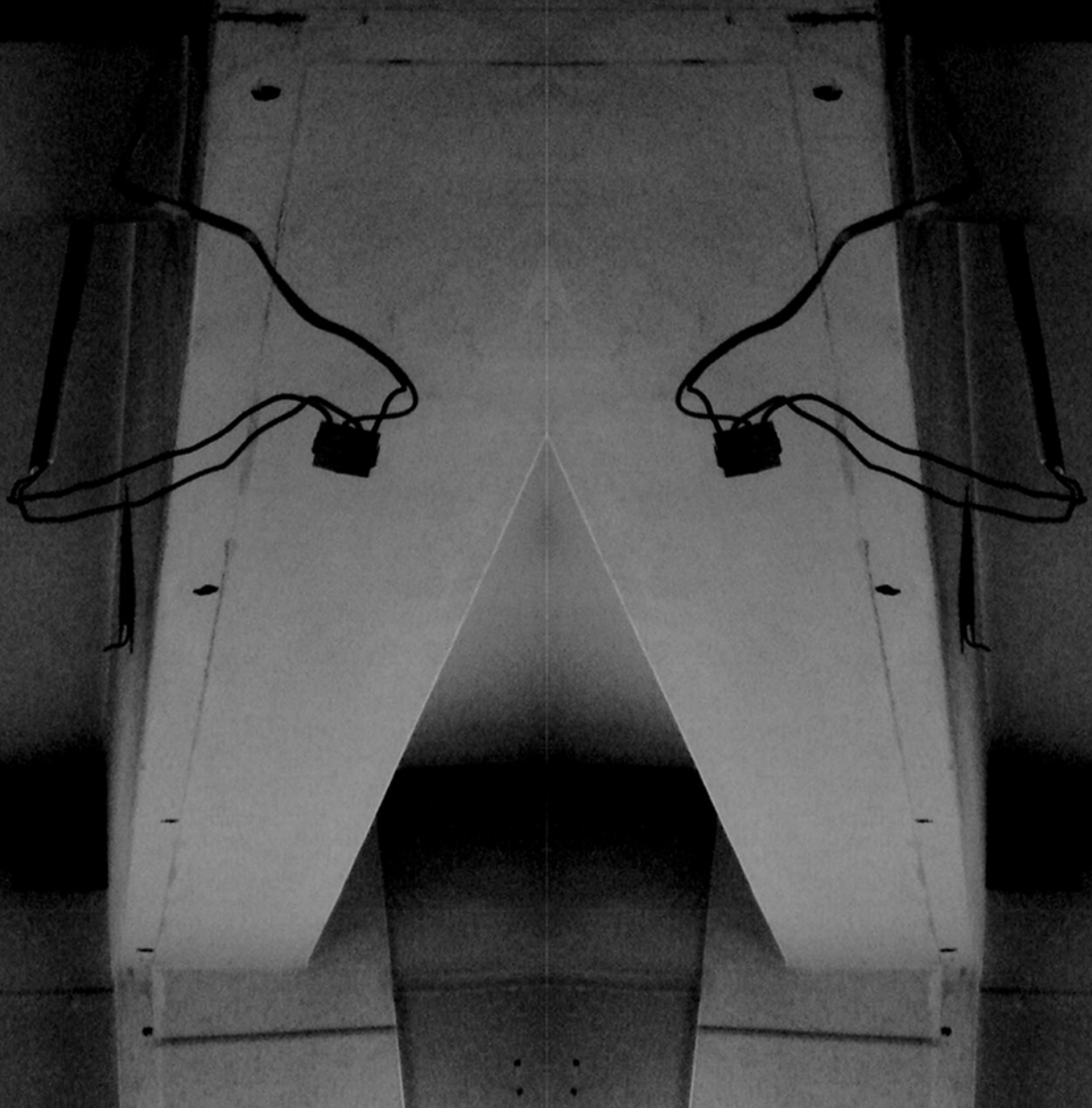
Hence, photography is employed allegorically, technically and in response to supermodernity's condition. My photographic design approach aims at revealing a paradox of the lost gaze in today's supermodernity. As suggested once photography was the archetypal place (since late 19th century) for housing our memories. It was the place for keeping our dead alive and evoking them through memorial processes. Today, photography is a device for constructing multiple realities in time and space. While it is impossible to think of real time, photography offers the illusion to a live moment – as multiplied and compressed realities.



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**Fig. 29** | 魏方筠 | Wei, F. (2010, March) | The effect of doubling exhibits an ambiguity that draws attention to a world that is divided into traditional and Modern, where organicity of place would reign.

**Fig. 30** | 魏方筠 | Wei, F. (2010, March) | Doubling of the architectural body.





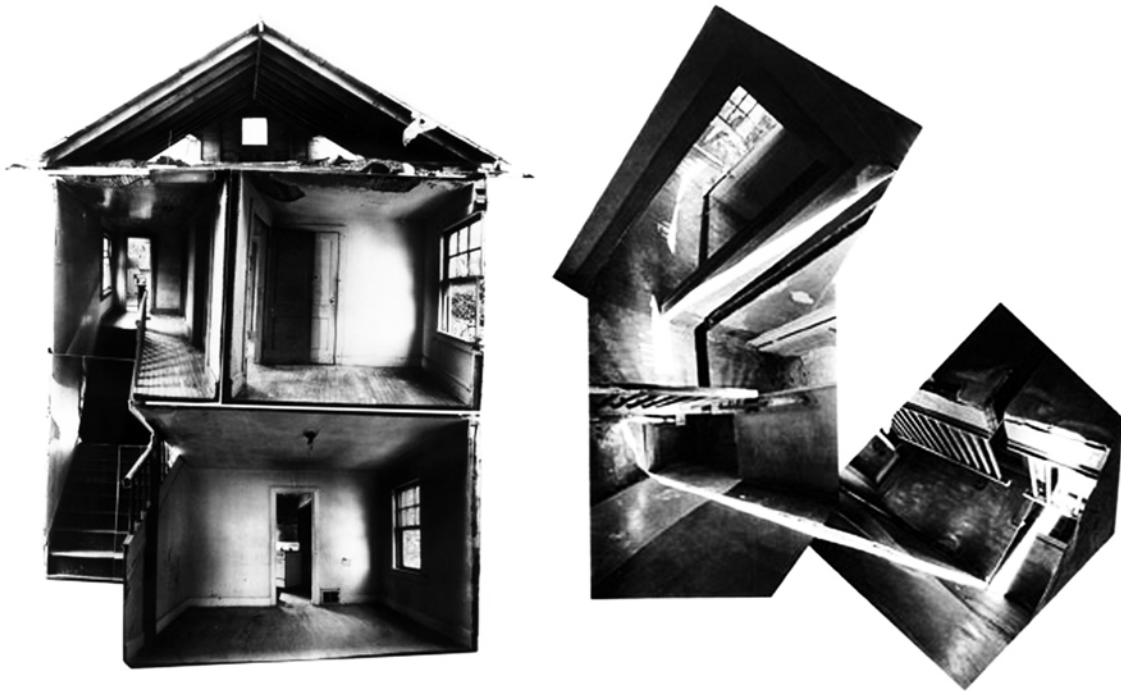
# Photographic Time and Space

There will always be an element that remains in photographic technique, and that being the light. Photo-graphy is the writing of light. The light of photography remains proper to the image. Photographic light is not realistic or natural, nor artificial. Rather, the light is the very signification of the image. It does not originate from one single source, but from a twofold: object and the gaze.

The concept of framing spaces is a form of unlocking spaces from one moment to the next. Light is an element used to unlock spaces. A vivid memory of mine was when I saw the light shaft inside the medical clinic. I saw the light coming in strong and thick, and the shade and darkness – dense and strong, supporting these forgotten walls. I thought of the architecture body as a photographic device by making use of the existing light shaft. By allowing series of wall spaces to become illuminated, or as a photographic means that acts as a reflector to drive light further into these forgotten spaces. By day, the light is a source of orientation inside, allowing the rooms to flow into one another as if the rooms have been edited. It is almost like a theatre, it is possible to have a single light bulb that evokes the time of day, the character's emotional disposition, and a sense of place. Why should it be any different in architecture? My imaging of the clinic body is like short film, made up of stills like Chris Marker's *Le Jete* (1962), of our family legacy, or spatial scenography of our familial site. Time travel is a concept of moving between different moments in time, which is analogous to moving between different points in a space. Everything is about views through the notion of gaze. Everything helps frame everything else – body within a body (Deleuze's Foucault), and a way of registering the breadth of Foucault's concept of the gaze that has possibly become lost in the age of supermodernity. My project aims at addressing the contemporary condition by suggesting the medical gaze has become more disrupted through the excess of photographic means and its wider implication on societal behaviour. In amongst this our subjectivities are much more complex, whereby the manifestations of new diseases and its symptoms is beyond the possibility of knowing for certain the entity we describe as human.

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**Fig. 31** | 魏方筠 | Wei, F. (2010, January) | Significance of the existing light shaft - allowing natural light to bleed into the medical clinic.



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**Fig. 32, 33** | *Splitting* by Gordon Matta-Clark (1970s), reveals the traces of lived spaces - the quality of section by presenting the actual 'sectioning' of an existing building and revealing its hidden interiority. As opposed to the anatomical dissection of a dead body, which is aimed at discovering the physical order of the human body. Here, the sectioning of the 'dead' building reveals the spaces of an imagined human inhabitation. This idea is analogous to the rise of advanced technologies for observing the human body, which penetrates the patient visually in order to find the 'real' cause of the disease.

The notion of framing becomes a crucial aspect in my design thinking, as it creates possibilities for more effective concentration of experience as mentioned earlier with respect to the consideration of nuanced lives that inhabit the multiple layers of façade. The façade is no longer a surface but has a depth of histories to tell. In addition, photography is also a drama, a dramatic move to action, which is a way of taking hold of the world by fulfilling its emptiness. Photography forces out the world through the instantaneous fiction of its representation.

In this sense, it is not a direct representation but a play with reality. Through photography, it is perhaps the world itself that starts to act and imposes its fiction. Photography brings the world into action. This creates a material complicity between us, as the viewers, and the world since the world is never anything more than a continuous move of action.

In relation to the abundance in Augé's supermodernity, the reality disappears under the weight of too many images, at the same time the images disappear too because of reality. What is at play here is the place of reality, the question of its degree. Perhaps the photography has developed as a technological medium in the industrial age, when reality started to disappear. It is even the disappearance of reality that triggers this technical form. Reality has found a way to evolve into an image. This puts into question about the birth of technology and the introduction of the modern world. It is perhaps not technologies and media that have caused our identity crisis in reality. On the contrary, the technologies arise from the gradual distinction of reality.





# Photography

An allegory of the design

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**Fig. 34** | 魏方筠 | Wei, F. (2010, January) | A critical question here is how does the architectural body treated differently manifest through the notion of gaze? But, whose gaze? Are we now suggesting the gaze is displaced? Observing the spaces within a frame is just as significant to observing them directly. Through direct observation the space is enhanced by other spatial conditions due to the notion of the fold, whereas the frame makes an emphasis of the space through composition.



My practice uses photography like a medical instrument. Is it part scalpel of the Western surgeon and part an experiential or subjective apparatus that treats our human condition otherwise to the objective Western medical gaze (that I now claim is contaminated through our era of Supermodernity). Between these two ways; the subjective, which is still more similar to a traditional Chinese approach of my grandfather and the more objective Western gaze of describing the clinical world, is a transformation in "...the relationship between the visible and the invisible"<sup>7</sup> It is a process in which knowledge and clinical practice has fundamentally changed as medicine began to 'see' by means of this modern gaze into the depth of the body.

Natural light is the principle descriptor of built environments. In relation to my development process, series of conceptual spaces are combined with drama as the changing light transforms the sensory experience of being in the modeled spaces at different times of the day and night. For Louis Kahn (1901-1974), natural light brought architecture to life; as opposed to artificial light, which had an unvarying dead quality. Light not only for our perception of surroundings, but the very source of matter itself. It represents nature with the principles by which all matter is bound together. Many of Kahn's design philosophies involve the pursuit of formal perfection and emotional expression instilled with spiritual qualities of space and light.

The mobility of a disease creates a trail of symptoms that marks its passage through the inside and outside of the body. In contrast, the new pathological medicine interprets illness as a specific anatomical cut located in a seemingly analysable three-dimensional structure of body. This coincides with the photography gaze, which reveals the density of the architectural flesh that defines the stress of the building.

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**Fig. 35** | Aaron Siskind's abstract photography (1949) demonstrates the arts found in commonplaces (or non-places), the eye of the lens focuses on the neglected and the insignificant. In up close view, it is a photograph of peeling paint, but it seems like a beautiful decay. "*The Drama of Objects, to the left, around to the right. Watch them grow large as you approach, group and regroup themselves as you shift your position. Relationships gradually emerge and sometimes assume themselves with finality. And that is your picture.*" Siskind, Aaron. (1945)





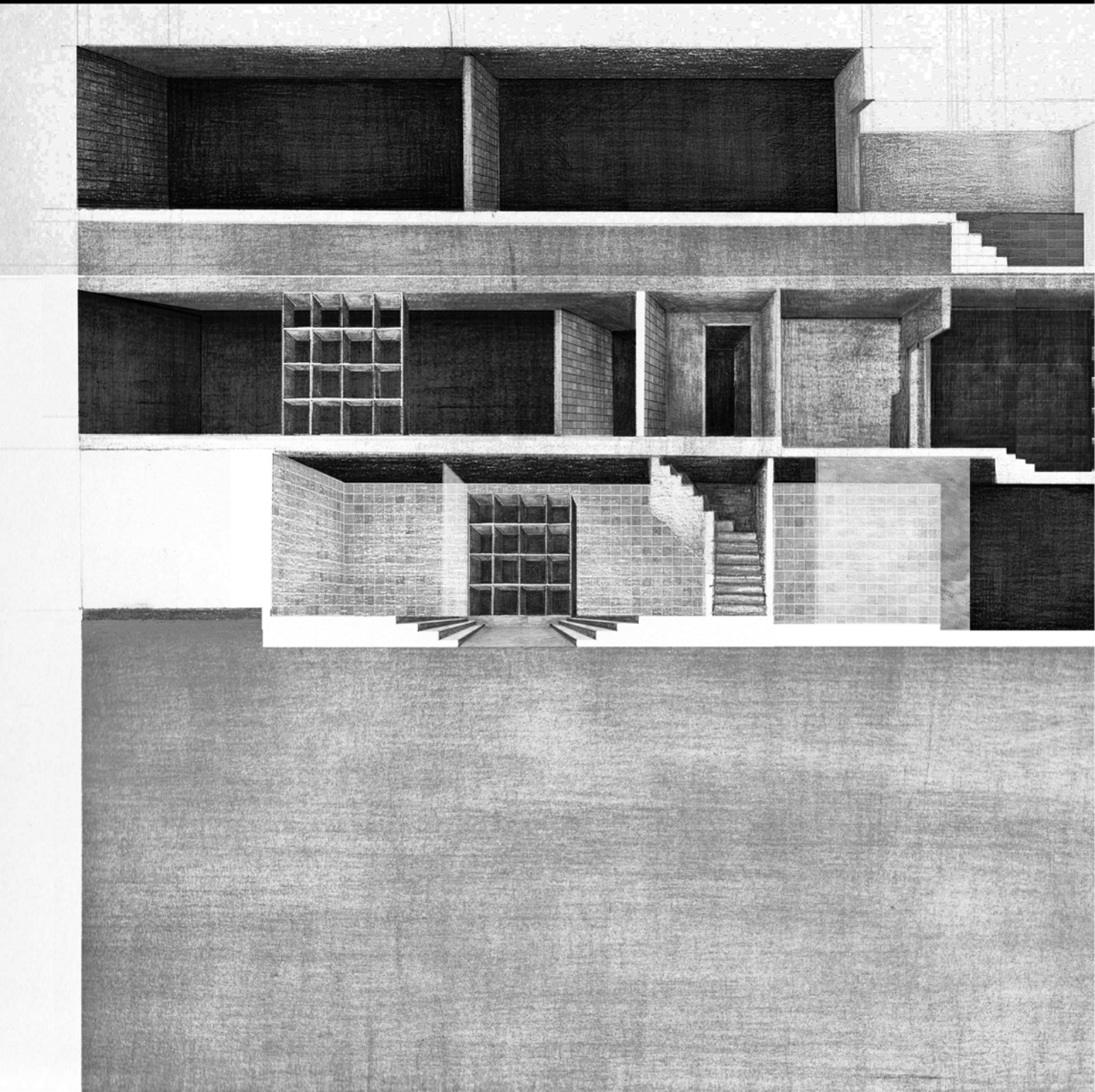
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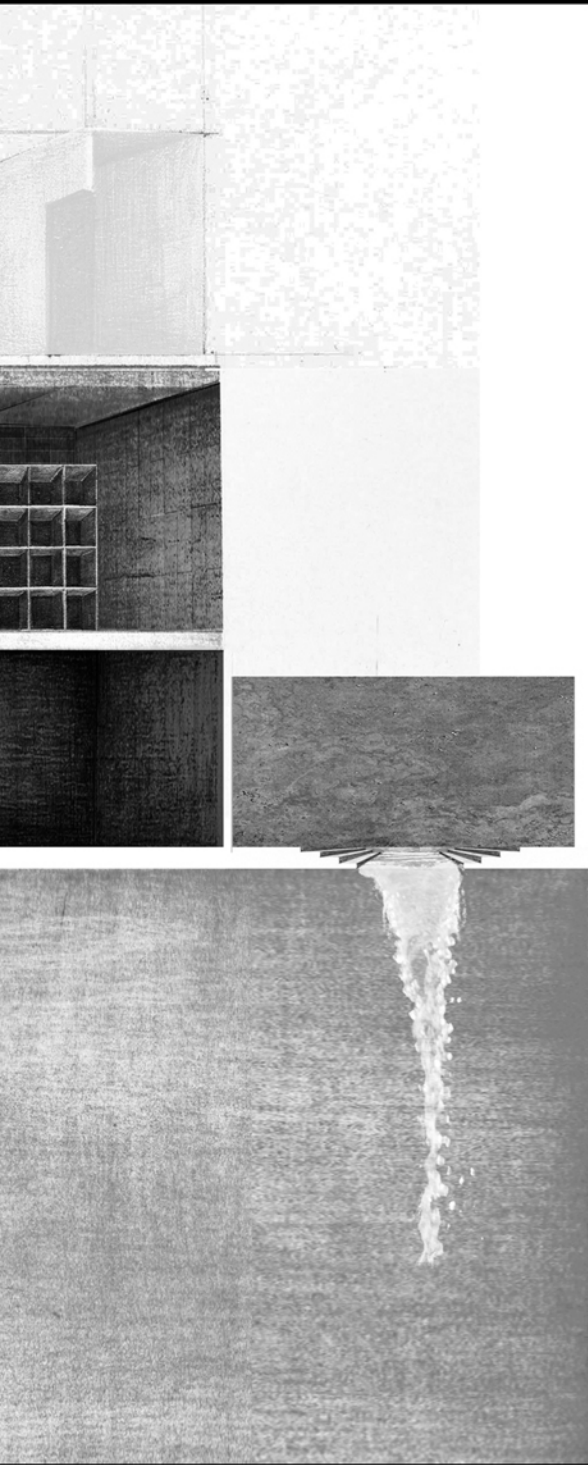
Fig. 36 | 魏方筠 | Wei, F. (2010, January) | Close up observation of an object. The scarred quality on the surface is a sign of lack of maintenance.





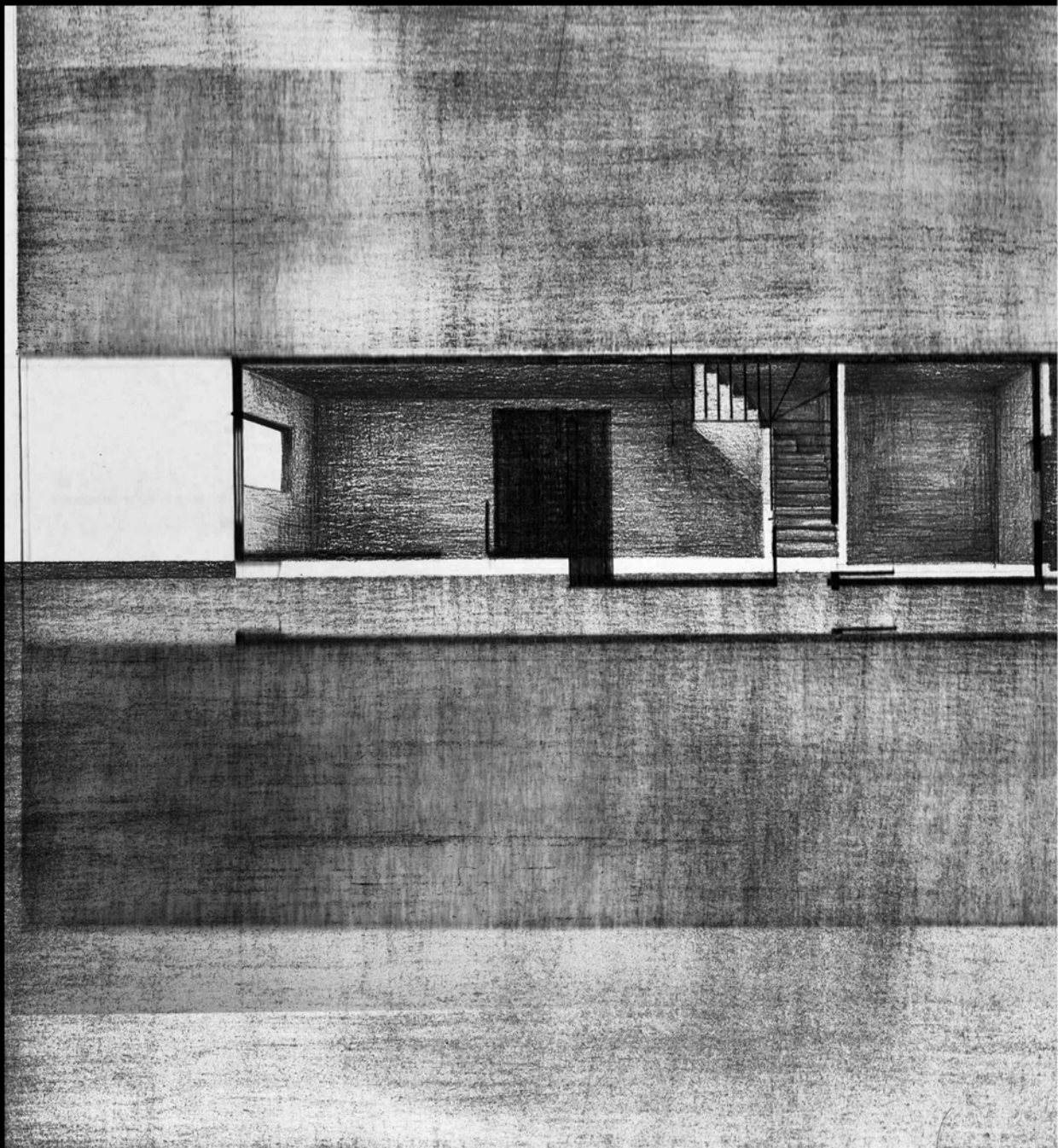
Photography to Drawing

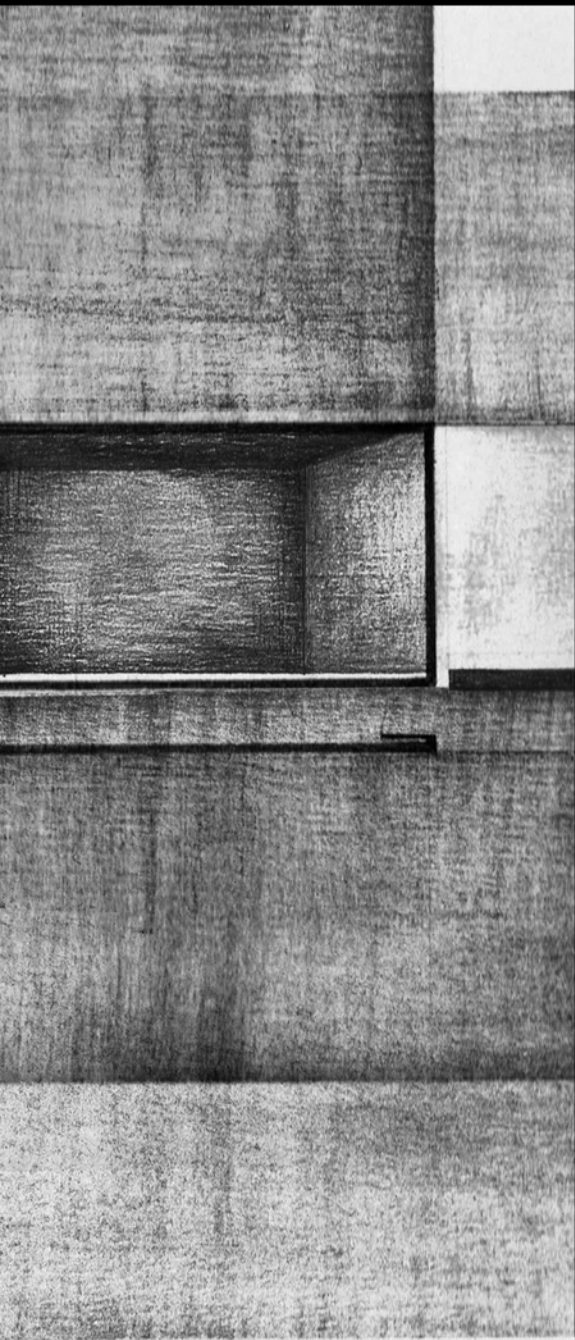




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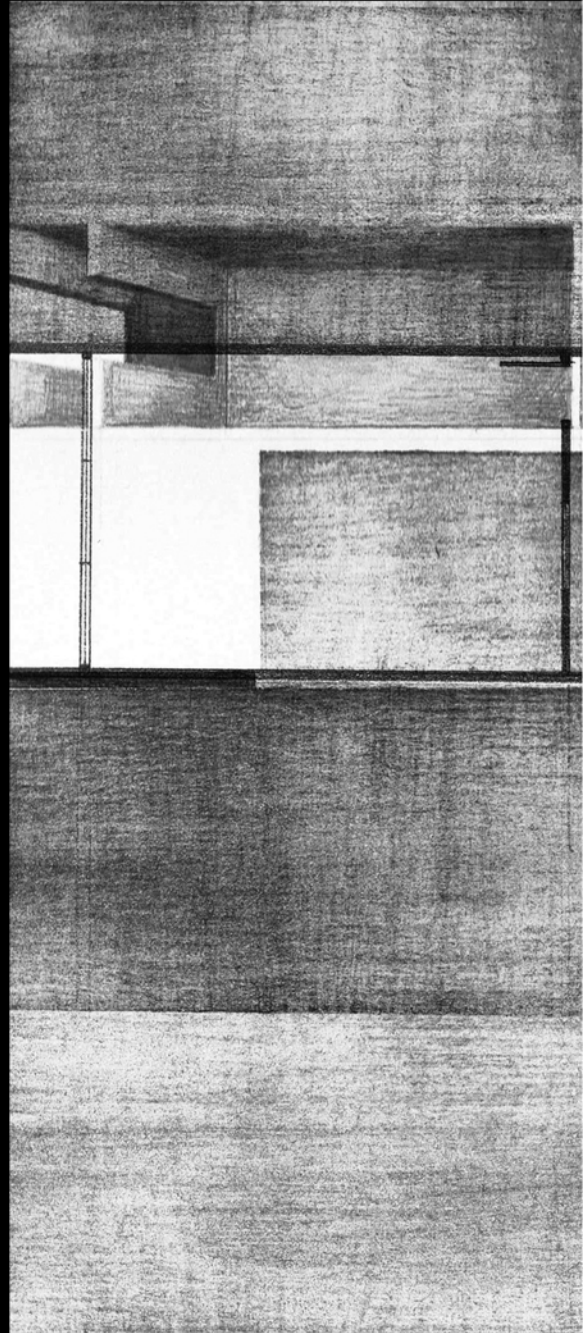
**Fig. 37** | 魏方筠 | Wei, F. (2010, May) | Re-interpretation of 'reality' through subjective encounter: In photography, only the lens sees things. The lens is hidden. It is not the other (spirits) which catches the photographer's eye, but rather what's left of the other the photographer is absent. We are never in the real presence of the object. Between reality and its image, there is an impossible dialogue. There are only a few images that are not forced but provide meaning. The most contemporary photos only reflect the objective misery of the human condition.





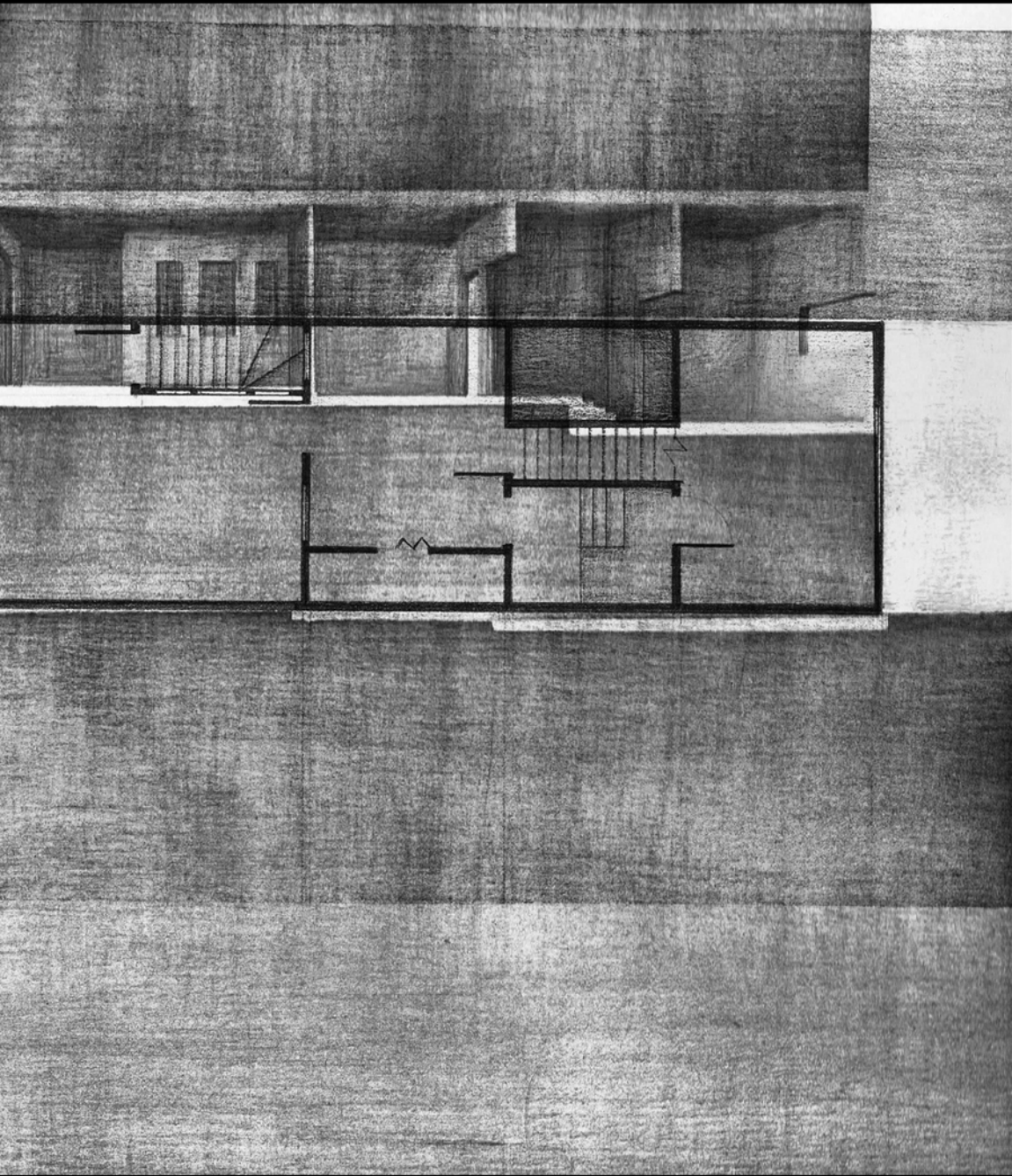
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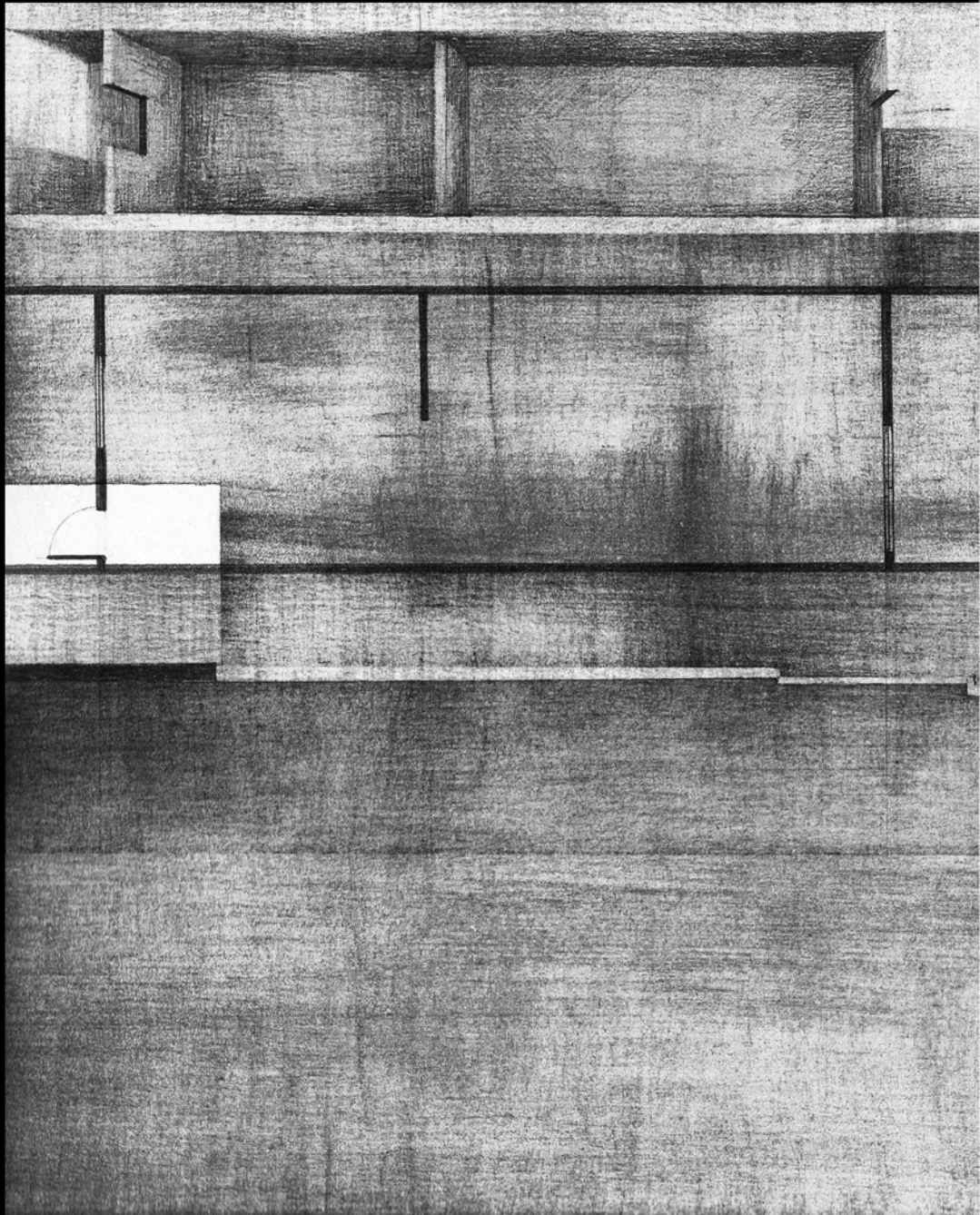
**Fig. 38** | 魏方筠 | Wei, F. (2010, May) |  
*Graphite Drawing - original scale @ 1:100*  
Ground Floor (medical clinic). Side elevation and floor plan combined.

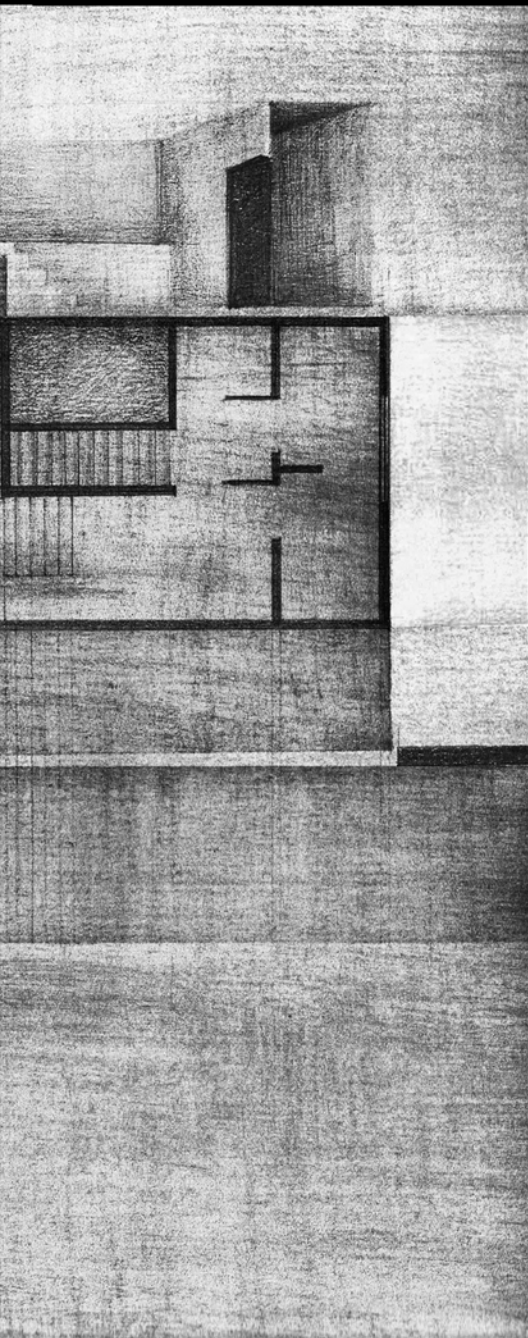


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**Fig. 39** | 魏方筠 | Wei, F. (2010, May)|  
*Graphite Drawing - original scale @ 1:100*  
Second Floor (medical clinic). Side elevation and floor plan combined.

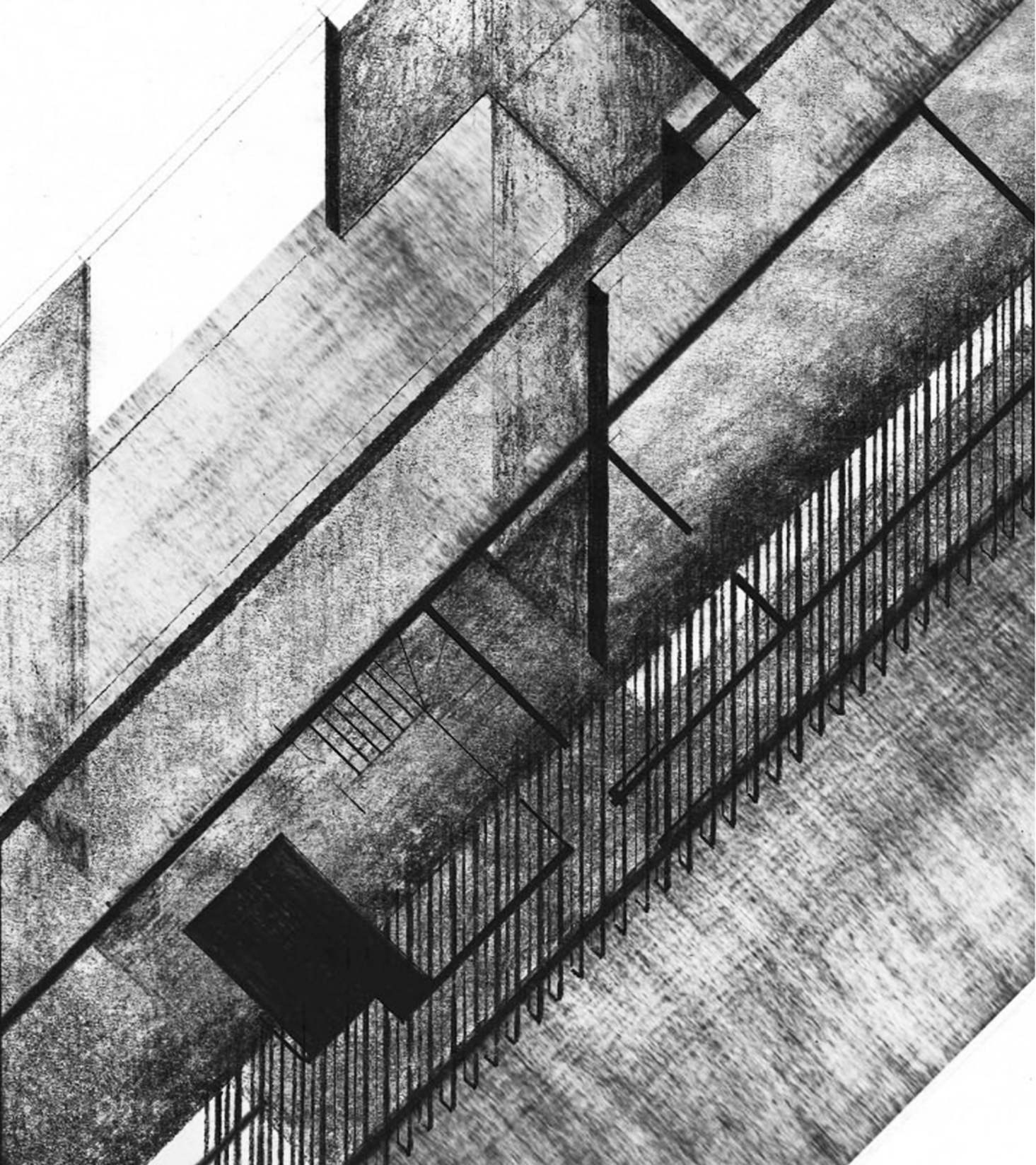






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**Fig. 40** | 魏方筠 | Wei, F. (2010, May) |  
*Graphite Drawing - original scale @ 1:100*  
Third Floor (medical clinic). Side elevation and floor plan combined.



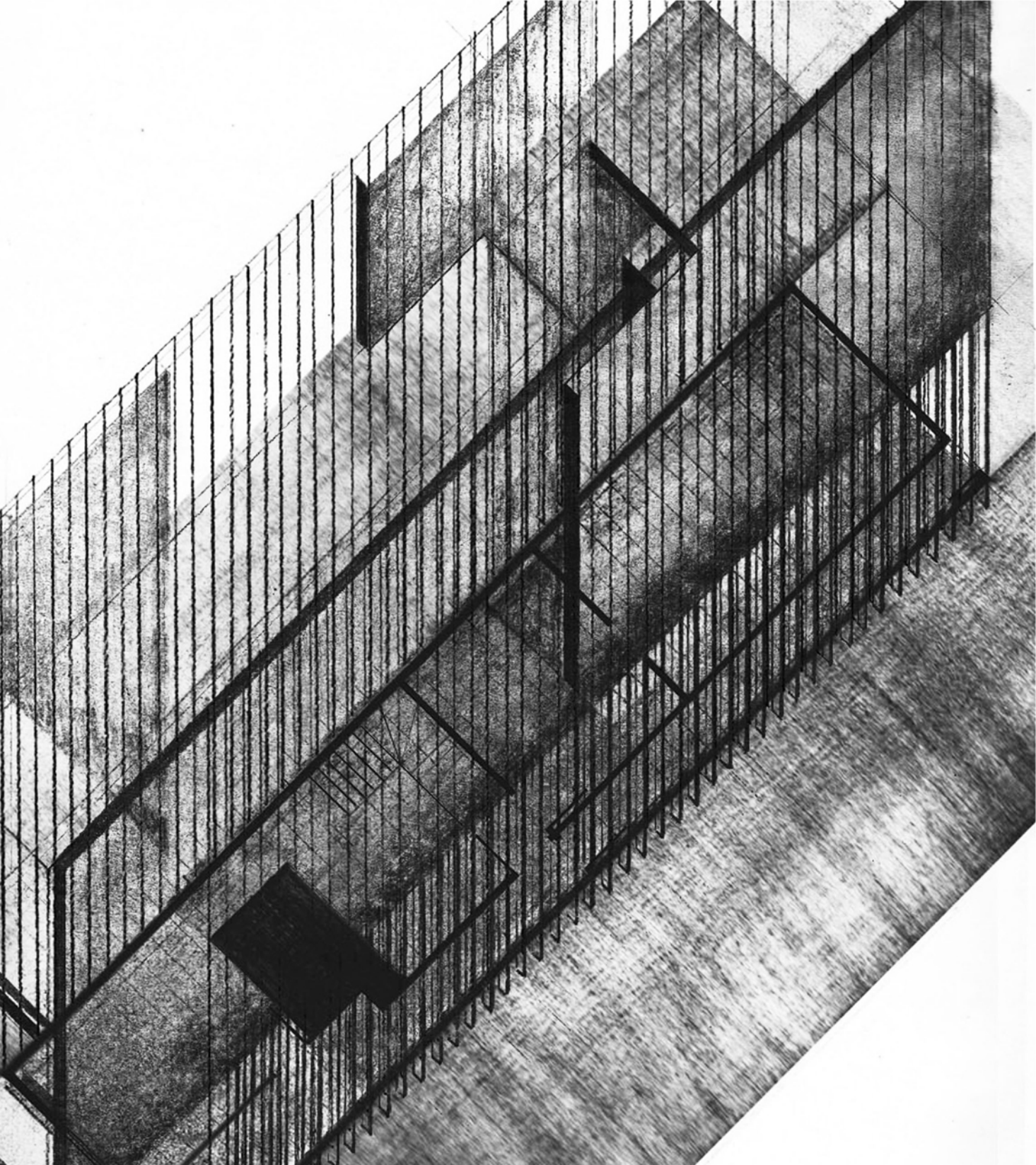
I have emphasised the camera's control over the images – this is a transition from myself, as the photographer, who has power over what is taken in front of the lens, a power in which can be passed on to the viewers of these images, therefore the camera represents a 'controlling gaze'. It also seeks to open up other subjective experiences to the spatial encounter of my drawings. It is a process of translation that allows for the otherness of the object to become. As in the concept of the in-folding, photography folds into the drawing to bring out the becoming of the architectural space.

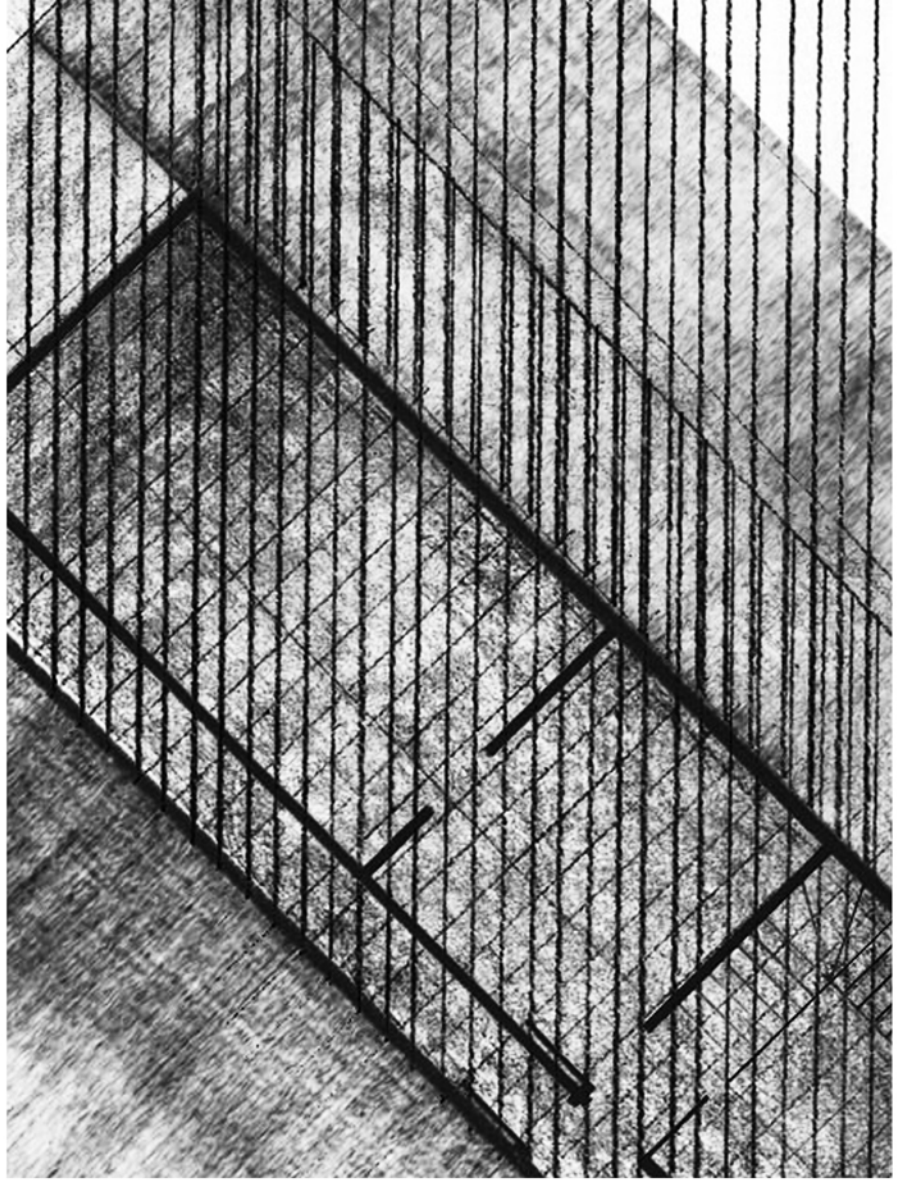
The notion of perspective drawings is metaphorical description of placing the body within a space. Using one-point perspective is the simplest method of depicting a three-dimensional form, particularly from a photograph. Where parallel lines converge to one point somewhere in the distance, allowing the other viewers to visually travel further. The viewer's gaze is perpendicular to the one set of lines. Where the reference at the point is a collapse of space and time. Perspective is a form of horizontal and vertical orientation.

The concept of fragmented spaces is illustrated in my graphite drawings. As much as I would like to bring my vision into life, my visions also exhibit a manner of displacement. Drawing from imagination is drawing from memory – a long-term memory, and putting fragmented memories together to create something new. But no matter how disconnect my images may seem; they are of elements of reality. They fold de-distancing spatial discreteness and temporal linearity. My images are not about traveling further as one point perspective suggests but rather revealing the multiple folded journeys that make up our human subjectivity. The design work inhabits splits, cuts, super-impositions, half-turns, living archives, sutured inhabitants, edits, montages that evoke the legacy of photography into the moving image and beyond into a new form of becoming akin to supermodernity.

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**Fig. 41** | 魏方筠 | Wei, F. (2010, May) | Axonometric graphite drawing.

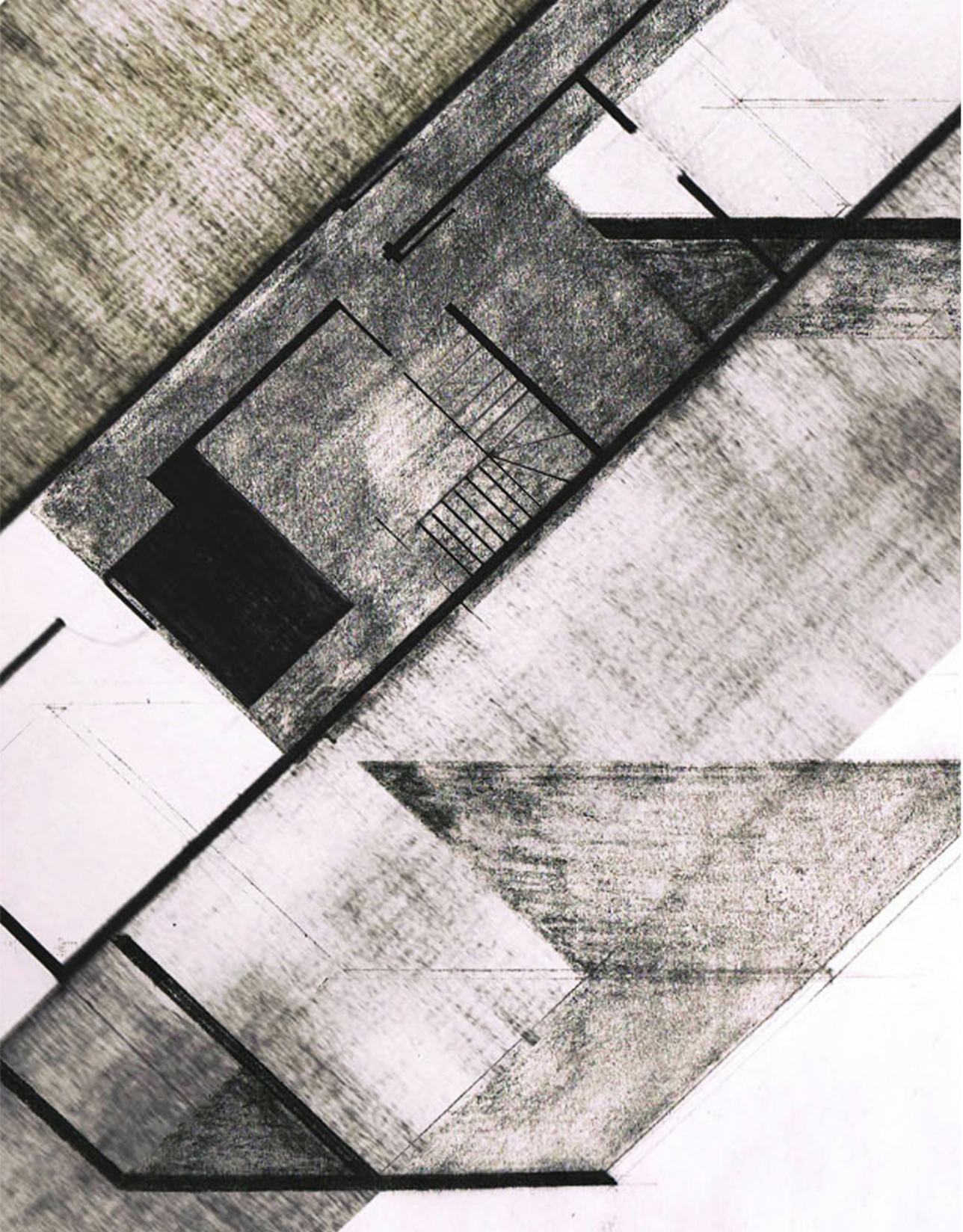


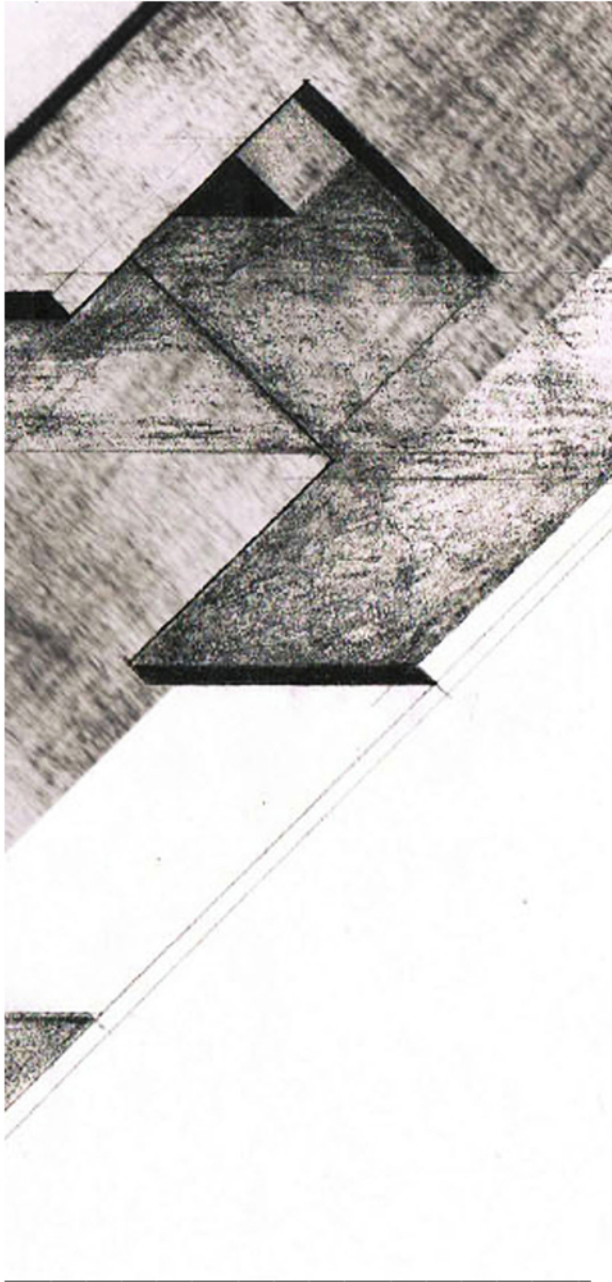


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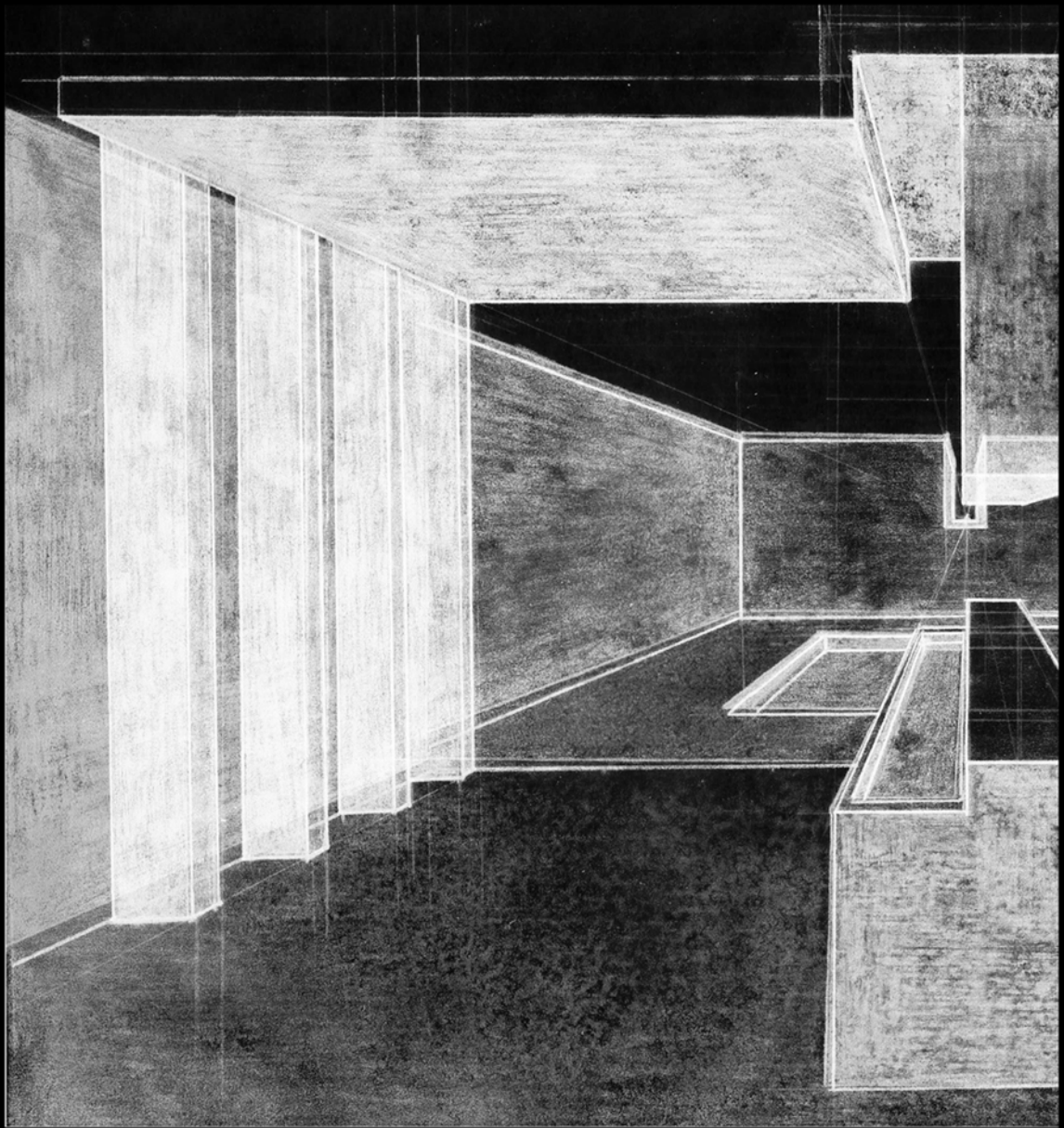
**Fig. 42** | 魏方筠 | Wei, F. (2010, May) | Axonometric graphite drawing. (*left page*)

**Fig. 43** | 魏方筠 | Wei, F. (2010, May) | Axonometric graphite drawing.





**Fig. 44** | 魏方筠 | Wei, F. (2010, May) | Folding axonometric dimensions together to generate conceptual spaces. Offering possible working and living spaces. This is a result of reinterpreting photography to drawing.



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Fig. 45 | 魏方筠 | Wei, F. (2010, May) | Displacement through the black and white composition.

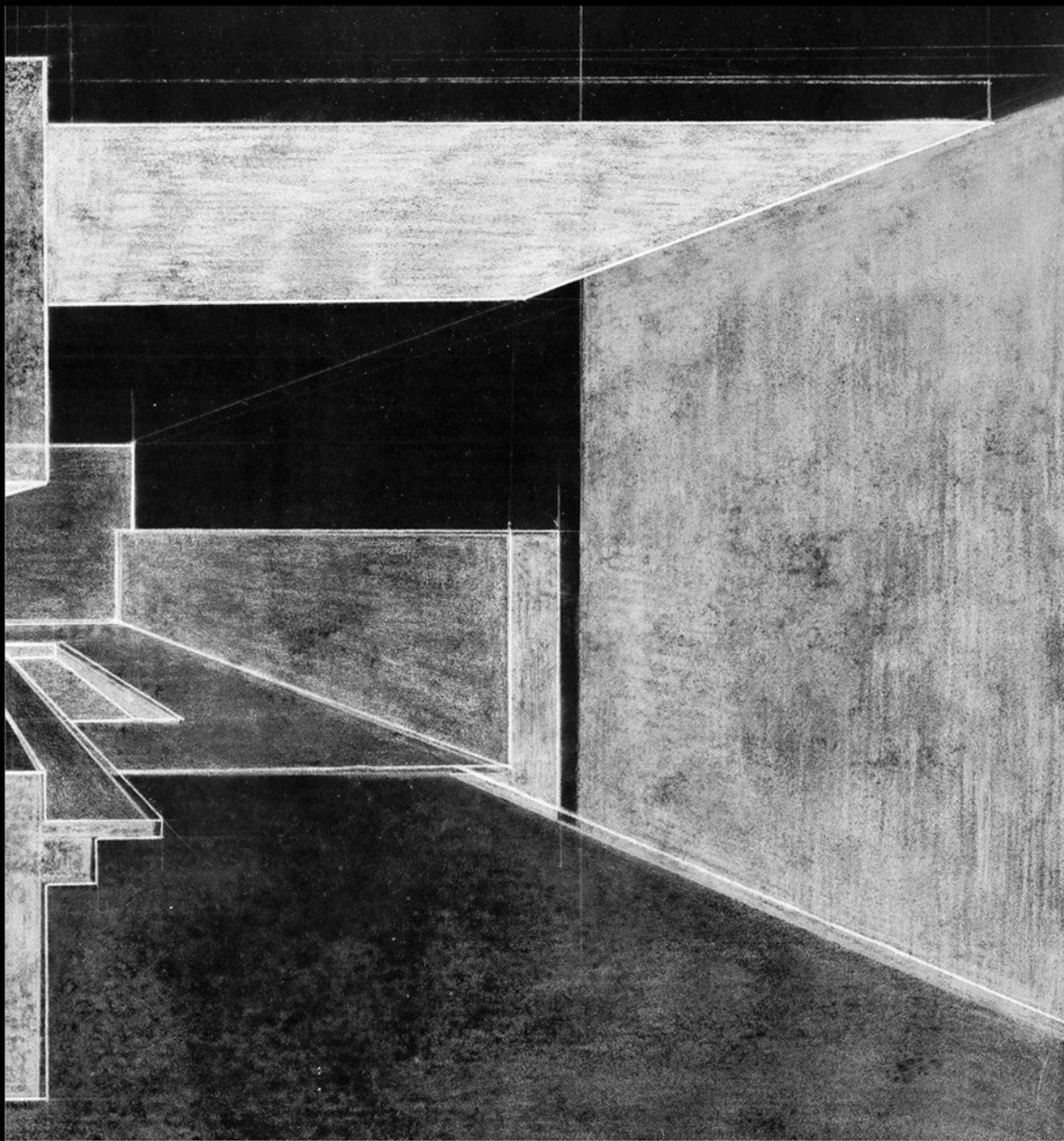
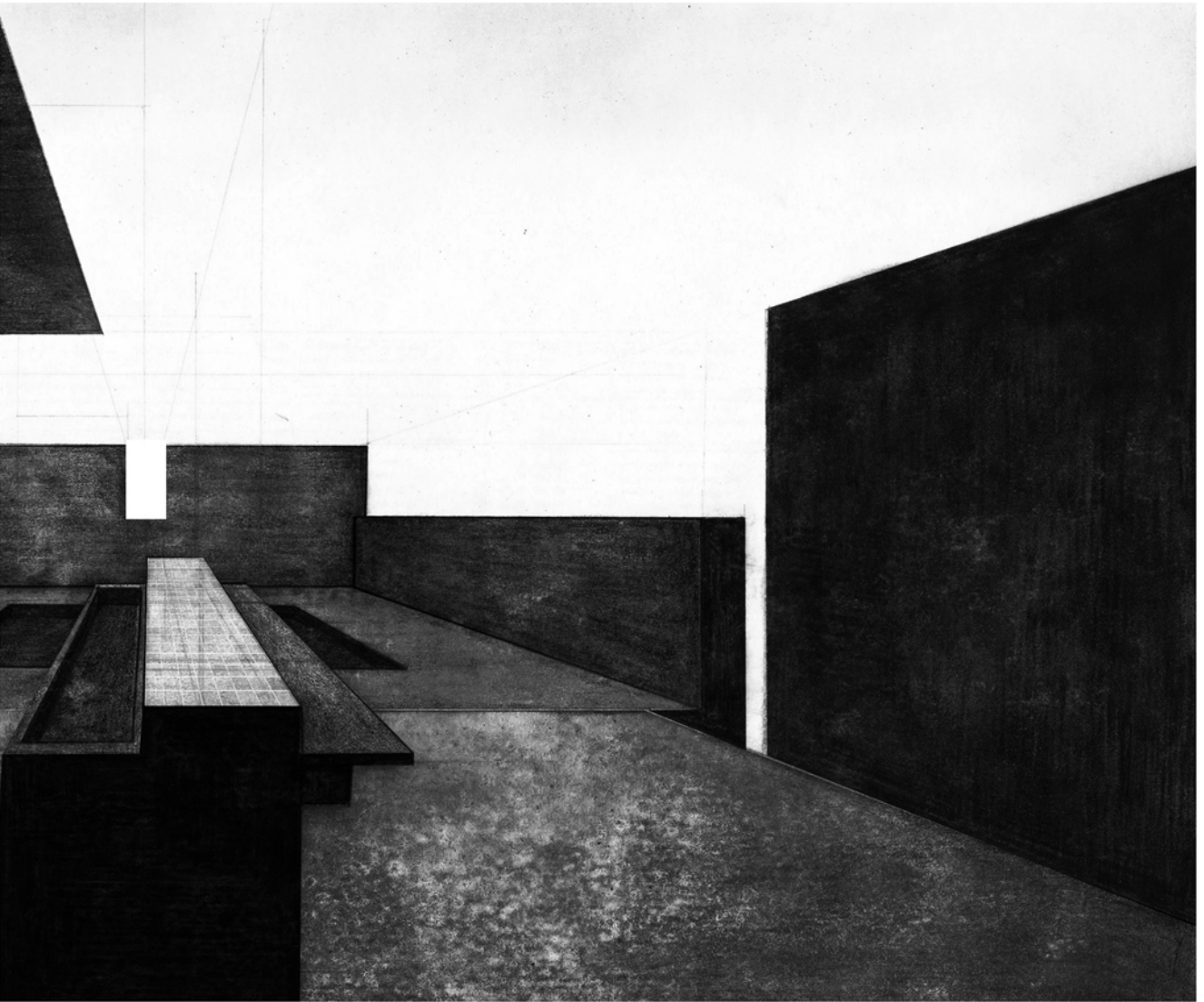




Fig. 46 | 魏方筠 | Wei, F. (2010, June) | Folding together multiple one-point perspective drawings.





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**Fig. 47** | In Laretta Vinciarelli's watercolour drawings, they are deeply rooted in the relationship between art and architecture. Her watercolours are of light, space, water and landscape that are autobiographical in nature – reflecting her experience in actual places of her upbringing. Her visions are not intended to be built, while her subject matter is primarily architecture, the spaces she portray are not supported by a program or a function. She expresses, *"The paintings are of spaces I know that look nothing like what I paint."*

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**Fig. 48** | Installation artist, James Turrell, his work encloses the viewer in order to control their perception of light; skyspace is an enclosed room, where the viewers sit on the benches along the edge to view the sky through an opening in the roof, wherein the notion of light takes on a decidedly religious connotation.

James Turrell creates spaces that capture light for our perception, and in some ways these spaces contain it. It is similar to Plato's cave. We look in the cave with our backs to reality, looking at the reflection of reality on the cave wall is an analogy to how we perceive. Here the imperfections of our perception are what become interesting. We made this eye that sees for us, like the camera, and this very much a part of how we organize our culture (and/or culture organizes us).



# Editing Process

To successfully create a montage is to work with the layers of images, story, and dialogue in order to "re-imagine" and to rewrite the architecture body as a cohesive architecture of becoming. The process of editing is a complex series of assemblages that aim to activate the displaced legacies as an architecture of becoming — a telling of co-existing histories (past, present and future). As emphasised throughout this writing, this is a displacement very much concerned with a series of surfaces programmed to not just fold and unfold but to evolve and continuously refold multiple bodies that extend our thinking of an architectural body as a site of becoming. In taking from photographic language and methods, montage is a folding language where edit points can be seen as hinge moments/movements — sites of embodiment and event. The design process creates provocative montages alongside a notion of surgical cutting to reveal something un-thought and experimental akin to a laboratory for experimental picturing that I have metaphorically named a pathologising principle. Like the concept of displaced legacies, pathology infers something deviating from the normal. Displacement destabilises the normal work of perceiving Modernity's histories as transparent through to something more akin to the lost gaze of supermodernity's compressed and multiplied realities. The fold or hinge point that inaugurates the event of architecture as becoming also brings out the emotional quality of abandoned space through a maintenance of respect for a living dead as the imperceptible events that manifest as material remains in architectural spaces. As suggested my design creates a living archive in the way it treats surface folds between building and community. Porous systems of façade act as systems for revealing multiple artifacts that (co)exist from past, present and future lives.

Light is another central medium for folding, montaging, editing, hinging akin to photographic processes: Photography is a way of rediscovering geometry of existing spaces through a distinct framing of a gaze and its relation to super-imposition. In understanding light and shadows through composition the architecture activates a sense of movement. In this sense, it is about designing spaces around light to let each level interweave another. The editing process breaks codes of uniformity, seeing through a photographic lens to overshadow the reality of spatial (mathematical/measured) dimension. The notion of framing is a way for expanding one's visual gaze through a fragmentation of the gaze. I have alluded to the possibility of the lost gaze in today's supermodernity — this is a gaze that has been massively distributed whereby an originary point of view is now impossible to recoup.

The redistributed or displaced gaze here becomes a spatial narrative that unlocks the space from one moment to the next, parallel to exploring pathological content of the architectural “body” as the images interrogate the interiorities. The perception of light and shadows inside a space is just as important to how the light falls onto its exterior surface, because what is on the exterior will determine the mobility of light source inside.



The background is a dark, monochromatic image with a heavily textured and distressed appearance. It features numerous fine scratches, scuffs, and larger, irregular marks scattered across the surface. A prominent, slightly curved vertical line runs down the right side of the frame. In the center-right area, there is a small, dark, circular mark that resembles a hole or a deep scratch. The overall aesthetic is gritty and industrial.

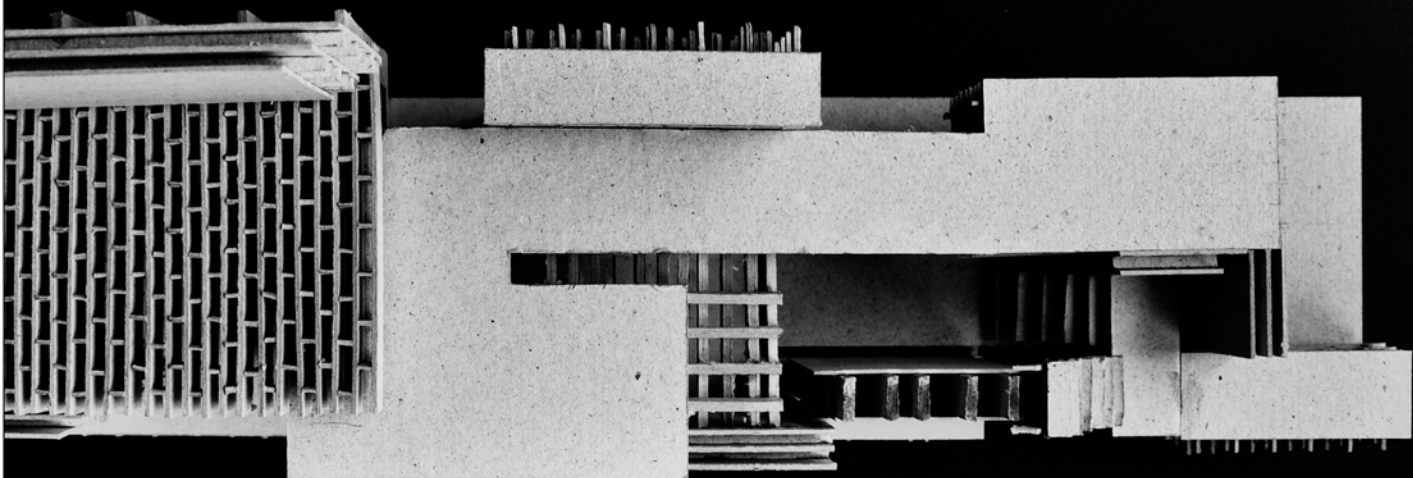
## IV) The Design Proposal: Dis/Placed Legacies



I would like to embrace the medical clinics natural sophistication, combining rich materials with undulating forms and transitions of daylight, so that together, they present an inviting interior for both medical and living environments. Further, my project brings emphasis to the Deleuzian fold in terms of treating the outdoor courtyard and communal space, along with notion of hinged space that enhances the spatial journey inside and outside of this architectural body.

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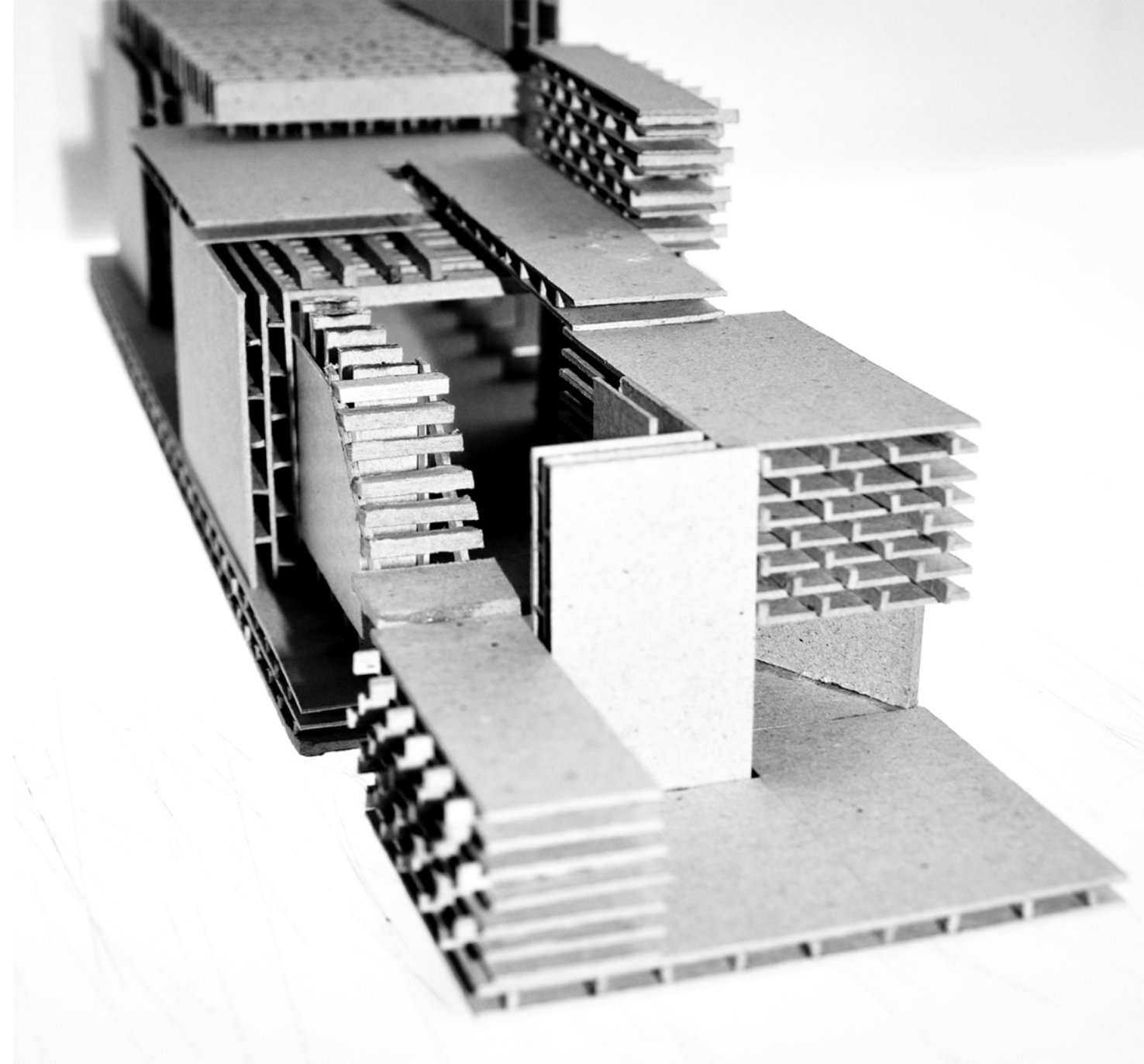
**Fig. 49** | 魏方筠 | Wei, F. (2010, August) | Experimenting with dimensions and shapes.



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**Fig. 50** | 魏方筠 | Wei, F. (2010, August) | As developed from the previous perspective drawings. A series of physical models were constructed in order to explore the (dis)connectiveness of spaces.

**Fig. 51** | 魏方筠 | Wei, F. (2010, August) | Physical model of the porous structure. (*right page*)



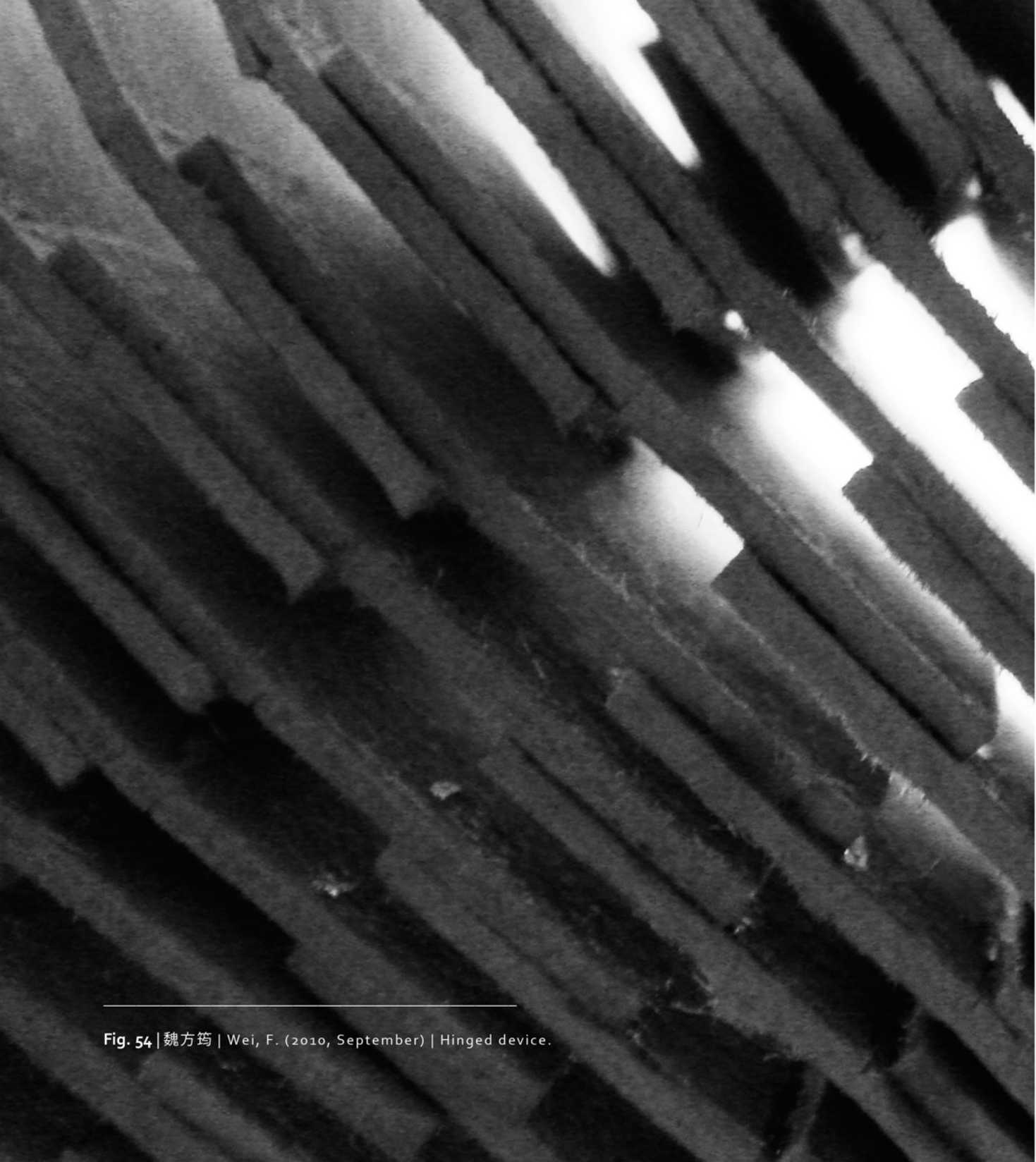




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Fig. 52 | 魏方筠 | Wei, F. (2010, August) | Vertical and horizontal movement. *(left page)*

Fig. 53 | 魏方筠 | Wei, F. (2010, August) | Play between light and shadow.



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Fig. 54 | 魏方筠 | Wei, F. (2010, September) | Hinged device.



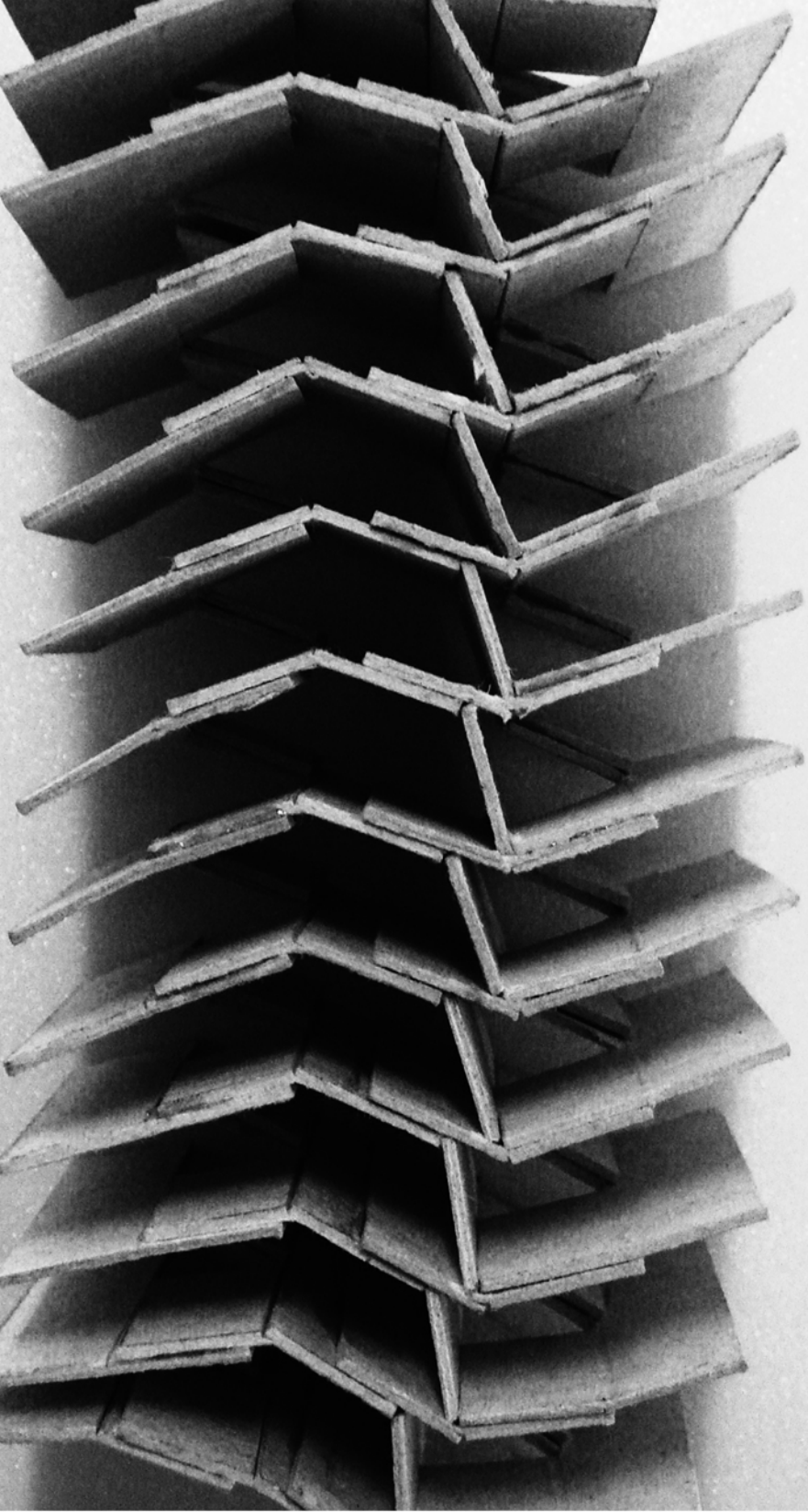


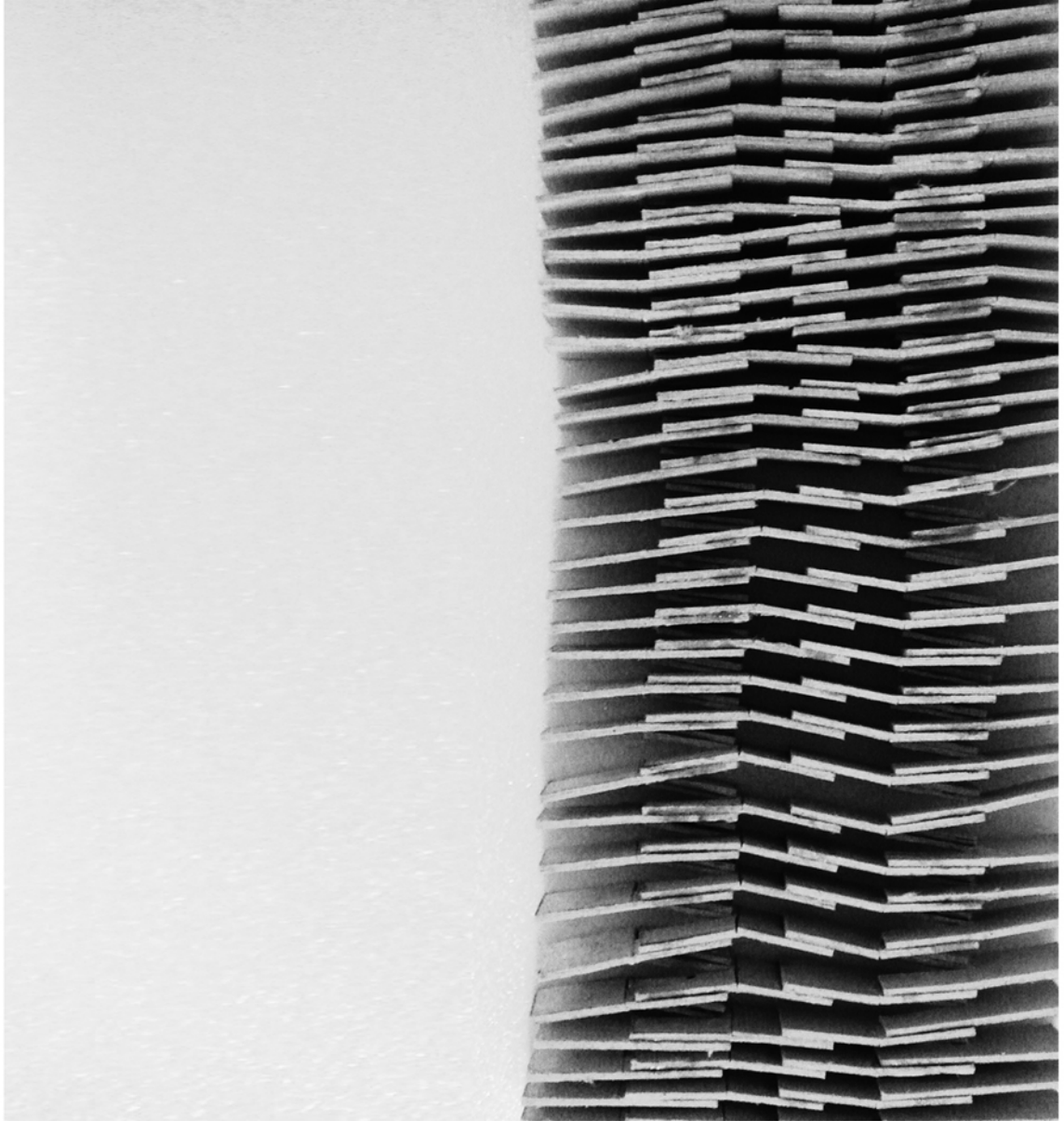
# Hinged Living

The design attempts to open up different cultural attitudes and practices with respect to a medicalised living. One design moment is the inauguration of a hinged space and action that acts as a threshold moment that reflects, splices and moves one space into another. I have created this kind of threshold for instance inbetween the waiting room and clinic. The hinge is both a reflective spatial device creating multiplied spaces (through its material reflecting surface) as well as activity that activates the architecture as a moving and active body – here the body of the human and body of space fold to become an event of movement, materiality and weight, strength, or the weight of embodiment, becomes an important component in inaugurating a legacy of multiple bodies the compress and force the architecture into an architecture of becoming.

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**Fig. 55** | 魏方筠 | Wei, F. (2010, September) | The apparatus I have applied into making this hinge concept is similar to surgery technique – to measure and mark out lines on a sheet of cardboard (W2000mm x H3000mm) for cutting and slicing. Each individual piece was folded half way. This is important because the fold becomes a hinged device. When connected, they form a movable surface with interconnecting parts. The hinged concept permits the structure to expand and compress, to bend and straighten.





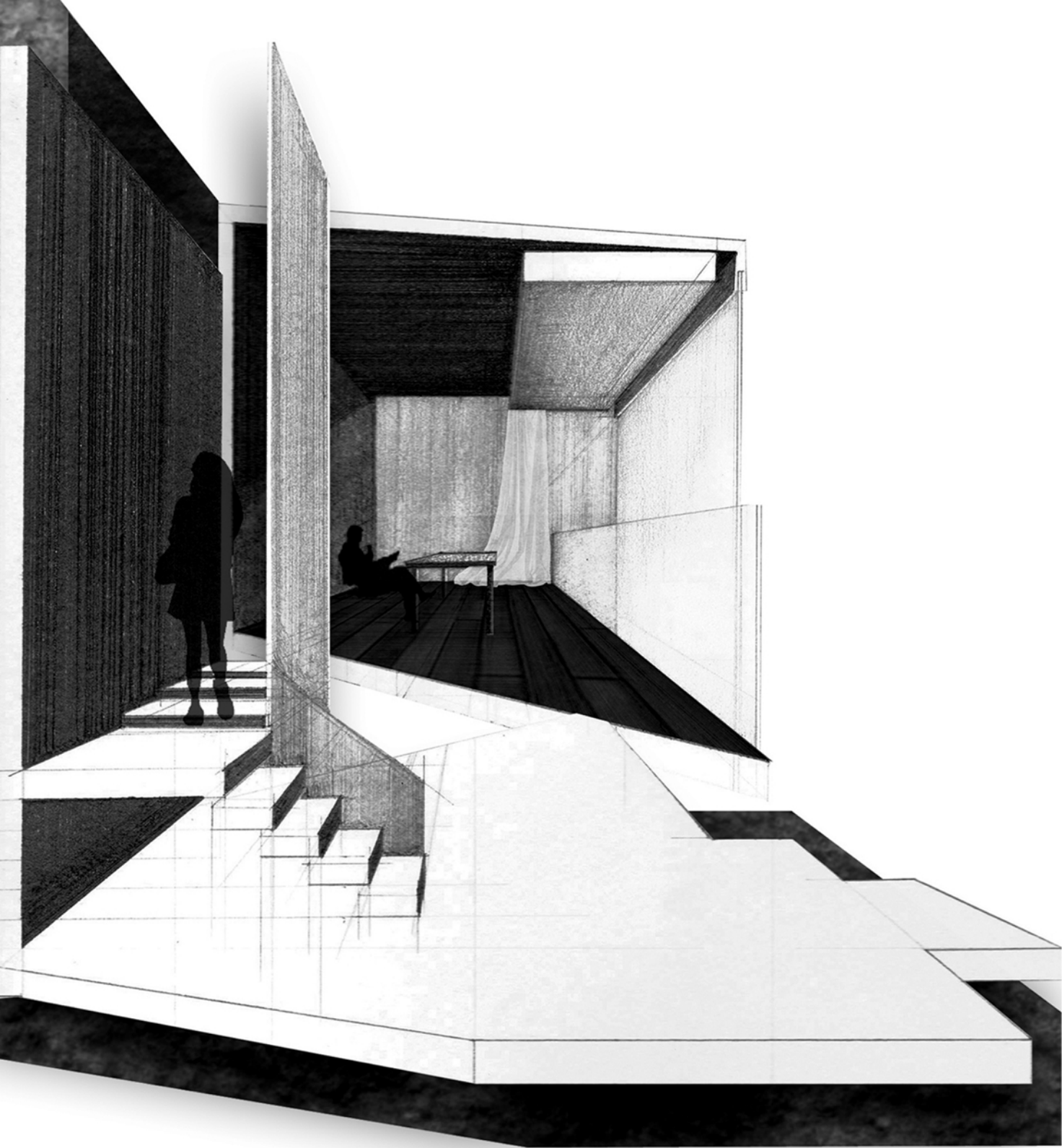
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**Fig. 56, 57** | 魏方筠 | Wei, F. (2010, September) | Extending from previous models. The hinged device plays with the natural light in a more organic matter by removing from the static nature shown in the previous concepts.



The image features a dark, monochromatic background with a complex, textured appearance. It is covered in numerous fine scratches, scuffs, and larger, irregular marks, suggesting a worn or distressed surface. A prominent, slightly curved vertical line runs down the right side of the frame. In the center, there is a small, dark, circular mark that resembles a hole or a deep scratch. The overall aesthetic is gritty and industrial.

Exhibition Work



# Familial

The ground floor, currently a medical clinic, is elevated to a new primary condition by reorienting spatial and interpersonal relationships within the building. The traditional boundary between the medical clinic and living spaces is opened through the excavation of a three-story space over the basin that is divided for clinical and domestic uses, which also mimics the pond. This upward extension of the ground floor into the familial floors is amplified by the continuity of the stairs connecting the private spaces to the rest of the building.

The lattice structure is a representation of a porous body (as mentioned earlier in terms of a living archive), in which the inner spatial conditions are revealed through the decay-like façade. Parts of the lattice are developed into shelving systems for the familial spaces, thereby creating a living archive by filling in, and re-animating the porous (architectural) body. The architecture becomes alive — in a state of perpetual becoming — enabling multiple interactive possibilities across histories, cultures, spaces, and material flows of inherited legacies (these legacies go beyond just the familial and open out/or fold onto the proximate communities of people and spaces).

If I were to slice the Möbius strip in the middle – instead of having two rings, I would end up with one larger Möbius strip. In the notion of infinite folding the top floor operates like a floating spiritual body, as in the rising of the dead that lifts up from the clinical scene. A suspended condition here is not seen as something separate but co-existing in the architecture as in a treatment of respect. Here the architecture attempts to respect cultural differences and co-existing principles that I have outlined earlier with respect to uncanny and haunting legacies.

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**Fig. 58** | 魏方筠 | Wei, F. (2010, October) | Perspective drawing of domestic/work spaces.

My methods of making here describe a process of slow architecture as opposed to making a structure at once. The layering of this process is to maintain a sense of fidelity towards my familial legacy through my experiences and memories, as well as folding in the respect for our community. The hinged moment in the lattice gives emphasis to the structure and its natural formation through time. I hope this approach for restoring the architectural body will be experienced as a key condition as one comes across this design.

A fluid dialogue is also inaugurated in the design methodology as an insertion that draws from the two adjacent medical spaces, with a water feature as a sign for cleansing — cleansing embraces becoming, renewal, and respect. The water reflects the sky, and in this sense confinement in its volume. The space becomes intimate through proximate encounter. Folding not separated. This is a personal reflection that I have experience through designing at a distance. My work has spoken about de-distancing that is very much characterised by Augé's compressed lives (space and time). Designing the clinic in New Zealand has meant that overcoming distance would be imbued in the design ethos and its materialisation. Here the horizon line configured by water and sky bring me into proximity with the space. This is a dialogue containing many moments of displacement that I have attempted to embrace — to coexist.

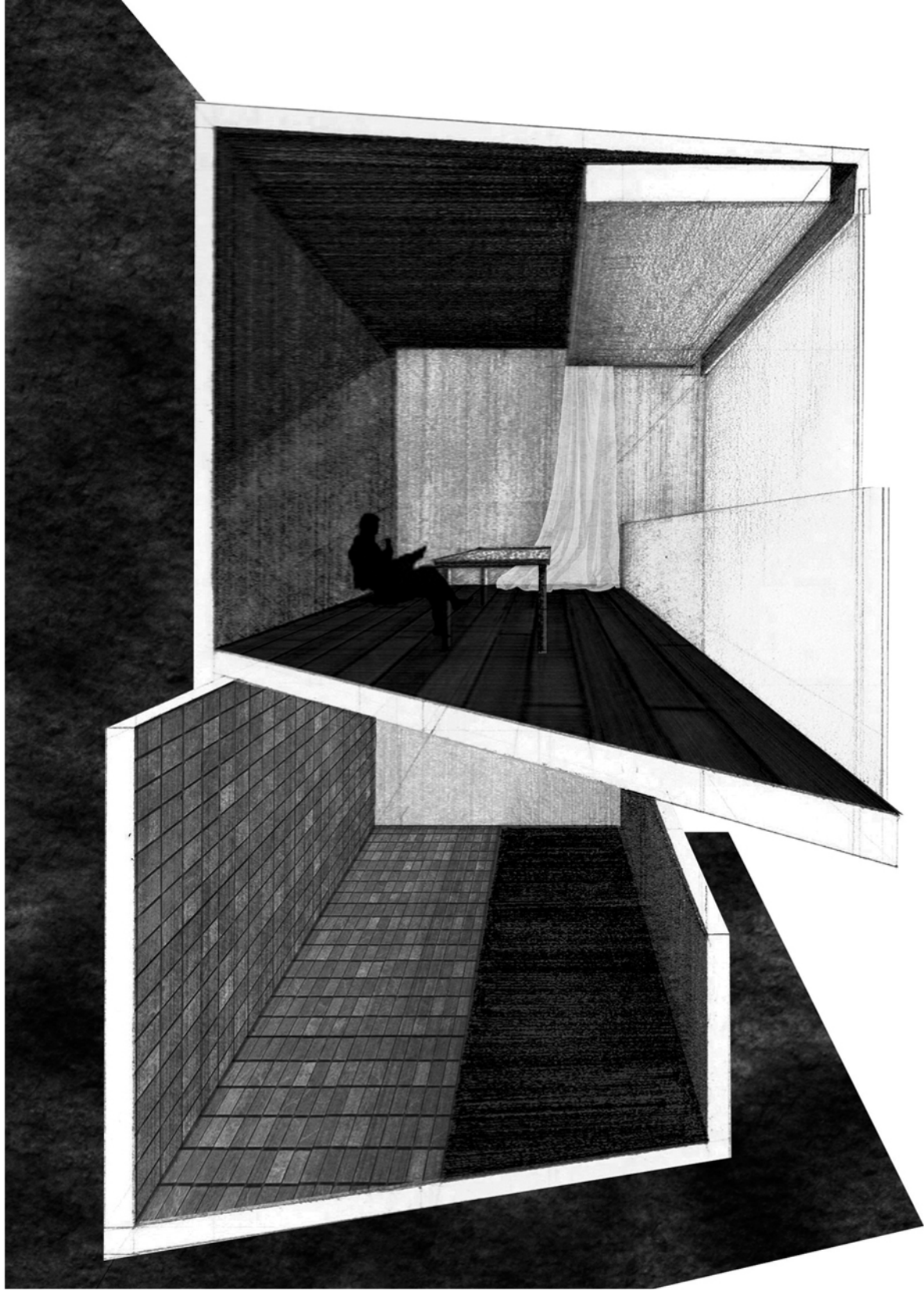
The front of the building is connected to the courtyard. Large screens of the main space overlook this courtyard that allows dramatic light and shadow contrasts, while smaller operable windows face the street. The façade is conceptually designed to define the individual spaces, while achieving unity of the overall spaces within the building. The façade design creates a private interior space that serves as an extension of the living spaces and entry to it is across a concrete slab that bridges the reflecting pond.

# Community

The neighboring aisle space is empty of people during daytime reflecting a space of contemplation. By night it is activated by a noodle stand, which is a classic example of cultural activity in Taiwanese street food. The space is transformed into a temporary eating-place, where portable tables and chairs are set out. Further, it is characterised by traditional lanterns that zigzag along the narrow space. The atmosphere is filled with cooking steams, people talking and laughing, and the sound of passing by traffic.

My design activates this interactive legacy of this noodle stand aisle through designing exterior spaces that are located at different levels. These exterior spaces will provide light into/onto the adjacent spaces, in addition to creating outdoors spaces and communal areas on the ground floor. This filtrating light system is not conceived as a solid block but a labyrinth of outer spaces that communicates with the material flow from the interior to the exterior.

The neighbouring space also separates the house from each other through two levels that ultimately create privacy and independence from each other. Volumetric spaces and dramatic light orientates the patients down through the clinical space and leads them through into the outdoor courtyard or the communal space, which not only extends the space to the surrounding living condition through the large windows, but also acts as a hinged moment between the functional space of the medical clinic and the stillness of the man-made pond.



# Clinical

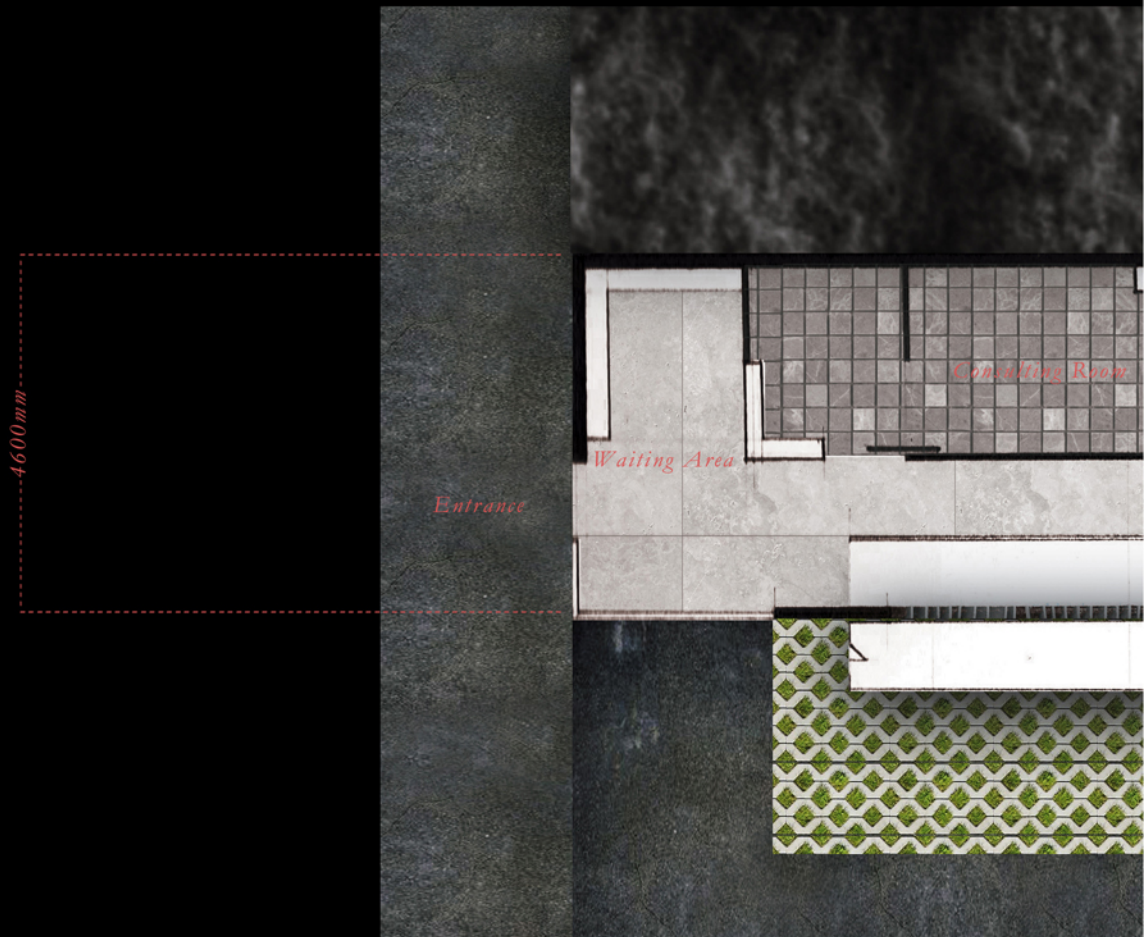
The conceptual design started at a point where diagonal lines overlap spaces drawn through a courtyard plan. Arrival spaces (waiting area) and working space (of the medical clinic) are connected along this diagonal line on the ground level, while private-living spaces are on the levels above — With the movement from one floor to another as the primary motivation for its being. In some areas there are stairs to step on to, in other places there are enveloped moments (ramps) that gives one the sensation of floating. Imagine the movement of gradually ascending or gradually descending as one travels through the ramp. While traveling in between, it gives a visual connection between the arrival area and the rear of the building, which is the outdoor courtyard (a significant dialogue).

A sense of well being is created by making adjustments to spaces, such as the operable screens, or hinged walls to orientate day light into the inner spaces. Particularly in family and work spaces, the natural light allows healthy indoor environments enhancing people's lives through the permit of air circulation, or clean air circulation for comfortable temperatures. Further allowing individuals to have a sense of control over their own indoor experience.

The concept of having an operable hinged space means the space permits the patients to become aware of the outdoor conditions while being enveloped in the waiting area, and to also allow for a sanitised zone when journeying between consulting rooms.

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**Fig. 59** | 魏方筠 | Wei, F. (2010, October) | Perspective drawing of displaced spaces.



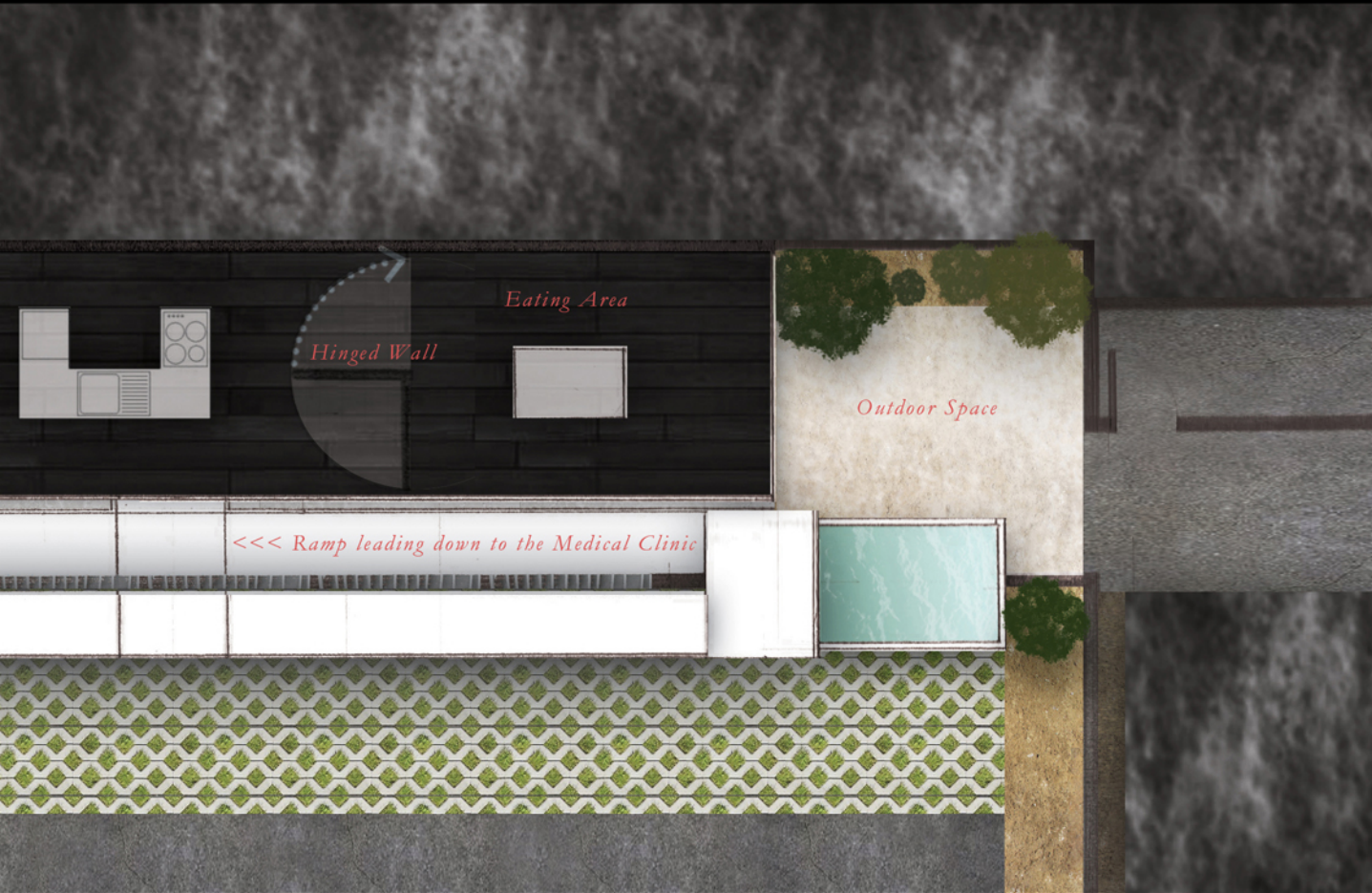
**Fig. 6o** | 魏方筠 | Wei, F. (2010, October) |  
Ground Floor - Floor Plan - original scale @ 1:100  
The significance here is the ramp. Allowing the ground floor and second floor to fold together, at the same time, engaging with the outdoor condition.

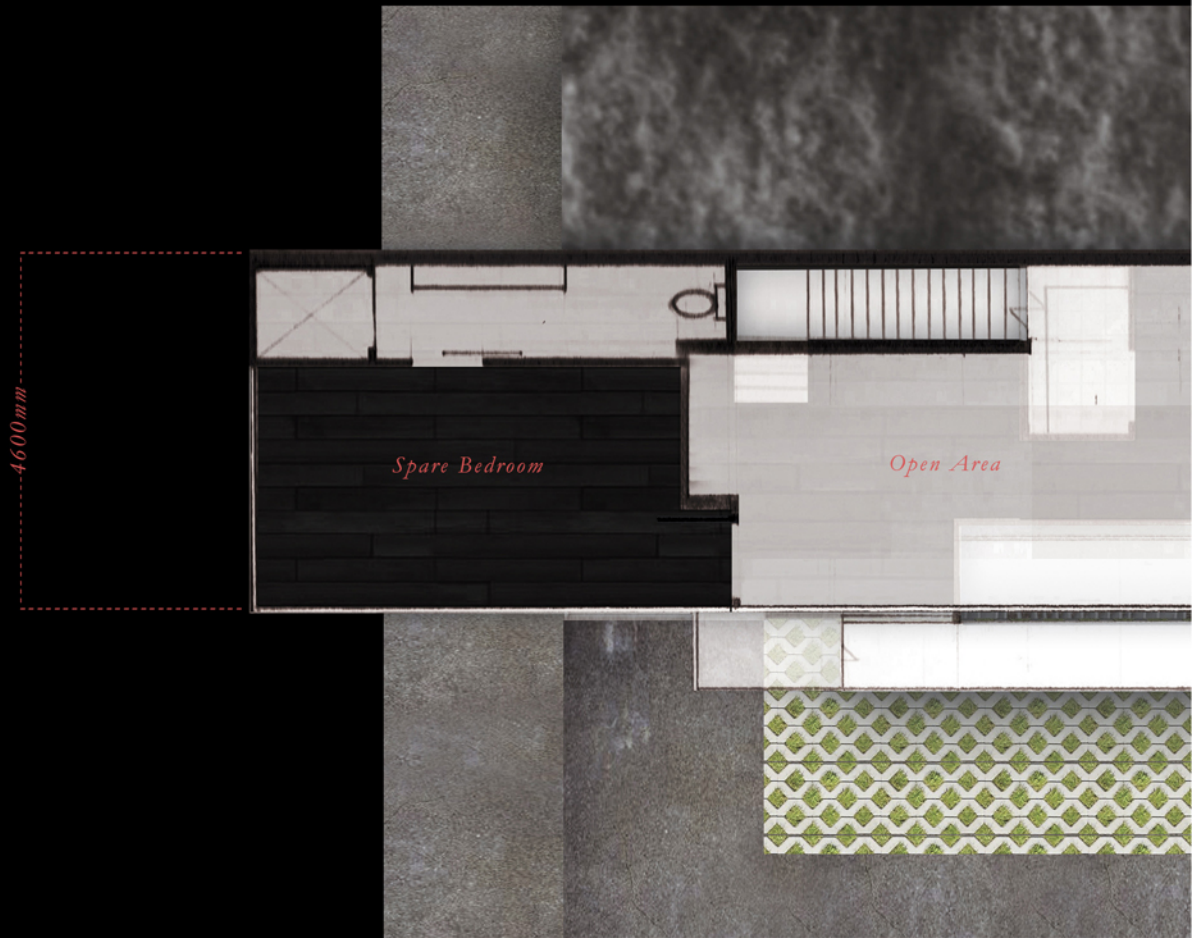




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**Fig. 61** | 魏方筠 | Wei, F. (2010, October) |  
Second Floor - Floor Plan - original scale @ 1:100  
Open space breaks away from the institutionalised clinical space.

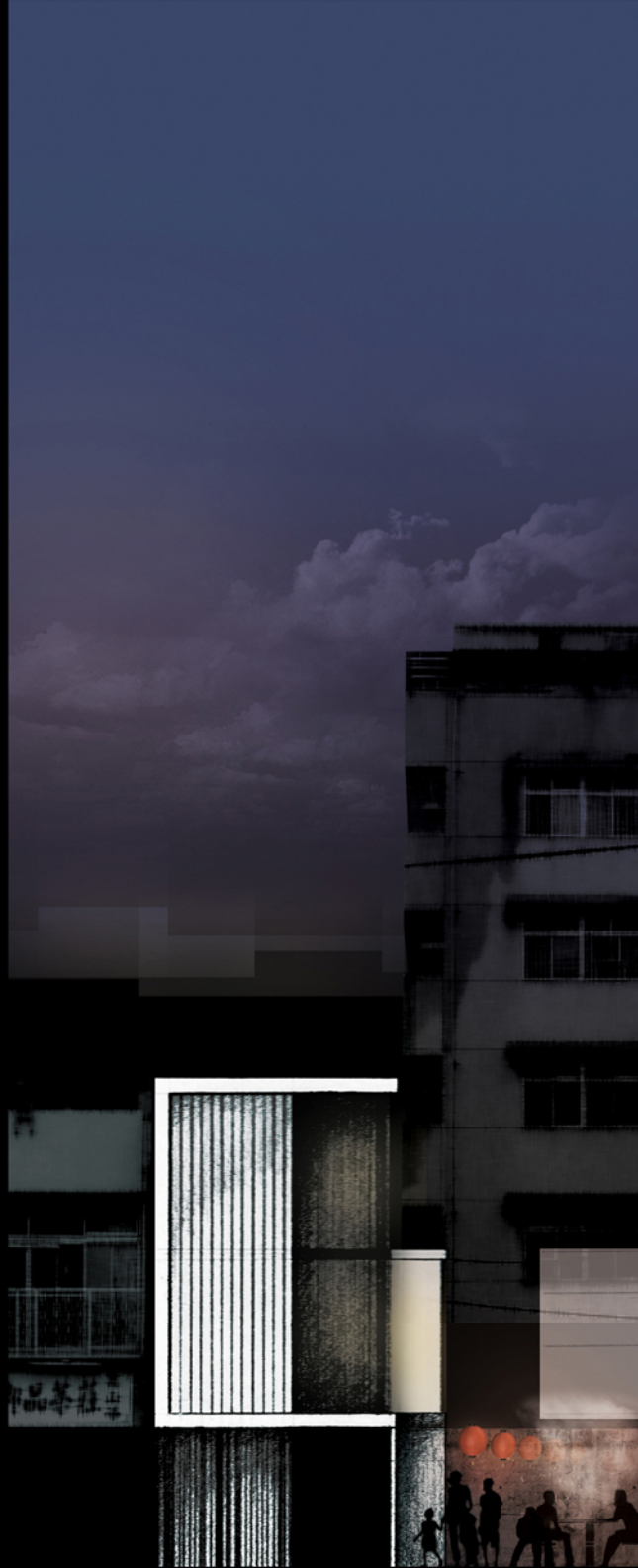




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**Fig. 62** | 魏方筠 | Wei, F. (2010, October) |  
Third Floor - Floor Plan - original scale @ 1:100  
Upper floor becomes the family archive. Rooftop garden gives this space a sense of renewal as it serves as a dialogue for inner and outer spaces.



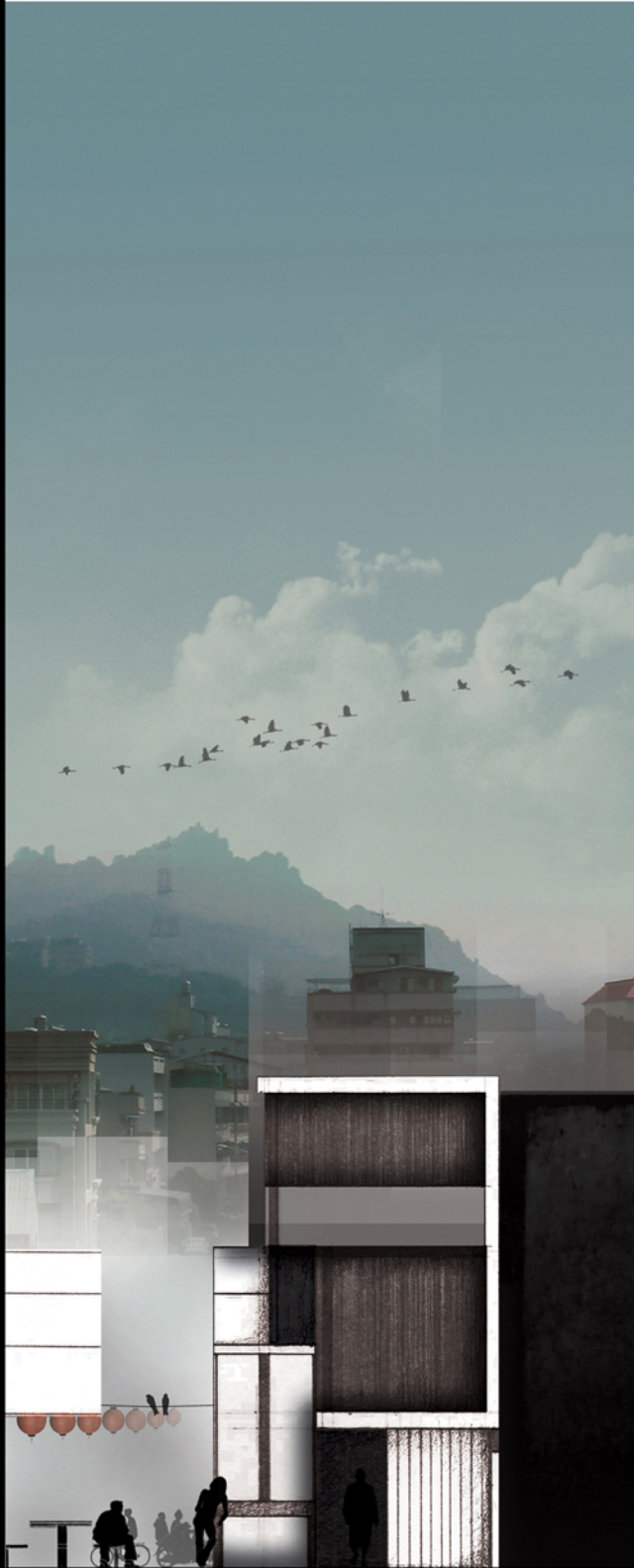


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**Fig. 63** | 魏方筠 | Wei, F. (2010, October) |  
Front Elevation - original scale @ 1:100



Fig. 64 | 魏方筠 | Wei, F. (2010, October) |  
Front Section - original scale @ 1:100

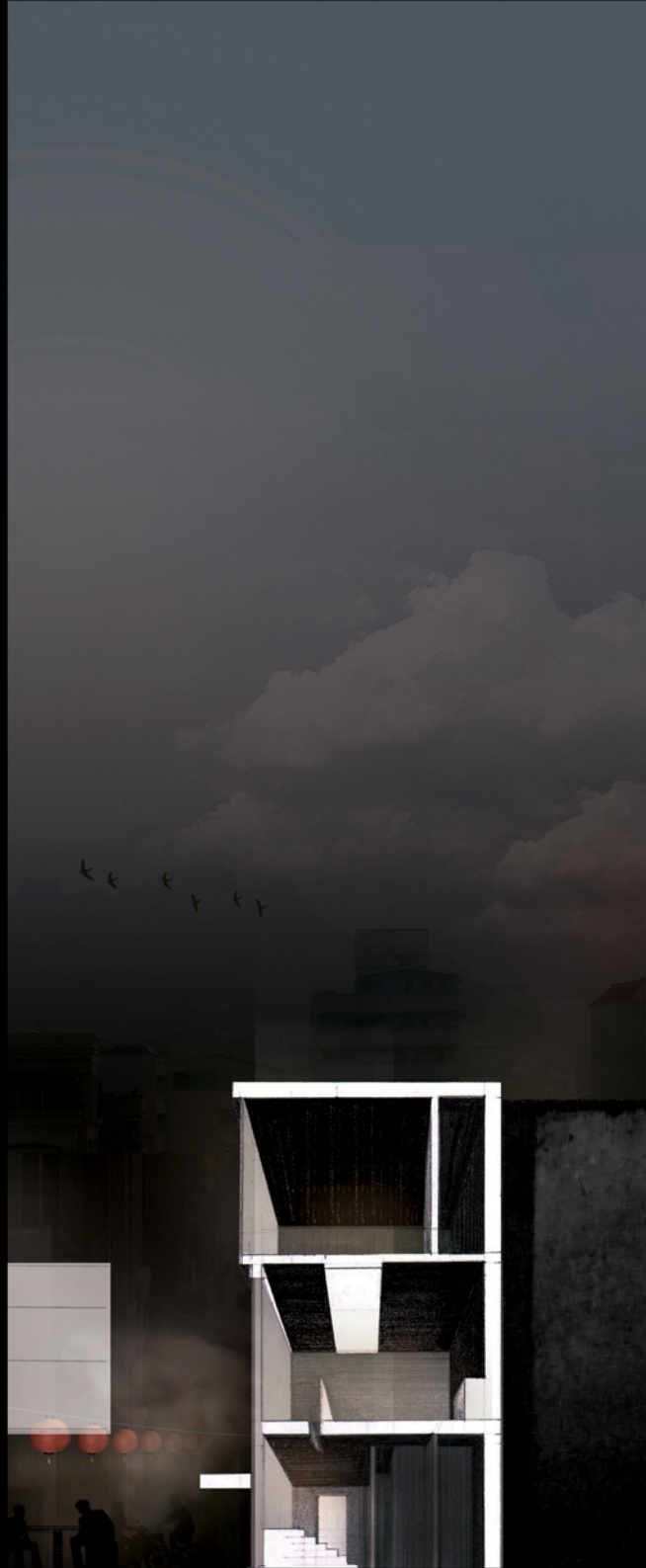


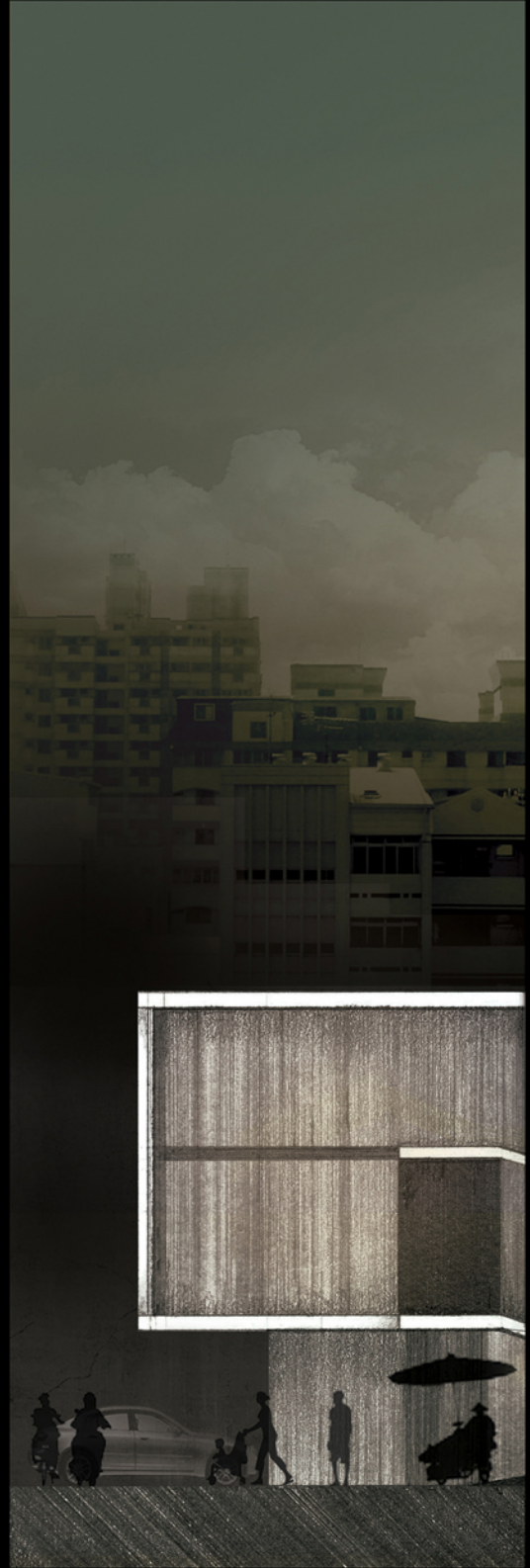
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**Fig. 65** | 魏方筠 | Wei, F. (2010, October) |  
Back Elevation - original scale @ 1:100

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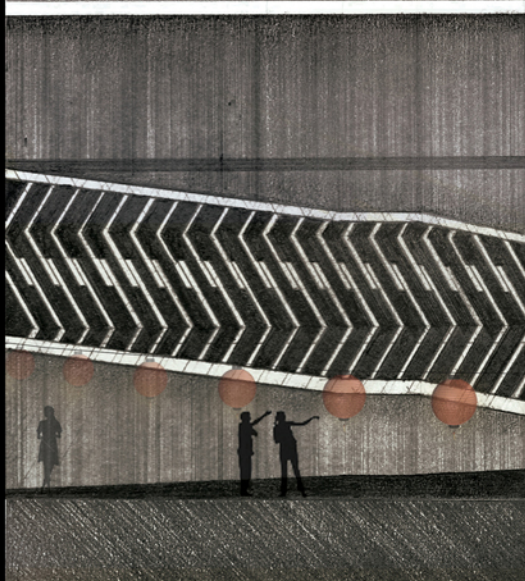
Fig. 66 | 魏方筠 | Wei, F. (2010, October) |  
Back Section - original scale @ 1:100





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**Fig. 67** | 魏方筠 | Wei, F. (2010, October) |  
Side Elevation - original scale @ 1:100



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**Fig. 68** | 魏方筠 | Wei, F. (2010, October) |  
Side Sector - original scale @ 1:100







The background is a dark, monochromatic image with a grainy, textured appearance. It features numerous fine scratches and larger, irregular marks scattered across the surface. A prominent, slightly curved line runs diagonally from the upper right towards the lower right. In the center-right area, there is a small, dark, circular mark that resembles a hole or a deep scratch. The overall lighting is uneven, with some areas appearing slightly brighter than others, creating a sense of depth and highlighting the surface imperfections.

Conclusion



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**Fig. 69** | 魏方筠 | Wei, F. (2010, October) | My design concepts and methods engage photography and drawing as both a mediums for mapping, dissecting, overlapping, inspecting space and as an allegorical figure whereby the architecture becomes an embodied experience of capture and release that fold or montage the multiple legacies inherent in this clinical space and its wider communities. It also suggests that through superstition the dead live on, not properly belonging to place, but also not properly belonging to death.

Photography becomes a primary marker for design concepts and processes making — it has always been viewed as an archetypical means for capturing our histories and memories. Now it extends further into a means of multiplying our realities. My images are not about traveling further as one point perspective suggests but rather revealing the multiple folded journeys that make up our human subjectivity today. The design work inhabits splits, cuts, super-impositions, half-turns, living archives, sutured inhabitants, edits, montages and hinges that evoke the legacy of photography into the moving image and beyond into a new form of architectural becoming akin to conditions of (Augé's) supermodernity. In this sense, a notion of suspended living imbues my design work through the treatment of the different levels activated by materiality such as light, water, folding, cutting, hinging, transition and splicing treatments of interior and exterior relations.

*Displacement* in the title of this project initially suggests a conflict of time and space in relation to medical and familial histories, which triggers a form of spatial malady and sense of the uncanny, whereby an unsettling feeling permeates our existence through an age of supermodernity. Displacement is also a paradox in this design schema whereby my aim is to displace linear progress and enable multiple legacies to co-exist. It is not about supermodernity's imperative to make more meaning but rather to allow meaning to settle beyond comprehension in a space-time relation that is contemplative, alive and embodied. The primary motif for such a radical displaced design move is Deleuze's concept of the fold hereby put into architectural practice as a collective becoming. The fold is not a singular event but rather a collective of folds. In terms of architecture, this is interpreted as a series of potential expressions of pure movements, defined as differences. These movements are of no fixed reference points or identities. Thereby creating a flux between spaces. This uncertainty is also a potential for multiplicity of folding and unfolding, a re-writing for an architecture of becoming. The design treats the fold as possibilities for enveloping different legacies that inhabit the spatial programmes inherent in the waiting rooms, pharmacy counter, consulting room, family space, archive and storage. The ability to have a series of surfaces programmed to not just fold and unfold but to evolve and continuously refold is important for opening up the body of the architecture as a site of becoming.



## End Notes

1 Hierarchical observation facilitated by architecture of institutions e.g. prisons, schools, hospitals - Jeremy Bentham.

2 Junichiro Tanizaki (1933). In *Praise of Shadows*.

3 "Grey zones" are spaces or places of alterity. They could be Marc Augé's 'non-places', Michel Foucault's 'heterotopias', or Edward Soja's 'thirdspace'. They exist as real spaces and places we know and are new spaces created by the use of technology. See Marc Augé, *Non-places: Introduction to an Anthropology of Supermodernity*, (London: Verso, 1995); Michel Foucault, "Heterotopias", in Neil Leach (ed.), *Rethinking Architecture: A Reader in Cultural Theory* (London: Routledge, 1997); and Edward Soja, *Thirdspace: Journeys to Los Angeles and Other Real-and-Imagined Places* (Cambridge, MA: Blackwell, 1996).

4 Disease derives from dis, "the contrary of," and ease, from the French aise, or in the plural, les aises, referring in general to comfort. Prior to its application to maladies or pathological states of health, dis-ease referred to something that was literally uncomfortable. The word comfort in English derives from the French confort, originally referring to moral or psychological comfort. Thus welfare and "feeling well" had an initial moral meaning. It was only during the eighteenth century that comfort acquired its modern meaning, indicating material and technological circumstances that enabled physical "well-being." Teyssot, Georges and Seavitt, Catherine (1996). P. 46.

5 Deleuze, Gilles. Foucault. University of Minnesota Press (2000). P. 118- 119.

6 Baudelaire 1985, [1976].

7 Foucault, Michel. Foucault's critical project: between the transcendental and the historical. Han, Beatrice. (1998). P. 47.

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