MASTER IN HISTORY OF
ARCHITECTURE AND TOWN PLANNING
INFORMATION BOOKLET
The University of Groningen is a research university with a global outlook, deeply rooted in Groningen. Quality has had top priority for four hundred years, and with success: the University is currently in or around the top 100 on several influential ranking lists.

We collaborate with a number of renowned, foreign universities, including Uppsala, Göttingen and Ghent. The University of Groningen is very popular with its 30,000 students and 5,500 staff members from home and abroad. Talent is nurtured, enabling the University to bridge the gap between science and society. We are committed to actively collaborating with our social partners, with a special focus on the research themes Healthy Ageing, Energy and Sustainable Society.
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EXPERTISE CENTRE
ARCHITECTURE, URBANISM AND HEALTH

The Expertise Centre Architecture, Urbanism and Health is a joint initiative of the Faculty of Arts, the Faculty of Spatial Sciences, and the Faculty of Medical Sciences. It is hosted by the Institute of History of Art, Architecture and Landscapes, where it is responsible for part of the Master Program. Convinced that interventions in architecture (public housing, healthcare architecture) and town planning (healthy cities) require a thorough understanding of the designer's vocabulary, the procedures, the decision-making processes and the ensuing qualities of buildings and urban ensembles, the Centre benefits from the expertise accumulated at the host institute. The courses provided by the Centre offer students not only the opportunity to specialize in the health-related aspects of architecture and urbanism, but also to follow a classical history and theory track – in practice, both tracks are intimately intertwined.

MISSION
The Centre wishes to analyze the health impact of buildings and cities and develop strategies to improve public health by architectural and urban design. Architecture and urbanism have always played a major role in promoting public health. Interventions motivated by the need to improve people’s health status range from the introduction of sewage systems and clean water supply networks in the mid-nineteenth century to the redefinition of healthcare architecture according to the principles of Evidence Based Design, which links patient experiences to specific, mostly programmatic aspects of hospitals, psychiatric clinics and care facilities for the elderly. Today, health promotion includes strategies to redesign cities, reducing car dependency, enhancing walkability and cyclability, introducing smart mobility concepts, and provide easy access to greenery and healthy food. New care and cure facilities develop that culminate in the model of the medical neighborhood, resulting in completely new health landscapes. The Centre covers all scale levels, from cities to the interior of (healthcare) buildings.

One of the principal dilemma's the centre addresses is the gap between the design disciplines and (public health) sciences. Architects and urbanists project new realities, and base their work, ideally, on thorough research. The design disciplines have developed a rich and precise vocabulary and a varied array of methods to create new environments. This vocabulary is qualitative by default, even if it sometimes based on quantitative data. Public health, on the other hand, is overwhelmingly quantitative in nature and inspired by medicine, the environment it is part of. For the promotion of public health by architectural and urban interventions, both aspects are indispensable. Therefore, the Centre’s educational program invites students to develop transdisciplinary approaches. They can design personalized, individual tracks. At the Institute of History of Art, Architecture and Landscapes, they can specialize in classical architectural and urban history and theory, or concentrate on healthcare architecture and urbanism; at the Faculty of Medicine, they can complement their tracks with electives on public health, and at the Faculty of Spatial Sciences with courses on (socio-)spatial planning, the principal aim being to work at the crossroads of these fields.
The Art History Department in Groningen is unique because it combines the study of the visual arts, urbanism, architecture and landscapes. Our bachelor and master programs offer a combination of historical, theoretical, and practice based courses. Excursions to Florence, Berlin, Budapest and London, and in the near future to Moscow and Saint Petersburg complement the programs. Internships provide the students with firsthand knowledge about their future work environment.
ARCHITECTURE AND URBANISM

Starting point of the work of the centre is the conviction – well tested in practice – that interventions in architecture and urbanism require in-depth knowledge in the designer’s toolkit, the vocabulary used in architecture and urbanism, the decision-making processes involved, as well as the expertise to analyze buildings and cities in these terms. This is particularly true since many of these interventions are motivated by objectives that are not, or not any longer, part of the designer’s core business: urban mobility, sustainability, resilience in times of climate change, (social) equity, and health. Students and scholars from the disciplines that cover these fields: public administration, urban economy, urban sociology, and public health, to list some of them, will be thoroughly immersed in the history and theory of architecture and urbanism as a sine qua non for the proper assessment of the effects and effectiveness of improvement schemes for buildings and cities.

ACTIVITIES

The Centre offers master courses in the history and theory of architecture and urbanism that provides personal tracks with the possibility to specialize either in classical architectural and urban history (with its inherent emphasis on health issues), or in healthy cities and healthcare architecture.

It produces reports (consultancy), that analyze the impact of the built environment on health related issues (assessing, for instance, the way the layout of post-war housing estates effects health behaviors). Improvement proposals are part of these reports.

In-depth research (including post-occupancy evaluations in healthcare buildings) is also one of the Centre’s main activities.
TWO CHAIRS, ONE CENTRE

At the Institute, the work of the Expertise Centre Architecture, Urbanism and Health is carried out by two chairs: History and Theory of Architecture and Urbanism, and the Thomassen à Thuessink chair on the health impacts of cities and buildings, a dedicated chair initiated by the University Medical Centre of Groningen (UMCG). In the coming years, the chairs form a personal union, but in the near future this may change.

THOMASSEN À THUESSINK

Evert Jan Thomassen à Thuessink was the founder of the UMCG. Born on 6 August 1762 in Zwolle, He was ready for university by the time he was twelve. In 1782 he graduated from the University of Harderwijk. His chosen theme was philosophy, but he had no wish to limit himself to it. In 1783 he left for Leiden and graduated again, this time in medicine. After a journey that took him to Paris, London and Edinburgh he set up in practice as a doctor in his place of birth. He made a name for himself by introducing the findings of British scientists into the Netherlands. His main interest was in closely observing the course taken by illnesses, or example, he sought to trace the possible causes of epidemics. In 1794 he was appointed professor at the University of Groningen. He was disturbed by the fact that the medical faculty lacked the facilities needed to observe patients. Accordingly, he called for the foundation of an academic clinic. In 1797 this bore fruit in the Nosocomium Academicum, which in 1803 moved into more permanent premises on Munnekeholm. In 1851 it merged with the municipal hospital, founded in 1817, as the 'General Provincial, Municipal and Academic Hospital' (APSAZ), a name that would remain in use until 1971. Shortly after his arrival at Groningen University Thomassen à Thuessink was appointed Rector Magnificus, a post he resigned in 1798. In 1819, he was exempted by royal decree of certain duties attached to his position. In 1831 he was honorably discharged as emeritus professor. He died on 3 June 1832.
The master course History of Architecture and Town Planning at the Institute of History of Art, Architecture and Landscapes is unique in its scope, offering its students the opportunity to compose personalized tracks that can either focus on classical history and theory, on the health impacts of architecture and urbanism (provided by the Thomassen à Thuessink chair), or a mixture between these approaches. One of the programs characteristics is the emphasis on architectural and urban objects and the need to describe them in the designer’s vocabulary, another the conception of history as being defined by its methodology rather than by its topics: history is not about the past, it’s a way of explaining changes in the man-made environment by referring to the ideas, beliefs, interests, philosophical notions, and ideological concepts of the responsible actors.

The master course opens job opportunities in the fields of healthy cities, hospital planning (management), urban planning, or academia; architectural and urban design offices, hospital boards, municipal planning departments and universities are among their likely employers.

MAIN CHARACTERISTICS

- Personalized tracks
- The opportunity to specialize in classical architectural and urban history
- The possibility to specialize in the health impacts of architecture and urbanism
- A wide range of electives (including courses at the Faculties of Medicine and Spatial Sciences)
- The opportunity to work in multidisciplinary teams
- A choice of internships in the Netherlands and abroad

ADMISSION REQUIREMENTS

The master courses are open for students in architectural and urban history, history, graduates in urban studies, students of architecture and/or urbanism who want to specialize in urban policies and/or healthy cities and healthcare architecture, architects, graduates in public health and graduates in similar fields. The courses are also open for practitioners in architectural and urban design, public health, and hospital management.
**CORE CURRICULUM**

- **Origins of the Healthy City** 10 ECTS
- **Excursion** 5 ECTS
- **An Encyclopedia of Typologies** 10 ECTS

**ELECTIVES**

- **Expressionism and the City** 5 ECTS
- **A History of Hospital Architecture** 5 ECTS
- **The City Reflected in the Visual Arts and Theory** 5 ECTS
- **Recent Trends in Hospital Architecture** 5 ECTS
- **Heritage and Architecture** 5 ECTS
- **An Architectural History of Psychiatric Clinics** 5 ECTS
- **Cities and Civic Culture & the Future of Cities** 5 ECTS
- **Housing and Care for the Elderly** 5 ECTS
- **Personal Assignment** 5 ECTS

**INTERNSHIP**

- 10 ECTS
  - 5 ECTS

**THESIS**

- 15 ECTS
  - 5 ECTS

*ECTS: European Credit Transfer System*
This section catalogues a wide range of urban and architectural interventions that were motivated by the ambition to improve public health. Focusing on people’s living environment, the construction of sewage systems and networks that provide clean drinking water focused on prevention. Since the late nineteenth century, rapid progress in the medical world opened the perspective of a constantly increasing arsenal of therapies for curing people once they fell ill – since that time, investment in public health shifted from prevention of diseases to curing them.

Although most developed countries spend 90% of their public health budget on facilities intended to help cure people, there is growing awareness of the fact that investment in prevention is much more effective, and interventions in people’s living and working environment (the realm of architecture and urbanism) particularly helpful to enhance public health; this is the origin of contemporary ‘healthy cities’ concepts.
This course highlights the interaction between historical, political-ideological and spatial issues by an in-depth analysis of one particular city – in spring 2018 the destination is London. Students will learn how the production and reconstruction of the built environment is couched in professional debates that relate to a myriad of often ideologically charged issues. Key projects from various periods will be visited and studied. The trip is prepared during seminars that invite students to study a) texts, books and cartographic material in the domain of architecture and town planning, and b) consult alternative forms of representation, including fiction, documentaries and movies.

Future destinations include Moscow, Berlin, Budapest, Vienna...
What are we referring to when we talk about typologies? In this series, we define types by their function: churches, museums, offices, railway stations, hospitals, prisons. Each function answers to specific functional programs that revolve around zoning and internal traffic structure, and are also thoroughly impacted by changes in communication technologies. This results in specific floorplans and elevations that can be seen as combinations of logistics and functional spaces. Obviously, buildings are not only defined by their function. Their visual, aesthetic and representative qualities, and the way these respond to, or define their urban setting, is equally important – whether or not one wishes to condense these in a canon of architectural styles is open to discussion, but there is no doubt that references to style can be helpful.
In the 1920s and 1930s many architects adopted an expressive vocabulary with an emphasis on sculptural shapes and the texture of the materials. In many instances a colourful decoration was applied as well. This trend developed in Germany after the First World War, although its roots reach back to the last pre-war years, when expressionism was still mainly a matter of the visual arts. In the aftermath of the war, however, German artists and architects sought an intense cooperation in order to realize a new society. The first signs of architectural expressionism in the Netherlands can be traced back to the early 1910s but it became only fashionable after 1918. Though scholarship has always stressed its popularity in social housing, expressionism was equally if not more successful among private patrons, witness the residential quarters all over the country, and a series of impressive Protestant churches. In this course we will discuss the meaning of architectural expressionism in the wider context of socio-political developments, including a critical assessment of earlier research on the topic.
4.1 S.J. Bouma, Gemeentewerken, Groningen, 1925
4.2 E. Reitsma design for a double villa, 1938
4.3 J.A. Boer, Housing, Groningen, 1932
5.1 Filippo Brunelleschi, Ospedale degli innocenti, Florence, 1419-1439
5.2 A. Petit, design for the Hôtel-Dieu, Paris, 1774
5.3 M.P. Gauthier, Hôpital Lariboisière, Paris, 1839-1854
5.4 Filarete, Ospedale Maggiore, Milan, 1456
THE CITY REFLECTED

IN THE CINEMA, ART, PHOTOGRAPHY, LITERATURE & PHILOSOPHY.

Cities generate urban culture, which can be defined as a result of as well as represented by the maximum number of encounters with the highest degree of diversity, creating an environment that stimulates creativity and progress. This series presents a collection of art work (Georg Grosz, Ernst Ludwig Kirchner, graffiti), photography (André Kertész, Eva Besnyö, the Magnum photographers), literature (Manhattan Transfer, Berlin Alexanderplatz, etc.), and philosophy (existentialism/situationism etc.). Probably the most eloquent presentation of the city and the urban lifestyles it fosters can be found in movies. Some classical examples are shown: (Symphonie einer Großstadt, Metropolis).

RECENT TRENDS IN HOSPITAL ARCHITECTURE

In the last two decades, hospitals are witnessing fundamental changes that are bound to result in a completely new healthcare landscape. Several reasons make the transition seemingly inevitable: The trend of transferring responsibility to the ‘end user’, technology (especially the Internet), the growing awareness of the relative inefficiency of medical interventions in terms of public health. Probably the most fundamental driver of the paradigm change has been the collapse of the Cartesian dichotomy that claimed that mind and body belong to different worlds, a view that resulted in an almost complete denial of the impact of the patient’s personal experiences; the emergence of Evidence Based Design (EBD) demonstrates that things have changed dramatically. Exploring how spatial design can influence medical outcomes, EBD has had a thorough impact on recent hospital design.
6.1 Cover Manhattan Transfer, an American novel by John Dos Passos, 1925

6.2 Berlin Die Sinfonie der Großstadt, a film by Walter Ruttmann, 1927

6.3 Umberto Boccioni, Simultaneous Visions, 1911

6.4 Frank Jackson, ‘The cup’ at Brandenburger Tor, Berlin. ©2016 Frank Jackson/fotographz

7.1 EFFEKT, Cancer Counseling Center, Livsrum, Denmark, 2013

7.2 Christian de Portzamparc, Hôpital de la Croix-Rousse, Lyon, France, 2010

7.3 Ateliers Jean Nouvel and Valero Gadan Architects, Institut Imagine, Paris, France, 2014

7.4 Nord, Health Center for Cancer Patients, Copenhagen, Denmark, 2011
From the very outset the history of architecture as an academic discipline has been strongly connected to the issue of how to preserve ancient monuments. Originally a pastime for educated members of the leisure class, during the past decades the idea of cultural heritage has acquired a much more political meaning, as it has gradually become instrumental for the redefinition of cultural and national identities. In this course we will trace the concept of architectural heritage from its very beginnings in Romanticism through successive stages of a more scholarly approach to the current challenge of adapting old buildings to new uses. The central problem here is how to find a balance between today’s practical demands and the specific architectural and historical values worthy to be protected in a historical building. At this point careful and inventive design meets respect for the historical process of which a monument is the result.

Few buildings reflect changes in the way patients are perceived more directly than psychiatric clinics. This series offers students a historical overview of the buildings that were used to concentrate the mentally ill from medieval times to the present, explaining their evolution by referring to the way society perceived the mentally ill. The emergence of the conviction that mentally ill can be cured, the development of a range of therapies, and architectural trends.
8.1 Mediacentrale Groningen (former power plant)
8.2 Czar Peter House, Zaandam
8.3 Broerenkerk Bookstore, Zwolle, 2013
9.2 E.G. Wentink, design for Veldwijk, Ermelo, 1884
9.3 R. Scherenberg, ‘Design for the Creation of an Asylum for the Safe Keeping, Nursing and Healing of the Insane’, 1825-1826
CITIES AND CIVIC CULTURE & THE FUTURE OF CITIES

ELECTIVE
5 ECTS
Dr. A.M. Martin

Cities can either be places that mark inequality and promote social, religious and ethnic isolation, or they can be the exact opposite: places that foster a sense of community. In urban history and theory, a lot of attention has been given to the city as a generator of social cohesion and social equilibrium. We encounter the work of Werner Hegemann and analyze a line of thinking that presents the city as the built form of the urban community, and history as the agent that shapes this community over time. We see Camillo Sitte as a precursor of Hegemann, and the two mayors of Bogotá, Mockus and Penelosa, as heir to this tradition. Civic culture is about people’s attachment to their city and their everyday environment: it’s about people: biking, public transportation, Kindergarten, manners, sports – politics trying to get the most out the people, instead of orchestrating them and transforming them into the civic soldiers of a state machine.

HOUSING AND CARE FOR THE ELDERLY

ELECTIVE
5 ECTS
Prof. Dr. C. Wagenaar

Although elderly people are in a very different situation compared to patients of hospitals and psychiatric clinics, housing and care and care institutions that are specifically designed for them are usually considered to be part of a country’s public health system. Only since the period of industrialization and urbanization did the elderly lose their aura of being wise and experienced: the rapid introduction of new production processes threatened to make their expertise obsolete. Whereas the well-do-to knew how to take care of themselves, the majority faced social decline and poverty. Most of the institutional facilities to targeting the problems this entailed developed in the twentieth century (though there are famous predecessors that sometimes have their origin in de Middle Ages. In the 1950s and 1960s, some countries – notably the Netherlands – built extensive networks of care and cure institutions for the elderly; heavily criticized in the 1970s, these systems were gradually replaced with less institutional networks since the late 1980s.
10.1 Protests in Brasilia, Brazil
10.2 Brooklyn, New York City, USA
10.3 Bogota, Colombia
10.4 Amsterdam, The Netherlands

11.1 MVRDV, WoZoCo Johannes de Deo, Amsterdam, 1997
11.2 A. Komter, Old people’s home De Klokkenbelt, Almelo, 1952
11.3 S.J. van Embden, Old people’s home, Gorinchem, 1954-1961
**12. INTERNSHIP**

10 ECTS

Prof. Dr. C. Wagenaar  
Dr. C.P.J. van der Ploeg  
Dr. A.M. Martin

Students are offered the opportunity to text and expand their skills during an internship at a selected company – this can be an architectural firm, a management firm, a municipality. The internship culminates in a written report that can benefit from the choice of electives in the personal tracks.

Note: 5 of the 10 points can be covered by following one of the eight electives.

**13. PERSONAL ASSIGNMENT**

5 ECTS

Prof. Dr. C. Wagenaar  
Dr. C.P.J. van der Ploeg  
Dr. A.M. Martin

This component has been added to the course as a ‘wild card’ that allows students to complete their personalized track. It is a miniature thesis on a topic the students can select according to their wishes.

**14. THESIS**

15 ECTS

Prof. Dr. C. Wagenaar  
Dr. C.P.J. van der Ploeg  
Dr. A.M. Martin

The Thesis is an integral part of the course and its most ambitious component in terms of workload and ETCS. Students can work on a topic of their choice, and subdivide the actual work in subcomponents that can coincide with elective courses (which are integrated in the supervision scheme of the Thesis). In principle, the Thesis is an exercise in independent scientific writing, the use of sources, clear reasoning, accountability, explanation of the position of the Thesis in existing bodies of knowledge, the social, scientific and professional relevance. Theses may be written in Dutch, English, French, and German, and in some cases also in Italian and Spanish.

Note. 10 of the 15 points can be covered by following three of the eight electives.
Interventions in the urban and public domain of cities have (had) substantial effects on public health, past and present. This Summer School is takes place in June 2018 and is organized in parallel with a series of Summer Schools in Medellin, Colombia. It specifically targets urban mobility, equitable access to healthy food, greenery and sports facilities, and sustainable housing as intricate dimensions of public health that are promoted through interventions in the urban environment. It will investigate these dimensions by offering introductory lectures that cover historical, theoretical, empirical and normative aspects of health promotion, followed by onsite fieldwork in and around the city of Groningen. The lectures are chronological and thematic and cover: the (un)healthy city (exemplified by the southern wing of the inner city), the dismantled city (explained by the Schilderswijk), the welfare city (exemplified by the Wijert), the post-industrial city (shown by the gentrification processes in the Oosterparkwijk).

The fieldwork comprises four hands-on research strategies for investigating and assessing health promotion: mapping (drawing and data-scaping), governance (the role of public and private organizations), design (plans and policies), and cultural representation. On the final day, all findings will be assessed comparatively in an interdisciplinary workshop.
Students who wish to refresh their knowledge of the history and theory of architecture and urbanism may do so by attending bachelor courses. In specific cases, special assignments can be formulated, resulting in an upgrade of these courses that may earn students credits in their master track.

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<tr>
<th>Course Title</th>
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<tr>
<td>Style &amp; Modernity</td>
<td>5</td>
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<tr>
<td>Excursion to Berlin</td>
<td>5</td>
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<tr>
<td>Architecture, Nature &amp; Enlightenment</td>
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<tr>
<td>Thesis</td>
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<td>Blurring Boundaries: Architecture &amp; Urbanism 1904-Now</td>
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<td>Medieval Landscapes</td>
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<td>Beyond Antiquity: Architecture 400-1400</td>
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<tr>
<td>Architecture, City and Freedom (Aufbruch!)</td>
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<td>Towards Modernity: Architecture &amp; Landscape 1400-1800</td>
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<tr>
<td>Architecture as a Public Responsibility</td>
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<td>Excursion to Budapest (TU Delft)</td>
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The Expertise Centre Architecture, Urbanism and Health organizes master classes in healthcare architecture. These combine lectures, seminars, and a study tour with on-site visits. The kick-off master class will take place in May 2018 and specifically targets healthcare architects from China. The topic managing change in hospital architecture, is as urgent in China as it is over here: the existing hospital system is bound to become obsolete, even new hospitals are sometimes based on obsolete and outmoded programs and concepts, and at the same time it is quite sure that we will have to work with at least part of the existing stock. Both new construction and reconstruction of the existing buildings should be based on forward looking views and concepts that, moreover, should be flexible enough to accommodate future changes.
AFFILIATIONS AND PARTNERS

The Centre is integrated in national and international networks. Our partners help us provide a diverse educational environment by supporting different expertises, and provide students with internship opportunities and valuable lectures outside University of Groningen.

EUROPEAN NETWORK ARCHITECTURE FOR HEALTH (ENAH)

ENAH is a Berlin based team of specialists committed to enhance the sustainability of healthcare systems by integrating knowledge from urban planning, architecture, medical technologies, public health and health economics. We evaluate and develop solutions for healthcare policy makers, promoters, managers, providers, consumers and city dwellers that aim for better health and economic outcomes. For ENAH no project is too large or too small, we have proven experience in transdisciplinary research and practice with projects addressing from sustainability issues at the urban city-scale to the healing capacities of inner spaces. Our strategy is to inform the process of developing salutogenic built environments with evidence of our best practice in health promotion, disease prevention, disease management and clinical care at all levels of intensity. We wish to recreate the lost continuum between the two well-tested strategies to improve general health conditions: prevention and health promotion on the one hand, and on the other medical intervention in hospitals and psychiatric clinics in case of health crises.

www.enah.eu

PLATFORM HEALTH@BK AT DELFT UNIVERSITY OF TECHNOLOGY

The platform Health@BK of Delft University of Technology offers a multidisciplinary studio on healthcare architecture. This studio investigates the emergence of a new type of community health center. It is meant as a pilot for multidisciplinary/transdisciplinary research and design. New innovative elements will be tested: lectures given by students on their own subjects of interest with peer reviewing by students themselves, interactive lectures with use of apps, online interviewing and MOOC’s. The studio entails tutorials and research seminars (topics: health and wellbeing, issues relating to environmental psychology, sociology, and architecture/urbanism), and modelling (selecting and refining design by interviews and observations). The studio is the result of close cooperation between the departments of architecture, urbanism, technology, and industrial design.

Since 1969 the Stichting Oude Groninger Kerken (Foundation for the Preservation of Old Churches in Groningen) is active in the preservation of many predominantly medieval churches in the Groningen area. In recent years, due to an ongoing process of secularisation, also churches from the nineteenth and twentieth centuries have been added to the vast portfolio. As a result, the Foundation, apart from being an expert organisation in the more traditional field of preserving and restoring, has also become very active on the forefront of adapting these church buildings to new functions, equally considering their status as architectural heritage as well as the social effects of the proposed interventions. It is in particular on this intersection of heritage and architectural design that historical research as practiced in the Expertise Centre AUH does add valuable insights to such regeneration projects.

www2.scut.edu.cn/architecture_en/2015/0720/c6450a95600/page.htm

Platform GRAS involves the inhabitants of Groningen in the continuous processes of the architectural and urban reconstruction of their city. It wants to enhance the design qualities of buildings and public spaces, promote awareness of the impact of the city on the quality of life, and keep alive the tradition of internationally ground breaking projects – ranging from iconic buildings to the introduction of healthy city strategies. GRAS organizes seminars and conferences, public debates and exhibitions, and mediates between (cultural) entrepreneurs and the makers of the city – designers and politicians, cultural heritage agencies and public housing corporations, developers and numerous other stakeholders.

www.platformgras.nl

www.groningerkerken.nl
HOSPITAL ARCHITECTURE

Hospital architecture is on threshold of a new era. This research investigates the impact of a shift towards the end user, the need to prevent a meltdown of public health systems, the digital revolution, innovations in hospital management and technology. The result will be published in a Design Manual by Birkhäuser in January 2018.

PUBLIC HEALTH IN POST-WAR HOUSING ESTATES IN EUROPE

The purpose of this research proposal is to develop intervention strategies that improve built environmental qualities in Europe’s post-war housing estates as an effective way to tackle factors for non-communicable diseases (ncds) and reduce their negative impacts. The project addresses neighborhood environment stressors and contributors for ncds which are directly and indirectly accountable for 86% of the deaths and 77% of the disease burden of the EU region. For this purpose, this project conceptualizes the built environment as a key health resource that gathers all social conditions and characteristics of an urban population which facilitates identifying critical problems and possible solutions at all dimensions and levels. The research involves scientific experience accumulated at major academies in Europe covering five distinctive research areas (urban health; urban climate; urban and architectural design; urban history and; sociology & economy) that will structure study cases in five European countries aiming to improve environments for health through modelling and simulation. Through novel neighborhood environment factors modelling and health behavior simulation techniques, this project will formulate and translate evidence-based recommendations from transdisciplinary research into recommendations for a “health in all policies” approach.
PUBLIC NATIVE DWELLING ESTATES IN SUB SAHARA AFRICA, A FORGOTTEN ASPECT OF 20TH CENTURY URBAN ARCHITECTURE

Pauline Bezemer

Public housing for low/middle income native citizens became a serious planning and design issue in large Sub-Sahara African cities from the 1920s. The material results mirror a unique hybrid of international dispersed concepts and locally-bound house building and dwelling practices due to the degree into which foreign – colonial – models did or did less or not face local resistance. Human and non-human actors both determined the meant hybridization by meeting in a confrontation of power and – hidden – agendas. This fits within the supposed transfer-processes as part of a more global architecture history. These hybrid outcomes are still traceable, although the neighborhoods’ original patterns have blurred – as to sometimes become unreadable – due to informal self-built practices, densification, and state withdrawal since the 1980s. Most estates are now easy prays for demolition and private renewal practices. In-depth research, i.e. a serious “re-mapping” of origins, context, motives and transmuted models and concepts, is urgent from an academic, cultural heritage and urban sustainability perspective. The proposal therefore aims at a never undertaken comparable analysis of this unique material reservoir; as a contribution to architecture history and its methodological tools, and as a sound basis for future sustainable interventions. Health issues play a dominant role in this PhD-thesis.

COMMUNITY HEALTH CENTRES

Luc Willekens (PdD Defense at Delft University of Technology)

Since the community health centres first appeared, the public health landscape has changed dramatically. In most Western-European countries and in the United States, medical functions are being re-distributed: the days of the traditional general hospital appear to be numbered, what replaces them is a network of community health care centres that only provide low-risk medical care in a setting that resembles satellite outpatient clinics (though they sometimes have a few hospital beds). High-risk interventions and interventions that require multidisciplinary teamwork and sophisticated medical equipment are transferred to either large scale (teaching) hospitals, or so-called ‘focused factories’ that specialize in only one type of therapy. Community health centres face new challenges: they have to combine relatively simple medical interventions for people who suffer diseases with several other functions: they have to provide assistance for people who will be in need of medical support in the near future (for instance pregnant women), they have to develop into information centres on health issues, and they should become the nodes in networks that support health promotion and disease prevention. This PhD-project explores the new roles of community health centres and the way architectural design can contribute to make them fit for their new role.

Other PhD subjects: Improving the performance of hospitals – an architectural analysis of patient journeys in China - Peng Deijan (PdD Defense at Delft University of Technology); Architectural Policies in the Netherlands - Kirsten Schipper; How to make Chinese Cities Healthy - Yufang Zhang
As a lively university city, Groningen has the youngest average population in the Netherlands. It has a long and turbulent history, which becomes evident from the historic warehouses, courts and buildings. Groningen is also a city with nerve, with the most numerous examples of innovative architecture within its boundaries. In addition, it was once proclaimed the city with the best city centre in the Netherlands because of its charm.
Groningen: an architectural gem

Groningen has been the most popular university town in the Netherlands for decades. Apart from the standing and reputation of the university, the thriving city (where the bars never close) acts as a magnet that attracts growing number of students from all over the world. De Groene Amsterdammer listed the city’s ‘idyllic historical inner city, one of the largest universities of the country, a high-quality college, a decent job market and an abundant offer of boutiques, espresso bars, galleries, museums and theaters’ among Groningen’s unique selling points. Lovers of architecture will find it difficult to find a more appealing in the Netherlands. Part of the Hanseatic League, it boasts a large medieval core. In the seventeenth century (the Netherlands’ ‘Golden Age’) the city doubled in size thanks to a huge expansion plan. In the 1920s, close contacts with expressionist artists and architects in Berlin resulted in a remarkable number of expressionist buildings, among them the main building of the town planning department and many schools. Groningen is best known, however, for its groundbreaking experiments in modern architecture. In the 1990s, the city revived the forgotten tradition of urban manifestation when it organized What a Wonder World, for which Peter Eisenman, Zaha Hadid, Coop Himmelb(l)au, Rem Koolhaas en Bernard Tschumi designed temporary pavilions. Daniel Libeskind created The Books of Groningen, which envisaged new markers of the city borders, a modern version of the historical fortifications. Kurt W. Forster, Akira Asada, Thom Puckey, Gunnar Daan, Heiner Müller, William Forsythe, John Hejduk, Leonard Lapi with Enn Laansoo, and Daniel Libeskind created signs in the urban periphery. Alessandro Mendini made the masterplan for the Groningen Museum; Philippe
Starck, Michele de Lucchi, and Coop Himmelb(l)au were part of the team that designed the building that opened in 1994. Organized in 1996, A Star is Born marked the revitalization of public space in the inner city. Fumihiko Maki, Rem Koolhaas with Erwin Olaf, Manuel de Solà-Morales and Alsop & Störmer Architects were among the participants. Adolfo Natalini’s reconstruction project for the city’s main square, completed in the same year, introduced the concept of ‘Stadtreparatur’, urban repair, in a square where post-war rebuilding had caused more damage than the bombs that caused havoc in 1945. Now, the same square is again being redesigned, one of the most remarkable projects being the so-called Forum building which, designed by NL-architects, will boost urban life in the inner city. In 2001, Blue Moon explored the links between the inner city and the newly developed areas outside; working with a masterplan designed by Toyo Ito, Xaveer de Geyter, Space Group, Foreign Office Architects and Tony Fretton endowed the city with their views on urbanism at the turn of the millennium. A variety of unspoiled landscapes surrounding the city add to its appeal: a parklike landscape to the south and west, and the open landscape dotted with medieval Romanesque churches and palatial farms to the north and east.
## Core courses

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<tr>
<th>#</th>
<th>Semester</th>
<th>Courses</th>
<th>ECTS</th>
<th>Professor</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2A Feb-Apr</td>
<td>Origins of the Healthy City</td>
<td>10</td>
<td>Prof. Dr. C. Wagenaar</td>
</tr>
<tr>
<td>2</td>
<td>2A Feb-Apr</td>
<td>An Encyclopedia of Typologies</td>
<td>10</td>
<td>Dr. C.P.J. van der Ploeg; Prof. Dr. C. Wagenaar</td>
</tr>
<tr>
<td>3</td>
<td>2B Apr-Jun</td>
<td>Excursion</td>
<td>5</td>
<td>Dr. A.M. Martin</td>
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</tbody>
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Note: To be completed with two electives from the list below: 6, 7 or one elective and a personal assignment.

| 4  | 1A Sep-Nov 1B Nov-Feb | Internship                           | 10   | Dr. A.M. Martin; Dr. C.P.J. van der Ploeg; Prof. Dr. C. Wagenaar |
| 5  | 1B Nov-Feb           | Thesis                                | 15   | Dr. A.M. Martin; Dr. C.P.J. van der Ploeg; Prof. Dr. C. Wagenaar |

Note: To be completed with two electives from the list below: 7, 8 or one elective and a personal assignment.

## Electives (composite)

| 6  | 2A Feb-Apr | - Expressionism and the City  
- Heritage and Architecture | 5 each | Dr. C.P.J. van der Ploeg |
|----|------------|---------------------------------|--------|-------------------------|
| 7  | 2A Feb-Apr 1B Sep-Nov | - A History of Hospital Architecture  
- Recent Trends in Hospital Architecture  
- An Architectural History of Psychiatric Clinics  
- Housing and Care for the Elderly | 5 each | Prof. Dr. C. Wagenaar |
| 8  | 1B Nov-Feb 2A Feb-Apr | - The City Reflected  
- Cities and Civic Culture & the Future of Cities | 5 each | Dr. A.M. Martin |

Note: In Semester 2A students can join Dr. A.M. Martin’s course at the University College.

| 9  | Not fixed   | Personal Assignment                | 5    | Dr. A.M. Martin; Dr. C.P.J. van der Ploeg; Prof. Dr. C. Wagenaar |
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