

## **“The diversities of the unexpected”**

Interview with Mr. Sou Fujimoto, by Andreas Kofler, 11 November 2014, Shinjuku (Tokyo).

**When Sou Fujimoto’s Children’s Center for Psychiatric Rehabilitation was completed in 2006, it was the last one a series of healthcare projects designed at the beginning of his career. A little known, or little noticed, expertise of Fujimoto that is anything but random and closely related with the beginnings of his career.**

**Andreas Kofler** In *Primitive Futures* (INAX, Tokyo, 2008) your Children’s Center for Psychiatric Rehabilitation is part of the “City as house, house as city” chapter. Is the duality of this project a reinterpretation of the psychological condition of its patients?

**Sou Fujimoto** My father is a doctor for mental illness and some of my early projects are for him. This one is for another doctor, who leads a big mental hospital, and with whom I had many interesting discussions about what kind of space may be good for people suffering from mental diseases. As you said, such kind of hospitals can feature a certain duality, like residential and urban scales. They should be comfortable and cozy, like your private house. But at the same time it’s more of an urban situation – in this case the patients are approximately 50 children, bigger hospitals have around 100 patients. So it’s not just an architecture facility. Actually for me it’s not a facility at all, it’s like your house or your home, a center of your own town, or a small village. We discussed these kinds of things and finally I proposed this apparently random layout of boxes. Of course it’s not random, it has an order, it has a structure, but it looks really random. Every corner has a different size with rather opened corners or more hidden corners, connected corners or more separate corners, or bigger scale areas.

**AK** So the architecture of this project emulates urban conditions, like collective and individual simultaneities?

**SF** This diversity of the scales is quite important: cozy, personal scales, but at the same time the diversities of the unexpected. I’m interested in urban complexity, like the one of Tokyo. Tokyo is crowded and yet we can find nice hidden places. If you go around a corner you will see some unexpected beautiful things. I moved here from Hokkaido, so I was fascinated by such kind of experiences. They are translated into these projects, in order that walking around the hospital is not just about walking back and forward one corridor. That is really boring, but the standard hospital is like that. The doctors and me tried to avoid such kind of a systematic space and create more diverse spaces where people can choose by themselves. The ratio of diversities and relationships was quite important. A doctor is not an architect of course, but he was clear about the ideas of the spaces. It was a very interesting discussion.

**AK** Have there been initial concerns that such a scheme would prioritize the patients to such an extent that it would compromise the operativeness of the hospital and its employees? Did you collect feedback about the post-occupancy of the building?

**SF** We discussed this of course. When we brought this model there, they were at first surprised because it’s not a classic hospital. Even after I explained the concept they still needed to fit their mind to the new situation. Finally, after a long discussion, they decided: yes, this looks very good. They liked to change their usual style of dealing with the patients and tried for example to be more interactive. So, basically I think it works... of course not perfectly, some areas work and some don’t. But basically they are very positive, yes.

**AK** You mentioned your father is a doctor. Have you done other projects for him in the health sector?

**SF** For my father I did two projects. The first one is a small hospital annex for the Seidai Hospital (1999). The intention was to don’t make a strong corridor, but just a sequence of living spaces. You couldn’t clearly see where the corridor and where the bed is. The second one is not a hospital, but a rehabilitation residence (Rehabilitation Dormitory in Hokkaido, 2003), where it was again about not making a straight corridor.

**AK** So the concern about the corridor–room situation is the common noun of these projects?

**SF** From the very beginning I thought such a straight long corridor is not fine. I imagined myself living in such a hospital... it's not comfortable: your room is facing the corridor, if you go out everyone can see you. I tried to do something different, but at the same time I was also interested in a kind of a new order or new geometry. Not to use a strong order – like an epic axis – but to create a sequence, like those Tokyo-situations. I felt such kind of complex, organic compositions could have some possibilities. I tried to combine the architectural conceptual thinking and the more realistic imagination of the life in the hospital in several different ways, but in the Children's Hospital case it came out of a clear discussion with the doctors with which then we could update our thinking with.

**AK** This project is located in the outskirts of the city of Date (Hokkaido, Japan). Despite this scenic setting, you still seem to have opted for an introverted way to set this project within such a panoramic landscape.

**SF** The character of the hospital is not completely opened. It has some hidden boundaries and only one entrance, where doctors and nurses are controlling who go in and out. From today's viewpoint I think I could have made some of the areas more opened because the surrounding is beautiful. Recently I talk more and more about blurring the boundaries between inside and outside, but it only got a main topic after this project.

**AK** The Children's Center for Psychiatric Rehabilitation has been your last health project to date. This series really documents the beginning of your career.

**SF** Usually young architects in Japan start from private houses. But in my case, I started from hospital–health things. That affected me a lot. From the very first project I thought it's strange to do a hospital project, I wanted to do more usual, private houses. But then, after two or three months, I thought that a hospital is much more interesting than a private house, because it is a combination of the private house and the urban situation. Two opposite things are coming together. I thought it could be something really exciting. So I changed my mind into being more positive. Then of course the Tokyo-experiences affected me, and the complexity theory. So everything came together at the end of the 1990's, and ultimately created my basic architecture.

**The interviewer:**

Andreas Kofler is an architect, urbanist and freelance writer based in both Paris and Tokyo. He worked for, among others, OMA/AMO, I'AUC and Dominique Perrault before co-founding Weltgebras. Most of his projects imply a multidisciplinary declension, such as the work on Greater Paris (DPA/I'AUC), Greater Moscow (I'AUC), Prada (AMO), etc.