

Design of

Mental Rehabilitation Cottage

in Serang with *Baduy Cultural-Living Approach*

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International Undergraduate Program in Architecture
Final Architectural Design Studio

**Design of Mental Rehabilitation
Cottages in Serang with Baduy
Cultural-Living Approach**

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Supervised by Dr.-Ing. Putu Ayu Pramanasari A., S.T., M.A.

Department of Architecture
Faculty of Civil Engineering and Planning
Universitas Islam Indonesia
2024



Program Sarjana Internasional Arsitektur
Studio Akhir Desain Arsitektur

**Perancangan Pondok Rehabilitasi
Mental di Serang dengan Pendekatan
Budaya-Hidup Baduy**

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Dibimbing oleh Dr.-Ing. Putu Ayu Pramanasari A., S.T., M.A.

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2024



Authentication Sheet

Final Architectural Design Studio Entitled:
Studio Akhir Desain Arsitektur yang Berjudul:

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Perancangan Pondok Rehabilitasi Mental di Serang
dengan Pendekatan Budaya-Hidup Baduy

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Design of Mental Rehabilitation Cottages in Serang with Baduy Cultural-Living Approach

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Yogyakarta, 10 December 2025



Assyifa Ayeshia



Supervisor's Notes

Bachelor Final Project Report Book Assessment]

Studio Akhir Desain Arsitektur yang Berjudul:

Design of Mental Rehabilitation Cottages in Serang with Baduy Cultural-Living Approach

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dengan Pendekatan Budaya-Hidup Baduy

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Final Architecture Design Studio Book Quality

Adequate*)

Effective*)

Excellent*)

Therefore,

It is Recommended / Not Recommended (*)

To serve as a reference for the final design studio project (*)

Circle one

Yogyakarta, 4 December 2025

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Assyifa Ayeshia.

Assyifa **Ayeshia** is a final-year architecture student with a strong passion for human-centered design. Her journey includes more than four years of academic and professional collaboration across Asia and Europe, reflecting her adaptability and curiosity as a designer. A critical thinker, she approaches architectural challenges with depth and sensitivity, shaped in part by winning a national architecture competition focused on mental-health-related design.

Beyond the studio, Ayeshia thrives in community-driven activities—volunteering as a part-time tutor for children in rural villages, experiences that strengthen her empathy and cultural awareness. Her global perspective is further enriched as an International Credit Transfer 2024 awardee to Universiti Kebangsaan Malaysia. With resilience, precision, and a growing interest in behavioral and cultural architecture, Ayeshia is committed to designing spaces that not only serve but resonate deeply with the people who inhabit them.

Preface.

Assalamualaikum Wr. Wb.

Praise and gratitude are extended to Allah SWT, along with prayers and salutations to the Prophet Muhammad SAW, his family, and his companions. Through Their blessings, the author was able to complete the Final Architectural Design Studio entitled “Design of Mental Rehabilitation Cottages in Serang with Baduy Cultural-Living Approach” to the best of her abilities. The author has received invaluable assistance, feedback, guidance, and support from many individuals throughout the preparation of this undergraduate final project. The author would like to convey sincere appreciation and gratitude to:

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For all the prayers, support, and assistance that have been given, may Allah SWT reward each kindness abundantly. The author recognizes that this work is not without shortcomings and sincerely welcomes constructive criticism and suggestions to further improve this undergraduate final project. It is hoped that this project will enrich knowledge and experience for readers, serve as a valuable reference, and provide learning materials and insights for future improvements.

Yogyakarta, 10 December 2025



Assyifa Ayeshia

Abstract.

Banten is one of the provinces in Indonesia with a significant prevalence of mental health disorders and no dedicated psychiatric hospital. Approximately 7.1% of its 11.83 million residents experience emotional or severe mental illnesses, yet plans for a psychiatric facility have been repeatedly delayed. In response to this urgent gap, this architectural design project proposes a mental rehabilitation cottage in Serang that serves as a culturally sensitive and sustainable alternative for individuals with mild to moderate mental health challenges, specifically anxiety disorders, depression, and clinically stable schizophrenia.

Drawing inspiration from the Baduy people's harmonious, nature-integrated lifestyle, the design integrates their cultural values, spatial traditions, and sustainable material usage to create a non-clinical, home-like healing environment. The facility is organized into four key zones, Residential, Creative, Therapy, and Mindful, supporting personalized recovery through structured therapy sessions, creative crafts, and mindful activities such as gardening and yoga.

Situated in Anyer, the cottage emphasizes therapeutic spatial planning, privacy, safety, and environmental integration. Beyond its functional role, the project advocates for a more compassionate and culturally grounded approach to mental health care in Indonesia, aiming to inspire future development of psychiatric facilities in the region.

Abstrak.

Banten merupakan salah satu provinsi di Indonesia dengan prevalensi gangguan kesehatan mental yang signifikan, namun hingga kini belum memiliki rumah sakit jiwa khusus. Sekitar 7,1% dari 11,83 juta penduduknya mengalami gangguan mental emosional atau berat, namun rencana pembangunan fasilitas kejiwaan terus mengalami penundaan. Menanggapi kesenjangan yang mendesak ini, proyek desain arsitektur ini mengusulkan pembangunan *mental rehabilitation cottage* di Serang sebagai alternatif yang berkelanjutan dan sensitif terhadap budaya bagi individu dengan gangguan mental ringan hingga sedang, khususnya gangguan kecemasan, depresi, dan skizofrenia stabil secara klinis.

Mengambil inspirasi dari gaya hidup masyarakat Baduy yang harmonis dan terintegrasi dengan alam, desain ini menggabungkan nilai-nilai budaya mereka, pola ruang tradisional, serta penggunaan material yang berkelanjutan untuk menciptakan lingkungan penyembuhan yang bersifat non-klinis dan menyerupai rumah. Fasilitas ini dibagi ke dalam empat zona utama, yaitu Zona Hunian, Kreatif, Terapi, dan Mindful, yang mendukung proses pemulihan personal melalui sesi terapi terstruktur, kegiatan kerajinan kreatif, serta aktivitas sadar penuh seperti berkebun dan yoga.

Berlokasi di Anyer, *cottage* ini menekankan perencanaan ruang terapeutik, mengutamakan privasi dan keamanan, serta terintegrasi dengan lingkungan alam. Lebih dari sekadar fungsi fisik, proyek ini juga mengusung pendekatan kesehatan mental yang lebih manusiawi dan berakar pada budaya lokal, dengan harapan dapat mendorong pembangunan fasilitas kejiwaan di masa depan di wilayah tersebut.

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“Laras jeung alam, cageur ku rasa.”



Wakil Bupati Tangerang, Peng
Gangguan Jiwa Dipasung

Ribuan Warga Pandeglang Alami Gangguan Mental
Berat

Masyarakat Banten Alami Gangguan
17 Orang Diantaranya Dipasung

Masih Ada End
Tak Punya RSJ

Poroti Isu Mental Health, Singgung
en Belum Punya Rumah Sakit Jiwa

3 Laporan Warga Banten Dipasung dari
Januari-Juli 2017

615 Remaja di Banten Mengalami Ganggu
Rata-rata penyebabnya gara-gara broken home hingga bullying

Tidak Masuk Program Prioritas, Pemprov
Banten Batal Bangun Rumah Sakit Jiwa

Kisah Nyata: Belasan Warga B
Hidup Terpasung, Berteman R
Besi di Kaki

Kompas.com / Regional
Banten Belum Punya Rumah Sakit
Jiwa dan Ketergantungan Obat,

Duh, Ratusan Remaja di Banten Alami Gejala
Gangguan Mental

Potret penderita gangguan jiwa di
Banten, dikurung hingga dipasung

a Rumah Sakit Jiwa, 17 Warga Banten
Hidup Dipasung

Penderita Gangguan Jiwa Di Banten
535.500 Jiwa

01 | INTRODUCTION

Banten Jadi Salah Satu dari 6 Provinsi di
Indonesia yang Belum Punya RS Jiwa

Gangguan Mental Ancam Banten

penderita gangguan mental saat dipasu
Serang, Banten (23/3). Ang
tercatat dari 11

DESIGN PREMISE

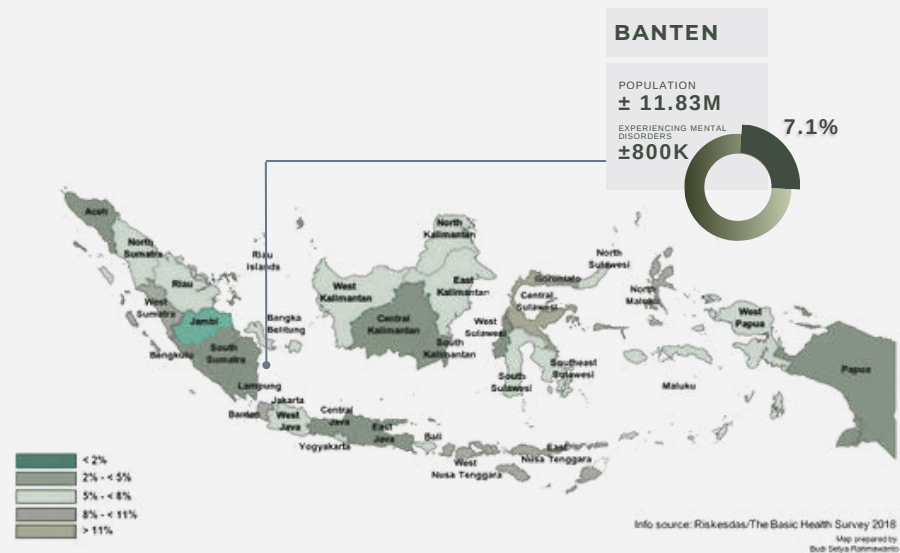


Figure 1.1 Prevalence of depression in Indonesia
(InsideIndonesia, 2020)

Banten is one of the provinces in Indonesia that **does not yet have a dedicated psychiatric hospital**. With a population of approximately 11.83 million people, around 7.1% experience emotional mental disorders or severe mental illnesses (Pratama, 2020). The Banten Provincial Health Office (Dinkes) recorded that the number of people with mental disorders (ODGJ) in Banten has reached 58,994. Data from the 2013 RISKESDAS report further highlights the prevalence of severe mental disorders at 1.1 per mille and emotional mental disorders at 5.1 per mille in Banten (kanalpengetahuan.fk.ugm.ac.id, 2017), with anxiety disorder, depression, and schizophrenia being the top three mental disorders that people in Banten have.

Kabupaten/Kota	Jumlah Rumah Sakit Umum	Jumlah Rumah Sakit Khusus	Jumlah Rumah Sakit Jiwa	Jumlah Puskesmas Rawat Inap	Jumlah Puskesmas Non Rawat Inap	Jumlah Klinik Pratama	Jumlah Posyandu
Pandeglang	4	1	0	21	22	26	1832
Lebak	4	-	0	15	16	67	3062
Tangerang	22	5	0	-	9	539	3677
Serang	6	-	0	7	37	109	2444
Kota Tangerang	28	6	0	9	22	200	1539
Kota Cilegon	5	1	0	9	27	46	557
Kota Serang	10	2	0	7	9	109	790
Kota Tangerang Selatan	22	10	0	-	37	461	1252
Banten	101	25	0	68	179	1557	15153

Table 1.1 Healthcare facilities in Banten
(Office of Health Service of Banten, 2022. Illustrated by author)

Is it really needed?

Given these statistics, there is a high demand for a specialized mental rehabilitation facility in the region. The urgency for such a facility is further emphasized by the **growing number of mental health cases among teenagers** in Banten, many of whom suffer from emotional distress due to broken homes, bullying, and lack of social support.

Additionally, despite increasing awareness of mental health issues, **cases of shackling (pasung) still exist** in Banten, where individuals with severe mental disorders are physically restrained due to limited access to proper treatment and rehabilitation.

How's the government's response?



Figure 1.2 Canceled plan for a psychiatric hospital
(Radar Banten, 2025. Illustrated by author)

Compounding this issue, the government recently **canceled plans for a psychiatric hospital** in Banten, citing that it was not a priority in their current development program—despite the clear and pressing need for such a facility.

All in all, recognizing the urgent need for better mental health infrastructure in Banten, this project focuses on designing a **mental rehabilitation cottage**.

Mental Rehabilitation Cottage? *What kind of facility that?*

This cottage aims to create a **private, home-like rehabilitation space** where individuals can recover in a peaceful and supportive environment. Unlike traditional psychiatric hospitals, mental rehabilitation cottages provide a **less clinical** atmosphere, focusing on **personalized care, therapy, and community-based living** to support **long-term recovery**.

This project seeks to enhance well-being, foster healing, and promote a more compassionate approach to mental health rehabilitation in the region. Hopefully, this initiative will also **encourage the government** to prioritize the establishment of psychiatric hospitals in Banten as part of their future healthcare agenda.



PROBLEM- *ATIQUE?*

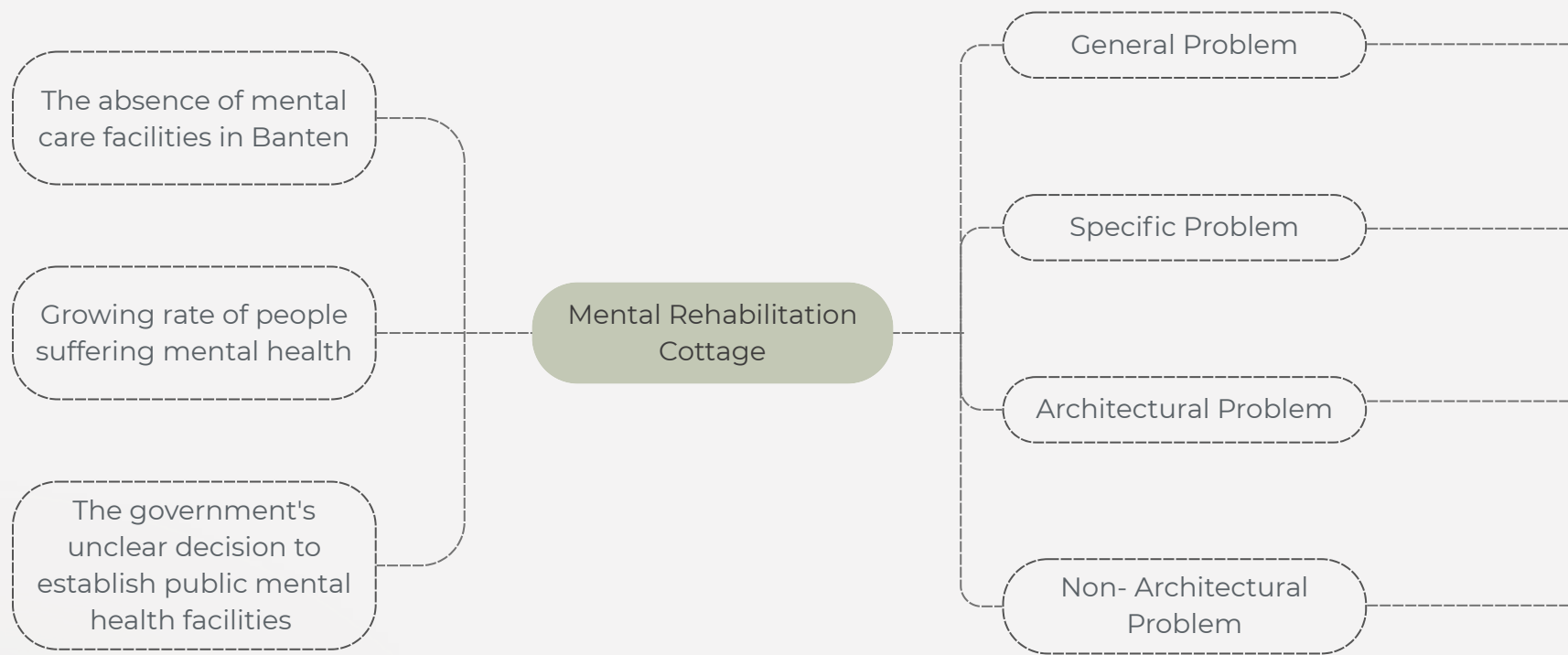
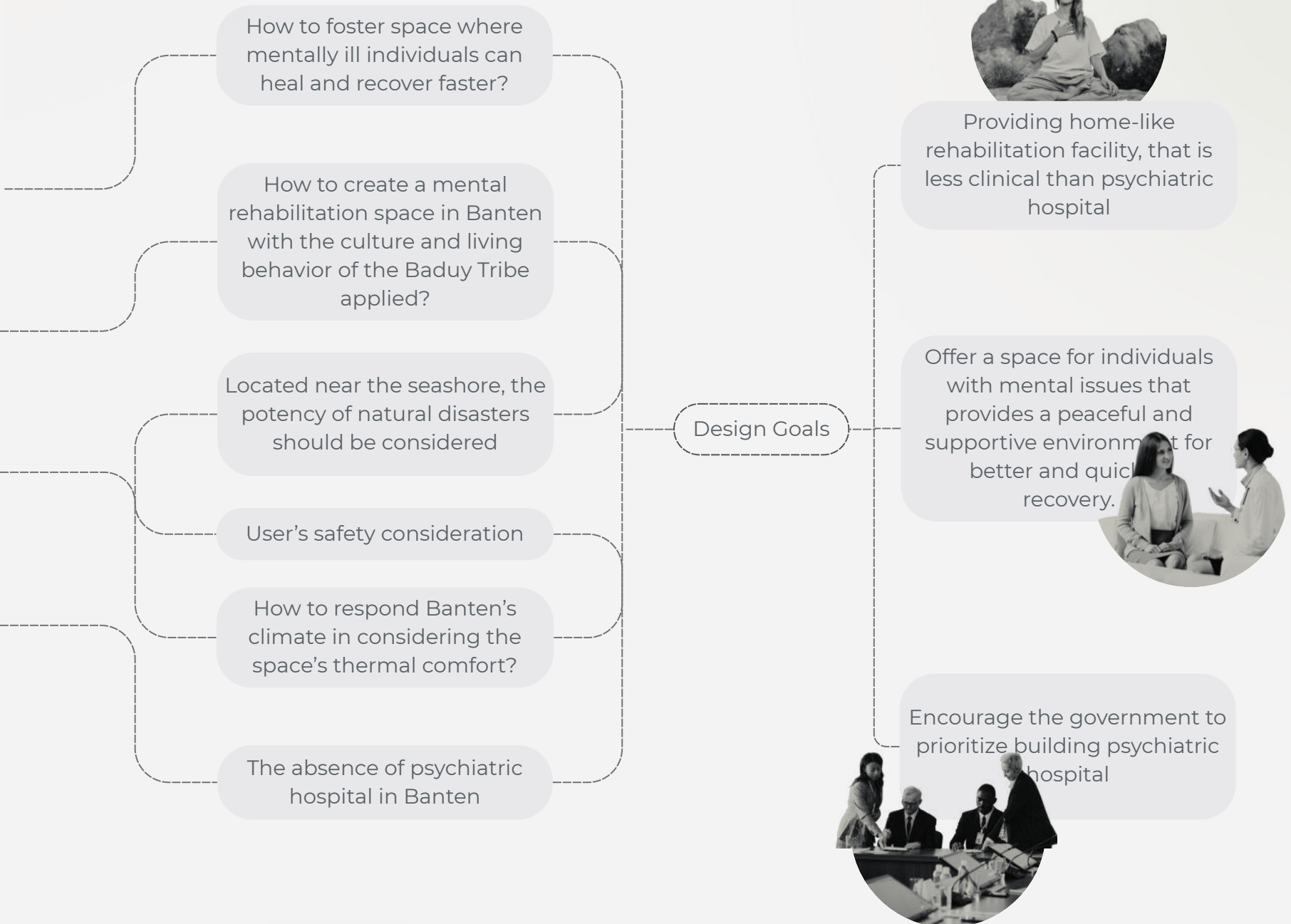


Table 1.2 Problematique
(Author, 2025)





“Integrating how Baduy live their simple, nature-related, and sustainable culture lifestyle in creating space and programming that prioritize sense of peace.”

How do Baduy people face mental-related issues?

Baduy people practice a **simple and orderly lifestyle**, with a consistent daily routine. This sense of order can help reduce stress and anxiety. The Baduy community has a **deep bond with their natural surroundings**. Activities such as farming, gardening, and interacting with nature can provide a sense of peace and inner satisfaction.



Figure 1.3 The difference Baduy Luar and Baduy Dalam (Tempo, 2022)

The Baduy tribe is divided into two groups: **Baduy Dalam (Tangtu)** and **Baduy Luar (Panamping)**. The Baduy Dalam community strictly adheres to numerous prohibitions in their daily lives, which are still enforced today. They strongly oppose any changes within their group. Meanwhile, the Baduy Luar community consists of tribe members who have been influenced by modern culture. The lifestyle of the Baduy tribe reflects cultural values that are still firmly upheld by its people (Mutaqin, 2023).

Maharani (2009) state that the lives of the Baduy people revolve around an **agricultural cycle**. Without modern equipment, they rely on traditional tools such as machetes (*bedog/golok*), axes, and hoes. The Baduy people's livelihood comes from farming, which follows their own calendar.

The Baduy community stores their harvested rice in traditional granaries called leuit. They consume only one-third of their harvest, sell another third, and store the remaining third. This practice reflects their strong concern for future sustainability. The Baduy people are primarily farmers. They sustain their livelihoods through their gardens, rice fields, and farmland. Occasionally, they also gather wood from the forest.

Where the Baduy lives

Baduy traditional house is made from natural materials such as bamboo, stone, wood and palm fiber. The walls are using sarigsig weave that provides cool temperatures because the air circulation can go in and out through the gap of the plaits, hence traditional Baduy houses have no windows.

Traditional Baduy houses are built facing each other in a linear arrangement, with narrow paths in between to make the most of the available land. The layout of their settlements and house plans encourages residents to spend time on their terraces, chatting with neighbors

METHOD & ***HYPHOTHESIS***

All in all...

The mental rehabilitation cottage will focus on the **cultural-living of the Baduy** people, incorporating their lifestyle, settlement design, and philosophical approach to life as guiding principles in shaping the program and spatial design of the rehabilitation space. Their deep connection with **nature, simplicity, and communal values** will serve as the foundation for creating an environment that supports mental healing through mindful living.

In addition, based on collected data, the mental rehabilitation cottage will specifically focus on the two most common mental health issues experienced by Orang Dengan Masalah Kejiwaan (ODMK) in Banten: **anxiety disorders and depression**.

This focus was chosen as a direct **response to the rising rate of mental health issues** in the region, with the intention of preventing mild to moderate conditions from escalating further.

Furthermore, the decision to prioritize ODMK over individuals with severe mental disorders (ODGJ) is also based on the recognition that those with ODGJ often require specialized medical tools and treatments, which **may not be feasible to provide in a mental rehabilitation cottage**—especially in a region like Banten, where proper mental health facilities are still lacking.

Nevertheless, this rehabilitation initiative can serve as a critical first step in **raising awareness** within the community about the importance of mental health and the need to uphold human dignity in mental health care.

DESIGN METHOD

we start here!

01/ Problem Identification

understanding the **needs, regulations, and limitations** for a mental rehabilitation facility, specifically for anxiety disorder, depression, and schizophrenia.



04/ Architectural Synthesis

Developing the pre-discussed conceptual sketches and alternatives into **3D models**, which includes doing all details and technical drawings



02/ Data Collection

Includes **precedent study** and **literature** on mental disorders, mental rehabilitation, the Baduy tribe, and a direct site analysis for the project.



03/ Brainstorm Analysis

Analyzing collected data and **translated** to **generate design ideas**. Includes making design **alternatives** that is discussed with supervisor and fellow peers.



06/ Design Improvement

Making improvements based on the feedback during comprehensive and final evaluation



05/ Design Evaluation

Final design will undergo 2 **evaluation**, which includes comprehensive and final evaluation

Design will be assessed and given feedback to be improved later.



fin!

DESIGN HYPOTHESIS

BRYAN LAWSON’S DESIGN
CONSTRAINTS &
REQUIREMENTS

	Practical	Formal	Symbolic	Radical
Legislative The Government of Banten	Elements Used to Create Sense of Heal In creating a space that contributes to someone’s healing process, it is essential to consider the elements used for the design (vegetations, materials, space layouts)	Healing Space A space that is designed—including its programming—for people to do things to sort out their issues and heal, whether its in terms of the space, color, shapes, etc.	Symbolization of Mental Health Awareness A space that can increase people’s awareness to how important Mental Health is.	A Dedicated Mental Rehabilitation Facility With the absence of dedicated psychiatric hospital in Banten, the demand for a mental rehabilitation facilities is critical. Hence, the government would look forward a dedicated mental rehabilitation facility to answer current demand.
User Individuals with mental health issues (ODMK)	Elements Used to Create Sense of Heal In creating a space that contributes to someone’s healing process, it is essential to consider the elements used for the design (vegetations, materials, space layouts)	Healing Space A space that is designed—including its programming—for people to do things to sort out their issues and heal, whether its in terms of the space, color, shapes, etc.	Symbolization of Mental Health Awareness A space that can increase people’s awareness to how important Mental Health is.	Space to Heal A space for patients to seek sense of peace and help in curing their mental health problems.
Client Bethsaida Serang Hospital	Elements Used to Create Sense of Heal In creating a space that contributes to someone’s healing process, it is essential to consider the elements used for the design (vegetations, materials, space layouts)	Healing Space A space that is designed—including its programming—for people to do things to sort out their issues and heal, whether its in terms of the space, color, shapes, etc.	Symbolization of Mental Health Awareness A space that can increase people’s awareness to how important Mental Health is.	Mental Rehabilitation Center A space for patients to seek sense of peace and help in curing their mental health problems.
Designer	Elements Used to Create Sense of Heal In creating a space that contributes to someone’s healing process, it is essential to consider the elements used for the design (vegetations, materials, space layouts)	Healing Space A space that is designed—including its programming—for them to do things to sort out their issues and heal by contributing the culture of Baduy Tribe and its connectivity to nature to implement it.	Symbolization of Mental Health Awareness A space that can increase people’s awareness to how important Mental Health is.	Space that Contributes to the Healing Process A space that not only serve as place where rehabilitation takes place but also contributes in creating therapeutic senses to patients that will hopefully help healing process faster.

Table 1.3 Design constraints & requirements
(Author, 2025)

EXCELLENCY, ORIGINALITY, and, NOVELTY

Design of Mental Rehabilitation Center Through Salutogenic Approach in West Nusa Tenggara

Itsnatani Humaira Anaqami (2022)

Universitas Islam Indonesia

Similar typology, different approach

The author highlights the need of a mental rehabilitation center in West Nusa Tenggara as the top three region with highest mental disorder cases in Indonesia that is commonly practicing Pasung (shackling) to the mentally ill individuals. In this case, the author is using Salutogenic approach that focus on how a design can promote mental well-being for the user by understanding the origin of health and its constituent elements instead of the disease and its risk factors.

A Design of Mental Health Care with Resort in Bantul with Multi-Sensory Approach for Treating Mental Health Issues

Sharfina Utami Widyasari (2024)

Universitas Islam Indonesia

Similar typology, different approach

Seeing the potential impact of mental health on victims of natural disasters in Bantul, the author focuses on creating a mental health care facility with a resort using a multi-sensory approach—combining the 4 senses of visual, olfactory, tactile, and auditory—as part of the healing process to accommodate the needs of victims and survivors who are affected by mental problems.

A Design of Recovery Center in Surakarta for Cardiovascular Outpatients with Javanese Wellness Architecture Approach

Mahadevi Effia Arkan (2024)

Universitas Islam Indonesia

Similar typology, different approach

Her work highlights the importance of recovery process for cardiovascular outpatients besides the medical treatments itself. By implementing Javanese wellness principles, the author extracts values from things like Serat Munasiyati Jati and Pesanggrahan Langenharjo into architectural concepts that reflect to its norms and also breaks away from the clinical and conventional form of current health facilities.

02 | DESIGN PROBLEM EXPLORATION AND SOLUTION

MENTAL REHABILITATION COTTAGE

A mental rehabilitation cottage is a type of healing or therapeutic space designed to help individuals recover from mental health challenges, emotional burnout, or psychological trauma. It often combines architecture, nature, and cultural or lifestyle elements to support well-being. These cottages are often located in peaceful, natural settings, such as villages. The purpose of these cottages is to provide a safe and supportive environment for individuals to heal and recover.

A key aspect of a mental rehabilitation cottage is its focus on therapeutic design. Spaces are created to support activities such as meditation, journaling, gardening, or art—tools that promote mindfulness and self-reflection. Daily routines are often simple and slow-paced, aligned with principles of slow living and emotional grounding.

Some cottages may include support facilities such as counseling rooms, communal kitchens, group gathering areas, or herbal gardens. These additions allow for both personal healing and community interaction.



SITE AND DESIGN ***PROBLEM ANALYSIS***



Anyer, located in the capital city of Banten—Serang—is known as one of Banten's most famous tourist destinations. Anyer offers **beach landscapes and mountain views**, which is a potential in creating a peaceful environment that can positively influence mental well-being.

Additionally, Anyer is located in the rural area. A location away from the noisy, fast-paced city life minimizes external stressors and is a prefect place for mental patients to focus on their therapy and rehabilitation. This strategic location not only enhances the **effectiveness of rehabilitation programs** but also help in creating a **sense of peace and comfort**.

— Design Problem Exploration and Solution

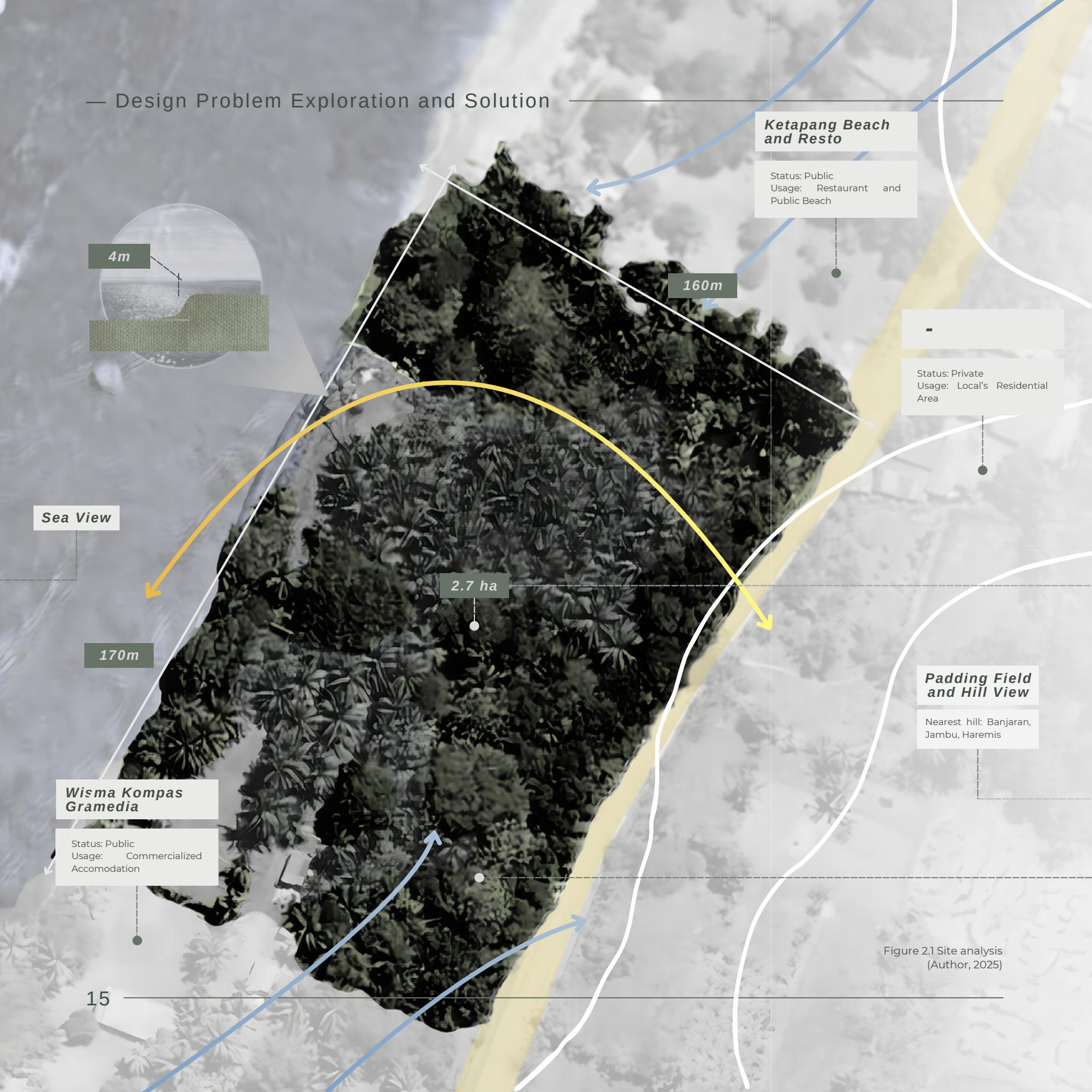


Figure 2.1 Site analysis
(Author, 2025)

SITE DATA AND ANALYSIS

SITE REGULATIONS

Landuse (RTRW):

- Cultivation
- **Residentials**

Building Floor
Coefficien (KLB)

1.25

Building Base
Coefficient (KDB)

60%

Green Base
Coefficient (KDH)

5%

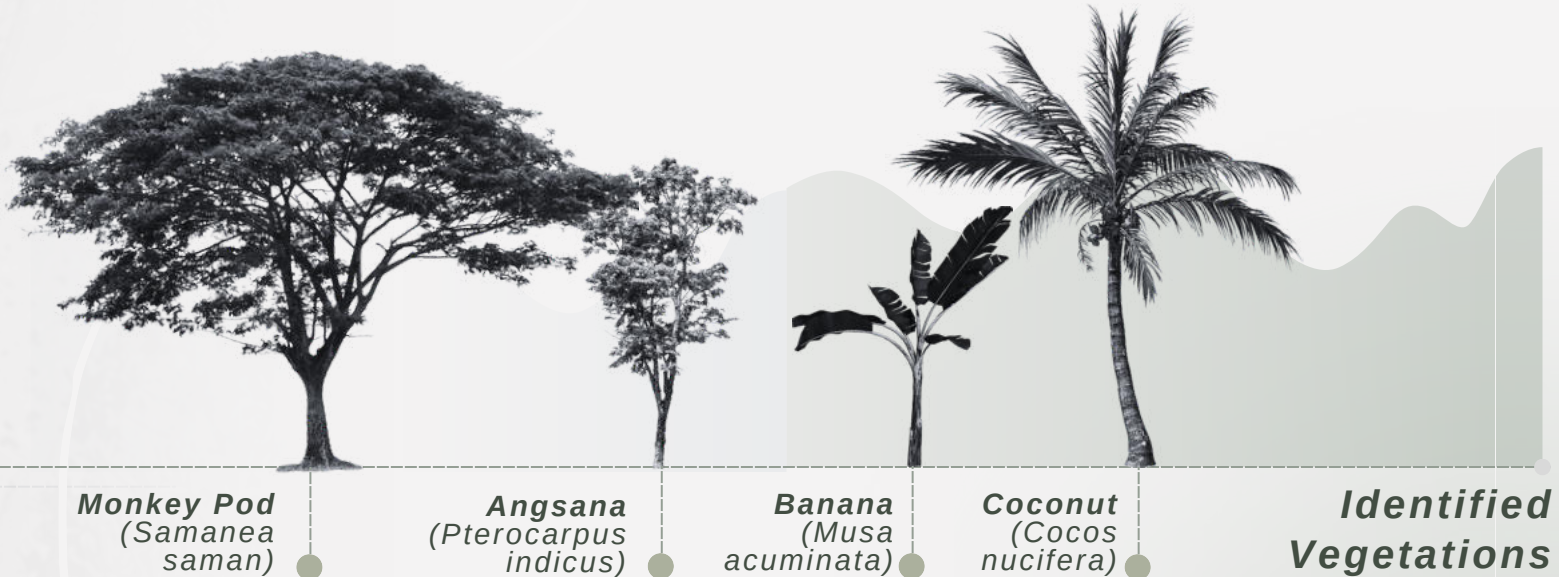
Building
Setback
(GSB)

13m

Fence
setback
(GSP)

5m

Road Status: **Regency**
Road Function: **Primary Local**



MENTAL REHABILITATION COTTAGE

How Rehabilitation Facilities treat Individuals with Mental Issues (ODMK)

Individuals with mental issues, often referred to as **Orang Dengan Masalah Kejiwaan** (ODMK) in Indonesia, experience a range of psychological, emotional, and behavioral challenges that impact their daily lives. These mental issues are determined based on psychiatric diagnoses

which includes studying on the patients symptoms and behavior. Symptoms vary depending on the severity and type of disorder, making the type of treatment patient’s receive also vary depending on the type of issues and its severity.

Diagnosis	Affect	Perception and Cognition	Motivation and Behavior	Interpersonal Functioning	Lifetime Prevalance
Depression	• Persistent sadness • Guilt/Worthless Feeling • Emotional numbness	• Negative thoughts • Difficulty concentrating • Rumination • Suicidal ideation	• Fatigue • Psychomotor retardation/agitation • Loss of interest • Withdrawal from activities	• Social withdrawal • Impaired relationships • Difficulty maintaining roles	17%
Anxiety Disorder	Anxiety about being in multiple “inescapable” situations	-	Situations avoided or endured with marked distress	May diminish interpersonal relationship	53%

Table 2.1 Symptoms of schizophrenia, depression, and anxiety disorder
(Corrigan et al, 2008. Illustrated by author)

Then how do they treat it all?

Treatments for these mental health disorders often involve a combination of psychotherapies and, in some cases, medications. Here's an overview of effective therapeutic approaches for each condition:

Therapy	Activity	Diagnosis	Needs
Meta-cognitive Training (MCT)	Focuses on addressing cognitive biases associated with psychosis, particularly delusions. It encourages patients to reflect on their thought patterns, aiming to reduce positive symptoms.	• Schizophrenia • Obsessive-Compulsive Disorder (OCD)	• laptop and projector provided • a room that fit up to 10 patients and a projection area, preferably darkened for good visibility • seating area for patients should be circling facing the projection area
Cognitive Behavioral Therapy (CBT)	Focusing on modifying negative thought patterns and behaviors associated with traumatic experiences.	• Post-Traumatic Stress Disorder (PTSD) • Anxiety Disorders	• Safe and relaxing room with comfortable chair • Preferably dimmed light with less natural light to increase stress-management effectiveness
Dialectical Behavior Therapy (DBT)	Emphasizes emotional regulation, mindfulness, and distress tolerance to reduce self-destructive behaviors and improve emotional stability	• Borderline Personality Disorder (BPD)	• a room fit for several people since the treatment can be done as a group session

Table 2.2 MCT, CBT, and DBT
(Cully et al, 2008. Illustrated by author)

How can Architecture help?

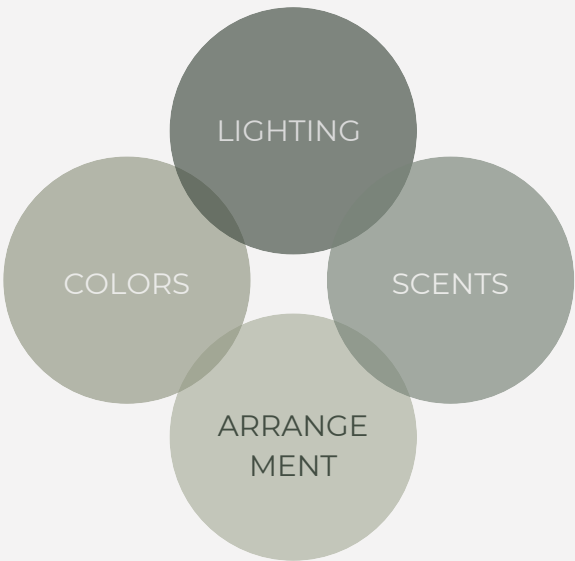


Figure 2.2 Aspects that give a sense of belonging and homey
(Abdelrazik, 2024. Illustrated by author)

According to Vaeenma (2021) approximately 68% of patients in the psychological rehabilitation centers **recovered in centers that were appealing to the eye**. Psychological therapy can increase a person’s quality of life immensely.

Design and creative measure in the building is important to be considered as a social and psychology needs for the patients. Abdelrazik (2024) explains that it is important that the **lighting, arrangements, colors, and scents** give a sense of **belonging** and a **homey** vibe to those occupying them.

Various factors determine the kind of feeling that a space is bound to evoke on its occupants. **Safety, ease of movement, social connectivity, textures, and sensory stimulation** are among the most important factors to consider, to evoke feelings of comfort and communication. For people struggling with mental health issues, it would then be a step towards enabling their healing through stability and a sense of safety.

Abdelrazik (2024), concludes based on the case study analysis of Psychiatric Center Friedrichshafen that **layout, maximum use of daylight, and simple circulation** are highly recommended. Providing around 43-56% of the total project space for rooms and around 30-36% for the public spaces and the central indoor garden. In addition to using natural materials, applying **neutral colors** are the main noticeable aspects to apply in the interior spaces. Using the **red color as an accent** color is also recommended to **motivate the psychological and the mental behavior** of the residents and visitors.

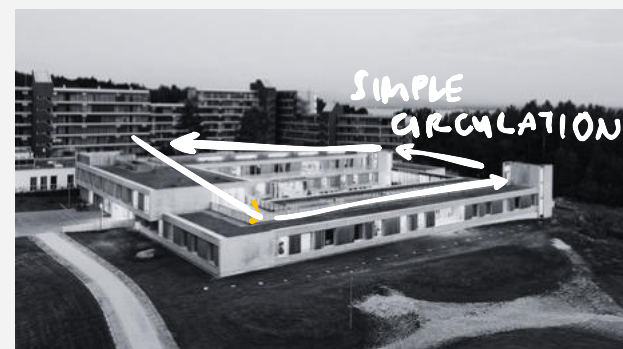


Figure 2.3 Psychiatric Center Friedrichshafen
(Archdaily, 2014)

Therefore...

The core design problem lies in **bridging therapeutic functionality with architectural sensitivity**. Rehabilitation facilities are often institutional and impersonal, contributing to patients' sense of isolation and distress. In contrast, this project emphasizes a space that feels safe, familiar, and empowering. Hence, several key considerations that should be integrated into the design are:

- **Therapeutic Spatial Design:** The cottage includes layouts that are intuitive and stress-reducing. Circulation is simplified, rooms are well-proportioned, and visibility is clear to promote orientation and minimize confusion.
- **Natural Integration:** Located in Anyer, the site has its rural setting with access to beaches and mountain views. These natural features support psychological recovery by reducing stress, enhancing mood, and fostering a connection with nature.
- **Sensory Comfort and Belonging:** The use of neutral tones, soft lighting, natural materials, and soothing scents contributes to a home-like ambiance.
- **Activity-Specific Spaces:** Therapy rooms designed to accommodate treatments with considerations for lighting, seating arrangements, group therapy formats, and projection facilities.
- **Social and Private Balance:** The design respects the need for both solitude and social

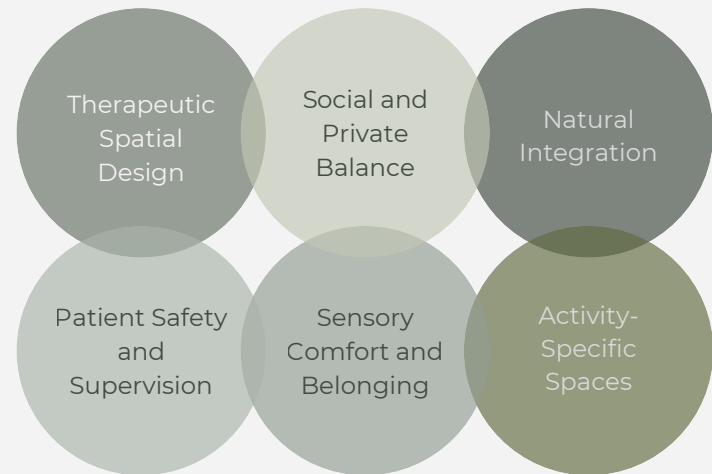


Figure 2.4 Typology Problem Analysis
(Author, 2025)

- interaction by providing a thoughtful mix of private rooms, communal areas, and semi-public garden spaces, reflecting a holistic approach to psychological rehabilitation.
- **Patient Safety and Supervision:** The design avoids sharp edges, uses break-resistant materials, and ensures passive supervision through strategic spatial layouts—allowing caregivers to observe without invading patient privacy. Secure boundaries and soft landscape transitions also help prevent unsafe behaviors while maintaining a sense of freedom and dignity.

By prioritizing environmental psychology, cultural sensitivity, and therapeutic function, the design aims to support patients on their journey toward mental wellness in a space that feels safe, calm, and human-centered.

BADUY CULTURAL- LIVING

How is their daily activities looks like?

All of them are farmers, mostly rice farmer. Hence most of them filled their day by **going to their farm in the morning and went back to the village in the evening**. The location of each person's farm are all different, some may be located within the village while the rest are outside of the village, but its location must be away from the residential zone.



Figure 2.5 The Baduy farming
(Kompas, 2017)

Do their beliefs influence the way they live their life and how their mindset is related to their emotional state?

Baduy people adhere to the Sunda Wiwitan which believes in the existence of Sang Hyang Kersa (God Almighty) and a harmonious relationship between humans, nature, and Sang Hyang Kersa.

This deep spiritual connection is the foundation of the Baduy people's way of life, which is strongly intertwined with nature. Their belief system guides them to live in a highly sustainable and respectful manner, as an expression of their bond with both nature and their ancestors.

They believe that their state of mind is closely tied to their relationship with nature—when nature is respected and balanced, so too is their inner peace and mental well-being.

How is their dietary?



Figure 2.6 What usually the Baduy eat
(Merdeka, 2022)

They typically consume **simple, humble meals**, reflecting their modest way of life and deep connection to the land. However, most of their meals does not comes from their harvests. They usually store $\frac{1}{3}$ of their rice in their barn (Leuit) and use it only during emergency periods, the other $\frac{1}{3}$ is to be sold and the rest is for them to eat.

Same goes to chicken, this happens due to the specific regulation related to their beliefs just to slaughter the chicken. Hence, the protein that they commonly consume are salted fish (ikan asin), they rarely consume chicken (usually only during special occasions), and they don't consume beef at all due to the prohibition of having farm animals such as cows, buffalos, lambs, and goats within the villages.

How do they face sickness?

Because of their beliefs, also because of being located far from healthcare facilities, they often prioritize using herbal medication first even though they are still allowed to consume conventional medication (Both Baduy Luar and Dalam).

How is their Kinship?

The have a very bonded relationship with each villagers, they belief that everything they did within the village should be done together (gotong royong), including doing weddings, funerals, preparing celebrations, building houses, etc. Hence they have to really consider the dates on their calendar before holding any events. Additionally, **their settlement arrangement—facing each other's home along a narrow path—helps in creating the sense of kinship** as most of them spend some of their time hanging out with their neighbor on their own's terrace (papangge).



Figure 2.7 Papangge
(Author, 2025)

How is their settlement looks like?

Baduy does not really have a specific settlement arrangement since the consideration on their house location are based on the condition of the site. However, there are still some rules regarding it such as **each village cannot exceed 50 houses**, but since the village population are growing, there have been a bit exception regarding this rules.

Do they have any specific public space to gather?

Regarding public spaces, Baduy Dalam do have their own public space together, however the **Baduy Luar does not**. Baduy Luar usually held events, meetings, and gatherings at their **village chief's house**. Of the total 59 villages in Baduy, 3 are classified as Baduy Dalam and the remaining 56 as Baduy Luar. Each village in Baduy Luar falls under the jurisdiction of one of the three Baduy Dalam villages. Therefore, for major ceremonies such as Kawalu, residents of Baduy Luar will go to the corresponding Baduy Dalam village that oversees their own, in order to participate in the celebration. This is the reason why there are no public buildings in Baduy Luar.

Are there any rules regarding house-making in Baduy?

Yes, they have plenty of regulations and permissions that should be done before building houses, including **deciding the dates**. When decided, they will all gather to build the house together starting from collecting the materials

until the end of the building process. Intermis of rules, **Baduy Luar are now having their houses altered from the original rules**, such as window and woodn door frame usage, and modified woven wall, both color and technique. Baduy Luar are also allowed to use modern house tools and materials like nails, while the Baduy Dalam still use ropes as their house joinery.

Then, what does the house look like?

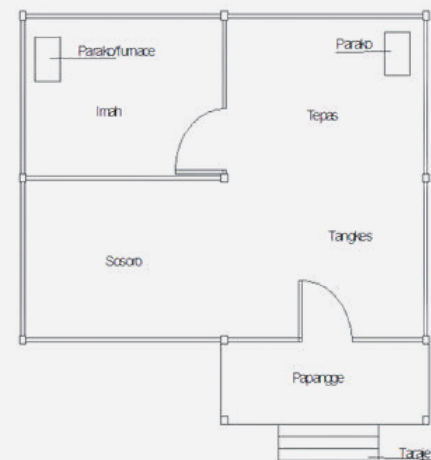


Figure 2.8 Floor plan of Baduy houses
(Widayati, 2017)

The room at the traditional Baduy house is divided into three rooms, namely **Sosoro** (Guest/living room), **Tepas** (Bedroom), and **Imah** (Kitchen). In addition to functioning as the kitchen, Imah is also used for the bedroom of the head of the family and his wife. In front of the house is **papangge** (terrace) to put **kele** (water reservoir). The stair called **taraje**. and fireplace in the kitchen is called **parako**. (Widayati, 2019).

What materials that they use to build their houses?



Bamboo
the main material,
used for the wall
weaving and
flooring



Wood
additional
material, used
for columns,
floor, etc



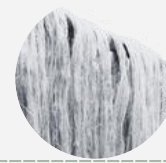
Stone
additional
material, used
as the
foundation



Palm Fiber
additional
material, used
for the roof



Pasak Kayu
substitute
for nails



Wood Root Rope
substitute for
nails

Also their day to day tools and furnitures..



Seeng
rice
cooker
made of
zinc



Hawu
a cooking
stove
made of
clay



Aseupan
cone-shaped
bamboo woven
container for
cooking rice.



Hihid
fan made
of woven
bamboo



Leukeur
bamboo
woven lid
used to
cook rice.



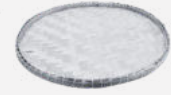
Dulang
a place for
freshly
cooked
rice.



Kenceng
tool to fry
fish/other
side
dishes.



Pangarih
ladle to
stir rice.



Nyiru
tool to
clean/shift
rice



Boboko
serving rice
basket
during
meals



Panyiuk
tool to
pour
water



Songsong
a fire
blowing tool
made from a
piece of
bamboo



Teko
aluminum
water
container



Somong
bamboo
glasses.



Sendok
made of
coconut
shell



Sinduk
large spoon
to scoop
vegetables



Centong
large
spoon to
scoop rice

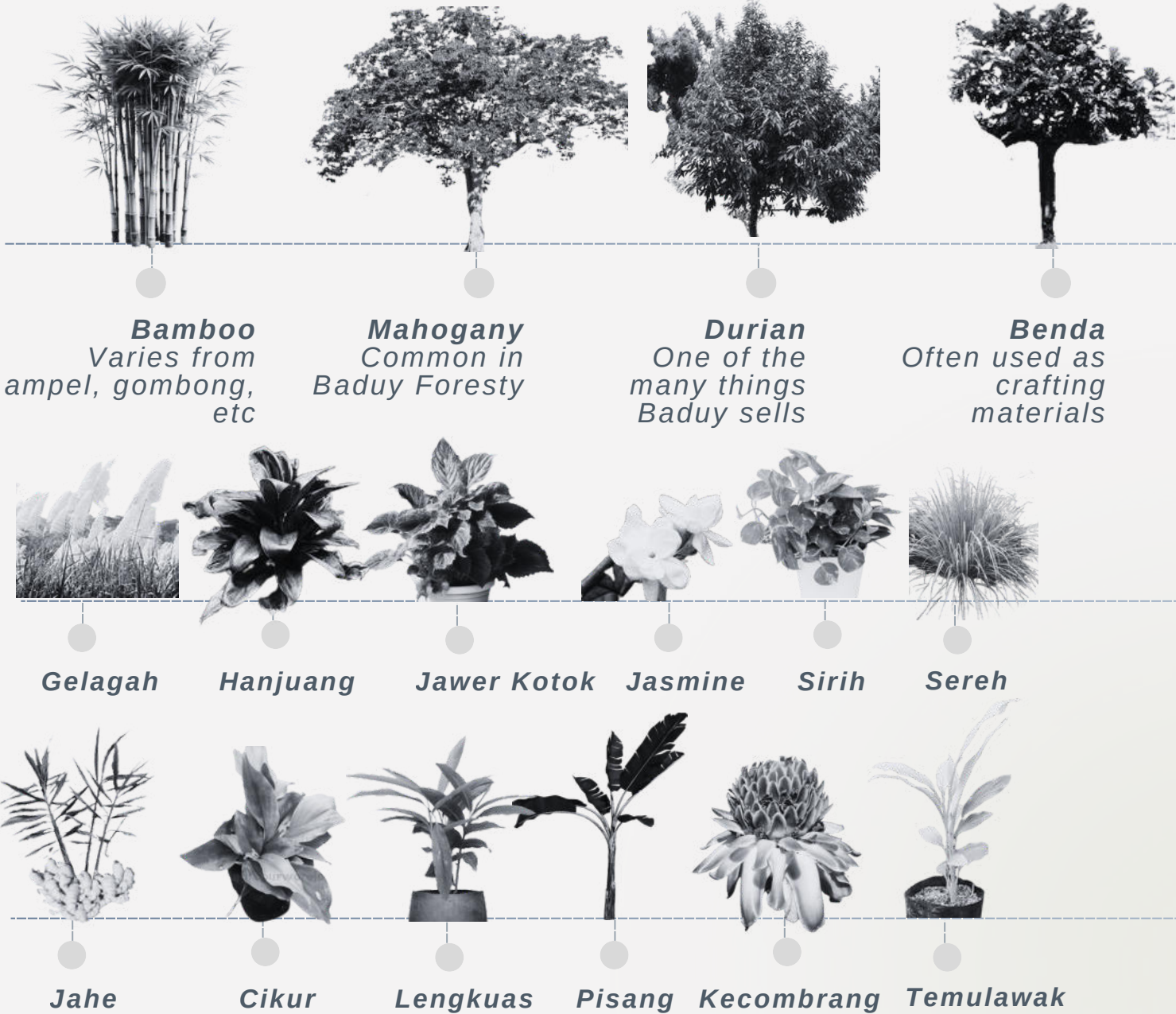


Samak
woven
pandan
duri mat



Simut
black and
blue cloth
blanket
with batik
motif,

Endemic vegetations within the village..



Based on the study of the Baduy...

we can categorize their activities along a spectrum rather than viewing work and rest as a simple binary. This approach allows us to recognize a flow in their activities, where the intensity of engagement correlates with the distance from

their residential area. The flow of these activities is rooted in their belief system, Sunda Wiwitan, which emphasizes living in harmony with nature, prioritizing quality rest, and fostering social harmony.

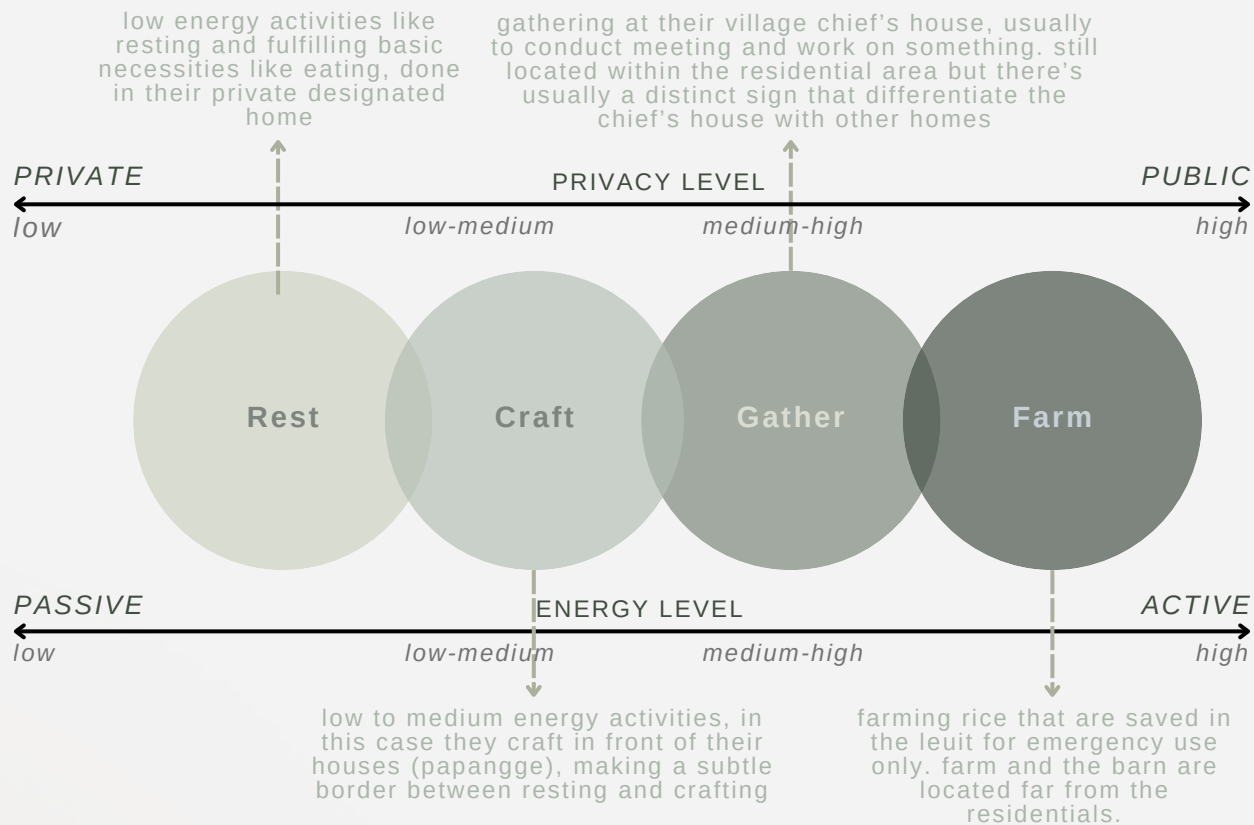


Figure 2.9 Spectrum of spaces in Baduy
(Baduy, 2025)

From this understanding, each element of the spectrum is integrated into the programming concept for the mental rehabilitation cottage. The final design will be divided into four zones based on the active-inactive spectrum: **Residential Zone, Creative Zone, Therapy Zone, and Mindful Zone.**

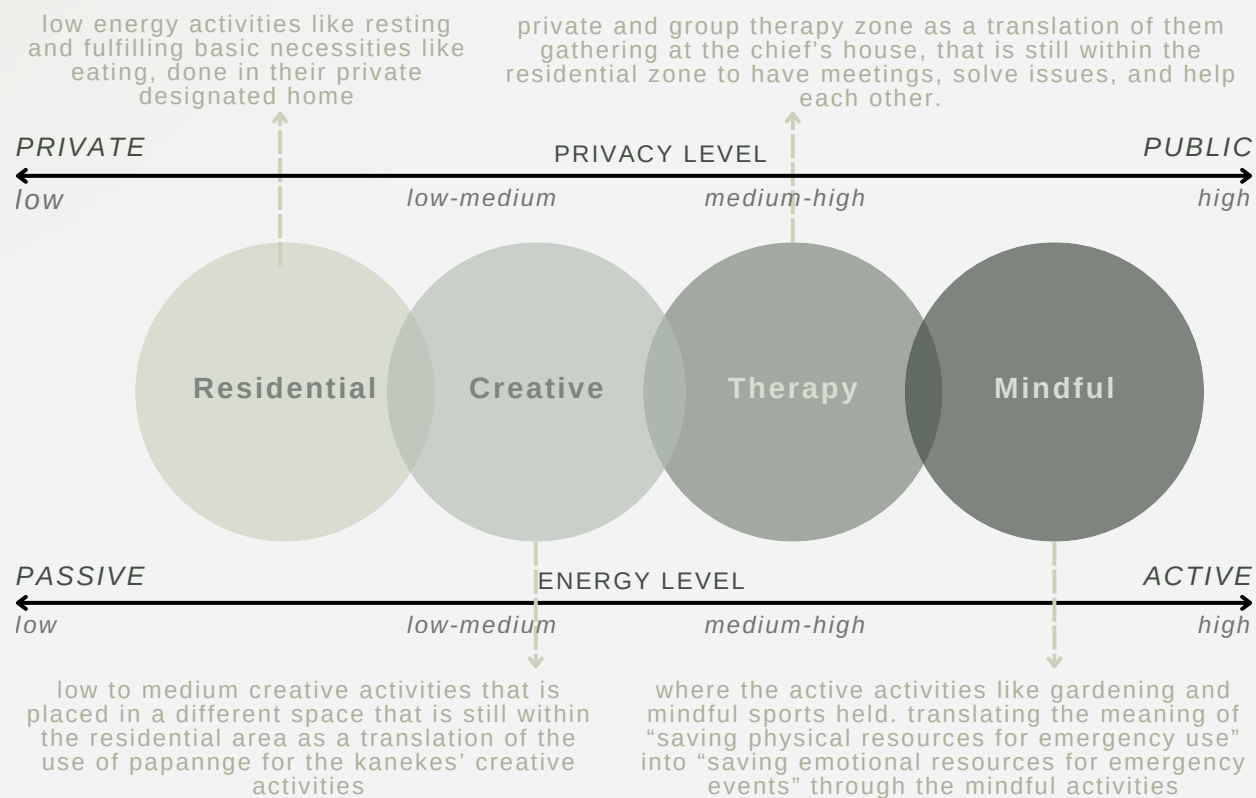


Figure 2.10 Translated spectrum of spaces for the Mental Rehabilitation Cottage
(Baduy, 2025)

Some important aspect from each spectrum that are translated into mental rehabilitation context are:

- Papangge as a place for them to craft translated into a space with subtle border between resting area and **Creative Area**.
- Village chief as a gathering space translated into a **Therapy Zone** where the building still placed within the residential area but a

differences in terms of design should be applied as a node. Their habit of saving their farming resources for future emergencies is translated into providing

- **Active and Mindful Activity** allows patients engage with nature through gardening and sensory-based exploration, which create "emotional resources" — calming memories, grounding sensations, and positive associations with plants and natural elements.

DESIGN STUDY *PRELIMINARY*

TYOLOGY

PROGRAMMING

THE PRIORY HOSPITAL

Mental Rehabilitation Center - United Kingdom

Architect: -

Area: -

Year: 1872

Priory is the leading independent provider of mental healthcare and adult social care in the UK. They offer a range of treatment programs to their patients, which can either be scaled up or scaled down depending on the nature of the patient's condition and the intensity of the support they need. During inpatient treatment, patients are able to stay in hospital on a **residential basis** to receive in-depth support for their mental health challenges. Patients who are able to stay as inpatients are those who's symptoms has significantly impact their **ability to function in daily life** or those who's **safety is at risk**.



The type of care the patients receive will be tailored to their individual needs and structured within National Institute for Health and Care Excellence (NICE) guidelines.

They offer a number of different therapy formats to their inpatients, such as **one-to-one therapy, group therapy and family support**. Patients are able to access a range of wellbeing activities as part of their inpatient treatment programs, which includes yoga, tai chi, shiatsu, meditation and relaxation, exercise class and group, and community-based trips and activities.

During the program, inpatients will receive a number of benefits such as round-the-clock care from a multidisciplinary team, schedules filled with therapeutic activities, safe environment, and supporting peers. The following are the key facilities, their functions, and capacities for a standard consideration:

Therapy	Function	Details
En-suite Bedrooms	Private accommodation for inpatients	107 rooms
Therapy Rooms	Spaces for individual and group therapies	Multiple rooms
Gymnasium	Physical fitness and rehabilitation	Equipped with fitness instructor
Swimming Pool	Aquatic therapy and relaxation	Available to patients
Art and Movement Studios	Creative therapies including art and movement sessions	Dedicated spaces
Dining Facilities	Nutritional support and communal dining	Full-service dining areas
Gardens and Outdoor Areas	Therapeutic outdoor spaces for relaxation and activities	Inclusive for various faiths
Educational Facilities	Academic support for child and adolescent patients	Classrooms and learning resources
Family Visiting Areas	Spaces for patients to meet with family members	Comfortable and private visiting rooms

Table 2.3 List of facilities at Priory Hospitals (Priory Hospital, n.d.. Illustrated by author)

TYPOLGY

COMPOS MENTIS

Mental Rehabilitation Center - United Kingdom

Architect: SPACEMAGUS

Area: 239m²

Year: 2023

Located on the rural outskirts of Ranchi, India, Compos Mentis reimagines traditional asylum architecture by **prioritizing humane, inclusive, and therapeutic environments** for mental health care. The design moves away from the institutional feel of colonial-era asylums, which often featured imposing fortifications and cell-like enclosures. Instead, Compos Mentis offers a more compassionate setting with inviting courtyards and spaces that foster social equity in mental healthcare.

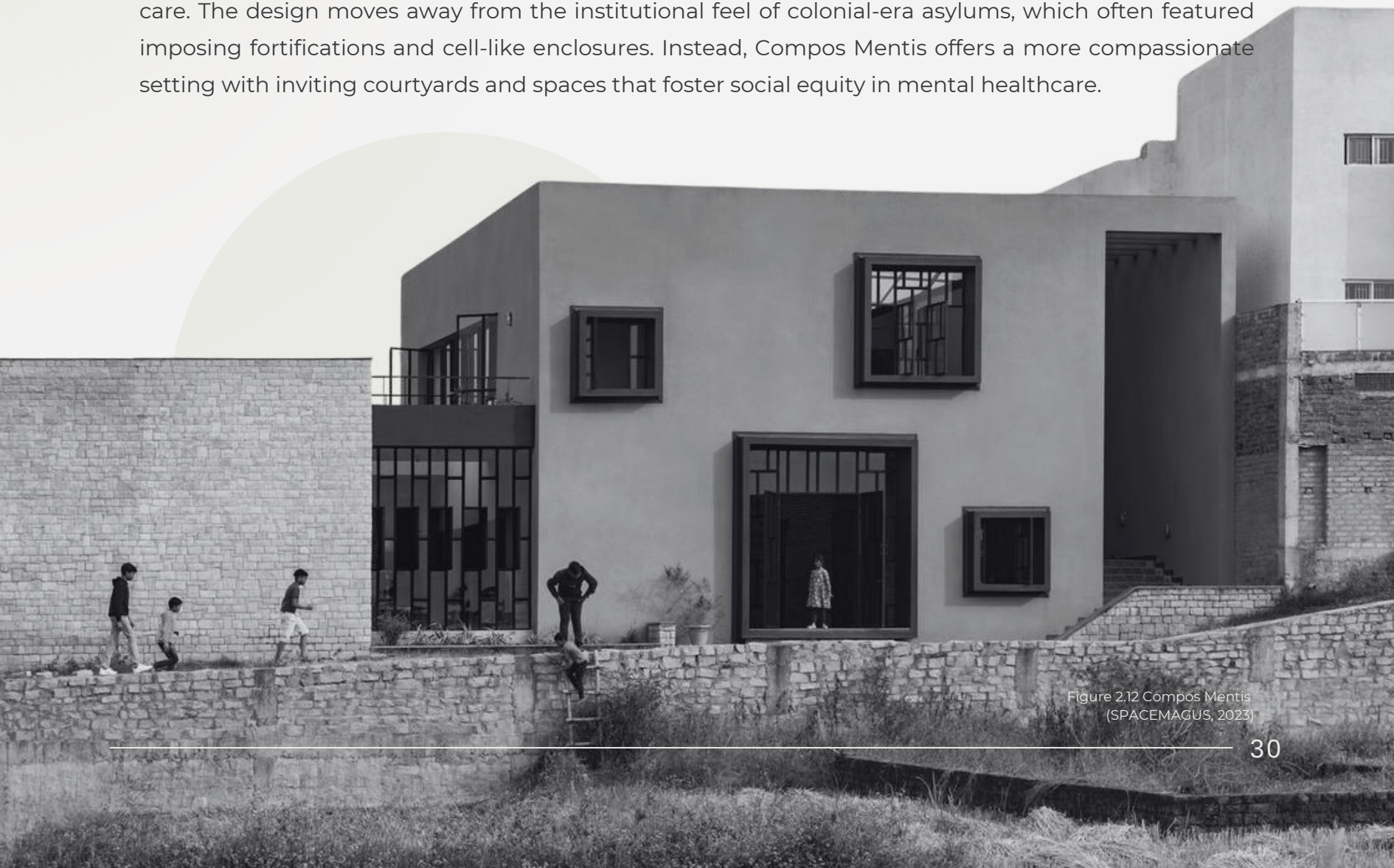


Figure 2.12 Compos Mentis
(SPACEMAGUS, 2023)

— Design Problem Exploration and Solution —

Emphasizing the healing power of nature, the facility incorporates **natural light, fresh air, and greenery**. Large glazings around courtyards blur the boundaries between indoor and outdoor spaces, promoting a sense of openness and connection to the environment. Utilizing locally sourced materials such as stone, bricks, and cement, the design embraces traditional building crafts.



Figure 2.13 Space analysis of Compos Mentis (SPACEMAGUS, 2023)

This approach not only reduces environmental impact but also resonates with the local context and supports community livelihoods. Compos Mentis serves as an exemplary model for designing mental health facilities that are **empathetic, sustainable, and contextually grounded**. Its emphasis on biophilic design, functional spatial planning, and community integration aligns with the objectives of creating a Mental Rehabilitation Cottage that supports long-term recovery for individuals with mental health conditions.

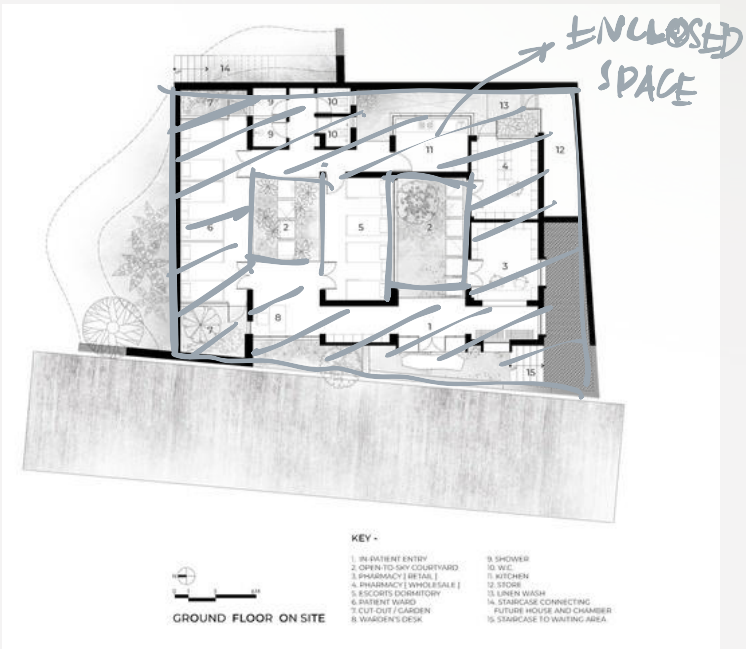


Figure 2.14 Compos Mentis floor plan (SPACEMAGUS, 2023)

TYOLOGY

SITE CONDITION

**ONTARIO SHORES CENTRE FOR
MENTAL HEALTH SCIENCES**

Mental Rehabilitation Center - Canada

Architect: -

Area: -

Year: 1996

The Ontario Shores Centre for Mental Health Sciences is a modern mental health facility located on the shores of **Lake Ontario**. Its design emphasizes the **therapeutic potential of natural environments** in mental health treatment.

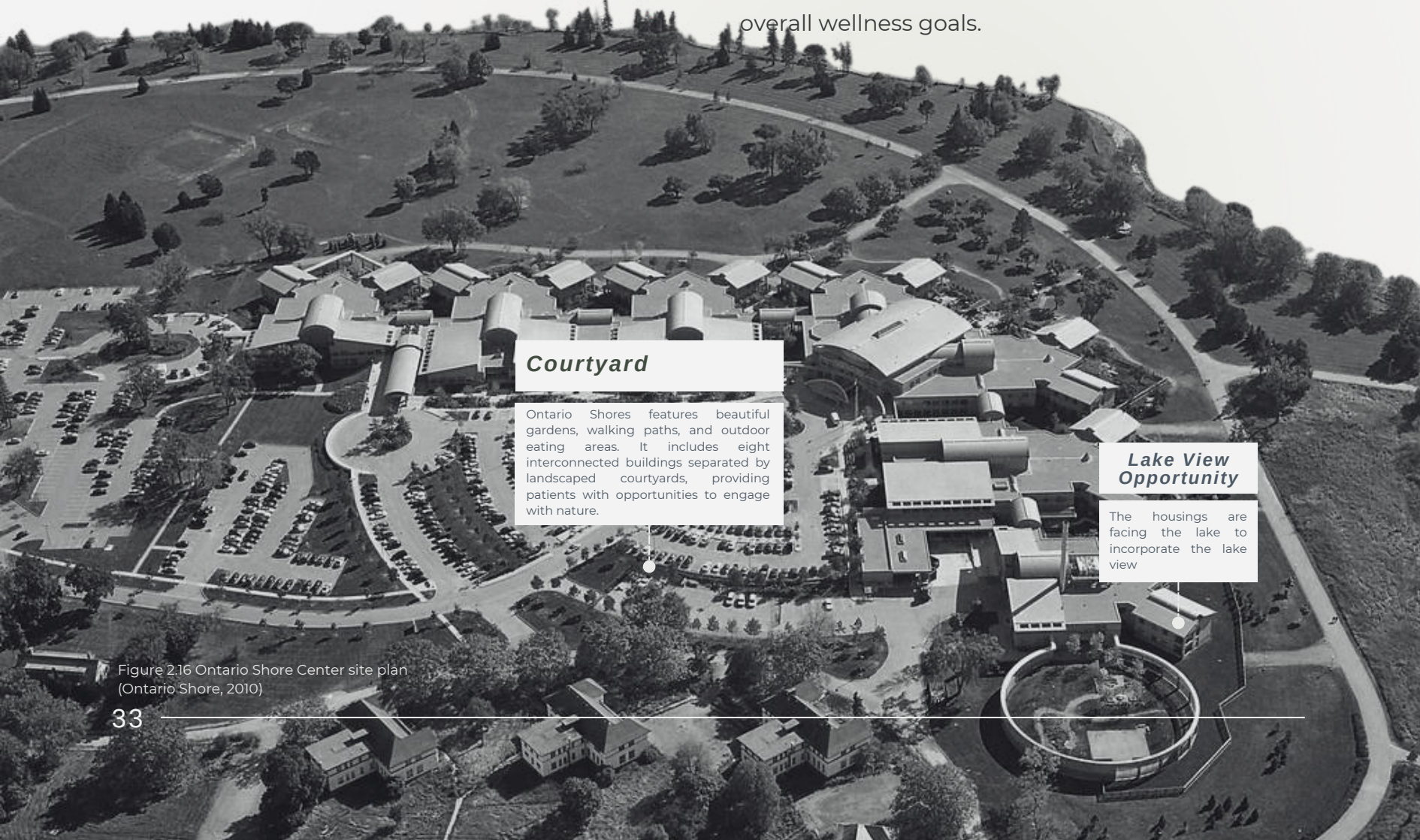


Figure 2.15 Ontario Shore Center
(In Durham, 2023)

— Design Problem Exploration and Solution

Ontario Shores is situated on the shores of Lake Ontario in south Whitby, offering stunning views, parkland, and walkways. These natural elements are integral to the facility's environment, providing patients with access to serene landscapes that promote relaxation and well-being. The facility's design incorporates extensive use of skylights and windows to maximize natural light, creating bright and uplifting interior spaces. This architectural

approach ensures that patients can benefit from the calming effects of natural light and views of the surrounding environment, including the lake. While direct engagement with the lake isn't specified, the integration of natural elements into the facility's design underscores the importance of environment in mental health recovery. The presence of the lake and surrounding natural features contributes to a therapeutic setting that supports patients' overall wellness goals.



Courtyard

Ontario Shores features beautiful gardens, walking paths, and outdoor eating areas. It includes eight interconnected buildings separated by landscaped courtyards, providing patients with opportunities to engage with nature.

Lake View Opportunity

The housings are facing the lake to incorporate the lake view

Figure 2.16 Ontario Shore Center site plan
(Ontario Shore, 2010)

SPACE REQUIREMENT

All in all, from the chosen design method and concept, literatures, precedent study, requirements, and standard by the **National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU)** can be concluded as follow:

Room	Description	Type	Rec. Size
Residential Zone			
En-suite Bedroom	Occupied by 1 patient for each room	Private	min. 15 ² m 17 ² m for disabled
Dining	Can be used as shared lounge	Private	approx. 16 ² m
Lounge	Should be able to be used as quite room too	Private	approx. 16 ² m
Creative Zone			
Creative Hut	Used for arts and crafts activities	Public	min. 30 ² m (for 10 people)
Therapy Zone			
Therapist Room	Used for 1 patient and 1 therapist per room	Private	min. 12 ² m
Psychiatrist Room	Used for 1 patient and 1 psychiatrist per room	Private	min. 12 ² m
Clinic	Used for physical health-related activity	Private	min. 12 ² m
Group Therapy Room	Used for group therapy session	Private	approx. 36 ² m (for ±10 people)
Healthcare Staff Office	Office and lounge for healthcare staffs	Private	approx. 20 ² m (for ±10 people)
Toilet	Atleast 1 for each gender	Private	min. 1.5x2,5 m per stall

Room	Description	Type	Rec. Size
Mindful Zone			
Multi-sensory Garden	Used for sensory therapy	Public	approx. 35 ² m (for 10 people)
Interactive Garden	Used for gardening therapy	Public	approx. 35 ² m (for 10 people)
Open Community Park	Open outdoor lounge	Public	approx. 20 ² m
Lobby and Service Zone			
Caretaker Office	Office and lounge for caretakers	Private	approx. 7x8 m
Meeting Room	Staff only meeting room	Private	approx. 6x7 m
Manager's Office	Room for rehabilitation manager	Private	approx. 5x5 m
Archive Room	For patient's information	Private	approx. 4x4 m
Med-Storage	For medical items	Private	approx. 4x4 m
General Storage	For non-medical items	Private	approx. 5x4 m
Laundry	Done by staff	Private	approx. 5x4 m
Kitchen	Prepare patient's meal	Private	approx. 7x5 m
Waste Room	Waste Collection Area	Private	approx. 5x3 m
Utility Room	Electrical utility room	Private	approx. 5x3 m
Security Center	Main Surveillance Area	Private	approx. 5x5 m
Receptionist	Front table at the lobby	Public	approx. 6x6 m
Guest Area	Guest and patient lounge	Public	approx. 10x10 m
Multi-faith room	Praying area	Public	approx. 5x5 m
Toilet	Atleast 1 for each gender	Private	min. 1.5x2,5 m per stall

Table 2.4. Space Requirement
(Author, 2025)

STAFF REQUIREMENT

Rehab Manager

Clinic Doctor

Nurse

Psychologist

Therapist

Caregiver

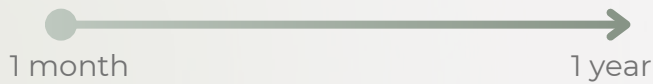


Role	Description	Amount	Shift
Rehabilitation Manager	Oversees entire facility operations	1	Full-time
Psychiatrist	Assess Mental Medication	2	Part-time and On Call
Therapist	Conduct Therapy	2	Full-time
Clinic Doctor	Handles physical health	2	Full-time
Nurses	Medication management	2 per Shift	2 Shift

Role	Description	Amount	Shift
Caregiver	Direct supervision of patients	4 per Shift	3 Shift
Kitchen Staff	Daily meal preparation	2 per Shift	2 Shift
Laundry Staff	Operate Laundry System	2	Full-time
Housekeeping	Cleans every area	4	Full-time
Security	Gate control & visitor management	1 per Shift	4

Table 2.5. Staff Requirement
(Author, 2025)

Generally,



The cottage is designed to support **long-term residents**, with an emphasis on **non-medical, therapy-based treatment**. According to research, individuals with **depression or anxiety** may require residential care ranging from **several months up to a year**. While medications are provided as part of psychiatric care, the core programming focuses on sense of healing and creative therapy, gardening, yoga, meditation, etc. All side activities besides therapy can be freely chosen by patients (consideration from therapists is also possible). This approach is especially suited for **mild to moderate cases**, but require structured support to rebuild routine, confidence, and purpose.

First thing first, residential

One residential building will each be **occupied by 2 patient**, a shared dining lounge between every 2 residentials will also be occupied by total 4 patients. **Similar case** patients are prioritized in sorting the resident to foster sense of **privacy and kinship** from similar hardships. Every two housing (8 patients) will be equipped with 1 caregiver that will be available 24/7.

For creative,



The programming will be inspired by the **crafting culture of Baduy Tribe**, which mostly involves weaving (bracelet and bag making, tenun cloth, etc.). Creative activities will be held in the creative huts which are placed in each residential clusters. Each hut will have **different creative session each week** (sessions are rotating between each hut) where patients can apply to spend their free time.

Moving on to therapy,

Meta-cognitive Training (MCT)	Cognitive Behavioral Therapy (CBT)	Dialectical Behavior Therapy (DBT)
-------------------------------	------------------------------------	------------------------------------

The three main therapy method that will be applied in this cottage are **MCT, CBT, and DBT**, which are some of the therapies for all issues focused here. Each patients will have their designated **weekly schedule** depending on their condition. Schedule **may vary from private to group therapy session**.

While therapy heals psychologically,



The Mindful Zone provides an environment that supports **physical rehabilitation and emotional regulation through gardening therapy and multi-sensory nature experiences**. Its design aligns with trauma-informed, recovery-oriented mental health standards, prioritising privacy, safety, and psychological wellbeing.

According to the NHS England Culture of Care Standards for Mental Health Inpatient Services (2023), the environment should be “trauma-informed and sensory-friendly,” and everyone must have open access to outdoor and green space.

The Care Quality Commission likewise emphasises that a therapeutic built environment should balance patient safety with dignity, and that outdoor and garden spaces contribute significantly to well-being.

However both space are also meant to be used as outdoor lounges where patients can socialize, hangout, or even taking some time alone outside. Hence outdoor lounge spaces will be provided on both area.

How about the basic necessities?

Meals and laundries will all be done by the staff. Patients will have their designated meal plan that are customized according to their dietary, allergies, and medications.

Everyday, their caregivers will give them the meals where they can choose to dine inside of their residentials or outside in one of the lounges. Additionally, their dirty clothes will be collected every few days to be cleaned.

To make sure the patients safe,

Surveillance will be placed on certain areas. Additionally, the design of the cottage will also be designed for easier surveillance by the staffs. However, some private spaces—like the residentials for example—will not be watched by any surveillance camera for privacy purposes. Hence, the caregivers are made 24/7 available and will be checking the patients every once in a while to make sure their safety.

And finally, the patients are not alone,

Families and relatives are allowed to visit patients during rehabilitation period. Guest area for them to lounge are provided within the design

GARDENING THERAPY PROGRAMMING

No	Session Title	Session Objectives
1.	Orientation	• Introduction to the programme • Garden tour
2.	Organic Tips (Practical Garden)	• Give an introduction to organic farming. • Review life story and successes in coping with life events.
3.	Cultivation and Growth	• Teach and practice watering and fertilizing plants. • Improve understanding about importance of protective factors in coping with stress.
4.	Small Steps Toward Great Success	• Teach and practice weeds removal and loosening soil. • Sharing of experience related to coping strategies.
5.	The Great Day	• Teach harvesting skills, and how to examine herb produce. • Share about their past interests and successful events.
6.	Herbs for Relaxation	• Introduction to herbs, and make drawing of and identify different herbs. • Share experiences related to their personal interests.
7.	Be Tough as a Scarecrow	• Make a scarecrow. • Share experience related to handicraft project and coping with stress.
8.	Taste the Herbs	• Make herb tea bags. • Share strategies related to self-management of diet.
9.	Bringing It to Life	• Teach the procedures of potting plants. • Share their hopes, wishes, and future.
9.	Grow With Support	• Visit and introduction to sensory garden. • Sharing on the activity group experience.

Table 2.6. Garden Therapy Programming
(Author, 2025)

ARTIFICIAL INTELLIGENCE EXPLORATION

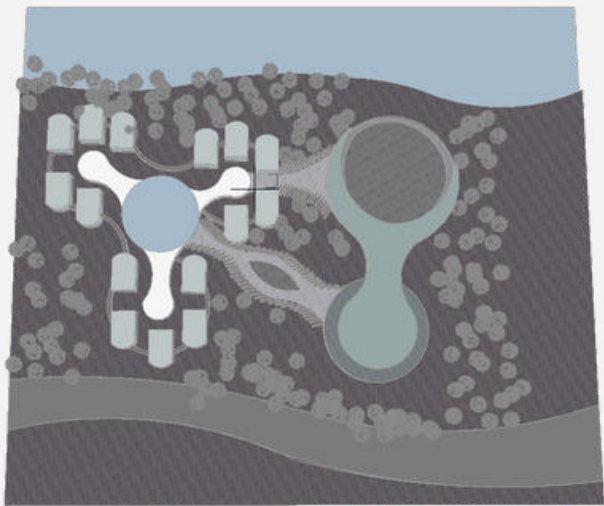


Figure 2.17 AI exploration result
(Author, 2025. Modelled with Bing)

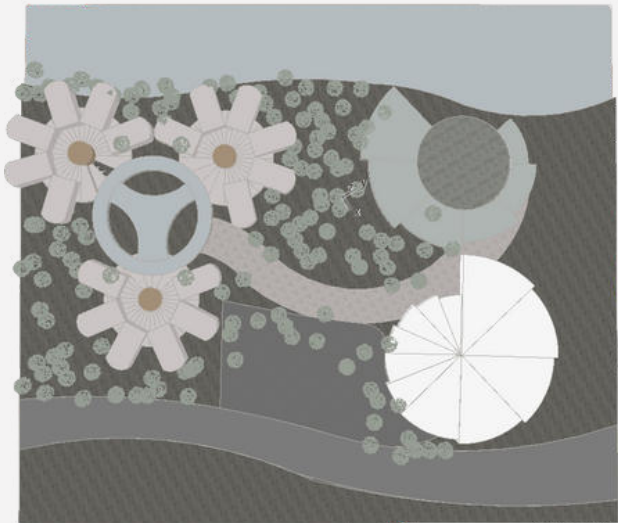




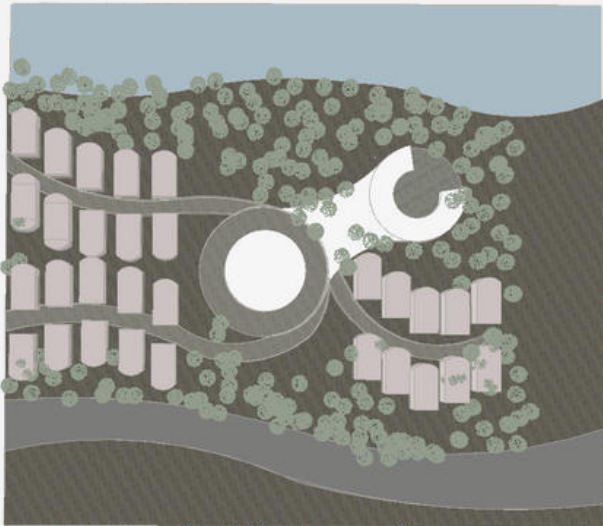
Past Design Explorations



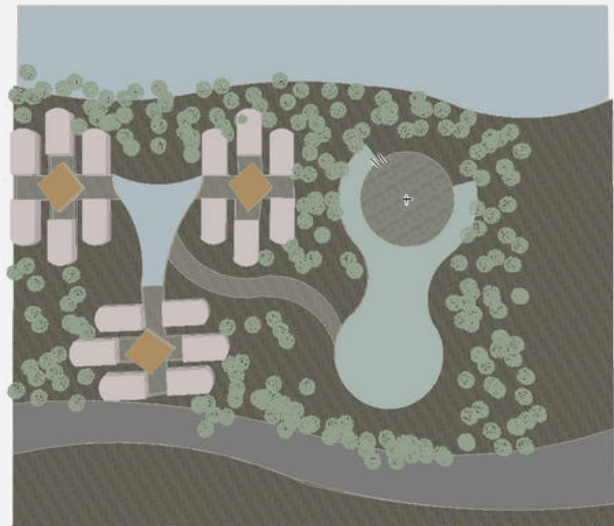
Alternative #1



Alternative #2



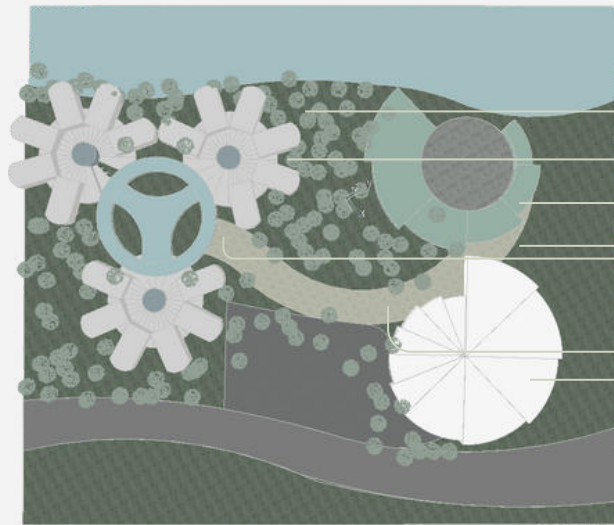
Alternative #3



Alternative #4

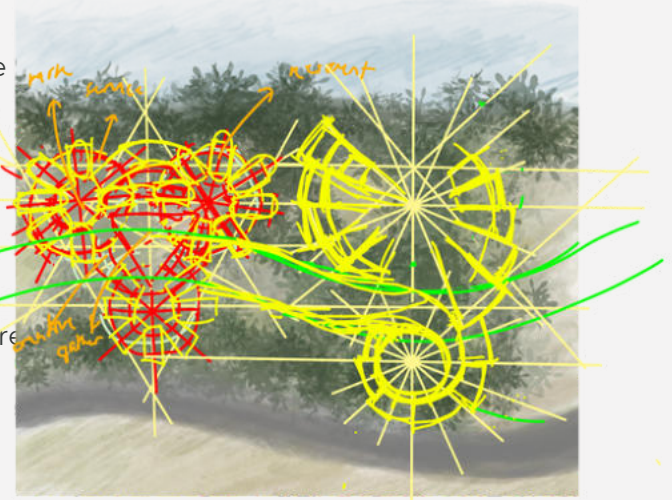
Figure 2.18 Design Explorations Comparison
(Author, 2025)

DESIGN EXPLORATION #1: SITE-FOCUSED



Residential Zone
Creative Zone
Open Field
Mindful Zone
Therapy Zone
Connecting Hall
Lobby-Service Area

Initial sketch:



Some considerations for the first alternative are as follows;

(+) This alternative focuses on utilizing the open non-vegetated space, hence the mostly circular/curvy shapes

(+) all aspects are made organically and utilizing curve to create a sense of less clinical environment (contribute sense of peace and calm)

(+) the alternative that follows the Baduy programming spectrum

(+) each residential have different height so that every residential can get the sea view

(-) making a circular clustering does not really show the face to face clustering principle in baduy villages (Baduy villages cluster their home in linear form)

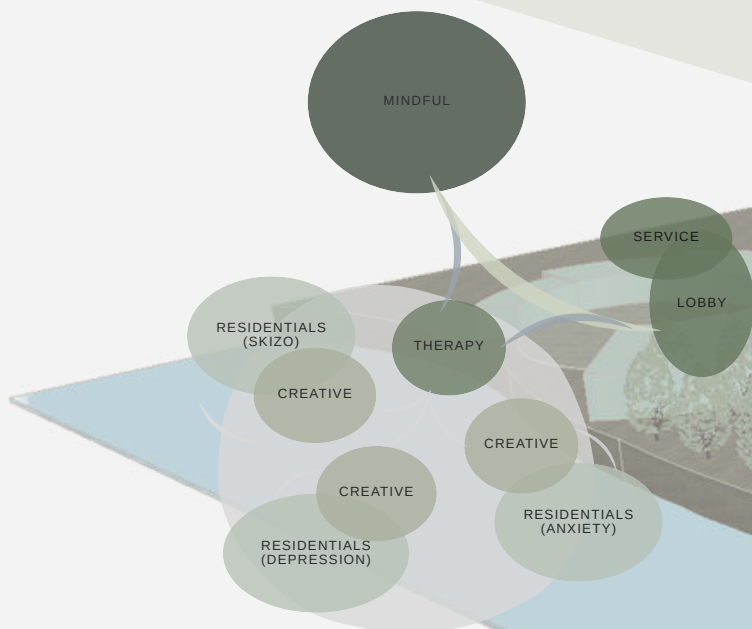


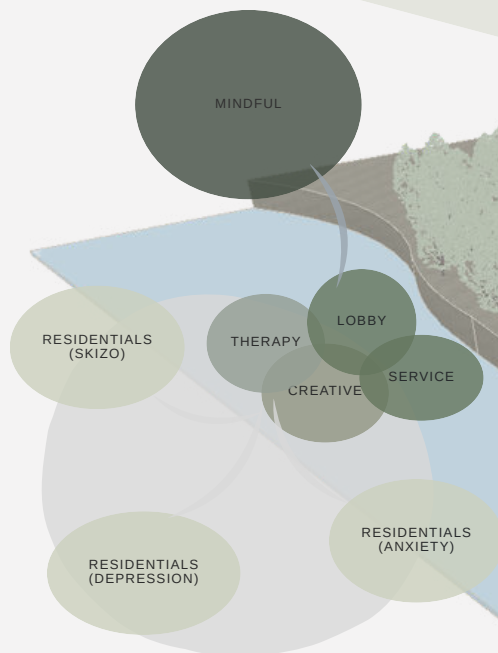
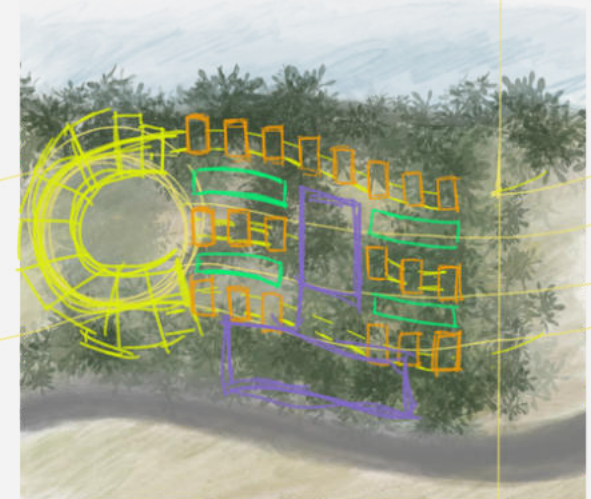
Figure 2.19 Design exploration 1
(Author, 2025)

DESIGN EXPLORATION #2: CONCEPT-FOCUSED



Residential Zone
Mindful Zone
Open Field
Creative Zone
Therapy Zone
Connecting Hall
Lobby-Service Area

Initial sketch:

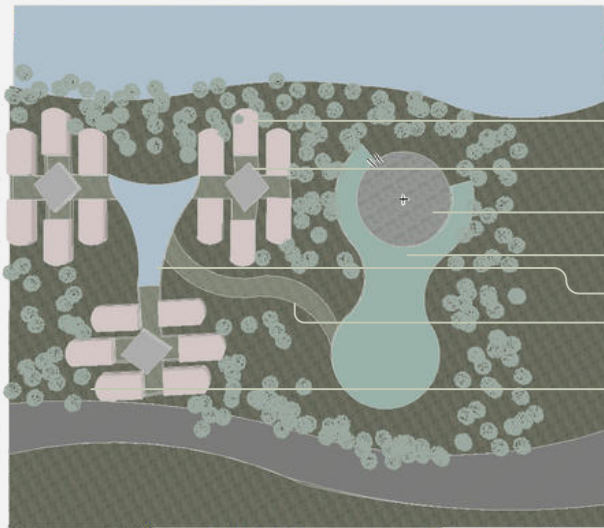


Some considerations for the first alternative are as follows;

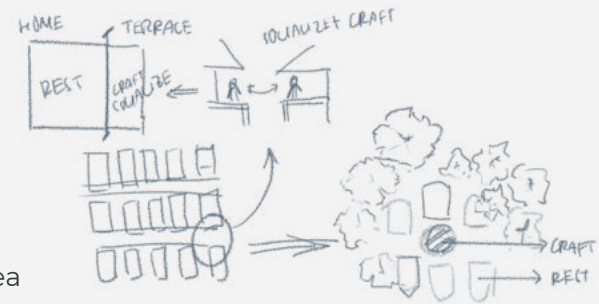
- (+) This alternative focuses on applying the linear clustering method of Baduy villages
- (+) The alternatives that resembles the environment of an actual Baduy Villages the most (based on its arrangement)
- (-) Requires more space since it focuses more on applying the principle instead of utilizing the actual available space
- (-) Does not really apply the programming spectrum, some activities (creative and therapy) are combined in one space

Figure 2.20 Design exploration 2
(Author, 2025)

DESIGN EXPLORATION #3: A LITTLE BIT OF BOTH



Residential Zone
Creative Zone
Open Field
Mindful Zone
Therapy Zone
Connecting Hall
Lobby-Service Area



Some considerations for the first alternative are as follows;

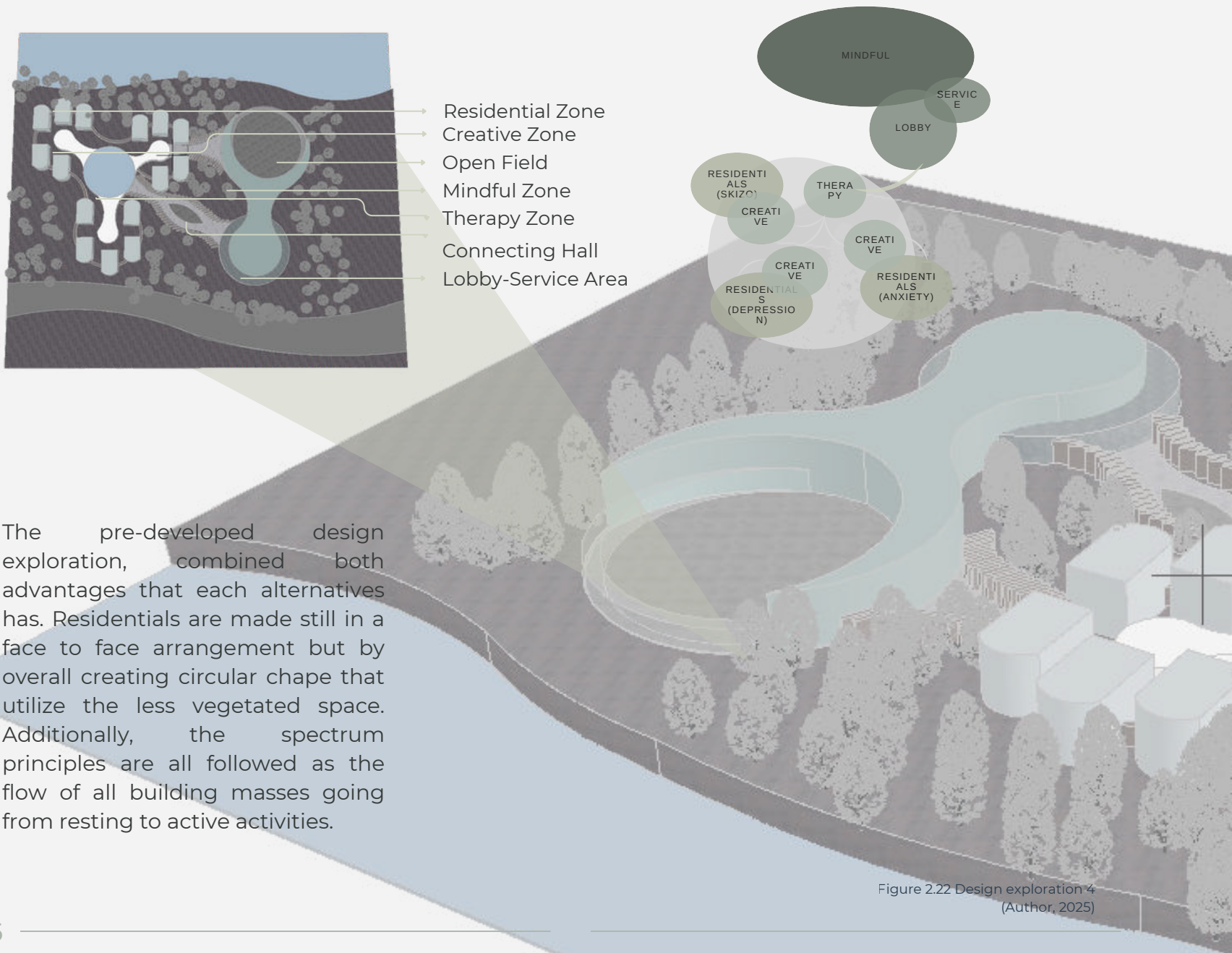
(+) This alternative focuses on combining both problems between utilizing available unvegetated space and applying the clustering principle

(+) This alternative follows all programming spectrum

(-) though it combines both consideration of space and principles, the form result is still considered a bit stiff and clinical

Figure 2.21 Design exploration 3
(Author, 2025)

DESIGN EXPLORATION #4:
PRE-DEVELOPMENT



The pre-developed design exploration, combined both advantages that each alternatives has. Residentials are made still in a face to face arrangement but by overall creating circular chape that utilize the less vegetated space. Additionally, the spectrum principles are all followed as the flow of all building masses going from resting to active activities.

Figure 2.22 Design exploration 4
(Author, 2025)



Several key considerations have been made for the final alternative: which includes

- The connecting hallway will feature a closely spaced woven panel gate, utilizing the sarigsig weaving pattern commonly found in traditional Baduy houses. The weaving will be crafted with wide enough gaps to allow visibility through the panel.
- The open area will be enclosed with a glass fence to maintain unobstructed views of the seashore.
- While all areas within the building are already enclosed, additional safety measures—such as perimeter fencing and the use of vegetation—will be implemented outside the building.

FINALIZED DESIGN EXPLORATION RESIDENTIALS

Identified elements on their settlements,



Enclosed with other housing

Baduy houses are built **very close to one another**, forming compact clusters that feel enclosed within a shared boundary. This arrangement creates a strong sense of community.



Face-to-face arrangement

Homes are positioned directly **facing each other**, allowing residents to see and interact easily throughout daily activities.



Divided by a narrow walk path

The spaces between houses are defined by **simple, narrow footpaths** made of earth. These pathways act as intimate circulation routes that guide movement through the village while keeping the settlement closely connected.

Figure 2.23 Baduy Settlement Elements
(Author, 2025 | Bonauli, 2023 | Youtube, 2022)

FINALIZED DESIGN EXPLORATION RESIDENTIALS

Relating Baduy Settlements to a Mental Rehabilitation Facility

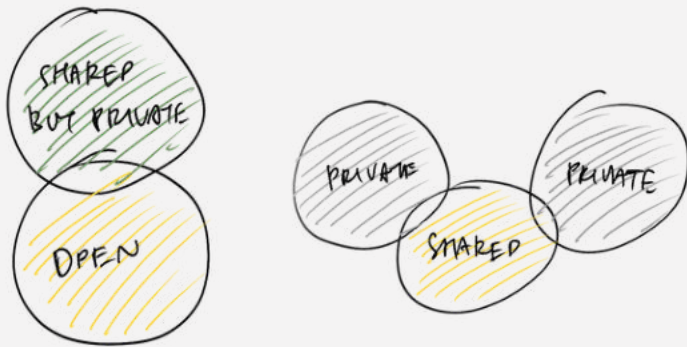


Figure 2.24 Space Arrangement Ideation
(Author, 2025)

Baduy settlements, in which a single housing unit is often shared by an entire family, must be reinterpreted to suit a mental rehabilitation setting that prioritizes individual privacy and personal space. While the traditional spatial elements are preserved to maintain a sense of community, their function is adapted to meet therapeutic needs.

Rather than combining shared and private functions within a single housing unit—as traditionally found in Baduy settlements—this reinterpretation separates them to better support mental rehabilitation needs.

Each housing unit becomes fully private, providing residents with personal space, which are essential for healing.

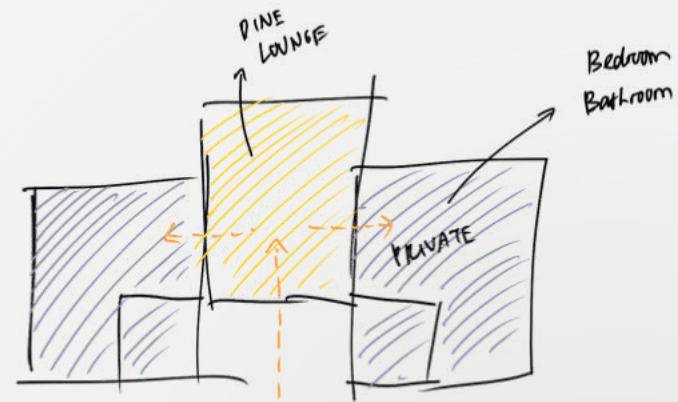


Figure 2.25 Space Arrangement Ideation 2
(Author, 2025)

However, to retain the Baduy spirit of interconnectedness and communal living, **two private units are linked through a single shared “connect” space**. This shared zone acts as a small social space that provides supervised communal functions when needed, and prevents residents from feeling isolated, yet still respects their individual boundaries.

Now naturally,

this principle of arranging the units into an enclosed settlement face-to-face will also **generate semi-enclosed open spaces between the clusters**, which act as soft barriers—create partitions that is subtle and will not give the sense of cage to patient. Patients experience a sense of gentle enclosure, similar to traditional Baduy kampung layouts where houses shape their open walk paths naturally..

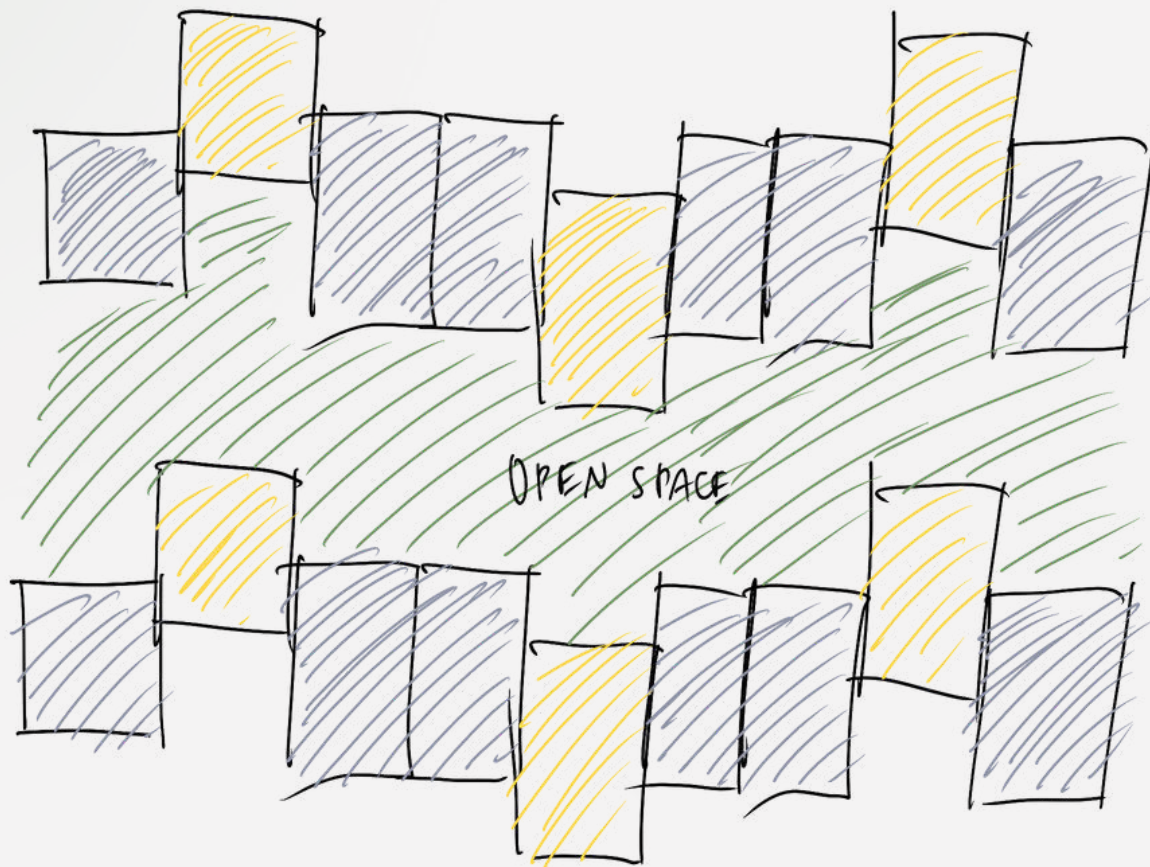


Figure 2.26 Space Arrangement Ideation 3
(Author, 2025)

FINALIZED DESIGN EXPLORATION THERAPY

The therapy zone is deliberately positioned at the far end of the residential area,

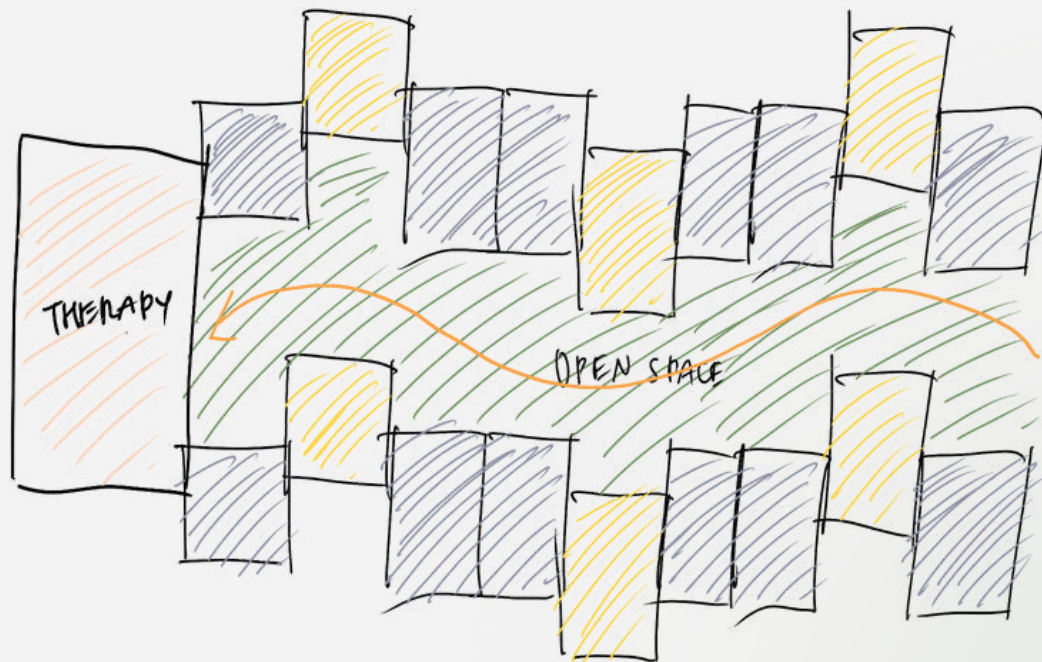


Figure 2.27 Space Arrangement Ideation 4
(Author, 2025)

encouraging patients to walk through the shared paths and communal pockets before reaching their treatment spaces. This circulation strategy is intended to gently stimulate social interaction, allowing patients to encounter others in a natural, unforced way as they move through the environment.

By passing through familiar residential clusters and shared lounges, patients are exposed to light social triggers such as brief greetings, shared routines, or casual observation, which can support their gradual reintegration into communal life.

FINALIZED DESIGN EXPLORATION LOBBY AND SERVICE

To make the circulation strategy works both ways,

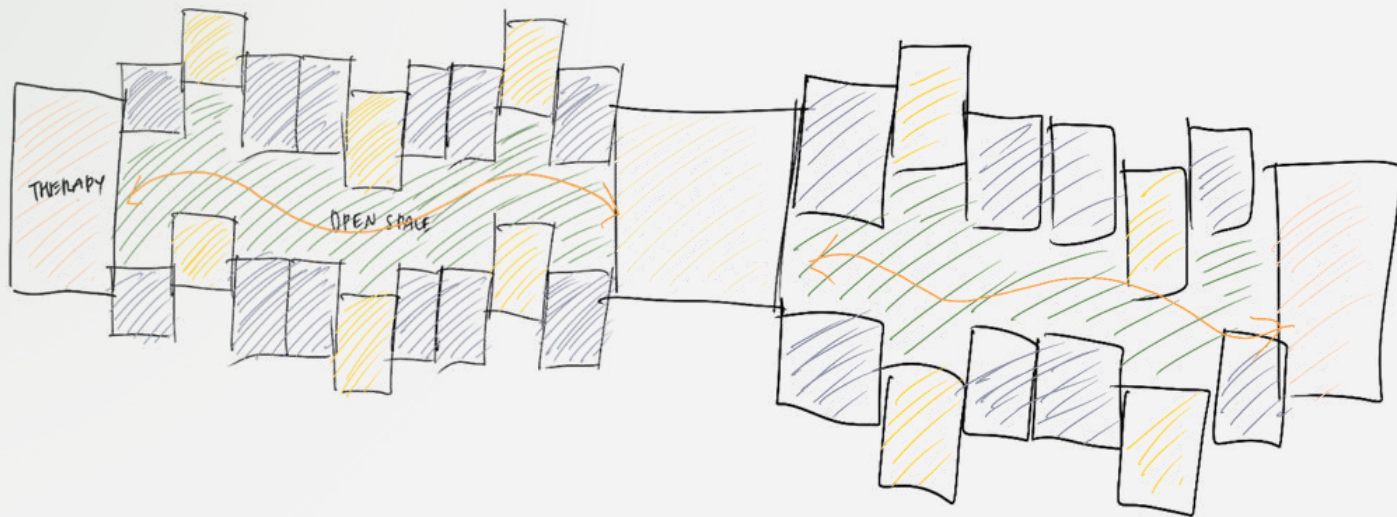


Figure 2.28 Space Arrangement Ideation 5
(Author, 2025)

To ensure the circulation strategy functions effectively in both directions, the lobby is placed at the opposite end of the residential area from the therapy zones. With the project accommodating **two different mental health conditions**, the residential area is organized into **two separate wings**, each dedicated to one patient group. The lobby acts as the central divider between these wings.

At the far end of each wing, a therapy building is positioned, mirroring one another. This arrangement means that patients naturally pass through their residential environments—toward either the lobby or their therapy zone—encouraging daily circulation and light social exposure by these two endpoints.

FINALIZED DESIGN EXPLORATION **CREATIVE ZONE**

Creative huts are positioned in the middle of the residential complex, mimicking the function of the teras (terrace) in traditional Baduy houses. In this reinterpretation, the huts sit within the housing cluster yet maintain a gentle spatial boundary that distinguishes areas for crafting from areas for resting.

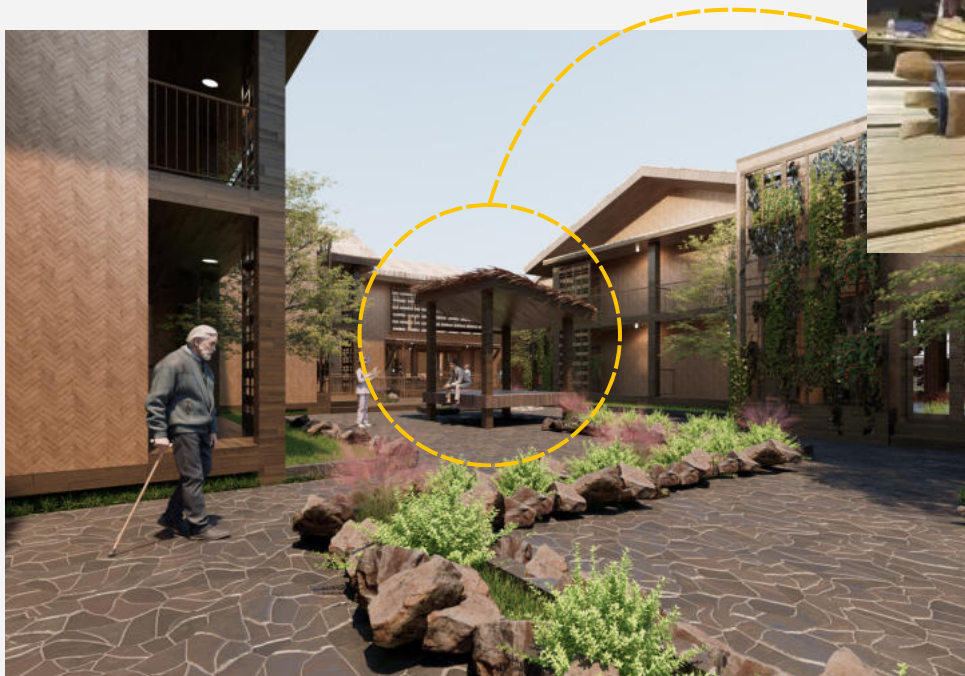


Figure 2.29 Baduy Woman Weaving
(Beritasatu, 2025)

FINALIZED DESIGN EXPLORATION **MINDFUL ZONE**

The Mindful Zone is organized into three sub-areas: **a Multi-Sensory Garden** designed to stimulate the five senses as part of restorative therapy, an **Interactive Gardening Zone**, and a **Community Garden** that supports social interaction.

Starting with the Multi-sensory Garden,

The Multi-Sensory Garden functions as a therapeutic landscape where sensory cues are embedded into the environment to promote grounding, emotional regulation, and mindfulness.

Sensory gardens work by engaging **sight, touch, smell, sound, and movement**, helping patients anchor their awareness in the present moment and reducing stress responses.

Visually stimulating plants provide color contrasts and focal points, while textural foliage encourages tactile exploration—an essential component shown to support cognitive and emotional regulation (Marcus & Sachs, 2014).



In this project, these sensory strategies are expressed through **endemic vegetation of the Baduy region**, ensuring that the sensory garden remains culturally grounded and ecologically reflective of the Baduy forest.

Jawer kotok (*Coleus scutellarioides*) and hanjuang (*Cordyline fruticosa*) are incorporated as visual sensory plants, offering vibrant patterns that support visual grounding. For tactile engagement, plants such as **gelagah** (*Saccharum spontaneum*) provide varied textures. The smell sense is supported by **jasmine**, a fragrant plant also known in Baduy surroundings, whose natural aroma aids in relaxation and mood regulation.

Auditory stimulation is created through a continuous **pond system** that circles the Mindful Zone, mimicking the soundscape of Baduy rivers. The gentle flow of water produces calming, rhythmic sound that promotes neural relaxation and reinforces the connection to nature. Finally, **stone stepping paths** with varied textures provide movement-based and tactile foot stimulation, guiding patients through the garden while grounding them through physical contact with natural surfaces.

Through these combined sensory elements, the landscaping becomes a therapeutic microcosm that mirrors the atmosphere of the Baduy forest, offering patients a restorative space that feels natural.



Figure 2.30 Multi-Sensory Garden's Vegetations
(Author, 2025)

Now onto the Interactive Garden,

The Interactive Garden serves as a hands-on therapeutic zone where patients can **practice gardening activities**. This area allows patients to participate in simple, structured horticultural tasks—such as planting, watering, and harvesting—which support motor coordination, emotional regulation, and a sense of personal agency.

Reflecting Baduy agricultural practices, the plant palette focuses on endemic and culturally significant herbs that can be safely grown and harvested by patients, including jahe, sirih, and cikur/kencur, which are only integral to Baduy daily life—used in cooking, natural medicine, and household rituals.



To strengthen its cultural authenticity, the Interactive Garden is designed to **replicate the atmosphere of a traditional Baduy garden**, which is typically located far from residential areas and embedded within natural forest clearings. This spatial separation creates a sense of retreat, quietness, and focus—conditions that mirror the Baduy practice of tending to their crops in more remote, undisturbed locations. The garden layout incorporates natural, unpaved pathways, soft ground surfaces, and surrounding vegetation to evoke the feeling of being in a secluded Baduy ladang.



Lastly, community garden

Patients can hover freely around this zone without the need for direct healthcare staff supervision, allowing them to socialize naturally or enjoy quiet moments on their own. The gazebos placed throughout the area support this autonomy by serving as flexible spaces for mindful activities such as yoga. In this zone, the vegetations used are also Baduy endemic vegetations such as sereh and kecombrang,



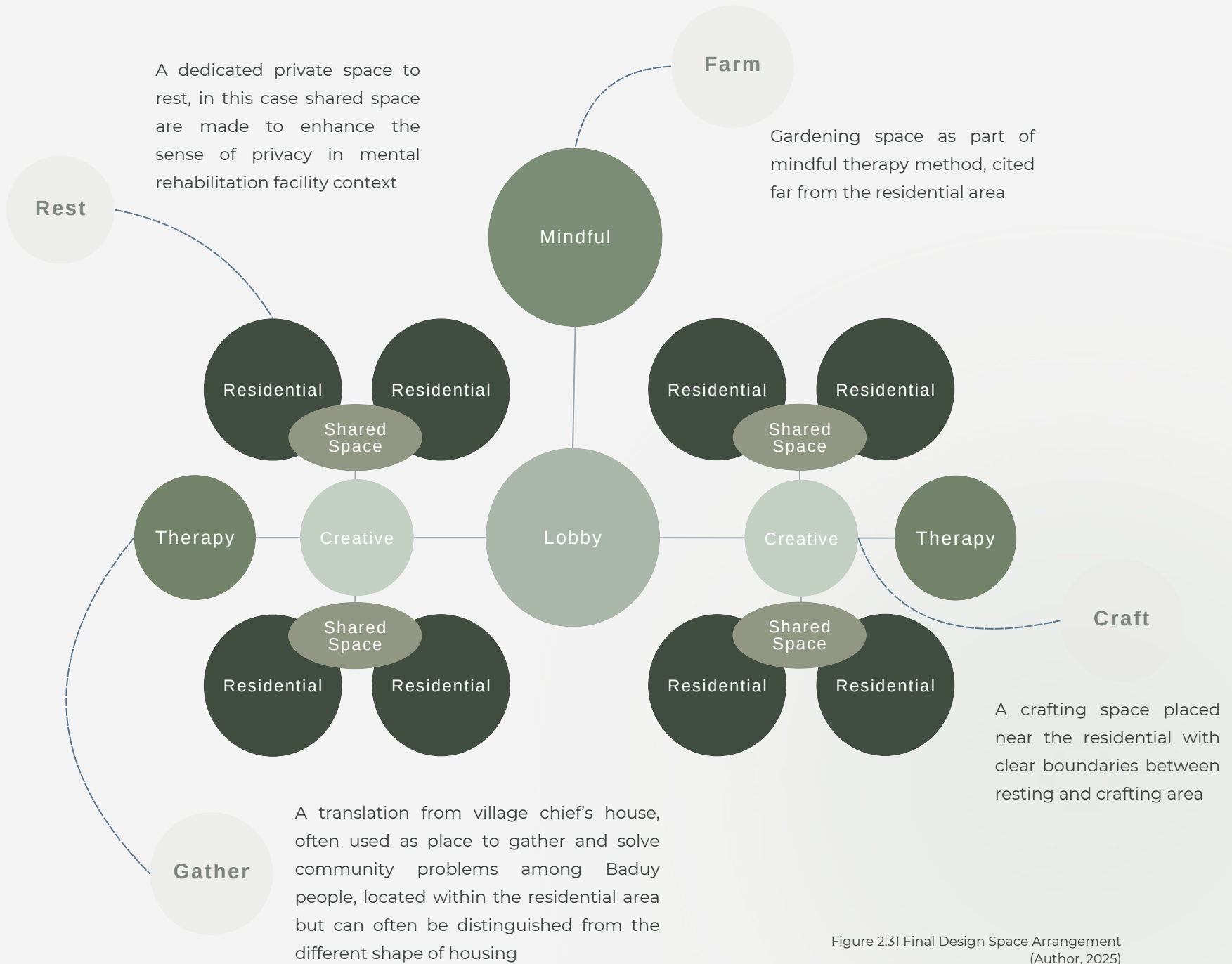
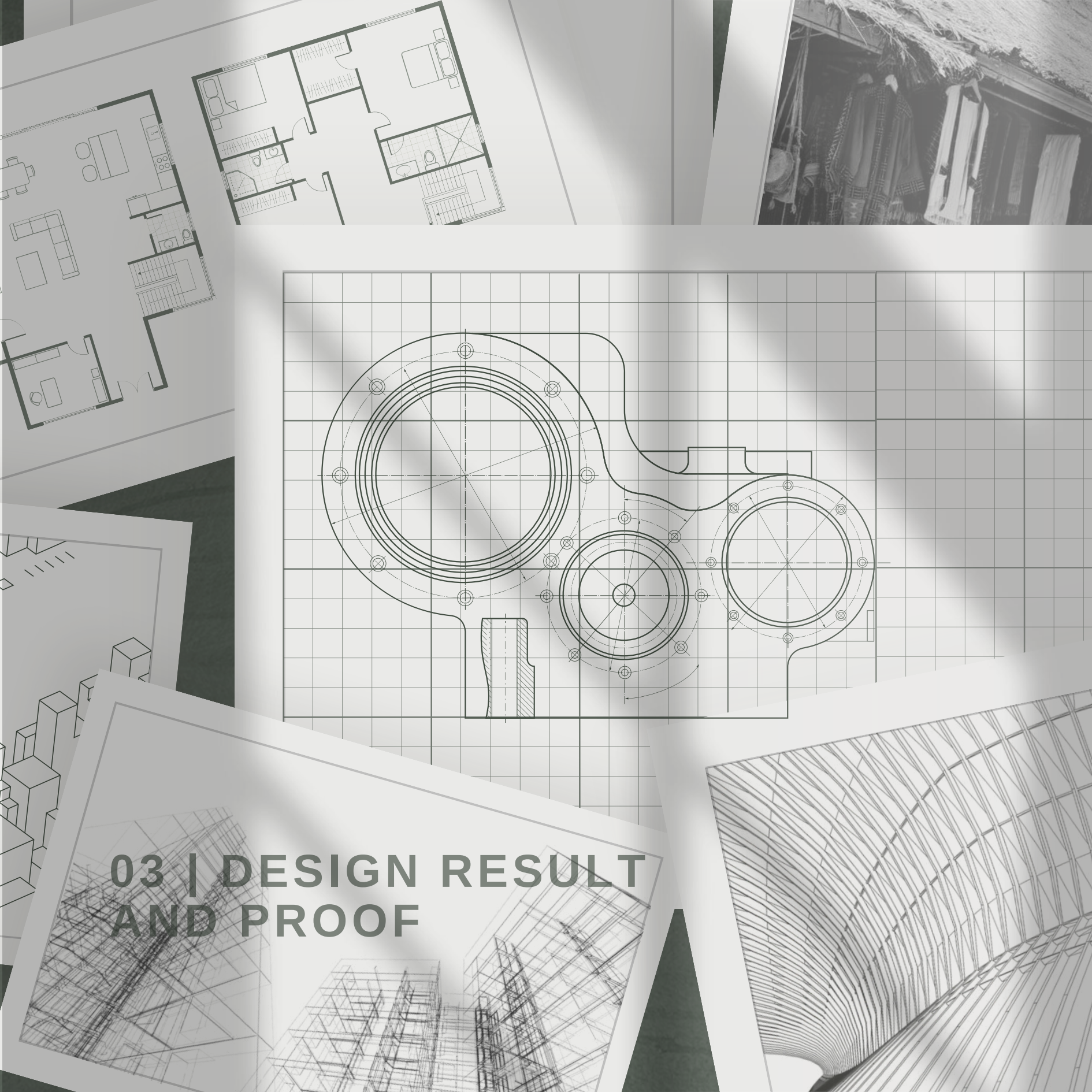


Figure 2.31 Final Design Space Arrangement
(Author, 2025)



03 | DESIGN RESULT AND PROOF

Design Result and Proof

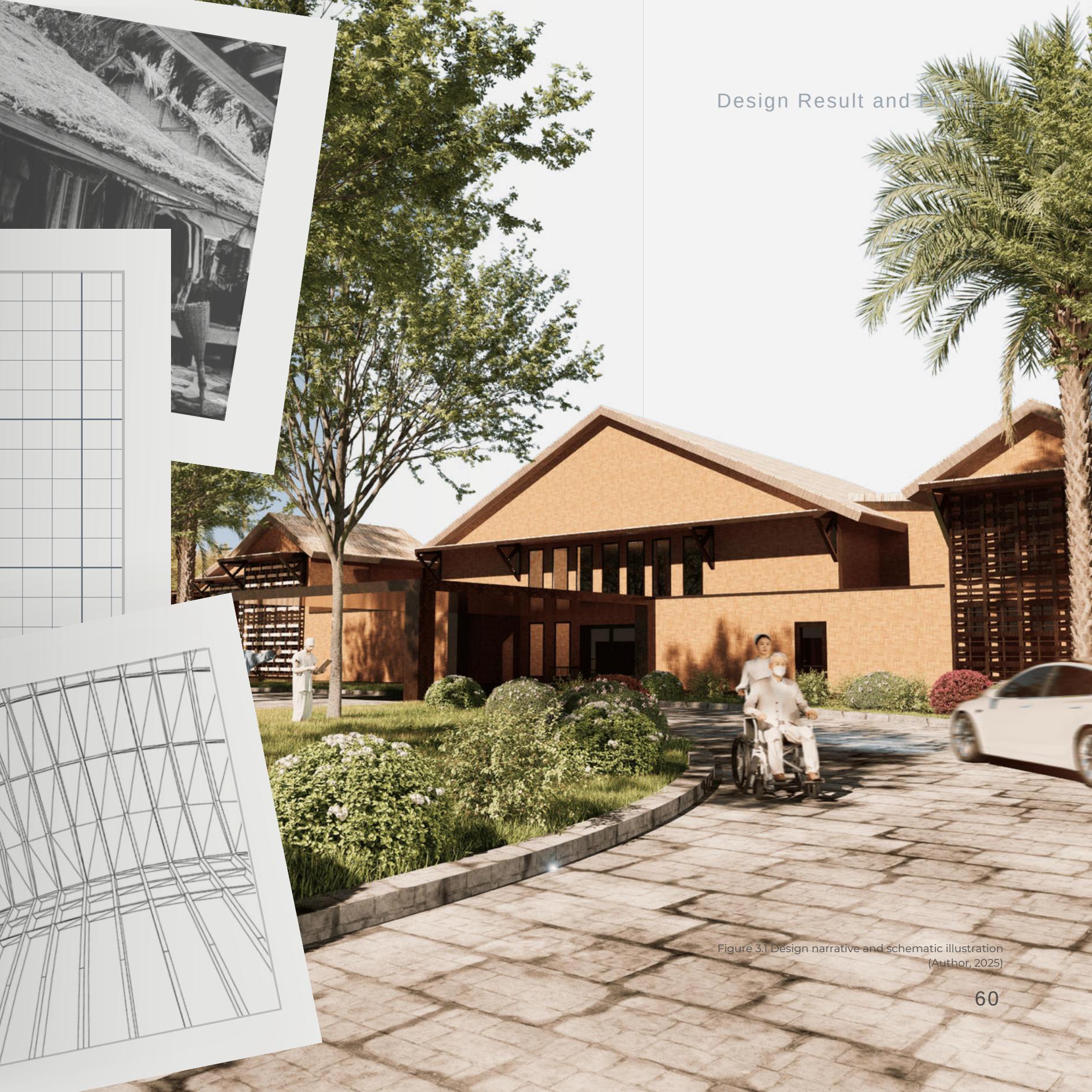


Figure 3.1 Design narrative and schematic illustration
(Author, 2025)

FINAL DESIGN DRAWING



Figure 3.1 Block Plan
(Author, 2025)

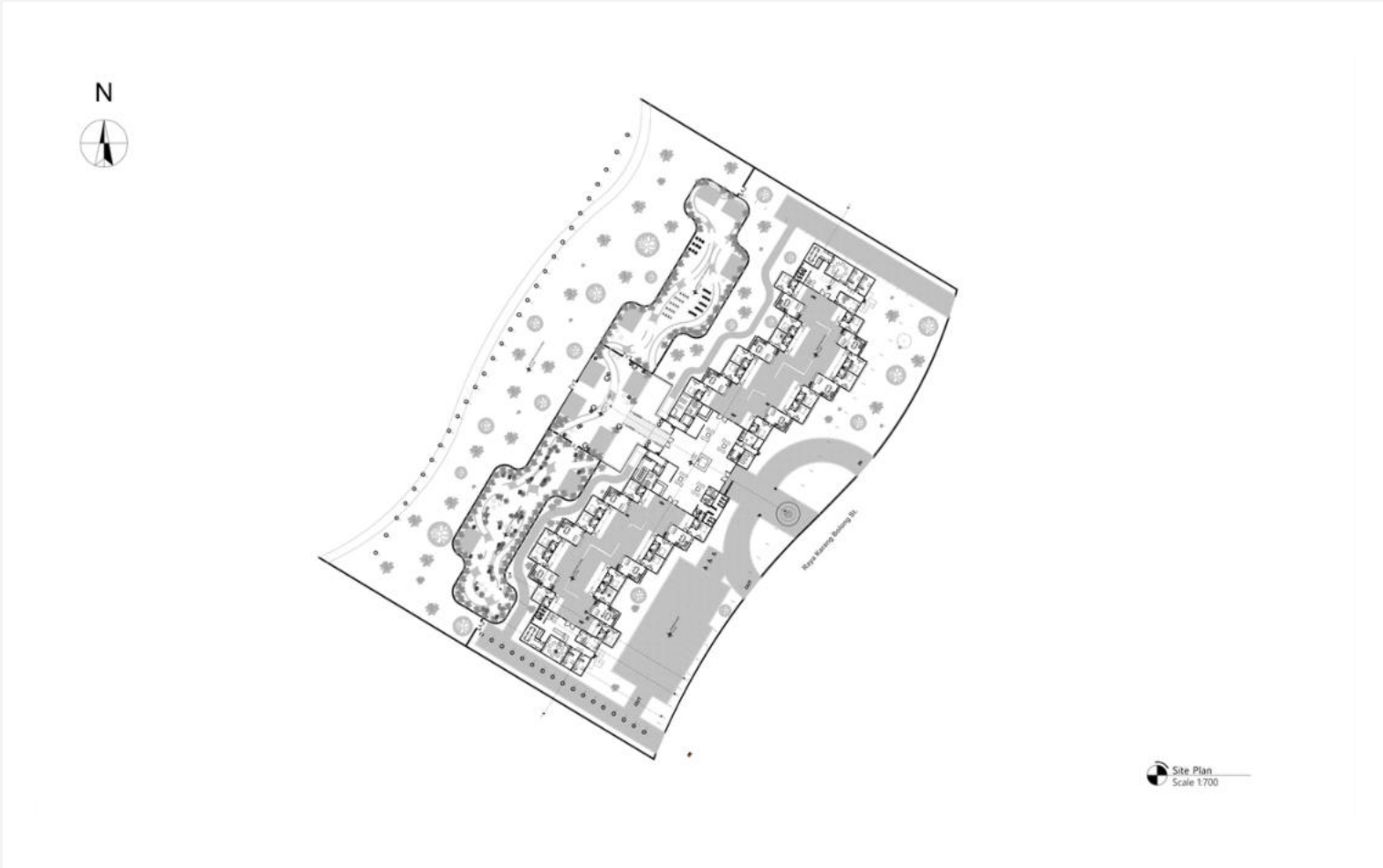


Figure 3.2 Site Plan
(Author, 2025)



(Author, 2025)

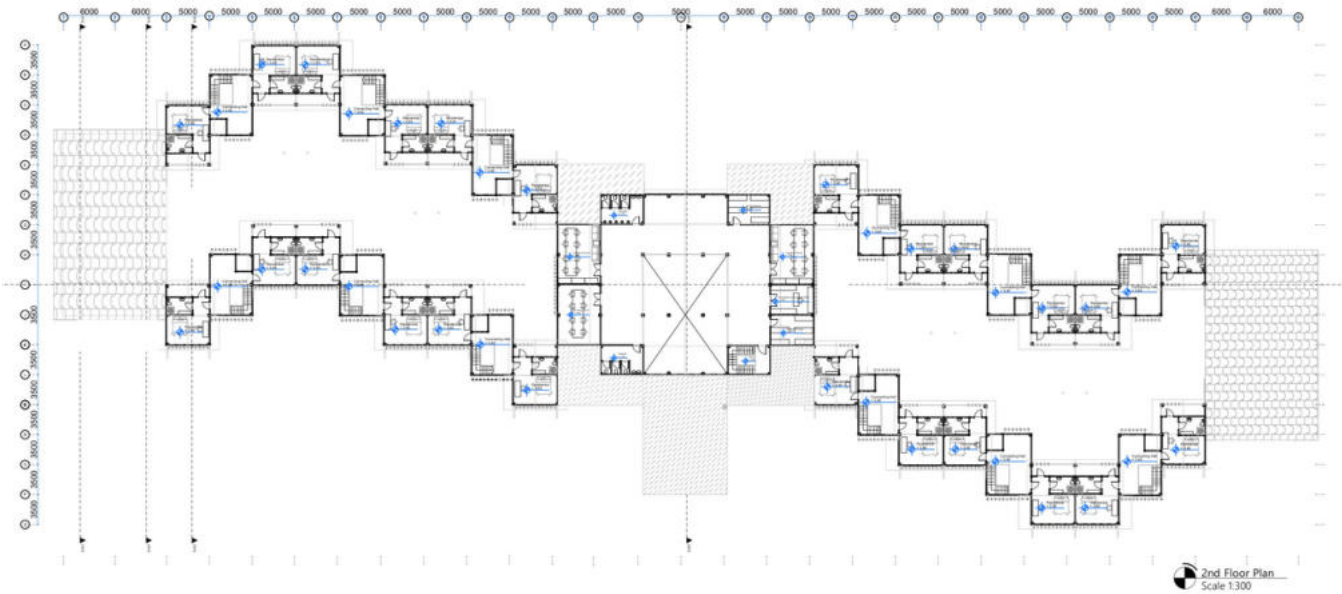


Figure 3.4 Second Floor Plan
(Author, 2025)

Residential

The residential unit is designed as a **5 × 7.5 m private space** that includes a **bedroom and an en-suite bathroom** for each patient, ensuring personal comfort. This spatial configuration draws inspiration from the Baduy traditional house, where the **Tepas and Imah** are meant for a **resting space**

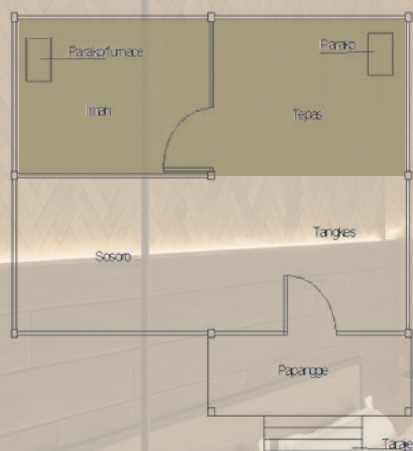


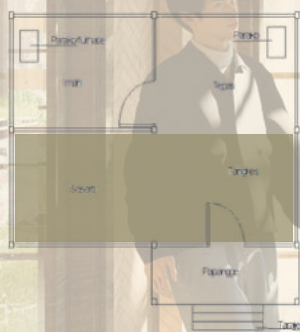
Figure 3.5 Residential Interior
(Author, 2025)



Figure 3.6 Residential Floor Plan
(Author, 2025)

Connecting Hall

a 7 × 5 m shared dining and lounge area **accommodating four patients**, functioning as the **Sosoro of the Baduy house**—traditionally the **communal space where families gather and welcome guests**. In this reinterpretation, the hall is **intentionally separated** from the residential units to reflect the Baduy houses principle that still suits mental rehabilitation needs by offering both **social interaction zones and personal zones**.



Additionally, the connecting hall acts as the **entrance point for each patient before they access their individual residential units**, creating a gentle transition from communal activity to private rest.

Figure 3.7 Connecting Hall Interior
(Author, 2025)

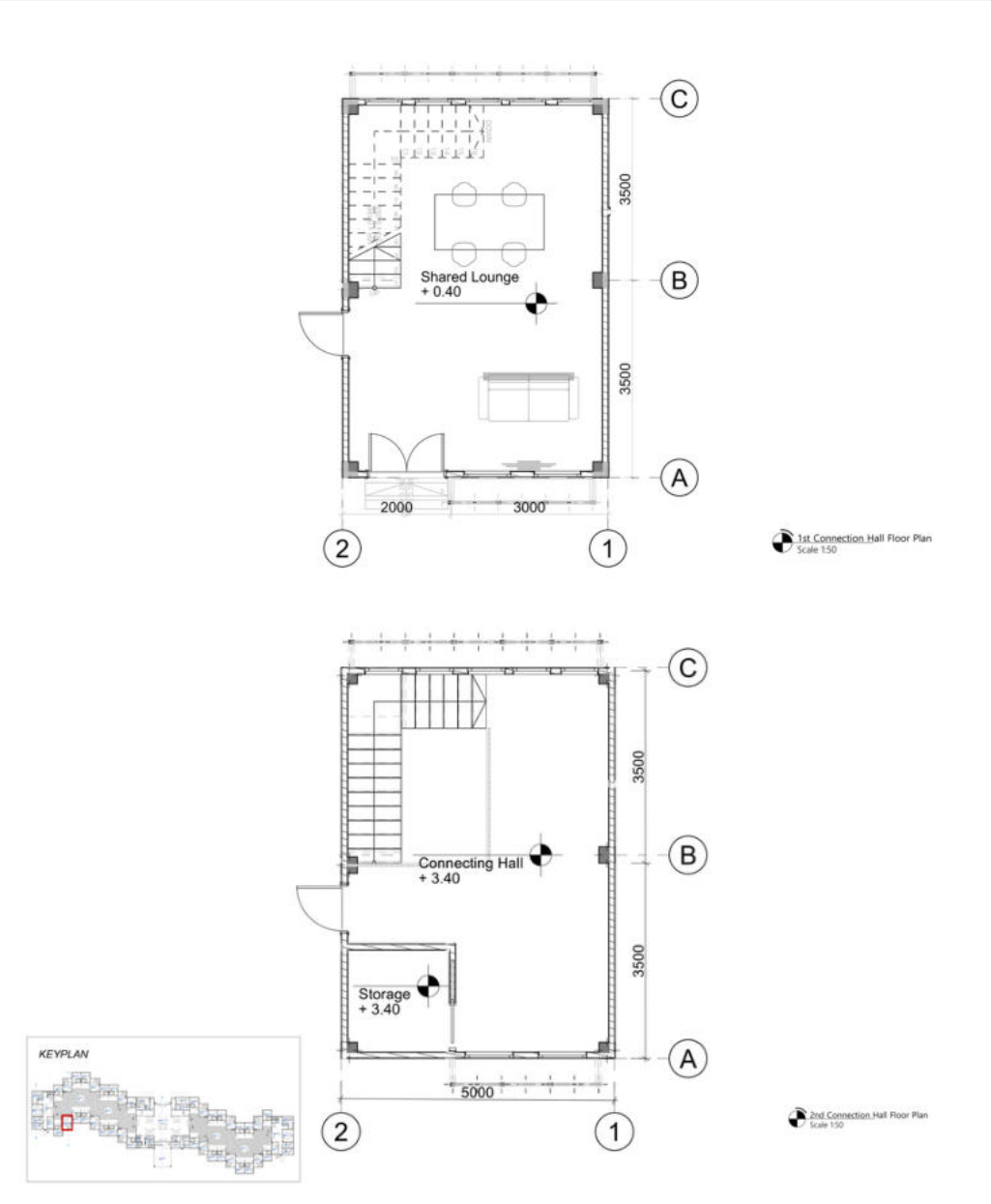


Figure 3.8 Connecting Hall Floor Plan
(Author, 2025)

Therapy Zone

The therapy zone is a translation of **the village chief's house found in Baduy settlements**, a place where **Baduy Luar communities typically gather to hold events or discuss matters** concerning the village. Although the chief's house is located within the residential area, it is always **distinguished from surrounding homes through clear visual cues**—often incorporating architectural elements associated with Baduy Dalam houses.

Reflecting this hierarchy and sense of importance, the therapy zone is designed as a distinct yet accessible part of the residential cluster. It includes **private rooms for therapists and psychiatrists**, a dedicated **group therapy space** for communal healing, and a **clinic to address physical health needs**.

Figure 3.9 Therapy Zone Interior
(Author, 2025)

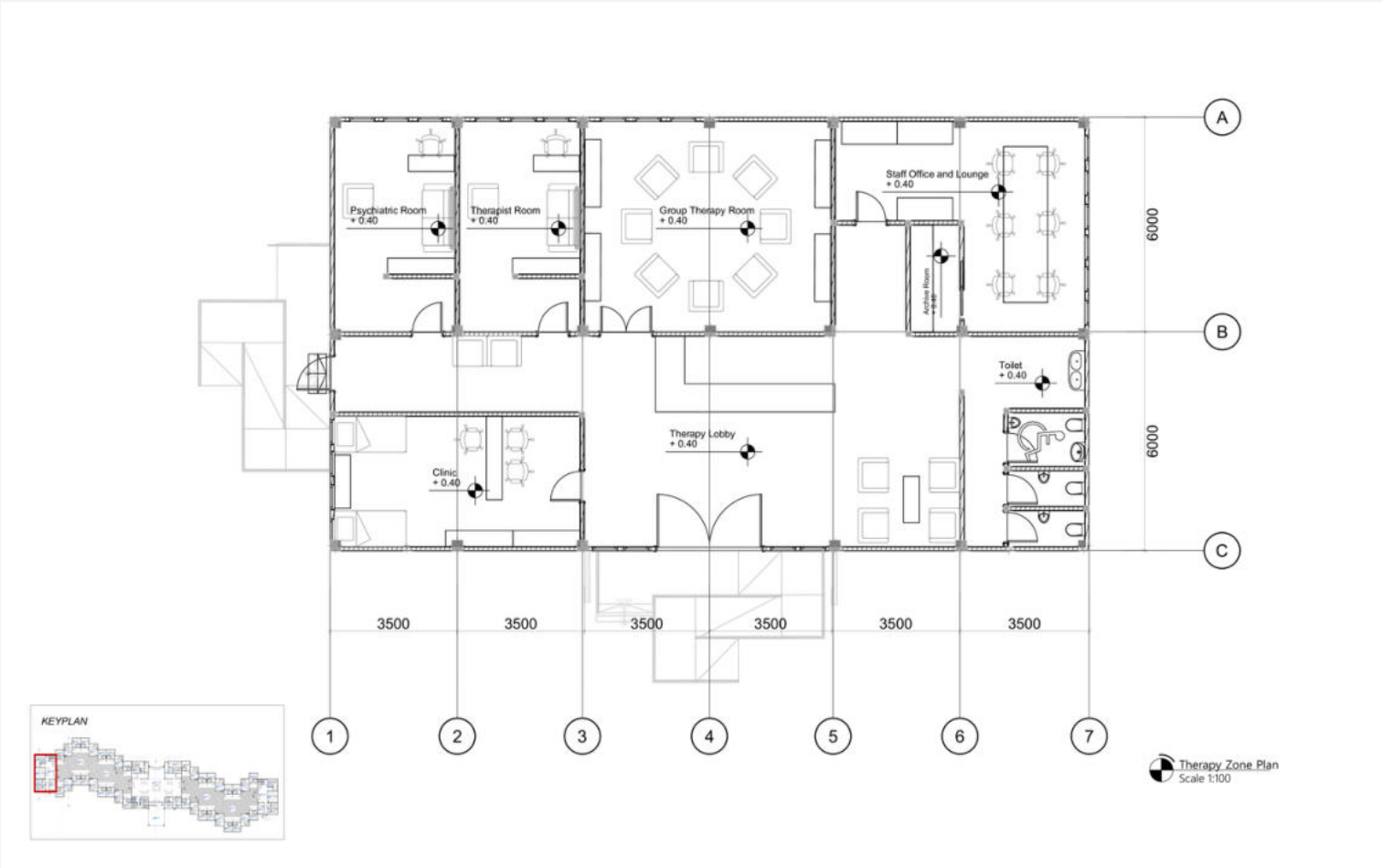


Figure 3.10 Therapy Zone Floor Plan
(Author, 2025)

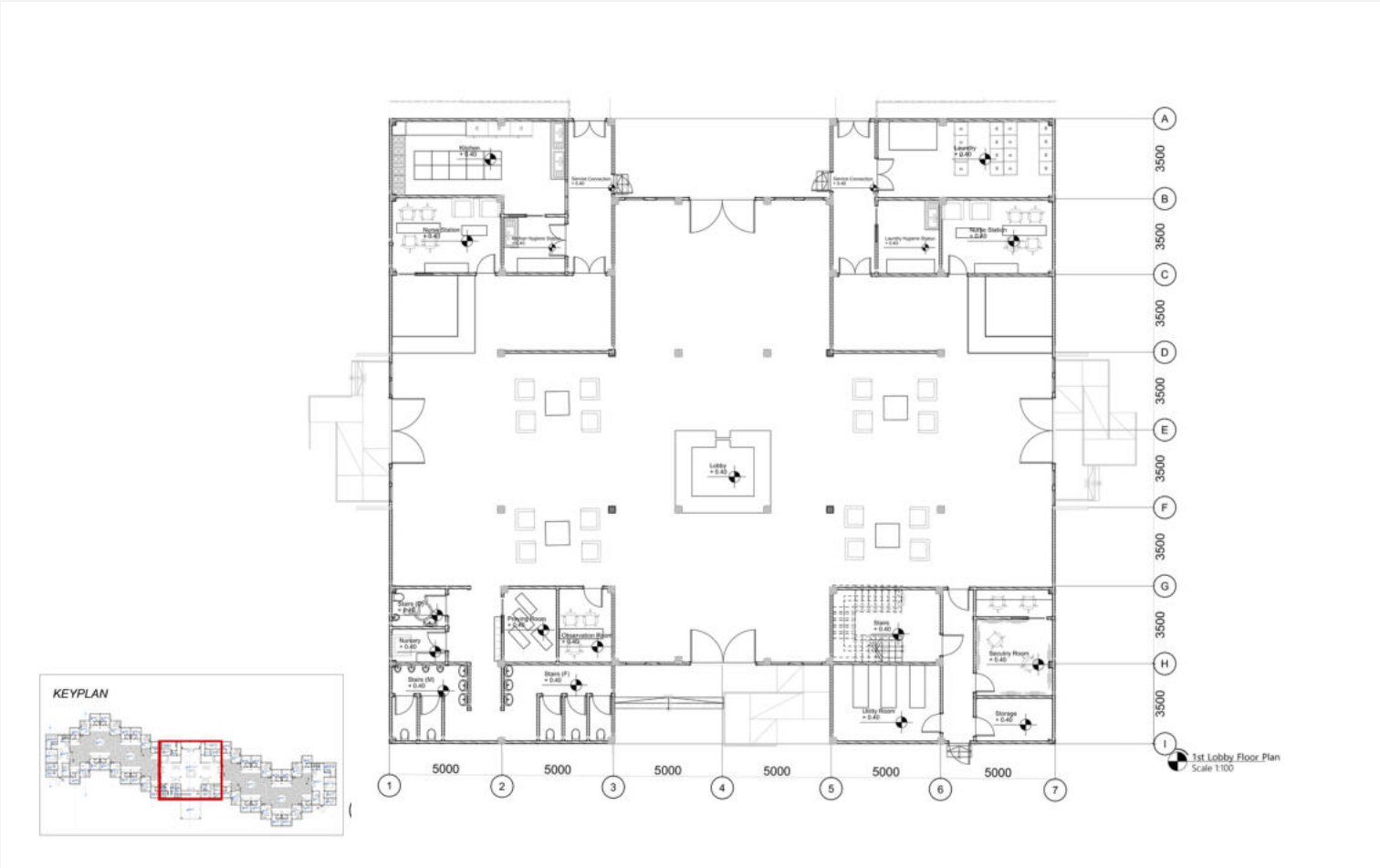


Figure 3.11 First Lobby Floor Plan
(Author, 2025)

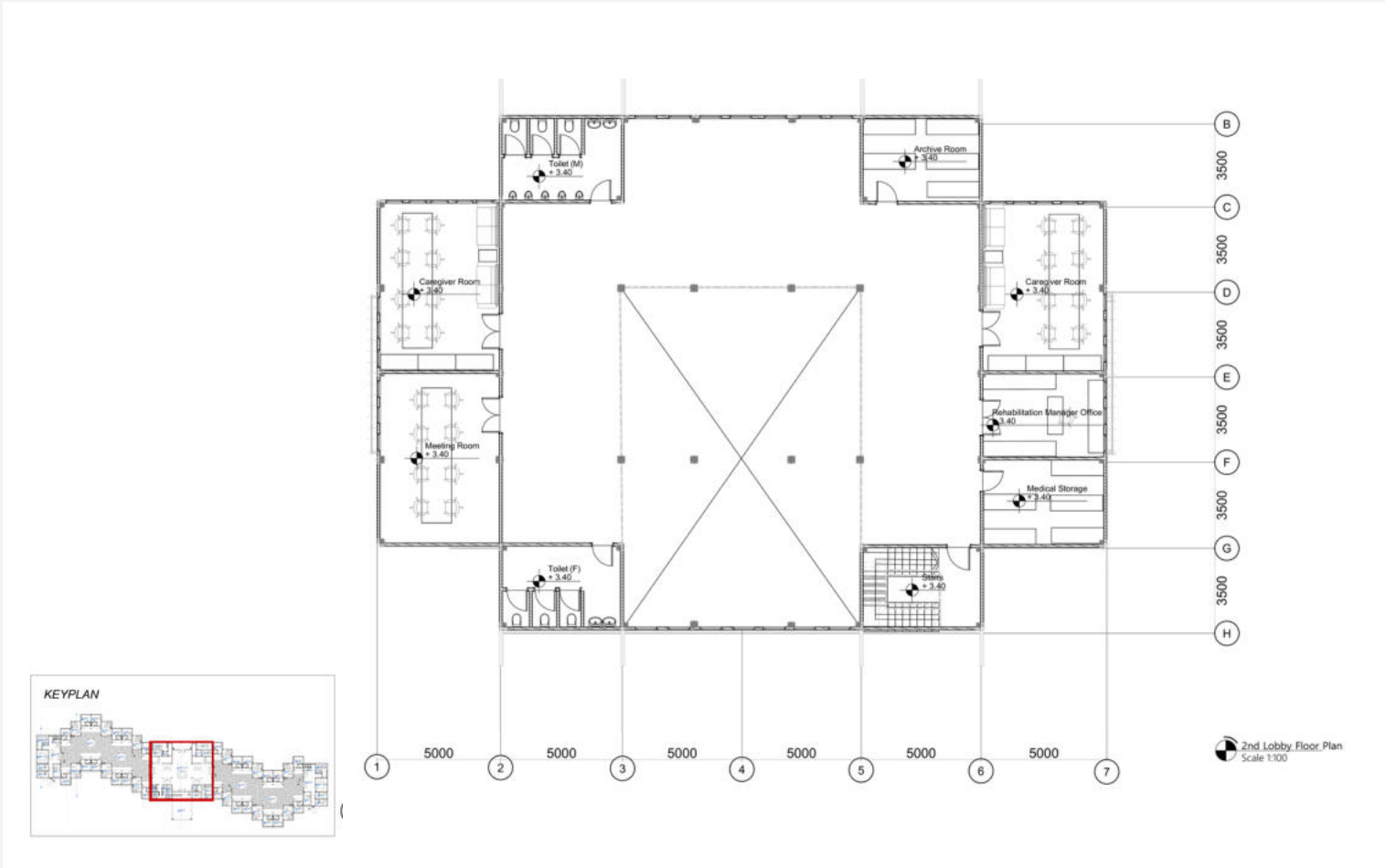


Figure 3.12 Second Lobby Floor Plan
(Author, 2025)

Creative Zone

The creative zone is a reinterpretation of the **Papangge**, the terrace space in Baduy houses where **residents traditionally sit and craft on their own individual platforms**. While the original Papangge is attached to each home, its essence is **translated into a shared therapeutic crafting area to support communal engagement** as part of the healing process. Instead of individual terraces, the activity is relocated into **a cluster of small crafting huts situated within the residential zone**.

These huts maintain proximity to the living areas yet **establish a clear boundary between the communal space** for gathering and making crafts **and the private rooms** meant for rest and recovery.

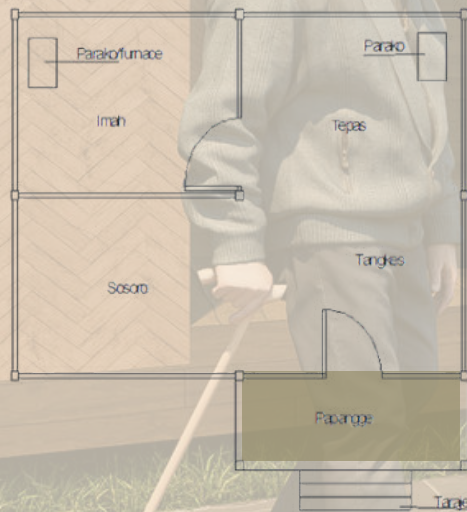




Figure 3.13 Creative Zone
(Author, 2025)



East Elevation
Scale 1:300

Figure 3.14 East Elevation
(Author, 2025)

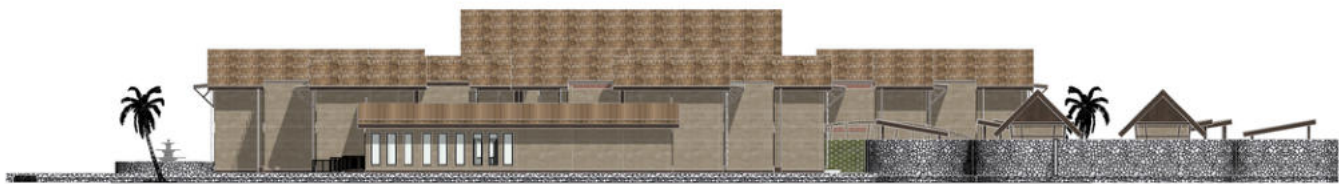


Figure 3.15 North Elevation
(Author, 2025)



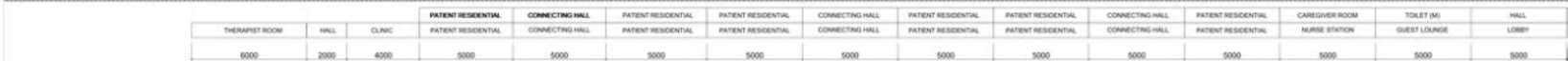
 West Elevation
Scale 1:300

Figure 3.16 West Elevation
(Author, 2025)



South Elevation
Scale 1:200

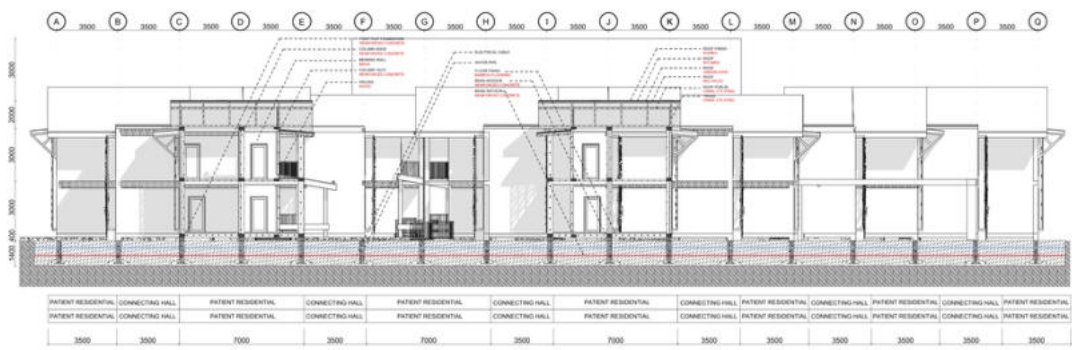
Figure 3.17 South Elevation
(Author, 2025)



(Author, 2025)



Section 01
Scale 1:150



Section 02
Scale 1:150

Figure 3.19 Section 02
(Author, 2025)

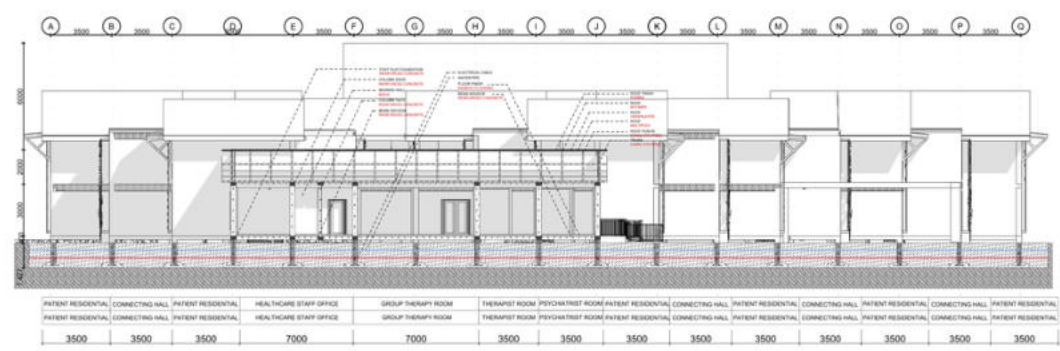


Figure 3.20 Section 03
(Author, 2025)



(Author, 2025)

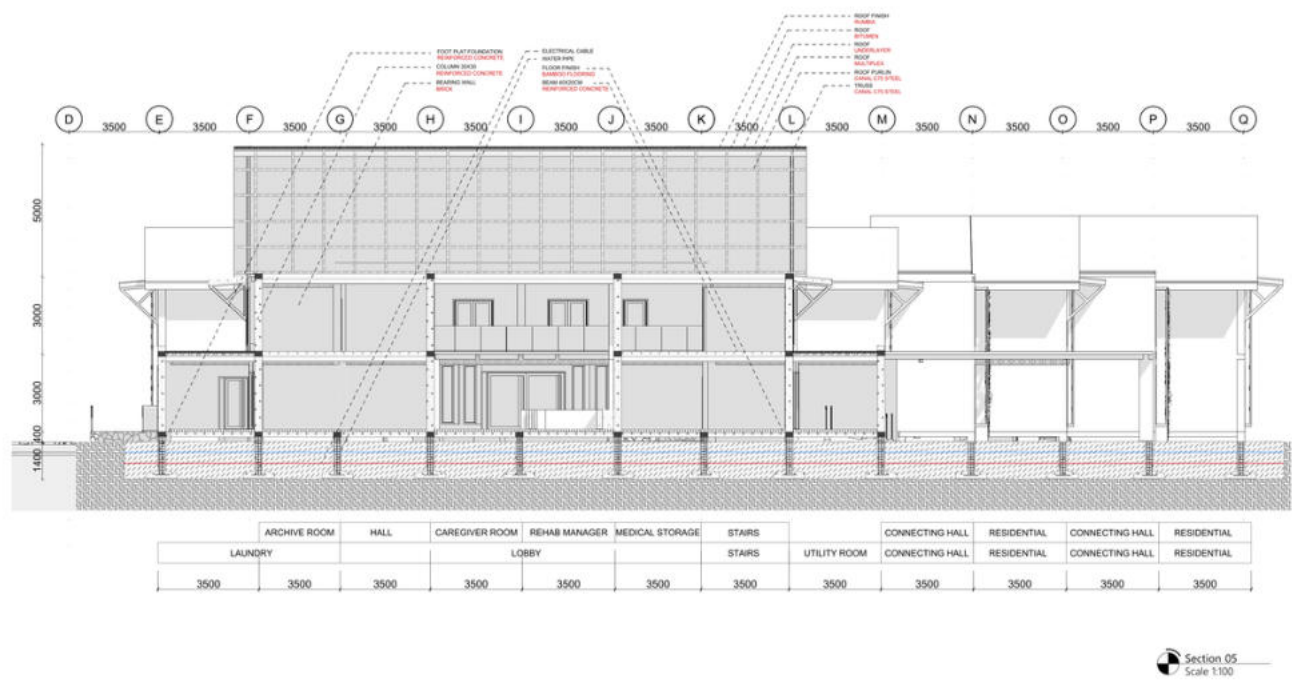


Figure 3.22 Section 05
(Author, 2025)

BADUY ELEMENTS ***WITHIN THE DESIGN***



Figure 3.23 Baduy House
(Orami, 2024)



Figure 3.24 Baduy House
(Juniyono, n.d.)

BADUY ELEMENTS WITHIN THE DESIGN: ***SULAH NYANDA ROOF***



Figure 3.25 Baduy's Sulah Nyanda Roof
(Liputan6, 2024 | IndonesiaKaya, n.d.)



Figure 3.26 Implementation of Sulah Nyanda Roof
(Author, 2025)

The roof design draws inspiration from the **Sulah Nyanda roof form**, which is well known in Baduy architecture for its gently **sloping profile** and **extended front overhang**. In traditional houses, this overhang shelters the Papangge—the semi-open terrace where daily activities such as crafting or socializing take place—providing shade, protection from rain, and a sense of comfortable enclosure.

BADUY ELEMENTS WITHIN THE DESIGN: *SULAH NYANDA ROOF*

The overhang construction follows the traditional Baduy approach, where roof projections are covered with rumbia leaves.

However, when applying the Sulah Nyanda roof form to a two-storey building, technical adjustments are needed to meet modern thermal comfort and structural requirements. In this adaptation, **rumbia leaves are no longer used as the primary roofing material but serve instead as an aesthetic layer to preserve the visual character of Baduy architecture.** Beneath this layer, a bitumen membrane functions as the main weatherproof roofing material, while an additional set of wooden battens is installed above the membrane to support the arrangement of the rumbia leaves.

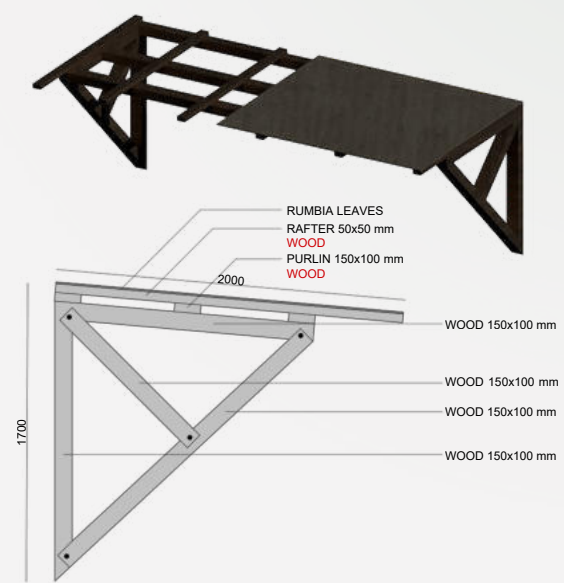


Figure 3.27 Overhang Detail
(Author, 2025)

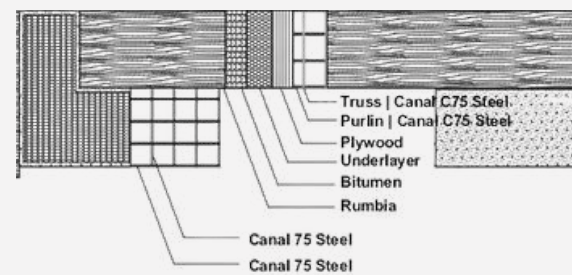
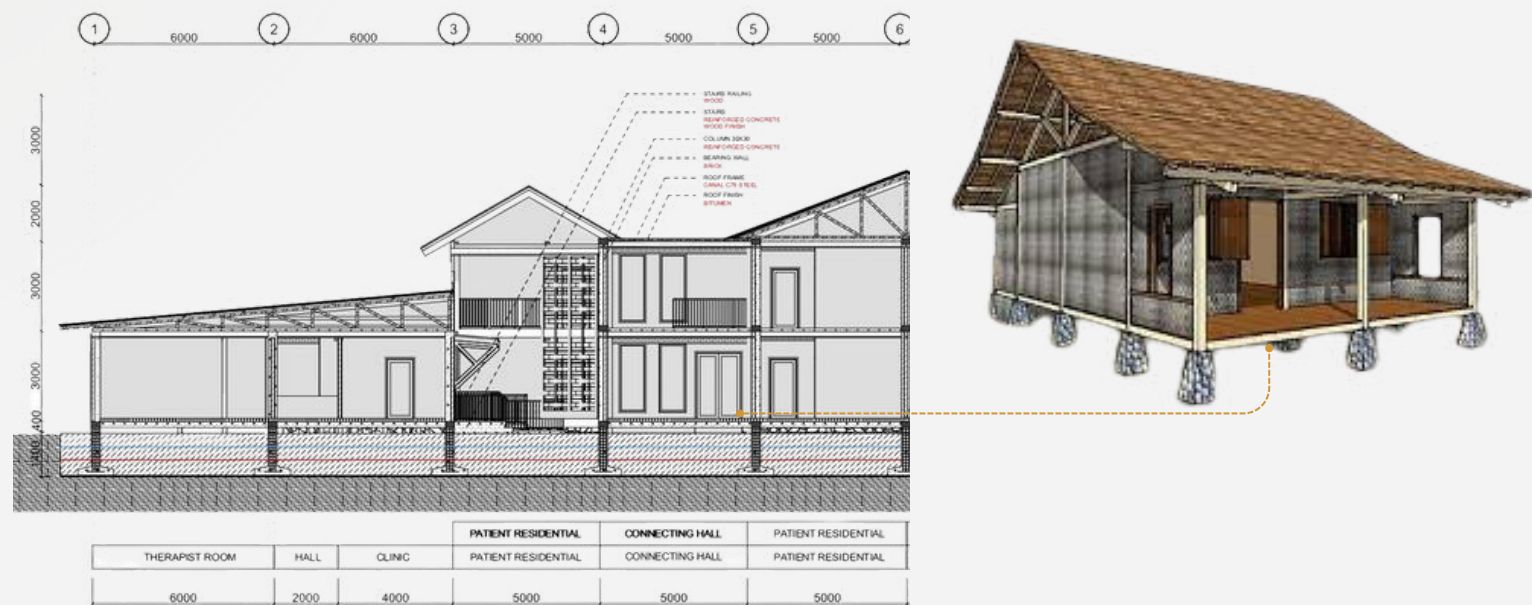


Figure 3.28 Roof Detail
(Author, 2025)

BADUY ELEMENTS WITHIN THE DESIGN:
SULAH NYANDA ROOF



Every part of the building is **elevated on a 40 cm stilt floor**, following the rumah panggung structural principle found in Baduy houses. This raised construction allows **continuous airflow beneath the building**, helping to regulate interior temperatures naturally while reducing moisture buildup.

BADUY ELEMENTS WITHIN THE DESIGN:
SARIGSIG INSPIRED SECONDARY SKIN



Figure 3.29 Secondary Skin Design
(Author, 2025)

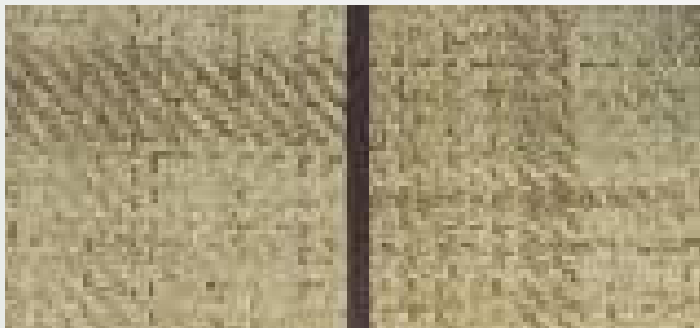


Figure 3.30 Sarigsig Weave
(Eko, 2024)

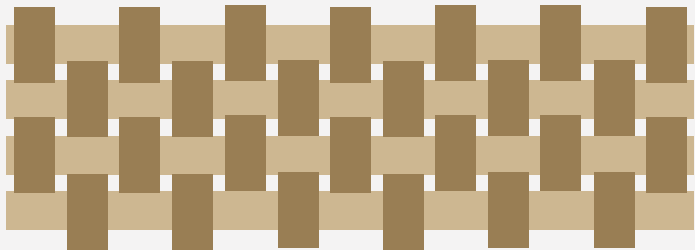


Figure 3.31 Sarigsig Weave Pattern Detail
(Author, 2025)

The secondary skin design is inspired by the **sarigsig weaving pattern** commonly used in Baduy houses. A key characteristic of sarigsig is its small, intentional gaps, which allow light and air to circulate while maintaining enclosure.

This principle is translated into the building facade, where the woven-like secondary skin filters harsh sunlight, enhances natural ventilation, and provides additional privacy without requiring the openings to be fully closed. At the same time, it functions as a discreet safety barrier for windows and door openings, supporting patient protection while preserving the visual and cultural expression of Baduy craftsmanship.

SARIGSIG INSPIRED SECONDARY SKIN DETAIL

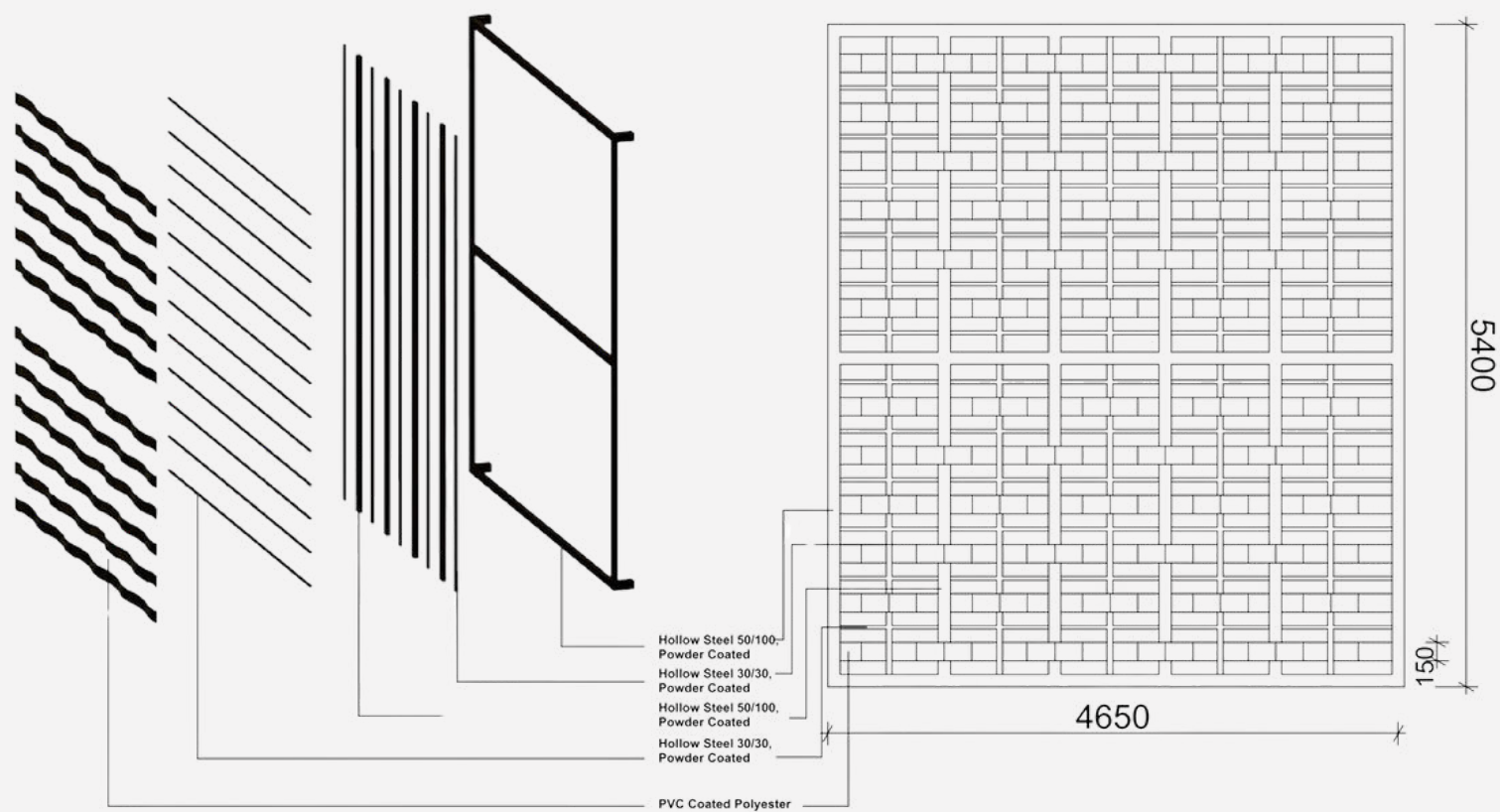


Figure 3.32 Secondary Skin Detail
(Author, 2025)

TRANSLATING HOW BADUY RESPECT THE NATURE: ***WATER-HARVESTING SYSTEM***



Figure 3.33 Water Harvesting System Detail
(Author, 2025)

Following the Baduy principle of using resources only as needed, a **rainwater harvesting system** is integrated into the design to support the building's water supply. Rainwater is collected from the sloping Sulah Nyanda roof and directed through concealed gutters into a series of downpipes leading to a filtration tank.

Here, debris and sediments are filtered out before the water flows into the water tank which will then be distributed across the building. By incorporating this system, the building reduces dependence on external water sources, improves sustainability, and aligns with Baduy values of environmental respect and resource efficiency.

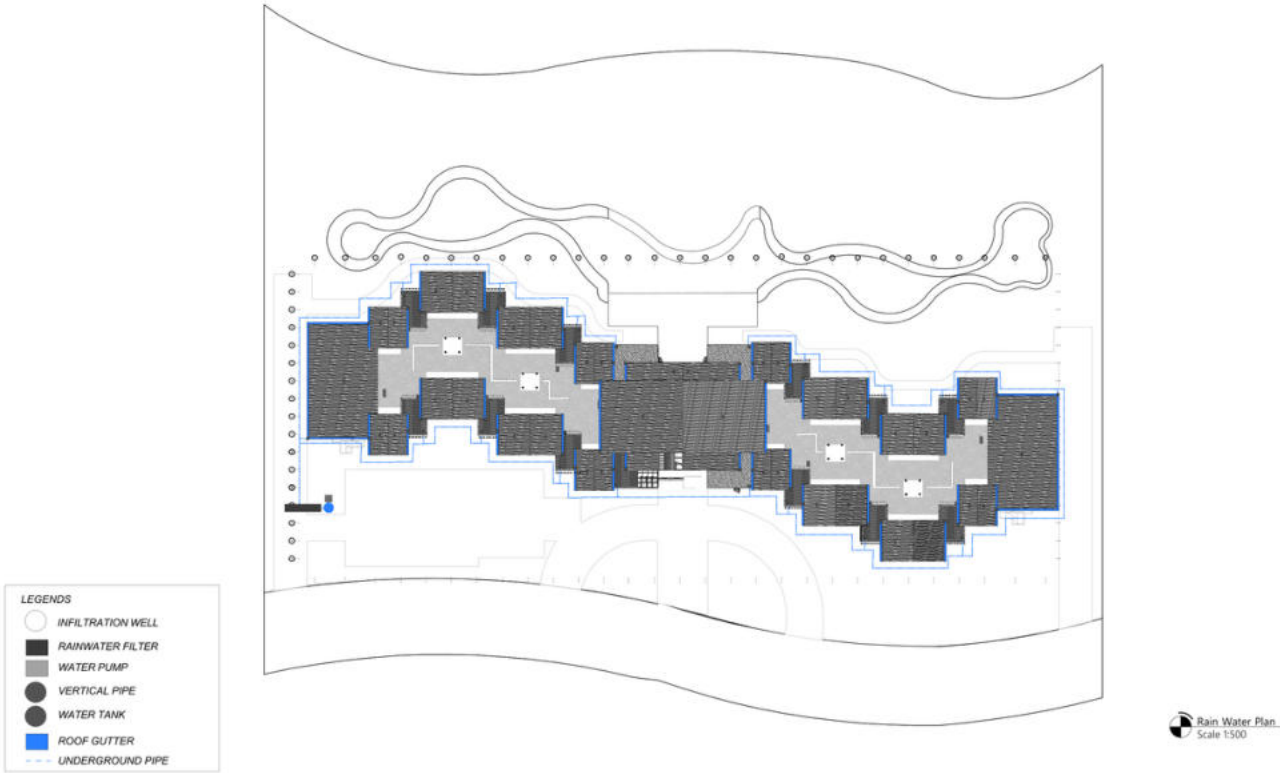


Figure 3.34 Rain Water Plan
(Author, 2025)

PASSIVE DESIGN *SCHEME*

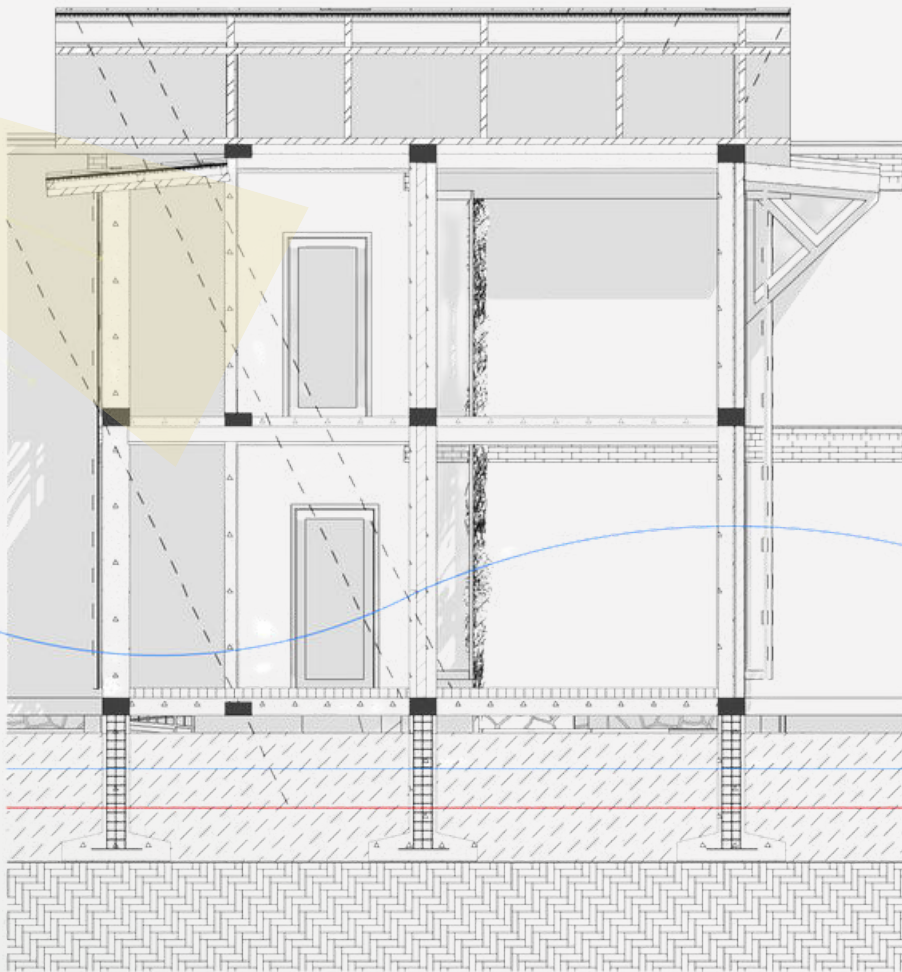


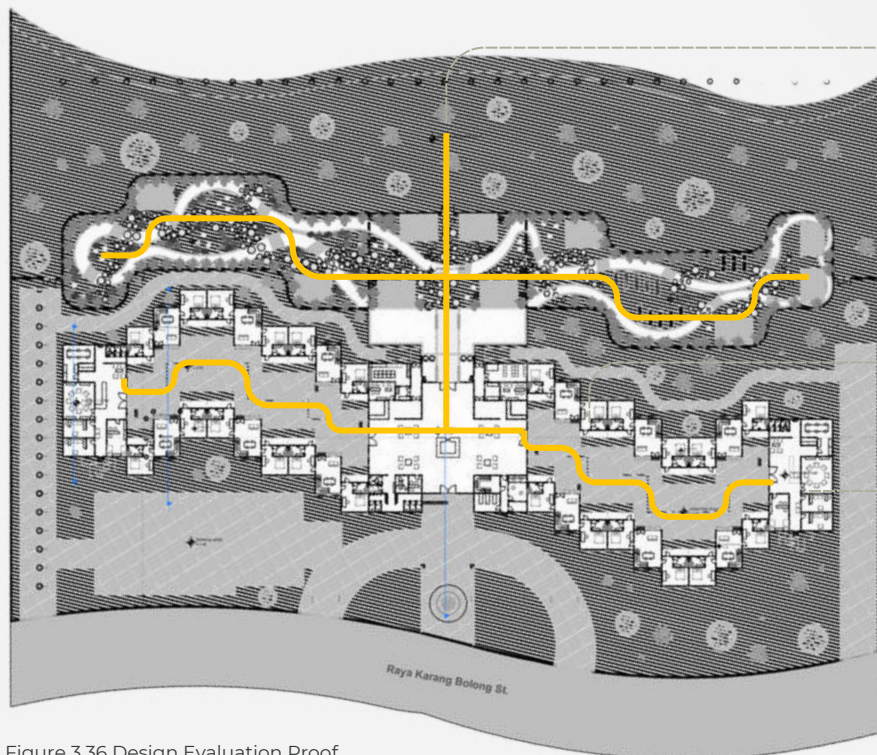
Figure 3.35 Passive Design Scheme
(Author, 2025)

The building uses passive design through **east-west cross-ventilation**, allowing natural airflow to cool interior spaces. Both facades are protected with a secondary skin, which reduces heat gain, filters harsh sunlight, and maintains airflow.

This shading system also diffuses natural light, minimizing glare and reducing the need for artificial lighting during the day.

DESIGN EVALUATION *PROOF*

Abdelrazik (2024), concludes based on the case study analysis of Psychiatric Center Friedrichshafen that **layout, maximum use of daylight, and simple circulation** are highly recommended. Providing around 43-56% of the total project space for rooms and around **30-36% for the public spaces and the central indoor garden**. In addition to using **natural materials**, applying **neutral colors** are the main noticeable aspects to apply in the interior spaces.



Simple Circulation

Green Area: $\pm 9.200 \text{ m}^2$ (34%)

Natural Material and Color



Daylight Usage

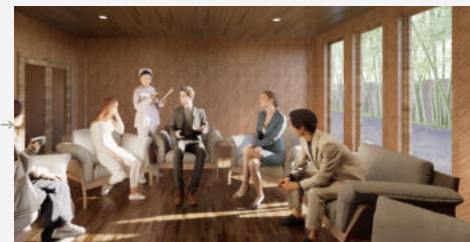


Figure 3.36 Design Evaluation Proof
(Author, 2025)



Figure 3.37 Exterior Scheme
(Author, 2025)

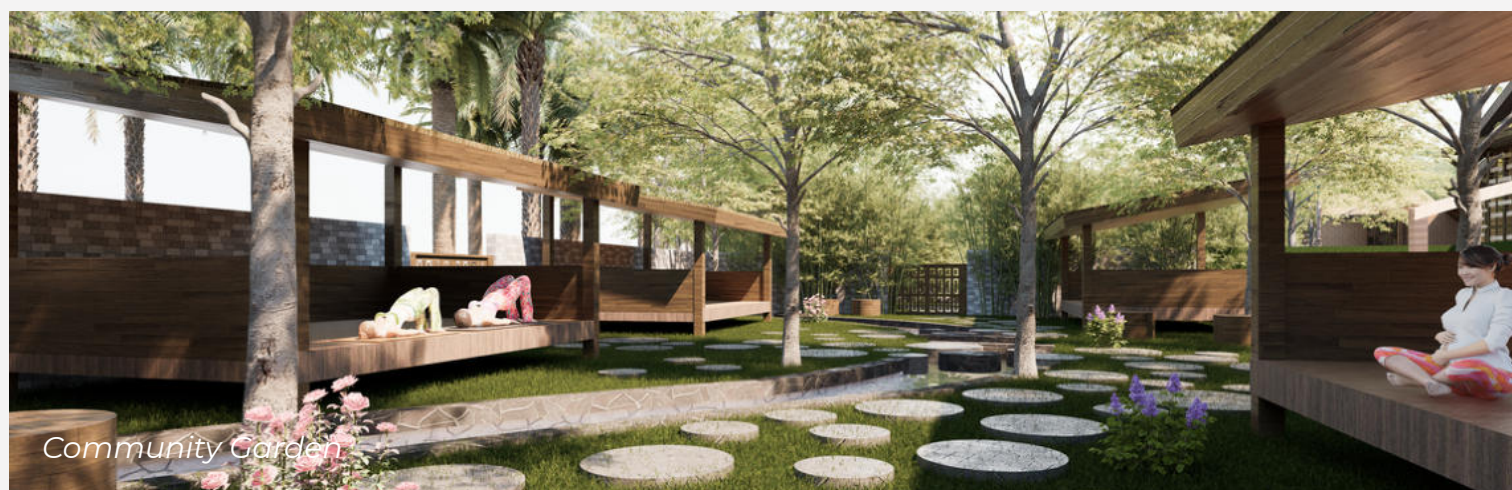
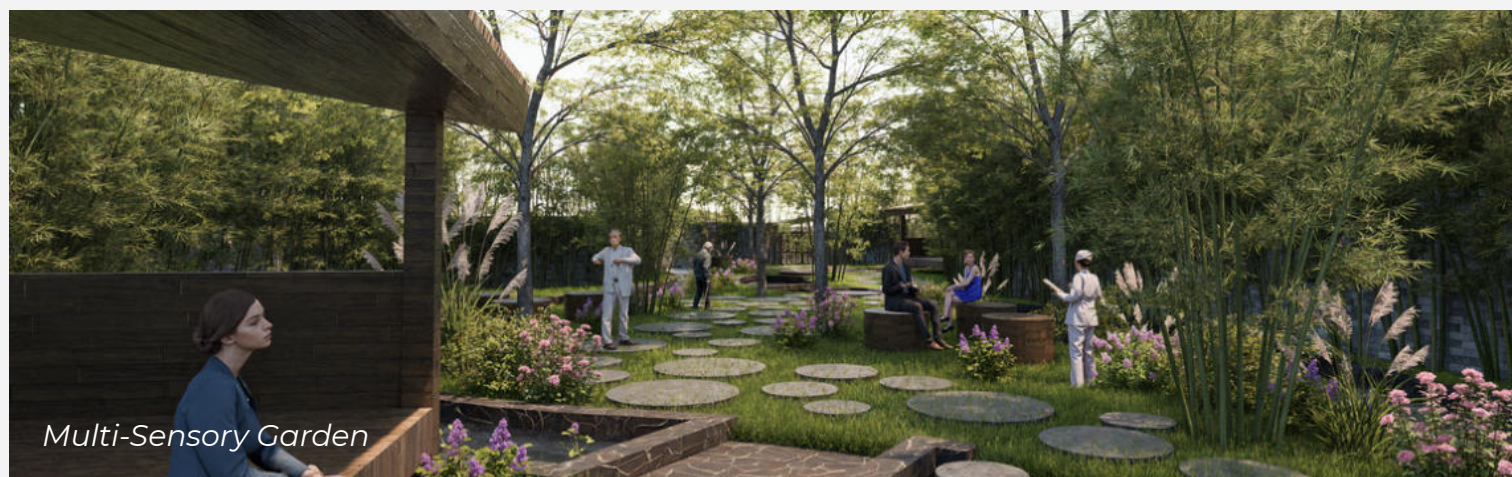
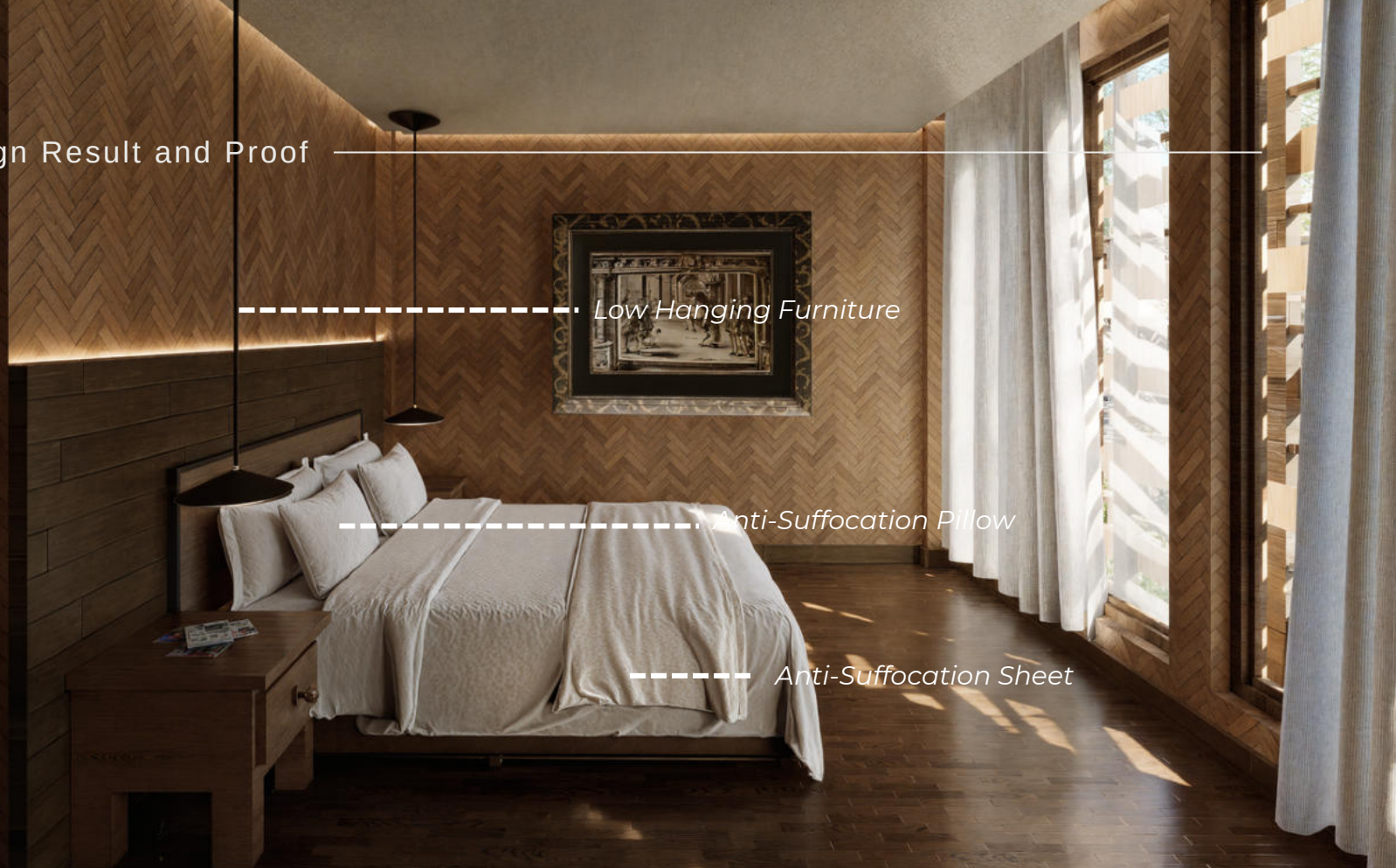


Figure 3.38 Landscape Scheme
(Author, 2025)

— Design Result and Proof —



Low Hanging Furniture

Anti-Suffocation Pillow

Anti-Suffocation Sheet

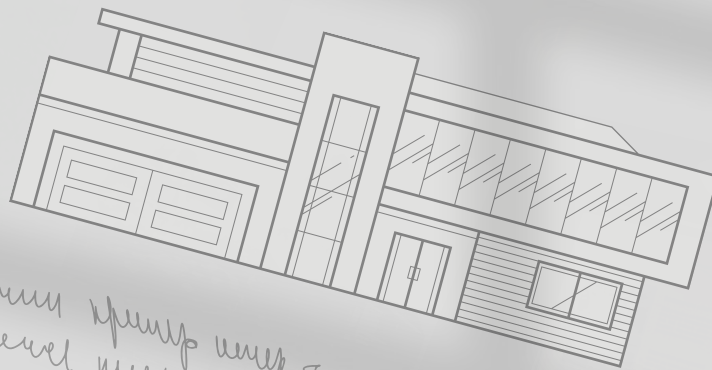
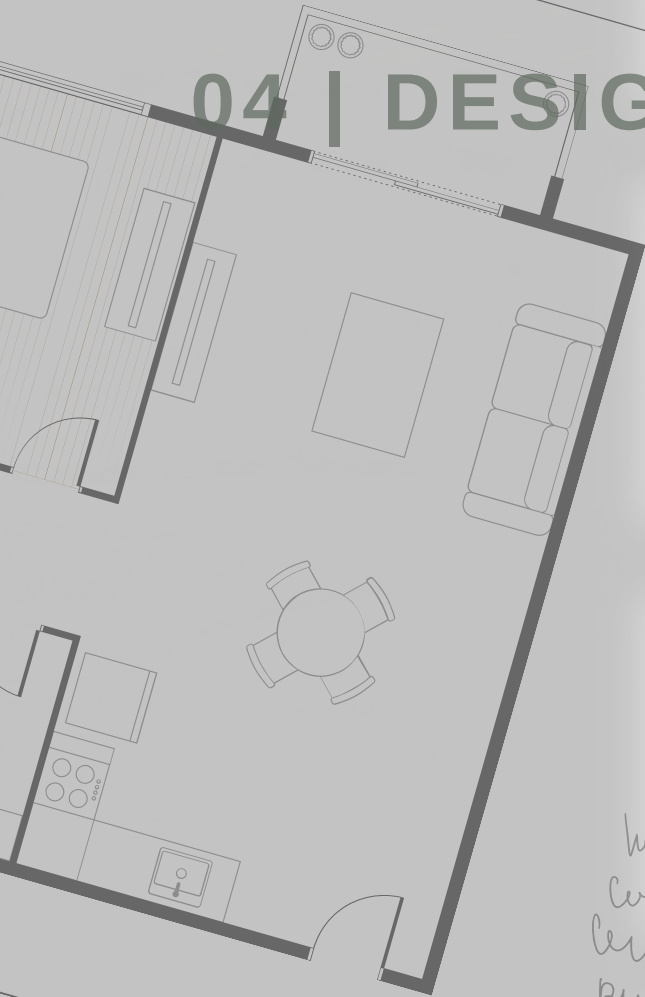
The building's interiors are equipped with **furniture and fittings specifically optimized for a mental rehabilitation setting**, ensuring safety and comfort for all patients. These include anti-suffocation bed sheets, anti-vandal shower fixtures, and furniture designed with no hanging potential, minimizing risks while maintaining a calm, therapeutic environment.

Anti-Vandal Shower Fixture

Figure 3.39 Interior Scheme
(Author, 2025)



04 | DESIGN EVALUATION



Some people are very much interested in the design of the building. They want to know the details of the building and the materials used. They also want to know the cost of the building and the time it takes to build. The designer should be able to answer these questions and provide a clear and concise explanation of the design.

The energy industry is a very important part of the world's economy. It provides the energy that we need to power our homes, businesses, and industries. The energy industry is also a major source of pollution and greenhouse gas emissions. Therefore, it is important to evaluate the design of the energy industry to ensure that it is sustainable and efficient.



DESIGN **SUMMARY**



The Mental Rehabilitation Cottage in Serang, Banten is a culturally rooted mental facility that supports patient healing by combining Baduy architectural principles with modern mental health design. By reinterpreting traditional spatial elements, the cottage creates an environment that feels familiar, safe, and comfortable, while its human-centered programs and sustainable strategies reflect Baduy values of simplicity and harmony with nature.

The design addresses key needs in mental rehabilitation—privacy, dignity, culturally sensitive spaces, subtle supervision, and efficient resource use. With its clear spatial hierarchy, separation of communal and private areas, thoughtful monitoring layout, and strong cultural integration, the cottage offers a restorative and grounded environment for patients. It meets therapeutic requirements while honoring local identity, resulting in a place that is both healing and deeply connected to its context.

CONNECTING HALL *ALTERNATIVE*

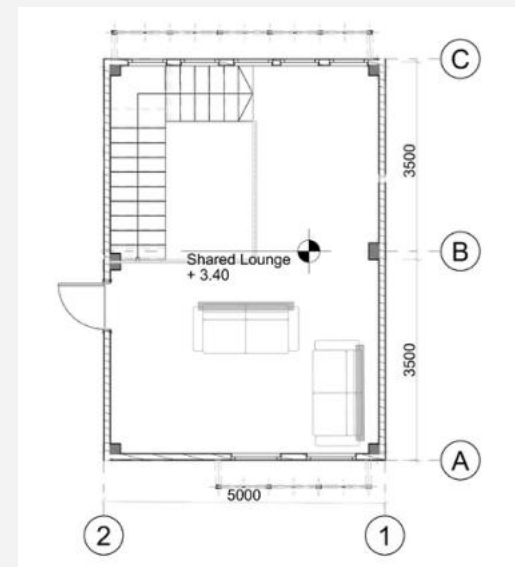
“*The second-floor connecting hall is oversized if used solely as a circulation space for 2 patients, and the lounge would be more effective if centralized on the first floor to fully support the project’s socializing goals.*

(Prof. Dr.-Ing. Ar. Ilya Fadjar Maharika, MA., IAI.)

The second-floor connecting hall—originally intended to function as both a transition area and a lounge—is reconsidered after recognizing that its scale is too large for circulation serving only two patients. It was also noted that concentrating lounge activities on the first floor would more effectively encourage patients to gather in a single, shared space, strengthening opportunities for social interaction.

As a result, the second-floor area has been **repurposed into a staff-only storage room**. The 2×2 m space now serves as a utility storage area and can also accommodate additional belongings from patients when needed. Additionally, the lounge now is only located on the first floor connecting hall.

BEFORE



AFTER

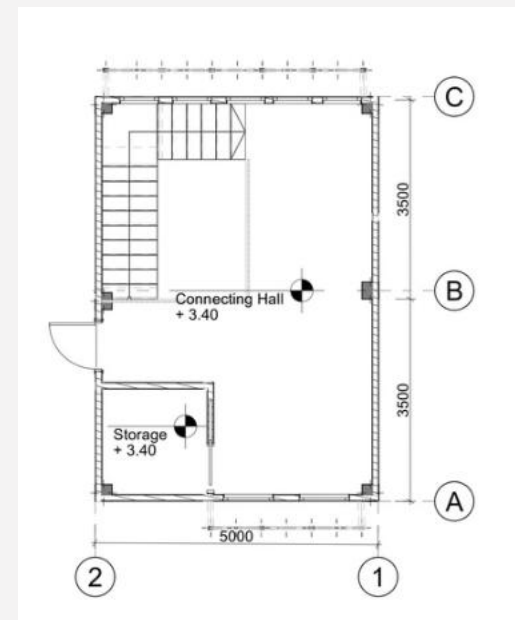


Figure 4.1 Revised Connecting Hall Floor Plan
(Author, 2025)

BALCONY DESIGN *ALTERNATIVE*



“*The balcony, as part of the patient’s personal space, needs to be reconsidered—both in terms of safety and in relation to the terrace’s original role in Baduy houses as a socializing space.*

(Prof. Dr.-Ing. Ar. Ilya Fadjar Maharika, MA., IAI.)

”

The residential balcony—originally designed to reinterpret the Papangge imagery on the second floor and provide patients with a usable semi-outdoor space—is **now retained for visual purposes only**. Though surveillance from other residents could reduce safety concerns,

the design of a privately owned balcony would shift the original purpose of the Papangge as a socializing zone. Therefore, all patients are now encouraged to use the centralized terrace on the first floor as a shared communal space for interaction.

MINDFUL ZONE *SURVEILLANCE*

“

The enclosed building layout already supports safe and easy surveillance with its open central space, but the approach to monitoring the mindful outdoor area needs to be clarified—whether through surveillance systems or specific design strategies that improve visibility and oversight.

(Prof. Dr.-Ing. Ar. Ilya Fadjar Maharika, MA., IAI.)

”

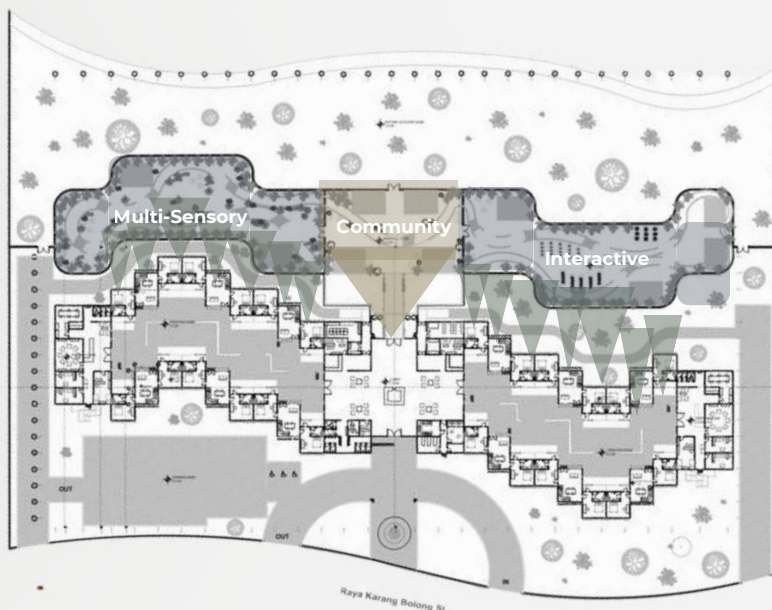


Figure 4.2 Surveillance Scheme
(Author, 2025)

Out of the three zones in the mindful area—the Multi-Sensory Garden, Interactive Garden, and Community Garden—**only the Community Garden is accessible to patients without staff supervision**, as the other two zones are dedicated therapy spaces that require healthcare staff to accompany and monitor patients.

In addition, the **residential units facing the garden are designed with openings** that enable patients to observe one another, creating a layer of **passive surveillance**.

The centrally placed lobby, whose second floor is reserved for staff, features a fully open facade that allows continuous visual monitoring of the gardens, especially the Community Garden.

However, because the Multi-Sensory and Interactive Gardens contain dense vegetation that may limit passive visibility, **discreet active surveillance systems** (CCTV) will be installed in select locations, with security staff responsible for monitoring these areas.



Figure 4.3 Surveillance View From Second Floor Lobby
(Author, 2025)

PROGRAMMING-RELATED ALTERNATIVE

“

The number of staff required to support the patients needs careful consideration, as higher staffing levels directly increase operational costs. The patients’ weekly schedule should also be clarified, including the community-based activities intended specifically for them.

(Arif Budi Sholihah, S.T., M.T., Ph.D., Prof. Dr.-Ing. Ar. Ilya Fadjar Maharika, MA., IAI.)

”

STARTING WITH THE STAFF,

Role	Description	Amount	Shift	Monitoring Duty
Rehabilitation Manager	Oversees entire facility operations	1	Full-time	No
Psychiatrist	Assess Mental Medication	2	Part-time and On Call	Only during session
Therapist	Conduct Therapy	2	Full-time	Only during session
Clinic Doctor	Handles physical health	2	Full-time	Only during session
Nurses	Medication management	2 per Shift	2 Shift	Partially
Caregiver	Direct supervision of patients	4 per Shift	3 Shift	Yes
Kitchen Staff	Daily meal preparation	2 per Shift	2 Shift	No
Laundry Staff	Operate Laundry System	2	Full-time	No
Housekeeping	Cleans every area	4	Full-time	No
Security	Gate control & visitor management	1 per Shift	4	Through CCTV only

Table 4.1 Surveillance Scheme
(Author, 2025)

The facility employs a total of 37 staff members from management to security, though not all positions operate on a full-time basis. When divided by shifts, approximately 22 staff members are present at any given time, with only **four assigned to full patient-monitoring duties** and **eight carrying partial supervision responsibilities during specific activities such as therapy sessions**. This results in **one caregiver**—the staff member responsible for continuous patient oversight—**monitoring 12 patients** (equivalent to **six residential units**), forming a **1:12 supervision ratio**. This ratio aligns with common standards used in inpatient mental health facilities.

Sport/Physical-Related Activity	
1.	Yoga Session
2.	Meditation Session
3.	Floor Gymnastics
4.	Chess Match
5.	Traditional Game Match
Creative-Related Activity	
1.	Bracelet Making
2.	Painting Session
3.	Sewing Session
4.	Herb Tea Making (using harvests from interactive garden)
5.	Crocheting
Others	
1.	Weekly Get-Together
2.	Book Reading Club
3.	Movie Night
4.	Board Game Match

Table 4.2 Community-based Activities
(Author, 2025)

Time	Activity	Description
07.00-08.00	Breakfast	Done in each of their Community Hall
09.00-10.00	Private session with psychiatrist	*Each patient's counseling schedule may differ
10.00-12.00	Today's Community Activity Block	e.g. Yoga Session at community garden
12.00-13.00	Lunch	Done in each of their Community Hall
13.00-16.00	Gardening Therapy Session	e.g. Session 5: Herb Planting at Interactive Garden
16.00-18.00	Quite Time	Patient rest and enjoy their quite time in their room/at community garden
18.00-19.00	Dinner	Done in each of their Community Hall
20.00-21.00	Today's Community Activity Block	e.g. Chess match at the Lobby
21.00	Rest	Patients rest at their residential

Table 4.3 Patient's Daily Schedule Example
(Author, 2025)

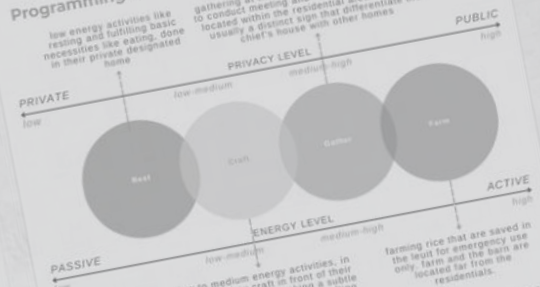
NOW ONTO THE PROGRAMMING,

To create more community-driven engagement among patients, the **activities in the community garden and creative zone**—such as crafting and mindful physical practices—are **now designed to run without direct supervision from healthcare staff**. These are organized through a **flexible community block system**, where 2–3 patients are assigned each week to coordinate optional group activities that others can freely join.

A **community activity board** will be placed in the lobby to display the **weekly leisure activities**, along with their time and location. Under this system, **staff members only provide the necessary equipment and spaces**, while patients manage the activities themselves.

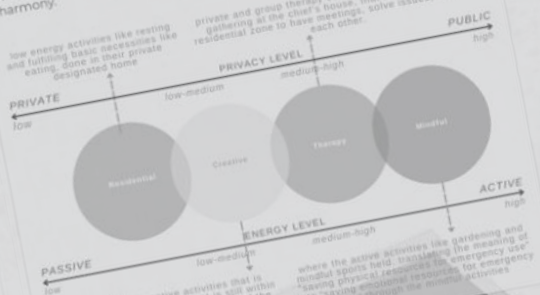
As a result, **each patient** will still attend approximately **3–4 structured therapy sessions per week**, with the remaining time available for participating in these community blocks that match their schedule or enjoying quiet personal time. The activities may include **light physical options** such as yoga, meditation, and low-intensity sports, as well as **creative pursuits** like crafting and painting.

Programming Exploration



We can categorize their activities along a spectrum rather than a binary, rooted in their belief system, Sunda Wiwitan, emphasizing living in harmony with nature, prioritizing quality rest, and fostering social harmony.

From this understanding, element of the spectrum is integrated into the programming concept, which will be divided into four zones based on the active-inactive spectrum: Residential Zone, Creative Zone, Therapy Zone, and Mindful Zone.



04 | REFERENCES AND ATTACHMENTS

Baduy settlements—where one house is shared by an entire family—must be reinterpreted to fit a mental rehabilitation setting that prioritizes individual privacy. Traditional spatial principles are preserved to maintain a sense of community, but their functions are adapted for therapeutic purposes. Instead of combining shared and private spaces in one unit, each housing unit is made fully private to support personal healing. To retain Baduy communal values, two private units are connected through a single shared "connect" space.

2. Semi-enclosed Open Space

This arrangement of units naturally enclosed forms semi-enclosed open spaces, which define space without confinement.

3. Therapy

The therapy zone is positioned at the far end of the residential area, where patients are guided through shared paths, reaching their spaces, social interaction.

Space Translation from Baduy



4. Lobby

The lobby is placed opposite the therapy zones, ensuring smooth way circulation. The residential area is split into two wings, each serving different patient group, with the lobby acting as the divider. This layout encourages patients to move through their residential environments daily.

5. Creative

Baduy Cultural-Living Mental Rehabilitation Cottage

SAREKAH

"LARAS JEUNG ALAM, CAGEUR KU RASA."

Banten is one of the provinces in Indonesia that does not yet have a dedicated psychiatric hospital. With a population of approximately 11.83 million people, around 71% experience emotional mental disorders or severe mental illnesses (Pratama, 2020). The Banten Provincial Health Office (Dinkes) recorded that the number of people with mental disorders (ODG) in Banten has reached 58,994. Data from the 2013 RISKESDAS report further highlights the prevalence of severe mental disorders at 11 per mille and emotional mental disorders at 5.1 per mille in Banten (Kanalpengetahuan.fkgum.ac.id, 2017), with anxiety disorder, depression, and schizophrenia being the top three mental disorders that people in Banten have.

Why Mental Rehabilitation Cottage?

This cottage aims to create a private, home-like rehabilitation space where individuals can recover in a peaceful and supportive environment. Unlike traditional psychiatric hospitals, rehabilitation cottages provide a less clinical atmosphere, focusing on personalized care, therapy, and community-based living to support long-term recovery.

Method & Hypothesis

The mental rehabilitation cottage will focus on the cultural-living of the Baduy people, incorporating their lifestyle, settlement design, and philosophical approach to life as guiding principles in shaping the program and spatial design of the rehabilitation space. Their deep connection with nature, simplicity, and communal values will serve as the foundation for creating an environment that supports mental healing through mindful living.



Student: _____ Supervisor: _____

Plagiarism Check Result



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Assalamualaikum Wr. Wb.

Dengan ini, menerangkan Bahwa:

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Fakultas / Prodi : Teknik Sipil dan Perencanaan/ Arsitektur
Judul Karya Ilmiah : Design of Mental Rehabilitation Cottages in Serang with Baduy Cultural-Living Approach

Karya ilmiah yang bersangkutan di atas telah melalui proses cek plagiasi menggunakan **Turnitin** dengan hasil kemiripan (*similarity*) sebesar **10 (Sepuluh) %**.

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Yogyakarta, 11/27/2025

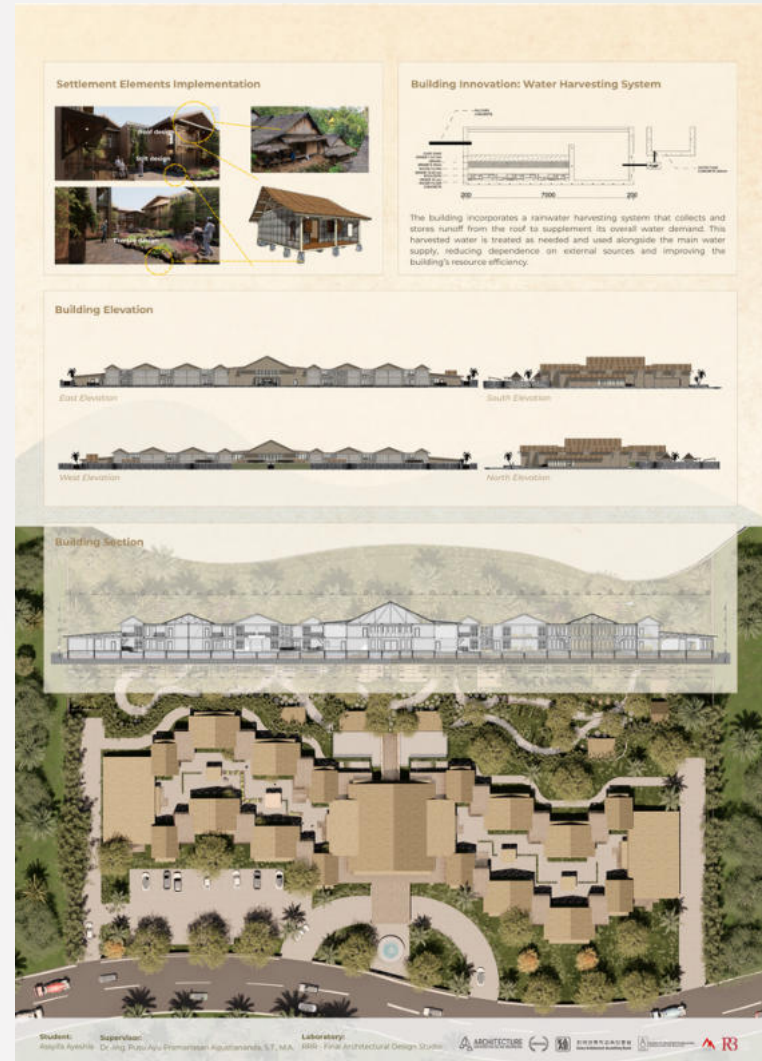
Direktur



Muhammad Jamil, SIP.

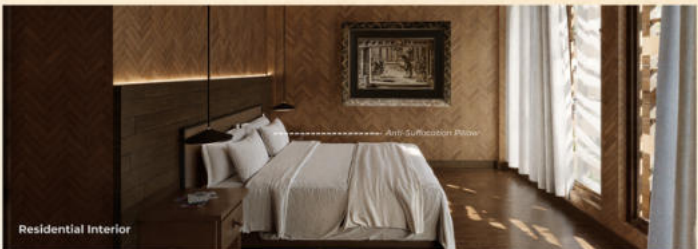
Architectural Presentation Board







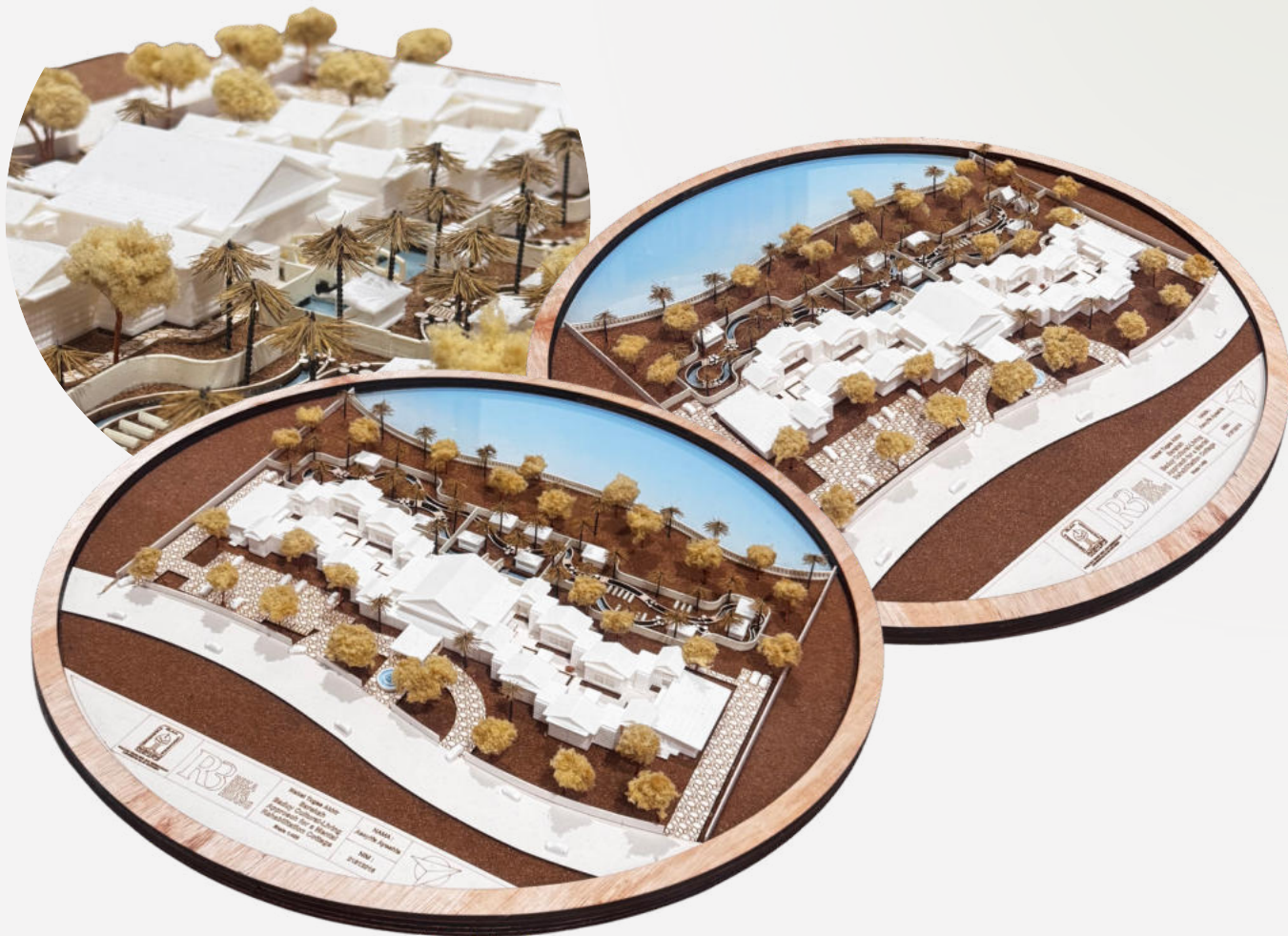
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Maquette *Modelling*



Design
Documents

***ARCHITECTURAL
PRESENTATION BOARD***



***TECHNICAL
DRAWING***



Author's Reflection

The journey of this project grew from the author's childhood curiosity about how spaces shape human feelings. Began with a simple question from a little girl wondering why her game character felt "uncomfortable" inside the house she built, and evolved into a lifelong fascination with psychological architecture.

Through this process, she learned that everyone deserves a chance to heal, and that **despite the advanced technologies available today, the most meaningful solutions often come from returning to our roots**—our cultures, our environments, and the wisdom that has always been there.



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A tribute to the **land that raised her**, the place
she feels most rooted to, even without a single
clear origin.

