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Conception of Space for an Architectural Prototype. Form, Construction and Figuration in the Northeast Brazilian Context

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Abstract. This paper tries to demonstrate the transmissibility of a prototype for primary care in several marginal areas through the historical awareness of the reference context. The role and the concept of the prototype in architecture has been investigated for its critical function and its potential assignment in defining a conceptual and experimental structure of space. Firstly, the article defines the prototype as a synthesis operation addressed to a shareability, repeatability and transmissibility of the design concept ideas, both from the theoretical point of view and its physical construction. Its conceptual attitude in being more open to acquire different operative solutions (according to the place, context, material or construction's methodology) more than a single proposal (such as a completely defined project) involves one of the possible analytical and experimental ways of dealing with the practice of creativity in some circumstances of precariousness. At the current juncture, it is more than ever necessary to propose a strategic vision. Moreover, the goal of sustainability, at the center of the interests of international research institutions, requires overcoming modelling solutions. On the contrary, it is about identifying solutions on elements that have generalizable characters (starting from those of the chosen sample area) and which must guarantee the replicability of the approach in similar situations.

Secondly, the location of the prototype in a particular context can be achieved through an organic approach that involves simultaneously both the aesthetic field connected to the figurative and spatial aspects and the technical field linked to the constructive aspects. In other words, the related areas and structures are a "resilience reserve" able to preserve, in the first place, the characteristics and settlement values of the places. In this respect, it is necessary to experiment with a revitalization strategy that intervenes as well as on the single product on a larger scale with a more inclusive strategy of the economic and social aspects and not only on architectural capital. Then, the essay tries to verify the generalization of the prototype in a rural area of Brazil paying attention to some aspects of the context, such as the typological aspects, the cultural and social conditions and the local building techniques, the traditional material and technologies, so as to involve in the proposal all the opportunities that can arise from the specific site. Finally, it can be said that the construction of the prototype was made trying to bring together the figurative and constructive aspects according to a scale that is no longer local, but which can be generalized in its main base, and declined with respect to local resources.



1. Introduction

The Italian architect Guido Canella provides a clear definition of the prototype, meaning for it a synthetic project of distributive and geometric conception and therefore a typological and spatial one, fixed in particular functional structures and social life. Canella defines the prototypes as “educational materials”, indicating their instrumental aspect as they are meant to occupy the final pages of a theoretical research. But the educational term also means a self-critical reserve that concerns the degree of schematicity and approximation of the architectural expression. The prototype represents an architectural idea and should be provided with a deep structure within the typological research [1]. The prototype also concerns the theoretical reflection that precedes the design act generating possible scenarios, without there being directly the result of a product to be uncritically entrusted, but producing drawings that can be seen as abacus of possible solutions for different contexts.

The research will investigate the feasibility of a Primary Health Care structure in a rural area of Brazil, through its constructive components (materials, structures and technologies) and its figurative aspects (shape, dimension and geometry), adapting them to the specific environmental, climatic and landscape settlement requirements of the different application contexts. This experimentation will also have to verify how the constructive versatility is able to acquire the principle of self-sufficiency (an essential requirement for the operation of the healthcare unit) through “open” systems, thus avoiding the adoption of fixed systems and permanent solutions. Some aspects of research innovation consist primarily in the experimentation of this adaptive principle through a constructive system with settlement methods able to size the single element with respect to the needs of the place, and thus increase the degree of “relevance” to the different application contexts also in the retrieval of materials, of the localization models, of the typological principles and settlement conditions of the individual local realities. For this reason, the choice of a prototype rather than a defined project clarifies and makes possible the principles of generalization compared to the specific contextual requirements. Furthermore, the prototype's shell is potentially aimed at self-sufficiency as a verification of experimentally innovative settlement conditions such as the exploitation of solar energy, the control of shading, insulation, controlled ventilation, natural and artificial lighting, water storage, etc. [2].

All basic requirements follow a principle of good practice, that is considered to be developed according to the specific design, which derogates from general conditions in order to make the adopted procedure transmissible. A constructive system, therefore, capable of attributing different compatible activities and at the same time complying with the role represented by the community, also through a functional versatility that predisposes the geometry to incorporate different tasks modulating the space to the requirements of form and figuration.

The objective also concerns the study of the typological versatility of the architectural structure that, through an appropriate verification of the distribution choices, is able to increase and overlap throughout the day different activities compatible with health care, such as education and training. The aspects of generalization can be declined, case by case, with respect to social and local contextual needs.

In addition to the minimal standard settlement structure offering, for example, medical treatment and services to the most remote rural communities (medical visits, vaccinations, antenatal care, post-natal care, nutritional centre, etc.) this proposal intends to investigate how this settlement principle, with its flexibility, can be generalized also for more complex functions and for more articulated spaces which can be associated with activities and tasks that, case by case basis, become necessary.

Moreover, the prototype verifies that the quality and dignity of a rural primary healthcare centre can also depend on the refinement of a punctual arrangement and a succession of spaces.

In a precarious rural context, steeped in history and culture, it becomes extremely urgent to develop techniques and strategies aimed to provide the interface of a planning prediction through an analytical approach of the typologies of traditional colonial houses that tell the local customs, the ways of fruition of the architectural space and the relationship with the context.

The non-secondary objective of the prototype is to give the health post a figurative communication to be recognized by the local population and be integrated into the context.

The feasibility of the design concept, its maintenance, speed and simplicity of implementation are parameters of control of the building, substantial elements, but do not represent the essence.

2. Contextualizing approaches for the prototype's application

The architectural prototype should be based on an aesthetic approach related to the figurative and spatial aspects, and at the same time to a technical approach linked to the constructive aspects. The constant relationship between architecture and figurative art also includes the deep sense of the culture of the place. The thought and work of architects Guido Canella and Ernesto Nathan Rogers are addressed to this inextricable binomial.

The “Latin American laboratory” lends itself to being a place of experimentation for its adaptability to work with figurative elements taken up not only from the architectural system, but also from the social and environmental context of the individual local cultural traditions. On this point, Guido Canella states very clearly the typical features of South American and Brazilian culture.

“Although the literature has continued to fuel Western architecture's obsessive doubts about its own identity, the recent achievements of Latin American architects have attracted rather less attention. And yet, as is well known, their critical commitment to establishing the genealogy, validity and authenticity of Latin American architecture (all be they related to developments in Europe and North America) has been no less impressive. Forty years have passed since the formalism of the Brazilian architects was condemned as heretical because it deviated from the basic principles of Rationalism, but hasn't it also been proven that such accusations of deviance usually surface when regimes begin to totter and their increasingly fossilised ideologies begin to lose touch with reality? Only a few years later, in fact, the collapse of the International Style would become total and irretrievable. So now seems the right time for Latin American architecture, once it has succeeded in overcoming its complex about being out of the mainstream of history, to develop greater “philosophical” self-awareness and so also more rational practical procedures. And this at a time when Western industrialized economies and ideologies are beginning to weaken, and the certainty of continuing development and the West's role as the civilisation on which the material and the moral fate of the world rests is diminishing. This is already happening as the result of wars, political subversion and economic and institutional crisis, at a time when the capital, skills and, above all, manpower of the Old World are having to rediscover the Eldorado that lies across the Pacific. After all, wasn't Buenos Aires just such an Eldorado for the West between 1880 and 1925, as Caracas and Brasilia have been in the post war period?” [3].

On the other hand, Brazilian architecture is a source of conceptual inspiration in the writings of the architect Ernesto Nathan Rogers. He tried to bring the choices from the form to context, to anchor them to the place, because the tradition, the history, the landscape and nature were for him an antidote to dangerous formality [4].

“The development of historical consciousness, so relevant in the modern culture, should help us to place the facts in the right position compared to the coordinates of the space and time (as well as their psychological projections, where the history of each individual is coloured)” [5].

His activity as an architect, as well as an intellectual, has allowed him to study directly some South American design experiences, in particular Brazilian ones, grasping the main settlement and figurative characteristics.

“The architecture of that country has often been subject to arbitrary judgments, diametrically opposed, and almost always exaggerated, since even some observers, among the best provided, could not discriminate the emotions that aroused in him the sudden result (the quantity) of many buildings and a certain strong novelty in their appearances. To look at Brazilian architecture according to a particular angle (for example, Swiss) is, in any case, an error of abstraction which - by inference - leads fatally to the extreme, deplorable polarities of formalistic criticism. T. S. Eliot, in a short essay (Tradition and the Individual Talent), invites artists and critics to extend the terms of the historical sense, while he warns them against congenital deformations that alter the quality of judgment: «...Every nation has not only its own creative, but its own critical turn of mind, and is even more oblivious of the shortcomings and limitations of its critical habits than of those of its creative genius». Brazil is a privileged field for similar

experiences because the very recent dates of its evolution allow us to more easily analyse the different phases of its cultural genealogy. Just by acquiring more precise awareness of the theoretical postulates, penetrating them and broadening their meaning: functional and organic - or as you want to call it - the architecture of this century is based on a method, where the awareness of the dialectical relationship between the practical and economic term and the aesthetic, one of the architectural phenomenon, must lead to an ever more poetic individuation of the multiple aspects of concrete reality, being unable to satisfy the limits of inanimate positivism or abstract idealism: in this coherence, in the continuous exaltation of the intimate tension of existence, is the promise of future developments”, [5].

Rogers' opinions on the importance of historical consciousness offer us the opportunity to rethink, in an operative way, the relationship between architecture and place. Questioning the physiognomy of the place is always difficult, as well as understanding its identity, recognizing the meaning that a community entrusts to its own living with respect to its territory. When the ways in which these territories are lived gets complicated, the need arises to clarify, simplify, abstract, to find a rule.

The intention is to define a space with a precise identity, but at the same time to create a variable and versatile prototype in a temporal projection.

In the construction of the prototype, attempts should be made to bring together the figurative and constructive aspects according to a scale that is no longer local, but which can be generalized in its main basis, and declined with respect to local resources. In this way, the element is no stranger to the population: materials, construction system and figurative aspects bind together to create a recognizable building from the local community. The coincidence between the material element and the figurative aspect is closely related. Every single element of the health facility is part of a larger system and makes the degraded area a place suitable for socialization and therefore also for social redeeming. The figurative recognition of the building by the community, organized according to the typologies of popular architecture, brings together all the typological and constructive aspects and the principles of flexibility, modularity, aggregability and reversibility listed among the requirements of the health prototype. The elements tested in the prototype determine “the quality of the building” in the arrangement and in the uniform consistency of the composition. The “quality-dignity” of the health facility is of the utmost importance, which needs to be addressed without thinking about the quality of something we take for granted. Getting to a well-made prototype, although it is a facility to be placed in a marginal area, it is possible by establishing the objectives and the steps necessary to achieve them through a rational method.

3. The case study

The rural area of Quingoma, an inner district of Lauro de Freitas has been identified as a case study to develop a design concept that considers the current criticalities and local habits of the local population in order to find a suitable solution to provide better primary health care. Quingoma is an ancient plantation area of the *Recôncavo baiano* and has approximately 3,500 residents belonging to the *Quilombolas*, an ethnic African minority who tries to rescue their original roots. In the 18th and 19th centuries, they worked as slaves in sugarcane production in the *fazendas* and *engenhos* of the parish of Santo Amaro de Ipitanga (today Lauro de Freitas). Residents of Quingoma have maintained their traditions by spreading them orally; their culture sets them to be a happy and united people despite the problems of the area. The community speaks with great pride of the cultural heritage left by their ancestors and cultural manifestations such as *capoeira* and *samba de roda*. The neighbourhood consists of only one dirt road of 5 kilometres, where it branched into two tracks. On the left Quingoma de Dentro can be reached, it is inhabited by the Quilombola community; on the right, there is Quingoma de Fora, inhabited for more than 20 years by the indigenous people of the “Thá-Fene” reserve who occasionally receive visitors from schools to show their culture and traditional habits.

Quingoma is the area with the worst housing conditions in the municipality, where illiterate children and unemployed adults live. Access to the neighbourhood is complicated because the roads are

completely dirt and in the case of rain they are difficult to pursue due to the mud. The district should be fully urbanized with asphalt, drainage of rainwater, sewers, running water, and lighting.

Families maintain livelihood farming and what goes beyond is sold to the Lauro de Freitas market. The River Joanes was an important resource in these people's lives; it was used for fishing or leisure. Today, however, the river is polluted due to the real estate expansion and residents are asked to sell their land to real estate companies that move forward with their buildings and abandon their land also due to the construction of the Via Metropolitana, a new road that cuts through the north of Quingoma.

On 6 June 2015, the Association of Inhabitants of the Municipality of Lauro de Freitas listed the various complexity in the area and the suggestions to improve the conditions of the community Quilombola [6]. Quingoma's representative criticized the lack of job offerings and professional courses aimed at agricultural areas and suggested the implementation of courses that meet the cultural reality of Quingoma. She also asked for the inclusion of the historical theme of the Índios and Quilombolas in the curriculum matrix of the municipality to preserve the history and local culture.

In the neighbourhood, there is only a state school in *Quingoma de Fora* that does not have adequate leisure space, so it proposed a recreation area, as well as carrying out activities that are consistent with the agricultural characteristics of the community. Another suggestion is the implementation of a space for recycling cooperatives by removing the landfill from the area, the setting up of spaces for tourism and the construction of a Quilombo Culture House that would enhance the community's customs and traditions. Additionally, during this meeting, the representative of the "Quingoma Inhabitants Association" urged the installation of a health post, a birth centre, and midwives training to perform natural birth for women in the Quingoma community.

All of these problems and suggestions listed so far will be useful in defining the prototype guidelines from the point of view of the activities, not just healthcare, to be placed in the new structure. In order to develop the Health Post prototype it is important to follow three phases. Firstly we need to recognize the typological and figurative aspects of the new health prototype. Secondly it is crucial to detect local building materials and techniques. Finally all the activities and organization of space are expected to be included in the new health centre.

The prototype, which respects the social, economic, and environmental characteristics, wants to be a focal point around which other collective activities are serving the community. It is, therefore, the settling element of Quingoma, a matrix that generates activity.

At a later stage, the health post could be improved increasing its functions and changing activities according to the population needs. Studying the needs of the local population, the new building wants to be the focal point of the entire community, a point of reference for educational activities, courses that meet the cultural reality of the Quilombolas, leisure, recreation, and multifunctional spaces.

The health centre is therefore characterized by the absolute flexibility, interchangeability and multifunctionality of the spaces. The stability of its compositional characteristics, even in the multiplicity of its variations, is shown as the result of the recovery of traditional elements and of the cultural and social habits of the Quilombola community, but also by the use of the established architectural elements.

The architectural artefact uses a definitely systematic architectural syntax based on clear rational principles. The process involves a schematic principle that can be called "centripetal".

In the central element, there is the collective space, in this case, the reception and the waiting room. It is a decisive mass with a lasting nature sufficient to provide the necessary predominance. This place is considered the attractive function performed by the central space, towards which the other areas destined for medical and health activities converge. These medical areas, which are smaller in their size and characterized by considerable flexibility, are placed to the side to affirm their respective positions in the hierarchy. The generation of such forms is systematic and their utility is tangible even by following standardized elements. The connection between the architectural elements occurs when each of them is formed as something unique and localized as part of a general formal intention.

The socio-health centre should be considered as a living organism designed for its users, and therefore subject to transformation, metamorphosis, but will keep some elements fixed (figure 1): an element that identifies the crossing of a threshold, that is the entrance; a symbolic element of collective

life identified in the central space; the porch as a filter element between inside and outside; the system of paths and the modular units as served spaces.

These fixed points, deriving from an idea that architecture proceeds, in a centripetal way, from the outside to the inside, is the initial and founding matrix of the prototype (figure 2). All the rest may instead be subject to changes that the times and needs of the community will suggest. The prototype trying to prove that the more a thought is logical, foundational, archetypal, the more it becomes transmissible and usable conceptually in every time.

Firstly, the central space was therefore identified; this space is able to attract other complementary elements, such as the veranda, the paths and the social-health units.

The central space prototype with regular geometric shape is distinguished from the rest of the composition by the impressive height to underline the permanent and lasting nature of the health centre (figure 3). Its predominance is linked to the location of the religious places of the colonial era, the chapel, in the highest part of the ground of the *engenhos* (structures in which sugar production took place) to underline their importance as a collective place; as well as Lina Bo Bardi reinterprets the value of the colonial chapel within her project of the *Igreja do Espírito Santo do Cerrado* placing the chapel in the most prestigious part of the land.

The presence of the internal patio, open or closed, circular or square, which we find in the public buildings in the northeast of Brazil or in the different experiments of houses designed by Lina Bo Bardi, is reinterpreted in the health centre through the central space, identified as the fulcrum of union between adjacent areas.

The volume is permeated by the light that penetrates from the roof skylight spreading in the reception and waiting area and illuminating the walls made with a wooden “cage” filled with the technique of rammed earth, also called *Taipa* or with wooden panels or window fixtures to give brightness to the whole volume. The inside of the building is both extraordinary and simple, where the real character is the collective space generated by the variety of users living this. In this way, the health centre recovers the lost forms of the Brazilian tradition, without losing their original meaning and reinterprets them by introducing these forms into the new building.

According to Lina Bo Bardi, the veranda, in addition to the patio, was also the element that had to be recovered. The threshold of the new health centre is crossed through an entrance veranda, a constant always present in the *casa-grande* (home of the owner of the *engenho*). The veranda had a function not only for entry but also for hospitality and social relations, as well as a filter for protection against the bad weather. However, the entrance of the central space prototype is through four verandas that surround the perimeter, achievable by overcoming the difference in height with three steps and four ramps. The elevation of the building from the ground is typical of the wetlands and provides a safe and dry space ensuring good ventilation; an example of this is the houses designed by Bo Bardi for the community of Camurupim or the types of houses designed for the complex of Itamambuca. The four entrances of the central building are covered with a roof to protect the space from the sun and tropical rains, at the same time it carries out the function of sociality among users as in the colonial tradition.

The porch is another fixed element with a filter function between inside and outside. The veranda is thus the function of the porch in front of the healthcare units, namely a linear covered passage limited by pillars with the function of unifying element of the single rooms. This element becomes a link between the “private” space, where medical visits take place and the “public” space for the garden. The porch is read as an attempt to characterize the place. In the colonial tradition, it has always been present both as a filter between interior-exterior limited only to one side of the building, and as a continuous space that runs along the entire perimeter of the colonial era houses. It is noted that the porch of the new prototype is an autonomous element, detached from the health centre, and distinguishes itself in declaring its autonomy (figure 4).

Reflecting on the elements that compose the social-health centre, in particular on the “private” space opposed to the “public” space, and on the possible relationships established between them, represents a way to study and interpret the work in its constitutive elements from an eminently compositional point of view.

The porch becomes an architecture-opening between the interiors and the garden, bringing together the external space inside the building.

In the prototype drawings, there is a need to ask questions not only on the internal primary healthcare facility organization but above all on some particularly significant architectural elements and on internal connections system, paths and relations between different places. The system of internal pathways to the health centre is inserted into the central fulcrum. They are characterized by a linear path that connects the central community fulcrum with the spaces served, such as medical and nursing clinics and places for logistical support. Linearity takes up, once again, the simple distribution scheme of the *casa-grande*, which led to the various rooms that composed the house.

The path of the prototype consisting of a wooden supporting structure leads to the single service units that overlook the porch. Space is also reversible: the porch can also serve as a veranda, or on the contrary it can be closed through Taipa wall to become closed space. This is because the wooden pillars are the only structural elements and the whole space can be occupied by walls in Taipa or wood panels that can be modified over time.

The 4 m x 4 m units are positioned next to each other, facilitated by their regular geometry that allows free movement. The transformability of the rooms and their relationship with the outside is achieved by replacing the facade with wooden and glass walls that guarantee the lighting inside the units. A harmony between man and nature thus becomes possible. The landscape of the rural area is not an exterior, but, through the perception of the observer, becomes an integral part of the interior space. The landscape becomes a full-fledged part of the room that overlooks it, through the slight elevation of the health centre. From this position, it is possible to see the outside in its entirety, just like it was another room, in this way nature assumes a different meaning than when we find ourselves immersed in it. The relationship that is established with the territory where the architecture is realized, with the peculiarities of the place that compose the external space and with the sun, takes on a certain importance compared to the interior spaces. The internal space has great flexibility; through a series of geometric and relational compositional principles, the individual units that can perform more private functions, such as medical and nursing services, can join together to form larger collective spaces, for example, the conference room or meeting spaces for the rural community.

The project contemplates fluidity and ordering of the space; this is to respond to the need for freedom of organization of social and health activities and together to guarantee a character to the place.

4. Construction and space design

The prototype has a typological approach oriented to the definition of widely generalized quality standards. The combinatorial changes of the minimum units in relation to the dimensions of the health centre have the best on the expressive values search of the symbolic dimension of the usable space.

The search of the healthcare facility language, understood as experiments around the primary elements of construction, can be a starting point for rethinking the standard. The architect Lina Bo Bardi wrote "All or most, are against the model, the standard [...] what is my model, the 'standard', if not a means? Why confuse it with the 'end'? The standard will be the means for the civilization of the future, just as the 'non-standardized' has been for the past civilization [...] the model is the basic law of nature, a law in which all of us, indiscriminately, are included and that we cannot avoid [...] being alive are standardized, minerals are; as well as plants.

Not accepting the 'standard' means assuming a position of pride, a fictitious individualism, which has nothing to do with the personality, the secret 'mark' of every individual, and which does not depend on the 'standard', that is having a nose as well as millions of other people, or two eyes like millions of other beings, or two feet as well as those with whom millions of people walk. Standardization means extending the possibility, helping because something for the few is extended to many, that is to improve, because studying an essential organism is easier than studying an indefinite and innumerable series", [7].

The standardization for Lina Bo Bardi goes through the relationship between architecture and nature, which represents a fundamental condition in the search for authenticity and appropriateness of the limit-form of habitable space [8].

The prototype is, therefore, a territory of experimentation in which the “public” space, in this case the central reception area, is organized with a free plan, made possible by the creation of a wooden supporting skeleton whose voids can be stopped up with the technique of Taipa. The wall defines the space assuming the material value rooted in a constructive tradition consolidated by instinctive actions. The more private spaces, instead, destined to social and health activities are aligned in series through a repeatability and standardization of the elements that compose them.

The prototype verifies the relationships between the places of the health centre and a hypothesis of industrial production based on the use of a “light” prefabrication system intended as a complete production of finished parts to be assembled dry through eco-sustainable components made with advanced technologies. The use of standard pieces allows to create aggregations in plan, with free plan or continuous space. The standardization of the architectural structure is, therefore, an objective no less important than the typological and figurative aspects, getting a versatile structure that is well suited to the intervention area. This rural theme is configured as a possible research hypothesis for a compositional experimentation in which the question of memory and the theme of the structure can assume iconic and symbolic meaning in the prototype. In terms of structural technological choices, reference is made to the potentials associated with the use of wooden load-bearing pillars interspersed with wooden frames and panels, a constructive system that allows the disassembled, the flexibility and the possibility of replacing or adding elements with simple operations and provide different answers within a vast number of planimetric and volumetric organizations.

The composition and disaggregation of a building (syntactic and conceptual, before physical) corresponds to that sort of “intrinsic incompleteness” that is recognizable in the wooden houses and mud of Brazil. The prefabricated elements are designed as “self-sufficient” modules as they are easily adaptable to the frame that hosts them. The choice of wood and Taipa construction is determined by the excellent relationship between the sustainability of the material itself, constructive simplicity and availability of the same. The construction technology is simple, rapid and therefore advantageous from the point of view of costs if also conceived in relation to the management of the shipbuilding system.

The hypothesis is that the prototype consists of a modular system, from the structure to the secondary elements. In this way, it is possible to guarantee, on the one hand, the flexibility of the system and its realization in different times and ways, and on the other, a standardized construction through the assembly of the elements on the horizontal and vertical planes.

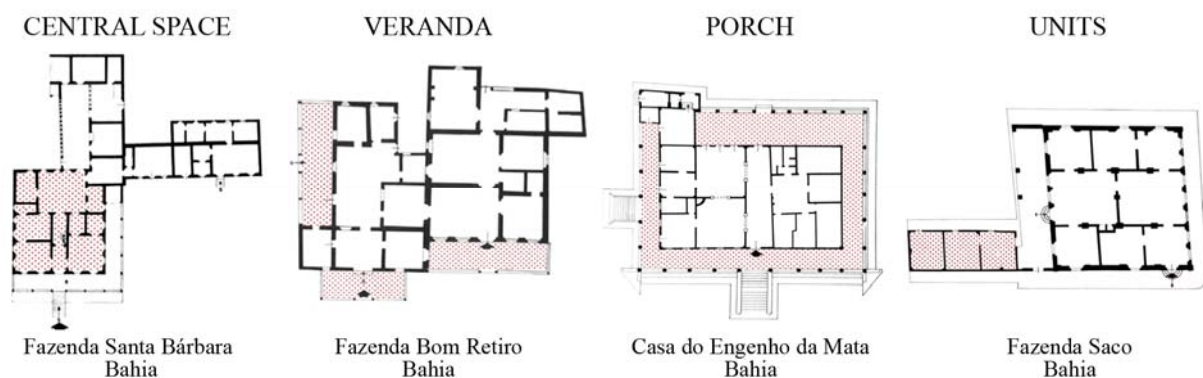


Figure 1. The prototype’s fixed elements: central space, veranda, porch and units

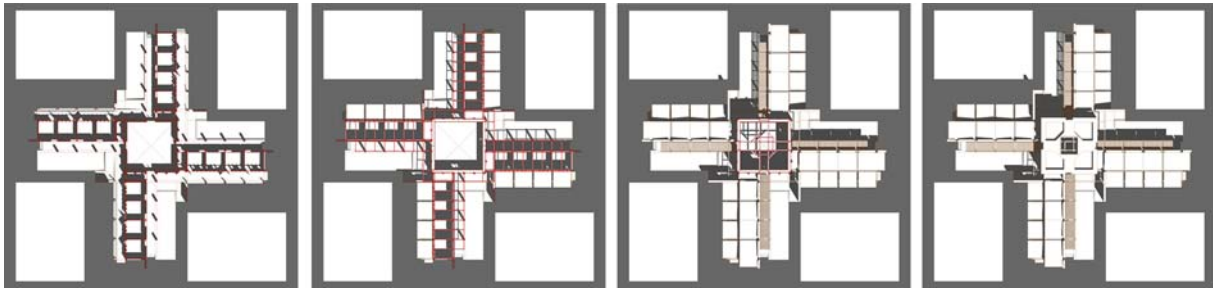


Figure 2. The construction and figuration of the prototype's plan

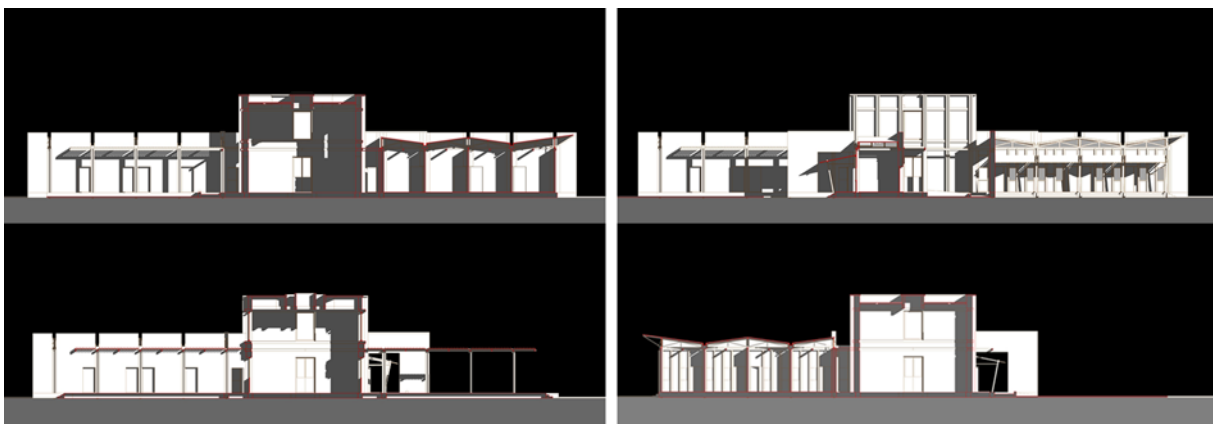


Figure 3. The central space as a fulcrum of union between adjacent areas

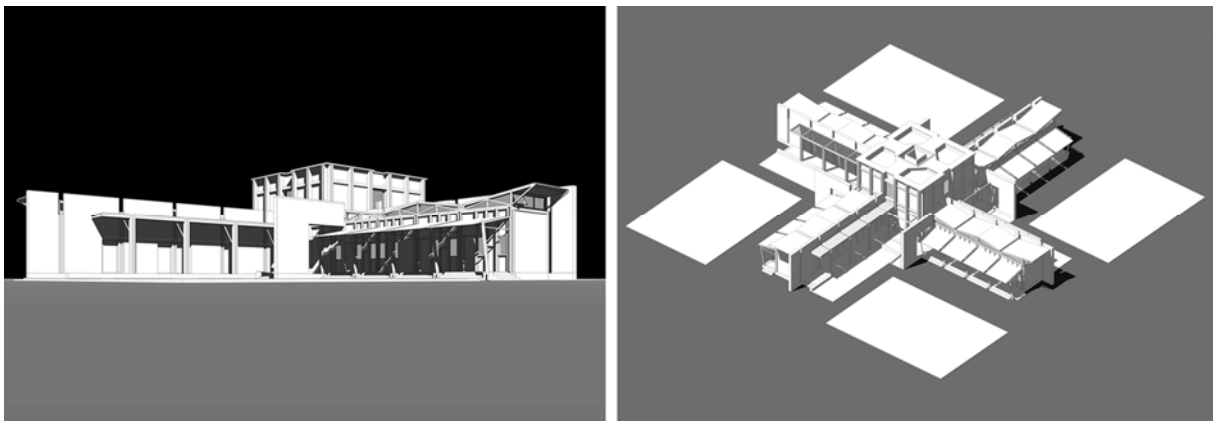


Figure 4. The veranda and the porch as a filter between interior and exterior space

5. Conclusion

The Primary Health Care prototype suggests an idea of self-sufficiency and its potentiality is underlined by the modularity that allows it to freely develop on the territory in which it is located. In the face of an apparent planimetric and structural simplicity, the prototype proposes spaces that going beyond the limits of a health centre proposal, and provide the basis for a wider research on new settlement models that preserve the tradition, the local customs and habits, such as the school or a cultural centre for the whole community.

The aim of the paper is to focus the typological and figurative choices of the prototype by analysing the traditional architectures of the colonial era of the Northeast of Brazil. Without historical awareness, it is difficult to define an appropriate prototype to the intervention context. Architecture should deal with human beings looking at the past for continuity, striving to respond to their social and psychological needs, as well as to their physical and physiological needs.

The experimental projects of the architect Lina Bo Bardi are the key to the analysis of the life habits and the space organization of the old colonial houses through the recovery of lost forms and their re-elaboration in the new reality without losing the original meaning. Her studies focus on the formal and informal aspect of the architectural space.

The achieved prototype embraces the tradition in its totality. The spaces, the shapes, the materials and the textures that compose the architecture, have a symbolic value in the tradition. It is an architecture composed of open spaces, not closed and restricted ones. Full and empty spaces are alternated to integrate the building with the surrounding context, a rural environment still far from the built urban space.

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